

**ADDRESSING PSYCHO-SOCIAL IMPLICATIONS IN SOCIAL POLICY:
THE CASE OF ADOPTION AND EARLY INTERVENTION
STRATEGIES.**

A Research Paper submitted in partial fulfilment of the requirements for the

Degree of

Master of Public Policy

at

Victoria University of Wellington

by

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1999

ABSTRACT

New Zealand Government policy and legislation has tended to follow a short-term 'out-put' rather than a long-term 'outcome' model. Furthermore, the psycho-social implications of policies and legislation have at times not been adequately addressed. This paper argues that it is essential to address likely implications for it is more effective for individuals and more efficient for the State to work in an 'early intervention model' than to work in a 'crisis model'.

The example used is the Adoption Act 1955. The first part of the paper examines the Act and its aftermath to show its negative impact on women who relinquished children for adoption (birthmothers) during the period of closed adoption in the years 1950 - 1980. The second part of the paper investigates options for mitigating this impact. The Government's notion of well-being introduced in 1994 is examined to show the difficulty of defining the notion, measuring it and applying it effectively to policy and legislation.

The paper is based on an analysis of international and New Zealand studies about the impact of past adoption policies and practices on women who relinquished their children. Some gaps in the literature, for example relating to the economic consequences of adoption, are identified.

Human capital theory and social capital theory are introduced as two theoretical perspectives most relevant to the points presented.

The paper concludes with recommendations about cost effective early intervention strategies (counselling for example) which could be used to better address the needs of birthmothers.

ACKNOWLEDGMENTS

I would like to thank all those people who have supported, encouraged and guided me through the adventure of writing and producing this paper. I am grateful to my colleagues for coping during my absences, and my special thanks goes to those close to me who have been there for me during this time, and surprisingly, are still there. Finally, I would like to thank all those Mothers who have shared their stories with me over the years, this paper is for you.

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FOREWORD

This research examines the degree to which Government policy/legislation is strategic, in that it tends to follow a short term “output” rather than long term “outcome” model.

From my understanding and experience I contend that it is more effective for individuals, and more efficient for the state to pursue an “early intervention” strategy than to work from the current “crisis intervention” mode. Early intervention means addressing “causes” in a timely fashion, rather than addressing “symptoms” at the crisis point. There are, of course, reasons why the state does not respond this way. These reasons include: targeting issues; fiscal responsibilities; favouring instant political results; State Sector reforms that began in 1984; and difficulty in making change. Yet, the literature demonstrates that there are strong arguments for the early intervention model. Some of these reasons are: that it is cost effective; it is better for the individual; it sorts out the accountability/responsibility issues; and it contributes to a better society.

When legislation is reactive, the full impacts are often not well thought out, and what results is the “crisis intervention model”. One such piece of legislation is the Adoption Act 1955. This Act is socially outdated. Adoption practice has changed a number of times to reflect current attitudes. There have been a number of amendments and new acts yet total reform of this act is long over-due. However it has just been announced (May 1999) by Justice Minister, Tony Ryall, that the Law Commission has been given the Terms of Reference under which they will review New Zealand’s Laws on adoption (see appendix one).

Thus in undertaking this study, it was my intention to assess the evidence provided by the adoption example, and especially the effects of adoption on birthmothers, with respect to the following points:

1. Early intervention strategies may be cost effective.
2. A strategic approach to policy design is more effective than the crisis intervention approach.
3. Since the 1984 State Sector reforms where we are reliant on outputs rather than outcomes, the lack of service accountability means people are slipping through services, demonstrating that the idea of a “seamless” service has not been achieved.
4. Women who relinquished their children during the closed era of adoption (ie 1950-1980) are more likely to be the clients of mental health services, relationship services, and addiction services.
5. Birthmothers who have access to counselling and support at the time of relinquishment, rather than being told to go home and forget their experience, will require fewer costly and intrusive services.

CHAPTER ONE: INTRODUCTION

The Issue

New Zealand's social policy claims to be responsive to everyone's needs. However, in many cases the policy falls short in that it does not address many of these needs, in particular, the need for assistance in adjusting to the psycho-social impacts of traumatic life events. Psycho-social impacts in this context means those impacts which affect the psychological world of that person as well as their cultural and their social world. In this paper I propose to use the example of the Adoption Act 1955 and to highlight issues associated with that Act, and investigate options for addressing these needs, with an emphasis on early intervention strategies. Such strategies could be cost effective in the long run, as failure to address impacts early can lead to significant demands on the state at a later stage.

The Example

The Adoption Act was introduced in 1955 and with it came the closure of adoption records in New Zealand. It was thought that it was preferable for an adopted person to have a "new" birth certificate that did not carry the stigma of illegitimacy and adoption. The Act reflected the social values and attitudes of an era which considered that secrecy and a closed system of adoption were best for the child and the mother; the child because it was seen as best to have only one set of parents; and the mother because it was seen as best for her that she forget her child and get on with her life.

The period from 1955 until 1985 is now referred to as the closed era of adoption in New Zealand. In 1985, the Adult Adoption Information Act 1985 enabled

adopted people over the age of 20 years to access their original birth certificates, thereby obtaining the name of their birthmother. In addition, birthparents are now able to apply for identifying information and for contact to be made with their son or daughter. While the introduction of the 1985 Act has influenced adoption practice, the legal implications of the 1955 Act remain, even though it is “out of touch with modern New Zealand” (Ryall,1999).

Adoption policy since 1955 has treated adoption as an event. The role of the State ends when the child is placed and the final order granted. The 1985 Act recognises that the adoption isn’t “over” when the order is signed, ironically, however, this Act, also treats the issue as an isolated event with the State role ending with the transferral of the original birth certificate, or the exchange of identifying information.

When a child is born of one set of parents and then a legal process changes that and makes that child “as if born to” another set of parents, it is not the end of it. Similarly, when adults are reunited there is an on-going relationship to maintain. The issues do not end when they gain the information about each other.

In 1997 the Intercountry Adoption Act was passed to implement the provisions of the Hague Convention on Inter-Country Adoption. It has been identified that these children are “special needs” children, who are placing demands on our health and education services, yet these issues are not being acknowledged and again we are seeing the adoption application as separate from the wider implications and costs to New Zealand society.

This paper focuses on mothers who relinquished a child for adoption (“birthmothers”) under the “closed” system. Issues faced by birthmothers are not

the same as those faced by other members of the adoption triad - adopted people and adoptive parents. However, a close study of this group can serve to point the way to more general policy conclusions. The transfer of a piece of paper, such as the Final Order of Adoption, does not close matters. The lack of “openness” and the secrecy that surrounded past practice disabled and disadvantaged women who internalised their feelings of grief. While some birthmothers have welcomed the opportunity for information and possible contact with their children, made possible by the Adult Adoption Information Act, the reality is that there are some who dread it and live in fear of their children turning up on their door-step. In short, a group of women whose life-experiences include being birthmothers are subject to psycho-social trauma which in some cases leads to demands upon social services, and other costs to society more generally. The State essentially has two ways of responding - increased early intervention and problem-driven services.

While I have focused on the experience of birthmothers, all parties affected by adoption face life-long repercussions. It is important to acknowledge that each party has its own loss and grief issues from different perspectives. With the introduction of inter-country adoption there will be an increasing need to address these issues. However, by focusing on birthmothers, I aim to provide a case for early intervention strategies for all roles affected by adoption.

Sources and Methodology

Through my work in the Adoption Information Services Unit, I have access to social workers in the field, to the Service’s statistical information, and support groups. Some of the evidence on which this paper draws is anecdotal information collated over the years from colleagues and contact with community groups and

organisations. For information on early intervention strategies, I researched current models that have shown evidence of success in related contexts. A review of international research was undertaken to gather further data on experiences of birthmothers and their uses of and demand for, social services. Finally, as a birthmother who relinquished a child during the period of closed adoption (1950 - 1980) I am able, where appropriate, to use my personal experience to supplement information obtained from other sources.

The Organisation of the Paper

This paper is organised in six chapters. Each chapter deals with specific key aspects directly relevant to the research topic of addressing psycho-social implications in social policy.

Chapter two reviews the history of adoption policy/practice in New Zealand from 1881 to the present. Some summary statistics are presented. The review draws attention in particular, to how policies have provided for women who relinquished children for adoption between the years 1950 to 1980.

Chapter three explores the concept of “well-being”. Different perspectives of well-being are examined, drawing upon some of the contexts in which it is used. Human capital theory and social capital theory are introduced as two major theoretical perspectives that inform the economic base of New Zealand society. These perspectives are then used to look at an individual’s ability to contribute to society. The chapter concludes by demonstrating how these theoretical models impact on adoption legislation and policy.

Chapter four reviews New Zealand and overseas research about the impact of relinquishment on women and examines the factors that affect the well-being of

women who relinquished their children during the closed system (1950-80) of adoption in New Zealand. The third part of the chapter relates these impacts to social capital theory and demonstrates the cost to the state of not implementing early intervention strategies.

The key early intervention strategy is counselling, which is investigated in chapter five. Examples of effective models of counselling include the Accident Rehabilitation and Compensation Insurance, more commonly known as ACC, model for sensitive claims (counselling for victims of sexual abuse); the Victim Support model for access to counselling for families of victims of homicide; and the Employee Assistance Programme (EAP) for employees of government agencies who have issues that relate to their work performance. The chapter also addresses the question of whether these models could be adapted to fit the birthmother situation. It then determines if it would be more cost effective to effect early intervention strategies for women who relinquish their children for adoption. Ideally, this model could then also be used to address historical trauma experienced by those women who relinquished children during the 1950 - 1980 period.

In chapter six, conclusions based on the research are drawn. It is argued that New Zealand's social policy needs to be responsive to people's needs, and that it is cost effective for the state to pay more attention to early intervention strategies. Whilst the example of birthmothers is used, the policy response is not restricted to this specific group.

CHAPTER 2: HISTORY OF ADOPTION

Introduction

In this chapter I review the history of adoption policy and practice in New Zealand from 1881 to the present. I also provide some summary statistics and I will examine income maintenance provisions for women without male partners over the past century from 1893 to 1993. This review focuses in particular on how policies have had an impact on women who have relinquished their children for adoption (birthmothers) between the years 1950 to 1980. It is an example of social policy where long-term implications were not given adequate consideration. In fact, the 1955 Adoption Act and its consequences for adoption policy and practice was a social experiment that has never been evaluated.

Adoption Statistics

Approximately 123,000 adoption orders have been made in New Zealand since 1881 including family and step-parent adoptions. The largest number of adoptions by strangers was in 1968 when 2617 adoptions were recorded representing 69.2 percent of all the adoption orders made that year, and 6.09 percent of live births (see appendix two).

Statistics show that approximately 3.2 percent of the New Zealand population is adopted, therefore this is approximately how many birthmothers there are. If one adds the two sets of parents, grandparents, siblings, half-siblings, and so on, it is clear that a large proportion (approximately 16 percent) of the total population have a direct involvement with adoption. Despite an outdated Act, New Zealand still has by far the highest number of adoptions in the western world (see appendix three).

Approximately 65 percent of all people eligible under the 1985 Act, have obtained identifying information about each other and 95 percent of these have gone on to make personal contact, suggesting that information alone is not sufficient and that face to face contact is desired whenever possible. (Iwanek 1998, pg:25-30, in *Social Work Now* ; Number 9; April).

History

First Adoption Legislation - 1881 and 1895 Acts

In 1881 New Zealand became the first country in the British Empire to legalise adoption. George Waterhouse introduced The Adoption Bill on July 22 1881. He argued that the time had come for the state to be involved in what had until then been seen as the private domain of the family. The aims of the 1881 Act were to protect those who adopted children, and to reduce the costs to the state of caring for abandoned children. The welfare of the child was of minimal concern, and the birth family was seen mainly as a threat (Kelly, 1998 Chpt.3).

Adoption in the 1880's was a well established practice but there was no legal protection for children or for those adopters who were concerned that the legal parents may come back at some stage and claim the child back. However, at the same time, there was considerable opposition and suspicion of legal adoption, mainly concerning issues such as legitimation and property estate or inheritance problems (Griffith, 1997:6).

The 1881 Adoption Act was replaced by the Adoption of Children's Act 1895, with little change. The 1881 and the 1895 Acts related only to non-Maori adoptions. Whangai arrangements (Maori in-family adoptions) were not affected by these Acts. The 1901 Native Claims Adjustment and Laws Amendment Act

required the registration of Maori adoptions, with notification in the New Zealand Gazette and Maori Gazette, if the child's entitlement to inherit land was to be recognised (Ropu Here Kaupapa 1993:5; Pitma 1997:75 in Kelly,1998:chpt3). In 1908, the Infants Act and the 1901 Act consolidated the existing law (Griffith, 1997:4-5).

New Zealand adoption law came into being during the Victorian period (1880's). The mores of this time have strongly influenced our society and law since then. Griffith (1997:5), in his study, describes how children were seen as parental possessions, that the power rested with the parents, that children should be silent and obey, and that "birthmothers of bastards should be punished and banished". All these perceptions were part of Victorian society.

Before 1900 illegitimacy was seen as a major threat to public morality. It was unthinkable for Charity Aid Boards to assist unmarried women to keep their babies. Many children ended up in orphanages or industrial schools. Others died. The 1907 death rate of illegitimate children was 2.5 times higher than that of legitimate children. Unmarried mothers faced humiliation in "Homes for Fallen Women". As late as 1930 unmarried mothers were often denied pain relief during the delivery of their children as a punishment and deterrent (Griffith, 1997:6.). In the 1940's, it was documented that society believed that keeping an illegitimate child was fitting punishment for the mother's sins, and a warning to other women who might be tempted to stray (Else 1991:23).

The increase in ex-nuptial births after World War 1 and the increased number of residential homes for unmarried pregnant women in the 1920's and 30's led to pressures on legislators to regulate the practices and agencies who were facilitating adoptions.

It was during this time that these supportive groups eg. church based groups, strived and succeeded in erasing the stigma of “illegitimacy” for the child. Birth certificates were changed, ie. when a child was adopted a new certificate was issued that showed that the child was now seen to be as if “born to the adoptive parents”. The original birth certificate was kept within the court record system and was usually only available to those affected by the order ie the adoptive parents and the birth parents (Iwanek, 1991:54). New Zealand records were not “closed” until 1955.

By the end of 1949 the focus had shifted, and adoption had come to be seen as the best solution for all concerned. The post war baby boom was short lived. Babies were in short supply and waiting lists continued until the mid 1960’s (Griffith, 1997:9).

The 1955 Adoption Act: (See appendix four).

Despite the 1881 legislation, adoption was not a popular institution until after World War II. The aftermath of which again brought an increase in ex-nuptial children; a shift in societal attitudes; the influence of psycho-dynamic theory of personality on social work practice; theory of bonding (attachment); IQ testing of babies and genetic studies (nature versus nurture theories). Collectively, these factors provided the rationale for what is called the “clean break theory”, which introduced secrecy into adoption legislation as well as in practice that sealed records for all time in many states and countries (Iwanek, 1991:55). A clean break provided maximum security for the adoptive parents to bond with the child. Psychodynamic theory provided pseudo psychological justification. It held that unmarried mothers were immature, unstable, the babies were conceived to fulfil neurotic needs and were unwanted. To heal their dysfunctional personality

birthmothers needed a complete break. Legal fiction became general fiction. The whole focus was on the new relationship created “as if born to”. The generic birth relationship was “as if dead and destroyed”. The idea of an adopted child having two mothers and two families was unthinkable. Therefore the idea was that it was in the best interests of the child and the adoptive parents that they be permanently separated from the birthmother (Griffith, 1997:10).

The Adoption Act 1955 sought to reform adoption and implement the “clean break” ideology. It was during this time that many people believed that environmental influences were more important than heredity factors. The adopted child, transplanted into an adopted family, should grow up ‘as if’ born to them. Only a complete break would allow the adoptive environment full reign to shape the adoptee’s life. Thus a wall of secrecy was placed between the adoptee and their origins. The complete break and secrecy practice shaped our adoption policy for the next thirty years (Griffith 1997:46).

During this time the adopted person’s dual origins were suppressed. The reasons given were that a child cannot have two mothers. Unmarried women were seen as unfit to raise children. This view persisted because they had proved themselves irresponsible by having an illegitimate child and children brought up in solo families were deprived. It was thought that “good” adopted people don’t need origins. If adoptive parents do their task, adopted people will not need to know their origins. As “good” birthmothers put their past behind them and forget, so will “good” adopted people. It was considered then and it is considered today, that a “good” adopted person or birthmother is compliant and does not rock the boat with unseemly displays of their true feelings.

Adoption social work practice during the 1940's and 50's also followed the theories already outlined above. If the child was not wanted for itself but merely as a symbol, then the logical conclusion was that the child was unwanted and would be better off adopted. The unmarried mother was counselled to place her baby for adoption as it would be best for the baby. Remarkably, despite all this, when she did, she was seen as abandoning her child.

The focus of adoption was on the relationships which were created and the perceived advantages for members of the new family. There was no attention given to the relationships which were destroyed and their impact upon the children, or life long effects on all parties concerned (Griffith, 1997:11).

Since the 1955 Act - ie 1960's - 1990's

From the 1960s onwards adoption practice has gradually changed as the clean break theory has been questioned and found wanting. Secrecy was fundamental to the theory and those involved in adoption slowly recognised that there was advantage to both adoptive parents and adoptive children in having some knowledge about the birth families. Although the legacy of these beliefs is still evident in the 1990's, practice has gradually moved towards more information, less secrecy, and open adoption, even though the Act has not been updated.

The Adult Adoption Information Act 1985

The aim of this Act was to "provide for greater access to information relating to adoptions and to the parties to adoptions by adult adopted persons and their birth parents, and for other related matters": (Adult Adoption Information Act 1985). Since this Act was introduced, secrecy has been taken out of adoption practice. Birth parents can now choose the adoptive parents for their children. Through this process it means that the birth parent now knows where her child is and can work

towards developing an on-going relationship with the adoptive parents. However, this ongoing contact is not a legal requirement and both parties can terminate the relationship without the consent of the other party.

Society, Legislation and Single Pregnant Women

Griffith (1997:12), in his study records that in 1978 researchers Sorosky, Baran and Pannor reported for the first time on the feelings and attitudes of birth parents years after they had relinquished their children for adoption. This was followed by publications from Shawyer, (1979) Inglis (1984) Langridge, (1984) and Winkler and van Keppel, (1984) all of whom described in their studies the anguish felt by birth parents, and years after their relinquishment, the severe emotional trauma they had suffered. The studies show that the beliefs of adoption agencies and lawyers' that birthmothers wanted permanent anonymity and privacy and to be left alone for ever was a myth. In most cases the mothers had given up their children to ensure they would have permanency. There was a growing awareness that legally defined adoption legislation had its own consequences which had not been intended at the time of passing legislation.

1945-1985 in the era of closed adoptions, pregnant single women were expected to disappear. Few were able to stay at home and enjoy the support of their families. They went "up north" or "down south" for a while, some to wait out their pregnancy as far away from home as Australia. Some found homes with families, usually in exchange for child care and housework. Many disappeared onto farms as home helps in return for free board.

The secrecy started with concealing the birthmothers' state. Her main reason for moving away from home was to hide the pregnancy from friends and family.

Some left home when the pregnancy was confirmed, others as soon as the pregnancy became evident.

Leigh Langridge (1984), found that nearly 80 per cent of the women she surveyed, whose ages at pregnancy ranged from 14 to 39, had moved away from where they usually lived. Between 65-75 per cent of the women who went into a home of some sort had no say in where they went. Rather, their parents decided. Daughters who left home often did not see their parents again until after the birth and adoption. Being deprived of a mother's support during pregnancy and birth was part of another sharp distinction between married and unmarried motherhood (Else,1991:29).

The birthmother is a form of motherhood so at odds with our beliefs about women and mothers as to be invisible. And yet she was, and continues to be, a mother. These mothers, in their unintended pregnancy, challenged those traditional marriage beliefs and customs and found themselves unsupported in their need. This was a consequence of falling pregnant outside the only institutional form of support available to legitimise and protect their mothering. They, as mothers were without legitimate status and their children, as illegitimate, were dependant on the limited resources of a woman subjected to moral outrage and social and economic disadvantage. Their motherhood was regarded as a mistake to be hidden, and their children were made strangers to be sent off into the world with no means of finding their way back to the source of their existence (Griffith, 1997:26).

Anne Else (1991:2) makes the point that although a woman could not become pregnant without experiencing full heterosexual intercourse at least once, becoming an "unmarried mother" was certainly not the straightforward result of sexual behaviour. Many other factors were involved, eg. not using effective

contraception, conceiving, not having a miscarriage or an abortion, and not marrying before the birth.

A single woman who became pregnant was seen to have failed in her moral and social duty, because she had permitted a man to whom she was not married to have sex with her. The post-war version of the “double-standard” insisted that women had both the responsibility and the power to control all heterosexual encounters outside marriage (Else, 1991:7).

Obtaining contraception was a problem for the single, particularly the young. A 1954 amendment to the Police Offences Act made it an offence for those under sixteen to procure a contraceptive or for anyone to give or sell them a contraceptive. Sexually active women over sixteen did not fare much better. It was thought that preventing teenage access to contraceptives would deter such wanton behaviour, and that adoption would take care of any “accidents” (Else, 1991:10).

Major Thelma Smith was matron of Auckland’s Bethany, a Private Hospital and “Home” for unmarried mothers run by the Salvation Army, from 1950 to 1970. She found that in each group of 24 girls she dealt with, no more than one or two had been told anything about sex by their parents (Else, 1991:8).

Before the Second World War, the most likely response to a premarital pregnancy was marriage, however, marriage was not always possible. In the Society for Research on Women in New Zealand (SROW) 1969 study of 45 single women who were keeping their children, almost a third of the fathers were married already. In the SROW 1970 Australian study of 100 single pregnant women, 10

fathers were married, 15 women said their parents objected to a marriage, and 29 said that the man had left when he found out about the pregnancy (Else, 1991:5).

It takes two to conceive a child. Yet from the time a single woman revealed that she was pregnant, the father of her child became at best shadowy and at worst completely invisible. An old term for the illegitimate child was “fatherless”. Unless some legal process had taken place, formally linking a particular man to his child, in law that child did indeed have no father. The basic post-war sexual script for men went even further, divorcing sex from impregnation as well from the rest of the process of bearing and rearing a child. For unmarried men it all ended at the point of ejaculation, and they denied any responsibility for the consequences, let alone any emotional connection between a father and his child before birth (Else, 1991:15).

Helen Cunningham (1973) found that many of the men she interviewed as a social worker between 1971 and 1973 did not deny that they had fathered a child, but were “quite unconcerned” and tried to place all the responsibility on the woman: they claimed that she had said she was using contraception, or berated her as stupid for not doing so. Such rationalisation “freed these men from any sense of real responsibility toward the woman or the child they were carrying” (Else,1991:18).

In 1971, in the first New Zealand book for adoptive parents, Eileen Saunders argued that becoming pregnant was “a psychological problem that usually has its roots in things quite other than an interest in or even a liking for sexual intercourse”. She stated that “the only thing you can be reasonably sure of is that most mothers of illegitimate babies are deeply disturbed about their situation,

deeply care about what happens to their children, and frequently suffer greatly when they surrender them for adoption (in Else, 1991:27).

The Motherhood of Man Movement, the dominant adoption agency in Auckland throughout the 1950s who provided institutionalised care for unmarried pregnant women, frequently stated that it did not pressure women to agree to adoption, and helped those who wanted to keep their child. However, it was identified that sometimes there was outright coercion, particularly during the period when the demand for babies outstripped the supply (Else, 1991:39). While these agencies provided the care for women, all adoptions were processed and reported on by the State for the Court.

Lack of resources was another issue, from the mid-1950s on books and articles for couples considering adoption began to appear, but there was nothing for the single pregnant woman. If the Child Welfare social worker from the Department of Education did not give her information, no one else was likely to provide it. Without the relevant information how could an “informed decision” be made? As late as 1977, a SROW study identified that a quarter of the women in this study said they had been told nothing of the benefits then available. More than half said they had never discussed benefits with the social worker (Else, 1991:43).

Of the 830 birth mothers surveyed by Langridge (1984), the major complaint of the 55 percent who felt the social worker had treated them quite badly, or very badly was that she was not interested in them or their feelings, she was only interested in the baby.

Three out of four of the women surveyed felt they had been pressured in some way to “choose” adoption. But those who felt they had not been pressured reported having encountered very similar attitudes and advice (Else, 1991:45-46).

Income Support Provisions for Unmarried Women 1893-1993

Another means whereby the State discriminated against birthmothers was through income support provisions which favoured widows and deserted wives. The report by Ann Beaglehole (1993), examines the various forms of provision that have been established during the period 1893 to 1993 and traces both continuity and change in attitudes towards women and in social and economic conditions and how these have been reflected in income support provisions for women over that period.

Examining provisions for women without male providers, the report notes a distinction in public attitude and order of introduction of pensions between widows, who have been regarded most sympathetically (widows’ pension in 1911); deserted wives, in an intermediate position in public sympathy (deserted wives pension 1936); and unmarried mothers, who have often been the target of public opprobrium (Domestic Purposes Benefit 1973) (Beaglehole,1993:ix).

Beaglehole (1997:29) makes the further point that “since the late nineteenth century unmarried mothers have always been regarded as the least deserving of women without male providers. Adoption was seen as the “ideal” way of providing for ex-nuptial children, because it was cheap for the state and helped punish single mothers for flouting morality. The view of unmarried mothers as “fallen” women meant they could not be given financial assistance, because it might encourage them to repeat their offence or to keep their babies”.

By the 1960s the growing number of ex-nuptial births was seen as a major social problem. Women were not only having babies outside marriage in increasing numbers, but there were more babies available for adoption than couples wishing to adopt. There was growing support for making some provision to enable unmarried mothers to keep their children (Beaglehole, 1997:30).

The Domestic Purposes Benefit (DPB) was introduced in 1973. The rate for a woman with one dependant child was \$36.50, minimum weekly wages at the time ranged from \$95 to \$75. However, this provision meant it bought a degree of financial security for those women who decided to keep their children rather than adopt. This enabled women with unplanned pregnancies to have a choice, and that women were no longer at the economic mercy of men (Beaglehole,1997:31).

The issues for women who relinquished children introduced in the above chapter, and the statistics, will be discussed further in chapter four. The next chapter, chapter three, introduces the concept of “well-being” and introduces theories which look at an individual’s ability to contribute to society and why people’s needs and well-being needs to be addressed.

CHAPTER 3: THE CONCEPT OF WELL-BEING

Introduction

The term “well-being” has been used as a catch phrase by policy makers since the mid 1990’s. The phrase is used in many different contexts and with meanings ranging from “physical health” to “emotional stability”. The government talks of “welfare to well-being” but the meaning is unclear. How is well-being measured? How would we know when we have achieved it? Who is responsible for ensuring people achieve it? The answers to these questions are not clear. In general, the term “well-being” is used to refer to people contributing to society in a healthy, productive way. However, to effectively guide policy, the concept needs to be operationalised in key contexts.

In this chapter I will explore the notion of well-being and theories of well-being. These are explored from different perspectives, including human capital theory and social capital theory in order to look at an individual’s ability to contribute to society. I will then examine how “well-being” is applied in government policy generally.

Throughout the chapter I will relate the theoretical models to adoption legislation and policy, to show how a marginalised group within society (birthmothers) has not had their needs addressed. I want to look at the implications of not addressing the needs of birthmothers, both for birthmothers themselves and for the State. The result for birthmothers has been a diminished sense of well-being, leading to long-term emotional and physical problems. The state has suffered a loss of productivity and increased spending on long-term interventions.

Definitions of Well-being

The Oxford Dictionary defines the word “well-being” as meaning “welfare”. “Welfare”, in turn is defined as “good fortune, happiness, or well-being (of person or community)”. Roget’s Thesaurus aligns well-being with “peace of mind”, “prosperity” and “good”. Despite extensive research there was no clear Government definition of well-being, however, from the documentation read (I think) it defines well-being in terms of fairness, equity, efficiency. Margaret Bazley, Director General of The Department of Social Welfare (1996), defines well-being as a satisfactory state, in good manner, health and prosperity. According to Bazley, “well-being” is associated with capability, self reliance, coping families, and individuals making a positive contribution to their communities. US President Bill Clinton, as part of his campaign for the presidency, used the slogan “Welfare to Work”. This suggests that New Zealand government policy may also be just an economic/social alignment rather than a policy for New Zealand’s particular social conditions.

There is obviously no consensus over the meaning of “wellbeing”, either in government or in scholarship. In fact some definitions are at odds with others, eg. self reliance and efficiency.

One of the clearest definitions of the term I found is by Paul Spicker (1993), a lecturer in Social Policy at the University of Dundee. His version of welfare and well-being is the following. “In its broadest sense, the idea of welfare refers to “well-being”, or what is good for people. Understood more narrowly, it can be taken to refer to the provision of social services. The connection between the two uses rests in the role of social services as the “provision of welfare”. One of the approaches is that social services can be developmental, ie. a society in which

individuals are valued should have the facilities to help them realise their potential” (Spicker, 1993:3).

He goes on to refer to what is “good” for people as being in their interests, interests being those things which lead to well-being. He then describes how Feinberg (1980), uses the term “welfare interests” to refer to the interests that he considers fundamental. They include physical health and vigour; physical integrity and functioning; the absence of pain or disfigurement; a minimum degree of intellectual activity; emotional stability; the absence of groundless anxieties and resentments; engagement in a normal social life; a minimum amount of wealth, income, and financial security; a tolerable social and physical environment; and freedom from interference by others (Quoted in Spicker,1993:4). These interests are “basic”, in his view, because without them a person cannot be a person. In other words, welfare interests are needs, items that are essential.

On the face of it, the concept of “welfare” seems to take in every aspect of a person’s life - physical, emotional, material, and spiritual. Robson (1976:174), writing about the welfare state, emphasises that “welfare is of unlimited scope”. But in practice, the concept is rather more limited than a general concern with “well-being” suggests. In the context of social policy, the idea of “welfare” refers primarily to physical and material well-being, not because the area of emotional and spiritual life are irrelevant, but because it is normally considered to be beyond the scope of the social services to provide for them (Spickers, 1997:5).

Theories of Well-being

Philosophers from the time of Plato and Aristotle, says Cheyne, O'Brien, and Belgrave (1997:56), have been concerned with the nature of justice and it continues to be an important concept in the study of social policy because it is about who gets what; that is, the proper distribution of goods and services. It is this form of justice (individual rights) that is central to social policy and is the focus of my paper. In this section, I discuss the goals of well-being, and set out theories of well-being as advanced by a number of schools of thought and individual thinkers, ranging across the political spectrum.

The area of adoption is seen as such a contentious field in that it is hard to find political and/or social consensus about the impact of adoption on people's lives. The debate has usually been over the needs of infertile couples and/or the needs of children who require permanency in their lives. The needs of pregnant women/birthmothers are seldom considered in this debate. In the years from the 1950's to the 1980's the assumption behind the policy of the State was that the well-being of birthmothers was best ensured by removing their children, giving them to strangers, and enabling birthmothers to put the past behind them and get on with their lives. Research such as Sorosky, Baran and Pannor (1978), Winkler and van Keppel (1984), and Kelly (1998), now tells us that this was impossible for women to do. Policy in the 1990's does not impose this practice on women. The debate in the 1990's focuses more on whether there is a role for the state in intervening to facilitate the well-being of birthmothers who were affected by the impact of past policies and practices. The alternative is to leave these women to deal with their situation as best they can without assistance from the state through private provision (if they can afford it).

“Well-being” according to Cheyne et al (1997:49), involves a range of goals. It might involve material needs being met, or the freedom to choose how to live one’s life. The welfare and well-being of people is also associated with the acknowledgment of the rights and dignity of individuals. This involves extending benefits to people on the basis of their membership of the human community. Another goal of well-being is that which is associated with ensuring that people are treated fairly. Yet another goal is the way in which efforts are made to enhance social cohesion and to minimise the apparently unfair and disadvantageous differences and inequalities between people.

In the area of adoption, this idea of well-being might mean acknowledging the trauma birthmothers have experienced, having been deprived of the freedom to choose how to live their life due to the pressures society and the state placed on them (This will be discussed further in chapter four). The Adoption Act 1955 acknowledges the rights of the adoptive parents and the child but birthmothers were not considered to have rights once they signed consent to relinquish their children 10 days after the birth. In the Adult Adoption Act of 1985, adopted people gained the right to obtain identifying information about their birthmothers, but birthmothers were not given the same rights to identifying information about the child they had relinquished for adoption.

Having explained theories of well-being from Cheyne et al, I will now look at how different political perspectives would view well-being. The last section discusses how these perspectives relate to adoption.

Liberalism

Cheyne et al use the term liberalism to describe the theoretical tradition which promotes individual well-being through a reluctant acceptance of state

intervention. Any discussion of social policy must begin with a discussion of liberalism says Cheyne et al (1997:72) since current policy has emerged as a response to liberalism. Liberalism values individual freedom and also the notion of equality of a limited kind. At times individual freedom must be curbed to protect the interests of others.

Economist Milton Friedman, argues that there are grounds for state intervention in three areas. The first is where the state acts as rule maker and umpire. The second, is in those instances where the preferred voluntary exchange between free individuals is impractical or too costly. The third area upon which state intervention can be justified is paternalism in relation to those whom society decides are not responsible for their actions, such as the mentally ill. It is probably the third of these grounds that can be best used to explain the social policy and practice around adoption in New Zealand since the 1950's. While a birthmother's individual interest may have been to keep her baby, the collective decisions were made about the interests of the baby, the interests of adoptive parents and the interests about the birth mother herself. Her interests were seen as contrary to the broader interests of the adoptive parents, the child and the State. She therefore was overruled and made to give up her child.

Adoption policy can also be explained in terms of the third ground suggested by Friedman. State intervention could be justified in terms of facilitating the exchange between the various parties, in an environment that would have involved shame and secrecy, often transacted over large distances, and complicated by emotional catharsis.

Policies reflecting the liberal tradition, particularly since the late 1980's, stressed the need for accountability by the welfare state to its clients, an idea seen as

possible through the devolution of decision making and through consultation with clients. This has resulted in more varied services appropriate to the diversity of individual needs, rather than relying on excessive use of market and quasi-market mechanisms.(Cheyne et al. 1997:80)

Neo-liberalism

The attempt to return liberalism to its free-market origins is referred to as neo-liberalism. The fundamental unit of society in neo-liberal theory is the freely choosing individual whose primary motivation is the furtherance of his or her own interests. It is the state's role to ensure that as little as possible is done to restrict that exercise of freedom. Thus, neo-liberals are highly critical of state 'interference', particularly state provision of welfare because they consider that state welfare hinders freedom in two ways. Firstly, in providing services the state is removing choice from the individual by determining what the individual receives and promoting a forced dependency. Secondly, in order for the state to provide welfare it is necessary to collect taxes, thereby reducing the choices that the individual has in relation to control over his/her own resources.

Therefore, Neoliberals accept the inequalities and deprivation generated by market processes. Even though markets may not deliberately set out to create inequality and injustice, markets are seen as generating an optimal distribution of goods and services only where certain assumptions, including perfect information, perfect competition, absence of monopolies, are fulfilled. (Cheyne et al. 1997:77)

A common theme in neo-liberal approaches to justice is the fundamental and primary value attached to individual freedom. In neo-liberal thinking, deprivation is by and large the result of choices made by individuals. These choices may be the result of poor information, or lack of effort in using one's labour and skills. In

the eyes of the neo-liberal, individuals are, and should be, responsible for their own destiny (Cheyne et al. 1997:88).

However, Goodin (1990:192), noted that “choices are simply misleading indicators of preference and that we must always look to the reasons underlying choices, rather than to the brute fact of the choices themselves, in surmising real preferences”.

Women who relinquished their children in the 1950’s to the 1980’s say there were no choices or options discussed with them. Yes, they did sign consent but, it was the moral pressure on them as “fallen women” or “unfit mothers”, that prevented them from making an informed choice. Based on the research carried out for this paper there is a strong argument against the neoliberal position, the argument that these women were not in a situation of adequate information, and therefore not responsible for the outcomes of their choices. Given the situation that has developed because of such deprivation, it would make sense for neoliberal policy makers to design early intervention strategies, since these be preventative and thus cost effective, and thereby beneficial to all.

Marxism

Marxists such as Ginsung (1979) argue that the welfare state serves the interests of capital and capitalism through the ways in which, for example, social security and housing provision enable the state to ensure that the poor are given a modicum of assistance thereby preventing rebellion and social uprising. State involvement in housing, he argues, is in the interests of capital, because it stimulates private sector construction and other industries. Adequate housing also prevents certain forms of ill health and disease (Cheyne et al 1997:95). It is this connection, Cheyne goes on to say, between social policy and the interests of

capital that provides a major distinction between Marxist and social democratic approaches. Social democrats endorse social policy and the welfare state as instruments for promoting the well-being of the poor and disadvantaged.

Following this line of thinking, early intervention and long term planning would automatically result in a best outcome for all.

All aspects of social life, opportunities and rewards are related to class position, but people's choices and even their values, are determined by their position in the social structure of capitalism. Marxist analysis of social policy seeks to expose the way in which the values underpinning the capitalist welfare state in fact reflect those of the capitalist economy, which emphasises individual enterprise; competition, and pursuit of self interest (Cheyne et al, 1997:96).

However, Marxists and neo-Marxists are suspicious of a capitalist or welfare state because they argue that well-being can be achieved only by the destruction of capitalism and the introduction of a socialist society.

From 1955 the State has intervened in all legal adoptions. In the years, 1950 to 1980, it is possible to argue that there was too much state intervention, and now it has been suggested in recent research (Kelly, 1998) that we have too little. In the past, State intervention was possibly justifiable in the interest of illegitimate children and infertile couples but it has been identified in research (Sorosky, Baran and Pannor (1978), Winkler and van Keppel (1984), Inglis (1984), Langridge (1984), Carlini (1997), and Kelly (1998), that it was harmful for birthmothers. A more effectively constructed social policy would consider the interests of birthmothers as well as those of adoptive parents and children.

Feminism

The welfare state is criticised by feminists for assuming a division of labour which relegates women to a secondary domestic role within society and to lower paid positions within the workforce. Feminist theory provides women centred social-policy goals, explanations for inequality, and strategies for achieving well-being for women. There is a range of theoretical approaches under the umbrella of feminist theory, say Cheyne et al (1997:122). Liberal and neo-liberal feminists look largely to individual betterment in the market place as the way to achieve equality. At the same time, liberal feminists see the state as a means of promoting equality using the state to regulate the workplace and ensuring resources are provided to address women's needs in the domestic environment.

Feminist social-policy theory is also concerned with breaking the distinction between the private world of the home and the public world of the market-place. (In my view, until this happens, women who have children will be disadvantaged.) Some women who have children without a partner face significant difficulties and may choose to have their children adopted.

Feminist theory played little part in the development of social policy in the period 1950 to 1980. Therefore, as the unmarried, pregnant woman had no man to act as provider her "choices" were limited. This thinking has continued today except there is a choice for some women to get financial support through the Domestic Purposes Benefit (DPB). However, as Beaglehole, (1993) points out even with the introduction of the DPB there is continued evidence of the inferior economic and political status of women in New Zealand.

Theories help us to make sense of social policy goals. Cheyne et al (1997:67) suggests, "[t]heoretical perspectives represent different intellectual traditions. By

using these perspectives to analyse the different positions taken in debates over social policy, we are able to locate these ideas within broader intellectual traditions and the interest groups they represent. Understanding how each of these perspectives views the ideal relationships among individuals, groups, and the state is central to the study of social policy and public policy in particular”.

Theory should guide the search for answers continues Cheyne et al (1997), but this search must take place in a framework of open inquiry. Theorists however need to be open to the need to draw on other theoretical traditions to strengthen the quality and comprehensiveness of the argument.

This argument immediately raises two important issues about theory in the social sciences. First, even where a particular set of facts occurs there is disagreement about the nature of the data. Surely, it might be argued, we are all faced with the same set of facts and in any examination of the evidence different people should find the same set of explanations (Cheyne et al 1997:70).

Government’s Concept of Well-being

“From Welfare to Well-being” was launched by the Prime Minister, the Rt Hon. Jim Bolger, in September 1994. At that time the Director General of Social Welfare, Margaret Bazley stated that, “We in the Department believe more than ever that the solutions to our welfare problems lie with local communities, which is why we have sought the involvement of all sectors - private, public and voluntary - in the search for and implementation of initiatives that will have a real and lasting impact” (Dept. Social Welfare, 2nd ed. 1995). Bazley goes on to say, “Too often in the past social well-being has been seen as separate from questions of economic well-being and growth. In fact they need to be considered together.

Social well-being is an essential cornerstone to long-term and sustainable economic well-being”.

The desired outcome of these policies was “that all families are meeting their care, control and support responsibilities”(Dept. Social Welfare,1995:5). That this vision would help shape the Department’s approach to everything it does - service delivery, policy development and collaboration with the community in addressing welfare issues. The Government’s concerns appeared to be not just about money but about mental well-being as well. If this is so then the issues raised in this paper would need to be addressed.

Social Capital Theory

The concept of social capital, widely used and understood among economists, starts from the premise that capital today is embodied less in land, factories, tools, and machines, than increasingly, in the knowledge and skills of human beings, ie intellectual capital.

Social capital is the notion of Government in partnership with the community (this includes central government, local government, private and voluntary sectors, and the individual), in order to meet the goals of social cohesion and economic growth.

Sociologist James Coleman, (in Fukuyama 1995:10). argued that in addition to skills and knowledge, a distinct portion of social/human capital has to do with people’s ability to associate with each other, that is critical not only to economic life but to virtually every other aspect of social existence as well. The ability to associate depends, in turn, on the degree to which communities share norms and values and are able to subordinate individual interests to those of the larger

groups. Out of such shared values comes trust, and trust, as we will see, has a large and measurable economic value.

Over the past generation, economic thought, as mentioned earlier in this chapter, has been dominated by neoclassical or free market economists, associated with names like Milton Friedman, Gary Becker, and George Stigler. The rise of the neoclassical perspective constitutes a vast improvement, says Fukuyama (1995:13), from earlier decades in this century when Marxist and Keynesians held sway. He continues, “we think of neoclassical economics as being, say, eighty percent correct”. What he is referring to is that the missing twenty percent of human behaviour, of which neoclassical economics can give only a poor account, is due to the truths about the nature of money and markets and the fundamental model of rational, self-interested human behaviour as being correct about eighty per cent of the time. Adam Smith (in Fukuyama, 1995:13), stated that “economic life is deeply embedded in social life, and it cannot be understood apart from the customs, morals, and life habits of the society in which it occurs. In short, it cannot be divorced from culture”.

Neoclassical economics postulates that human beings are essentially rational but selfish individuals who seek to maximise their material well-being. Economists, to a much greater extent than philosophers, poets, clergy, or politicians, preach the virtues of the pursuit of narrow self-interest because they believe that the greatest good to society as a whole can be achieved by allowing these individuals to pursue their self-interest through the market (Fukuyama,1995:18).

Mark Latham (1998:24), one of Australia’s leading contributors to the debate on social capital and the implications of this for social policy, suggests that the search for recognition and self-esteem is fundamental to the participation of each person

in society. This proposition helps to explain the sense of non-material loss people feel when they face unemployment and why some young people, without the capacity or opportunity to excel by conventional means, seek recognition through various forms of negative behaviour. It helps to deepen our understanding of the full meaning of insecurity, and the lack of dignity and worth in one's life which comes from a lack of recognition.

He goes on to say that it is important to identify differences with those on the left who argue, for example, that increasing the functions and visibility of government can rebuild social capital. In fact the public sector should not be expanded until it demonstrates a capacity to foster the interdependence of civic effort. Otherwise expansion of passive welfarism is likely to generate elements of dependence within civil society. A different set of organisational principles, emphasising horizontal devolution, mutual aid and active welfare, offer greater potential for the enhancement of social trust.

Human Capital Theory

Supporting Neoliberal theory is the idea that all human behaviour is based on the economic self-interest of individuals operating within freely competitive markets. This idea presupposes a particular philosophical view of human beings. No longer are they treated with the dignity and respect inherent in the liberal view of the self. Instead their worth is measured in terms of their educational skill levels and their economic value to the market and to State government. Other human attributes and behaviour are excluded or treated as distortions of the model.

The clearest statement of the way human capital theory underlines Government thinking has been given by the 1993 OECD survey of the New Zealand economy.

In terms of structural reform the OECD identifies the following four elements as the basis for the Government's structural policy framework:

- enhancing labour flexibility.
- promoting participation and self-reliance
- improving the overall competitiveness of the economy
- strengthening international linkages (OECD, 1993:55).

In the fourth and final section of the OECD survey human capital development is identified as the crucial issue. Workforce skills and management are seen as the “key determinant of economic performance” and human capital development as a “factor which enhances labour-market flexibility and facilitates structural adjustment” (OECD, 1993:69).

According to Marginson (1993:31), under neo-liberal reforms to the economy and society, human capital theory is the most influential economic theory on government policies since the early 1960's. The OECD (1993) identify human-capital development as a crucial issue. Further and more recent OECD (1994, 1996) surveys continue the emphasis on human capital in policy analysis and cultural development.

Fitzsimons and Peters (1994) state in their paper that in modern human capital theory all human behaviour is based on the economic self-interest of individuals operating within freely competitive markets. They further contend that other forms of behaviour are excluded or treated as distortions of the model.

Implications for Adoption

This section of the paper analyses how relevant these perspectives are to adoption, or more specifically to the birthmother experience. Human capital theory would evaluate birthmothers as unproductive in that they were not able to contribute to their full labour potential due to their inability to cope with their loss and grief. They became reliant on long-term dependency services such as mental health, addiction, and relationship services due to their depression, shame and guilt.

If the above factors had been recognised and dealt with, these women would not have ended up in the situation that they find themselves in today. Having women reliant on long-term services is not conducive to high productivity. Therefore, it is more beneficial to establish early intervention procedures that allow a return to a productive life which would also result in a speedy return to well-being of birthmothers, in a cost effective and lasting manner.

In the next chapter I review the research about the impact of relinquishment and examine the factors that effect the well-being of birthmothers.

CHAPTER 4: FACTORS THAT AFFECT WELL-BEING

Introduction

In this chapter I want to review the factors that affect the well-being of women who relinquished their children during the closed system of adoption in New Zealand in particular, the 1950-80 period. I intend to examine the plight of these women in the context of the ways social policy and legislation has dealt with the impact of traumatic experiences which have some similarity with giving up children for adoption. For example, families of men lost at war suffer a trauma which is in some ways similar to the trauma of a woman relinquishing a child for adoption as they do not know where or how the lost soldiers are. Women experiencing abortion, miscarriage or stillbirth faced a lack of acknowledgment of their loss and grief during this period, (up until the 1990's), just as men returning from war suffering from post traumatic syndrome were also ignored. These examples show some similarity with the situation of women giving children up for adoption. Other parallels eg. with sexual abuse and victim support services, though more tenuous, are drawn on in chapter five. While legislation, social policy and practitioners have taken account of these traumatic experiences to a greater or lesser extent, they have almost entirely overlooked the trauma of relinquishment. I intend also to relate these impacts to human capital theory which has been discussed in chapter three, to demonstrate the cost to the state thereby society at large.

Research On Women and Adoption

Women are physically and emotionally affected by child birth in a way difficult for those who have not experienced it to understand. It is an intense experience, a

major life event which women cannot simply walk away from as if it had never occurred. Yet that is what the adoption process assumed birthmothers could and should do without any assistance.

A birthmother quoted by Else 1991:137 sums it up by stating, “your boobs are out here and dripping milk and you have stitches in your bum, and you’re told to go home and forget about it and get on with your life.”

A woman whose whole body is prepared for the birth of a child is profoundly shocked by the sudden disappearance of that child. A birthmother in this state is likely to have enormous difficulty simply coming to terms with the experience.

Langridge (1984), in her study, asked 421 birthmothers about how they recalled feeling in the year following the adoption. The predominant feelings for 123 were “depression, emptiness, and sadness”, another 105 felt mainly “guilt, pain, and bitterness”. She found that over 70 percent of the birthmothers she surveyed thought about the child frequently, though most of the adoptions had taken place between 10 - 24 years ago, and some up to 50 years ago. A familiar pattern was early suppression of grief followed by breakdown some years later.

Shawyer (1979), in her book “Death by Adoption”, showed that the idea of “brief grief” for the birthmother was completely wrong. For most women, giving up a child for adoption was the most stressful experience they had ever gone through. They did not forget, and time was much less likely to heal than in other bereavements.

Overseas studies such as Inglis’ (1984), an Australian study, found that only 10-12 percent of birthmothers said their loss disappeared with time. For 36-38

percent it diminished; for 3-7 percent it stayed the same; and for almost half 45-48 percent it grew worse over the years.

Inglis describes “birthmothers”, as the “unknown mothers of unknown children”. She states that “when we think of Mothers we do not consider that there are many thousands of women who for varying reasons relinquished their children into the care of others”. Inglis goes on to make the point that the very word “mother”, resonates with permanence, intimacy and care. “The bonds between a woman and the child carried within her body seem inviolable. The mythology of motherhood insists they are. In our culture, the women who bear children generally care for them. A mother who does not is an anomaly. Her status as a woman and as a mother is ambiguous. This ambiguity has its source in our child-care arrangements where the mother is both a description of a particular relationship and a process of nurturing and protection. In the normal course of events giving birth to a child is followed by mothering that child. This continuity and expansion of relationship is one of our most cherished values. We believe it is natural. Women who fail to be motherly, who neglect to demonstrate this “nature”, are open to severe criticism. Their essential quality as women is regarded as questionable”.

Inglis emphasises that adoption, with its permanent severance of mother and child, flies in the face of these customs and values. The women who give consent for the adoption of their children deviate from an ideal of womanhood and motherhood to the most extreme degree.

Inglis then discusses the reason these women are described as deviant yet there has been little study around the practice of adoption. Other deviant mothers have been scrutinised and studied minutely for the source of their differences, eg the

debates over breast versus bottle fed babies; working mothers or not etc. Suggesting that no other form of child-care except that from the natural mother is believed suitable or adequate. The surrender of a child by a mother to strangers maybe regarded as one of the most deviant forms of motherhood. Despite this, the State appears to condone it with little thought to the relinquishing mother or how she might deal with it.

The issue for women who relinquish their children is “how” they assimilate this experience of being both a mother but not a mother. As Inglis summarises, “hers is a form of motherhood so at odds with our beliefs about women and mothers as to be invisible. And yet she was, and continues to be, a mother” (Inglis 1984:viii-ix).

The findings of another Australian study (Winkler and van Keppel 1984) are that the effects of relinquishment on the mother are negative and long-lasting. They found that the sense of loss is heightened at particular times eg. birthdays, Mother’s Day and Christmas, and that these affects remain constant for periods up to 30 years. They also identified that relinquishing mothers, who they compared to a carefully matched group of women, had significantly more problems of psychological adjustment.

The major factors which made for worse adjustment to the relinquishment were: absence of opportunities to talk through feelings about relinquishment; lack of social supports in dealing with relinquishment; and the continuing sense of loss about the child.

Winkler and van Keppel’s (1984) research clearly showed that it is inappropriate to view relinquishing mothers as women who have “put the problem behind

them". The study suggests the need for greater availability of counselling and support services for women who have in the past relinquished a child for adoption and for women currently relinquishing a child.

Winkler and van Keppel (1984) go on to develop a framework based on two themes: relinquishment as a loss and relinquishment as a stressful life-event. They compared relinquishment and prenatal death as an example of loss, then as a stressful life-event such as loss of a spouse; redundancy; unemployment; separation; change of residence; life-threatening illness to some one close; and material loss. The evidence suggests that relinquishing a child for adoption has the same impact. In fact, all these events were often experienced concurrently by women who relinquished a child (Winkler and van Keppel 1984:8-9).

In other bereavements, such as miscarriage and stillbirth, there is now public sympathy and support. There are rituals that are accepted. This was not so during the 1960's and 70's. During these years the stillborn child was whisked away, similar to the adoption experience, the intention being that the mother would be better off not seeing the child, that they would forget quicker if there were no memories of what the child looked like. Women were told to have another child as soon as possible to help forget the first child. There were no rituals to farewell the child. This practice does not happen now as mothers are encouraged to see and hold their child. The main difference between losing a child through abortion, miscarriage or stillbirth and losing a child through adoption is that there is no finality for mothers who lose children through adoption. They do not know if their children are alive or dead (some were told that their children were dead when they were not). There was no such acknowledgment of the loss for birthmothers. It is

difficult to grieve alone and many birthmothers have talked about the “aching arms” syndrome which left them crying alone in the middle of the night.

A North American study (Carlini, 1997) interviewed 198 women living in various parts of Canada and the United States. She too found that the women in her study felt they had suffered from grief from losing their child. All of these women said yes when asked the question relating to suffering grief from giving up their child for adoption. The study went on to show that 85 percent of these women also considered that they suffered from low self esteem, and that phobias were common.

New Zealand Research

A recent New Zealand study by Betty-Ann Kelly (1998) involved 55 women who had relinquished their children in the 1960-1970's period with the majority in the 1966-69 period. Their median age was 19 and all these adoptions were closed.

My research is complementary to Kelly's study in that I am looking at the social policy implications of the problems identified by Kelly (1998). As her findings are particularly relevant to this study, they are reported in detail.

Regarding women's access to support, their contact with the statutory agency and their relationships with other professionals, Kelly found that almost all these women sought help from groups or professionals with regard to adoption issues with only two saying they had not known what was available.

Word of mouth was the most common way of finding out about support groups, and generally these groups were free or of low cost to attend.

Kelly's respondents were asked what was the “best” and the “worst” things about the support groups they were involved with. These women found that the most

positive aspects of the support groups had been being able to share their experiences with others. The groups had helped them to feel that their experiences were “normal”. Another positive point was that the women felt accepted and supported.

One of the problems identified by the women was that the groups were generally run by volunteers. This meant that some facilitators had limited skills in balancing the needs of the group members, or had poor facilitation skills.

Contact with Statutory Agency

Women commented about their contact with the statutory agency associated with adoption, the Department of Social Welfare (DSW). Most women reported that the DSW social worker was in an office close to where they lived and generally, the service was of some help or very helpful. Eight social workers were described as no help at all. Even though DSW assistance is free, some women described their phone bills as “horrendous” if they lived far from a DSW office.

The best feature of social worker contact was overwhelmingly the opportunity to get information. This information was about the rights of birthmothers, and also about the placement of their child.

Relationship with Other Professionals

The women in Kelly’s study talked about the results of their contact with other professionals. Ten out of the fifty-five women had approached their general practitioners. The low number of women who sought help in this area, indicated that the doctors were not generally seen as being a useful resource for dealing with adoption issues. The doctors were described as not being comfortable with the issue and did not have any understanding of the impact of adoption loss.

Eight out of the fifty-five women had used a psychiatrist or psychotherapist. Four were helpful, the rest were described as of some help or no help. They were also expensive. The lack of knowledge of adoption issues was again a problem and one woman said she overdosed (intentionally) on the prescribed medication.

Counsellors in a not-for-profit community agencies were located by word of mouth, and were more likely to be some help than very helpful. There was no cost attached to their use. Lack of knowledge by the counsellor was again expressed.

Counsellors employed by community mental health programmes were not chosen to be used by any of these women.

Counsellors in private practice were again located by word of mouth. The majority here were found to be very helpful but expensive. It was their experience in working with grief that was valued. The usual problem of lack of knowledge about adoption arose again, and for some women it felt like they had to educate their counsellors about adoption issues.

Access to Services

Kelly (1998) asked the women she interviewed about who they thought should provide services. Most wanted community agencies who specialised in adoption issues. She also asked about funding. The majority of women believed that total funding by government should be provided for all or some services. Others favoured the option of users paying a contribution towards cost of services which could be income related. No one thought women should have to pay the total costs of any of the services because they thought there should be reparation as “the government legalised closed adoption as an uncontrolled, non-supervised experiment that now we know has had a long-term impact on everyone and their

families. An acknowledgment of the wrong could be made by training and providing counselling services” (Kelly,1998:219).

An important point made by the women in Kelly’s study was that they thought that the lack of services provided by the government was “inhuman”. One woman provided an apt summary of the situation by saying that “since the government allowed closed adoptions it should be willing to contribute to long-term counselling services for birthmothers as they seek to come to terms with their loss” (Kelly,1998:220).

Kelly’s research is valuable in so many ways. She shows how the harmful psycho-social consequences of past policies and practices have impacted on women and the lack of appropriate services and trained professionals to help these women learn to live with this experience, thereby allowing them to feel better and lead a normal, healthy, productive lives. However, she has not addressed issues such as: infertility after adoption, and difficulty with subsequent parenting and other relationships. This research study includes these issues and are discussed in the next section of this chapter.

Significant Factors Affecting the Psycho-Social Well-being of Women

The research outlined above and both overseas and New Zealand research, highlights that the most significant factors affecting the psycho-social well-being of women who relinquished children for adoption, are: depression, infertility, addiction, grief, relationship issues, and subsequent-parenting issues. The following section looks at each of these, it shows how these conditions/issues/factors have effected the women who have relinquished their

children. There have been consequences at a personal level for the women as well as economic costs for the State.

Depression

Winkler and van Keppel 1984 (pg:13) stated that the basic hypothesis of the life-events research has been that the stressful nature of the events acts as a precipitant in the development of physical and mental illness. People who are significantly depressed are, generally more likely to have experienced a stressful life-event, compared with those who are not depressed.

It is common knowledge through adoption circles that birthmothers were often prescribed tranquillisers, such as librium and valium, and sleeping pills such as mogadon were seen as a way of dealing with women who cried all the time and could not sleep. There appears, from discussion held in support group meetings, that no attempt had been made to understand why these women had these symptoms, therefore, these women often became addicted and had great difficulty in trying to limit their dependency.

To examine this from an economic perspective, there is not only the cost to the individual but a cost to the state through doctors fees, prescriptions, women who were committed to mental institutions, and therefore overall low productivity due to prolonged illness.

Carlini (1997:97), stated that many of the birthmothers she interviewed spoke of seeing male therapists, whose primary treatment was to manage the symptoms, rather than solve the problem. They gave mood-altering drugs as a routine component of therapy, without any insight as to how the original pain might be healed. In such cases the power of the therapist to prescribe drugs was not enough

to restore these birthmothers to a full sense of self empowerment. Instead, women developed their own way to numb the pain over the years, and obviously, the last thing they needed was to take on a drug dependency.

Another issue to consider raised by Carlini (1997) was that there was a tendency by male therapists to gravitate towards the psycho-sexual content of the past which again adds to the woman's guilt. She raises this in the context of the belief that many birthmothers also suffer from dysfunctional sexual problems.

Infertility/Childlessness

A number of women who have been identified through the Adult Adoption Information Act 1985 (these are women who have accessed the Act, under section eight, to have their son or daughter contacted), have reported that they have had no subsequent children. Some through choice, saying they did not want to experience child birth again. This is a result of the trauma caused by the first experience and a fear of losing these children also. Some women do not think they are good enough to parent children as they gave away their first child, therefore are not "fit" to parent again. Others have had "unexplained infertility", ie. there is no physical reason why they should not be able to conceive.

The failure of the state to assist women to deal with their grief and loss has had an economic impact, the cost of a reducing population, the cost of IVF treatment by the state, and the mental health issues that require follow-up come predominantly from vote health.

Addiction

Apart from the addiction to prescription drugs a number of women have also stated that they have sought relief through alcohol which has lead to additional problems. Alcohol and drugs are often used by women who gave up children for

adoption, to “deaden the pain”. It is a means of seeking escape from the never-ending feelings of hopelessness and low self-esteem. While there has not been any research carried out in these areas, there is plenty of anecdotal evidence through discussion held in support groups, case notes held at the Adoption Information and Services Unit (AISU), and from professionals who have thought to ask the right questions when seeking the cause of the addiction. Professionals in the field have reported that birthmothers are highly represented in addiction services.

The cost to the state of providing addiction services is well documented.

Delayed Grief Reactions

Many birth mothers were expected to “move on and forget what happened”. In essence, this meant going on without showing any emotions. However, they could never deny inside what happened, but did deny how much it mattered to them and how badly they were hurt by the relinquishment. This denial caused the delay of grieving for the lost child until later in their lives (Carlini 97:27).

“Delayed grief” is one of the causes of “post-traumatic stress syndrome” (PTSS). Soldiers who have been to war will often suffer symptoms years later when something pulls the painful memories out of their subconscious. Some symptoms include feeling out of control or suspended in time. Sleep disorders, eating disorders, panic attacks, anxiety and some phobias are common. The reasons for the grief vary, but many of these symptoms are common to birthmothers who have suffered from delayed grief (Carlini 1992:27, Marshall 1994:15 and Weaver 1997:271).

PTSS does not go away and women need to be taught the skills of how to live with on-going grief. However, as with victims of sexual abuse or violence the

most powerful aid is in the confrontation and prosecution of the offender which is seen as an important step towards healing. For birthmothers it is the acknowledgment that the event, or as in this case the relinquishment of children, is a traumatic experience that is lasting and requires assistance to cope with it. It is the invisibility, hiddenness, and secretness that surrounds adoption that makes this difficult and that lack of acknowledgment from society or in the legislation that this process has no effect on women. The fact that they were told by society to “forget and get on with their lives” and the Adoption Act 1955 which states “as if born to” disallows any recognition or acknowledgment of the lasting impacts.

Repressed or Masked Grief Reactions: physical pain; psychosomatic pain; self-harming behaviour.

Repression may affect the birthmother years after the relinquishment. According to Freud, “repression is one of a number of defence mechanisms by which the ego (our conscious self) blocks off threatening thoughts or desires and keeps them from ‘seeping’ into our conscious minds.”

Some birthmothers will go into a prolonged mourning process when they feel suspended in the past, if only on a subconscious level. In many ways they hang on to unremitting grief, clinging without relief to their sorrow, guilt, anger, self-hatred and depression. These then become a “repression”. Avoiding these painful feelings on a conscious level can be maintained for years or even a lifetime until a way to recover is found (Carlini 97:25).

Since repressed feelings are blocked energy, they have the power to turn inward, causing headaches, stomach disorders, backaches or a general weakened physical condition. Some doctors believe that they actually have an effect on our immune

system. This, in turn, leaves the body open to a wide variety of illnesses and diseases (Carlini 1997:p25).

Repressed feelings, especially if done during the denial stage of the grief process, can lead to compulsive behaviours such as overeating, overspending, smoking, drinking, taking drugs, etc.

Women are often treated for these symptoms without professionals exploring the cause. Many women talk about never telling the General Practitioner who is treating them that they have been through the experience of being a birthmother. Similarly, any other health professional, friends, family and partners sometimes never know this is the reason that this woman is behaving the way she is because she feels unable to talk about what is really the problem. Sometimes she does not understand her behaviour herself.

Relationship issues

Trust is a major issue for women who have relinquished a child. Their relationships with their spouse and family often deteriorate over time as they struggle to ignore the unresolved grief/loss. The husband is faced with issues about his wife's past which he would prefer to deny or dismiss. The other children have issues about their new/lost sibling and they find it difficult to cope with their place in the family, (are they the youngest or the eldest?). Siblings have expressed the feeling that they have known something was missing or not spoken about but were unable to identify what it was (Marshall 1996:15).

The Education, Health, and Welfare sectors often bear the cost of the stressed relationships experienced by families of women who have relinquished children for adoption.

Subsequent-Parenting issues

To take the pain away some women looked forward to having “legitimate” children only to find they became increasingly short-tempered with them as the children became more demanding. The lost child was not replaced by any other. Their relationships with their subsequent children often were too controlling or too soft resulting in parenting difficulties. Other women consciously did not get emotionally close to their subsequent child for fear of more pain (Marshall 1996:15).

New Zealand Children Young People and their Families Agency (CYPFA) who, within their Care and Protection Service, use the “Child Abuse Risk Estimation System” when interviewing families, have included adoption under the “Family Type” ie. they ask the question how the family is constituted, in order to identify whether the child is adopted, as this may lead to further exploration in identifying a cause to the behaviour of the child or the parents.

Langridge (1984:104), in her thesis found that 80 percent of her respondents reported emotional disorders, and, as with Van Keppel and Winkler (1982), found that time itself was not a healer. Many therapists have difficulty dealing with birthmother issues this is because of old traditions which remain in their own belief system. Traditionally, therapy has seen birth trauma problems as a result of character make-up of the individual woman, rather than a social attitude and influence that society pushed on to her. To help her the therapist must understand that social beliefs about adoption from years ago no longer hold (Carlini 1997:98).

The above research demonstrates that while society punished women for getting pregnant, these women appear to go on to punish themselves for giving up their children. The potential cost to both, individual and state, is enormous but has not

been quantified as there is limited research with anecdotal evidence, but no hard data. At this point I need to acknowledge that some people maintain and might sight evidence to demonstrate that adoption has some benefits. However, these are outside the scope of this study as I am focusing on the birthmother situation of the 1950-80's period.

Economic Factors

The characteristic relationships between men and women, reproduction and child-care, the economy of marriage and legitimacy as well as all of the related and socially shared beliefs, can also be linked to the adoption situation. Since mothers care for children, and an unmarried mother was a socially and economically unsupported woman, the needs of her child became hers alone. However, the very existence of the child, reduced her possibilities of meeting those needs. Being young, she was disadvantaged by wage structures which favoured men. Being a mother while not a wife, she was excluded from the private economy between mothers and fathers and from the wider economy by the belief that mothers do not work for money but for their children and their children's fathers, who must of course be a husband. She was in trouble. She had made a mistake which placed her outside a tightly closed circle. She had no place. Her moral position was untenable, she had no place being pregnant (Inglis 1984:8).

New Zealand legislation and social policy in the 1990's has altered some of these concepts in the years since the closed era of adoption ended. However, the concepts that prevailed during this period of adoption have continued to be reflected in the way we think today about unmarried mothers. It is these judgemental attitudes that tend to leave these women in a disadvantaged economic situation.

Summary

It is the main contention of this paper that addressing early significant factors, such as: depression; infertility; addiction; grief; relationship issues; and subsequent-parenting issues; which clearly affect the psycho-social well-being of women who relinquished children for adoption need to be addressed. It would be cost effective to do so, and it would also improve the well-being of women and thereby the well-being of the community at large. As 3.2 percent of the population is adopted (Iwanek 1998:25) the ripple effect, if you add the corresponding relatives, makes it clear that a large proportion of the population is in some way touched by adoption. It is therefore argued that this could have wider implications for the well-being of society as a whole. The basis for this argument is that in addressing these issues the overall costs to the state would be reduced with lower health/welfare costs.

The next chapter provides further analysis of these factors and costs. It also identifies some models that could be implemented to improve the current situation.

CHAPTER 5: THE CASE FOR EARLY INTERVENTION

Introduction

If Government wants to intervene, ie. wants to be responsive to people's needs then it must acknowledge the factors described in the previous chapter that impinge on women's well-being and also be willing to do something about these factors. Examples of early intervention strategies, that are preventative models as opposed to crisis models, to look at addressing these needs are: the ACC model of addressing sensitive claims; the Victim Support model of access to counselling for families of victims of homicide; and the model of the Employees Assistance Program (EAP) which is for employees needing counselling in order to help them return to work more promptly.

This chapter provides an outline of each of these models, it describes how they work and what are the costs. These models are then assessed to see if they would fit the birthmother situation. Then, with some analysis, determine if it would be cost effective to effect early intervention strategies. In carrying out such analysis it must be acknowledged that as the example of birth mothers used is from the past, therefore there is a need for historical remedying as well.

Victim Support:- The Counselling Scheme for Families of Murder Victims

This scheme is Government funded and designed to provide free counselling for families of murder and manslaughter victims. In 1987 the Victims of Offences Act was implemented. At the same time a task force was established to oversee the implementation of the Act and pilot victim support groups were set up in Hamilton and Porirua. During this time there was debate about the issue of offenders receiving follow-up and that there were a number of services available

to them but there were not any such services for victims. The ACC system did not cover the needs of victims and survivors of crime. Around this time the Minister of Justice proposed that there was funding available to initiate a scheme to rectify this.

Funding for this scheme (the counselling for families of murder and manslaughter victims), is now administered by Community Funding Agency (CFA) and the New Zealand Victim Support Group (NZVSG) is contracted to administer it. It is CFA's role to monitor the expenditure of the funds and report to Government accordingly.

Criteria for Entry into Programme

Counselling under the scheme is available to family members of the murder or manslaughter victim and /or people with a close relationship, for example partner, spouse, child, parent, sibling, primary caregiver, grandparents, aunts, uncles. Approval of counselling for other people close to the victim is discretionary.

The scheme commenced on the 1 April 1995 and the basis for eligibility relates to homicides occurring on or after that date. However, approval was given by Government in 1996 to extend the eligibility to murders occurring after 1 April 1992. NZVSG now state that they are treating historical homicide cases as well because they have witnessed the impact on people if they were not treated at the time and have remained traumatised.

People find out about this scheme from the police, pamphlets, or victim support workers. The Police have the initial responsibility for confirming that a homicide has taken place and for referring family members to the local Victim Support

Group. It is then the Victim Support - Homicide Worker, who has the principle role in determining eligibility under the scheme.

Costs

Initially 6 hours counselling are approved with the option to increase to 15 hours if required. Further counselling, to a maximum of 30 hours, may be approved. The fee (as set by CFA) of \$50 plus GST per hour equates to approximately \$1,680.00 budgeted per person.

The Victim Support worker's time in helping the person or family in choosing a counsellor etc. is voluntary. The associated costs of this however are high due to the ever increasing turnover of volunteers who require training. Because the volunteers must acquire specialist training in the area of homicides, on the processes and the implications, means the intensive training comes from professionals from within the field, for example police, coroners etc.

NZVSG employ a person for 20 hours per week to administer the scheme, the budgeted cost for this is \$15,000 per annum.

There is also funding available associated with travelling to undertake the counselling.

Lesley Slicker, administrator for the programme (interviewed April 1999), states from the NZVSG perspective that "the savings on unemployment benefit; bankruptcy; parenting issues; and health issues more than compensate for the early intervention costs".

Overview of service

NZVSG budget on the premise, based on previous years data, that there will be an estimated 52 homicides per year therefore approximately 160 people will present

for the scheme. Currently, there are 660 people registered and accepted for the scheme. Of the 160 new people each year, while most will register for the scheme, some will not take advantage of the counselling immediately, some will start and then stop, and some will continue through the assessed number of sessions. A number will re-join the scheme when triggers happen, for example, when a murder has a high media coverage, the media will continue to revisit that event when covering other events in the future. The families and friends of the victim often don't know when these stories will re-appear on television or in the papers. Other examples include when the case may hit the headlines again, such times as when the offender is due for parole or release from prison.

Counsellors

The National Office of NZVSG has established and maintains a register of 120 counsellors suitable to deliver this specialised counselling. Counsellors must be members of a relevant professional group ie. New Zealand Association of Counsellors (NZAC); and the National Association of Loss and Grief (NALAG).

Counsellors must present their full curriculum vitae's to NZVSG and these are subsequently checked by three independent counsellors.

Success of Scheme

Measuring the success of counselling has always been a difficult task. How do you quantify some thing like well-being?. It is impossible to create a box on a database that could identify that a cure or a completion of an emotional trauma had happened. This situation is quite different to a physical injury which is visibly healed and can be recorded as such.

In 1997 Dr. Gabrielle Maxwell and Paula Shepherd from the Criminology Department Victoria University completed a report on behalf of the Department

of Prime Minister and Cabinet - Crime Prevention Unit. The report was an evaluation of the first year of the scheme. The following are some of the key points that are relevant to this research:

- ★ The families of murder victims are faced with the very difficult task of adjusting to the loss of loved ones, coming to terms with anger and powerlessness and the learning of often terrible factual information.
- ★ Counselling is seen as important and effective in assisting them to manage what has happened to them, to recover from grief and trauma and to deal with anger and bitterness.
- ★ People reported that counselling was not always an easy process and a few reported difficulty in the finding of the right counsellor for them. However, 78 percent reported that it had been helpful for them in the following ways: reducing the post traumatic symptoms; developing an understanding of what had happened; working through grief; coping with depression and anger; living through the aftermath of death and the trial; rebuilding damaged relationships and finding renewed confidence in themselves (Maxwell and Shepherd,1998:xv).
- ★ Barriers to counselling included: lack of information about the scheme; lack of money; transport; childcare; being Maori; the impact of the trauma; and a number of psychological and social factors.

Maxwell and Shepherd (1997:xvii) concluded that “the counselling for families of Murder Victims Scheme emerged from this evaluation as a success in making a considerable contribution to meeting the needs of the family members”. They went on to state that “the provision of counselling linked with the governments

objectives of social cohesion. Effective intervention for victims was seen to benefit them and the state by both accelerating recovery and enhancing victims confidence in themselves and in future cooperation with the justice system” (Maxwell and Shepherd,1998:1).

Since then the NZVSG bases the success of the scheme from the reports from the counsellors at the termination of the counselling sessions and from anecdotal client feedback. Lesley Sliker, the administrator of the scheme (interviewed April, 1999), states that from all accounts the scheme is very successful. This is based on the fact that they have received no complaints, and that the majority of people take up the offer of counselling and say they benefit from it. Most are able to resume work, parenting, and return to healthy, productive lives. Some re-enter counselling when/if required. The flexibility of the scheme for people to re-enter is considered by the Victim Support Scheme to be an integral part of its success.

State Services Commission : Employee Assistance Programme

This is a scheme developed in partnership by the State Services Commission and the Public Service Association in 1985. The policy is set out in the following statement of principle. “It is in the best interests of the employer and the employee that a person with impaired work performance should receive early assistance and at the same time be assured that receiving such assistance will in no way be detrimental to their career.”

This scheme was modelled on another public sector example which was initiated to address health problems before disciplinary action was necessary when there was a performance issue. The State Services Commission and the Public Service Association, which has now followed this model, is confidential between the

referral adviser and the employee and there are no records kept on the personal file of the employee.

Costs

The Department of Social Welfare, the service interviewed as part of the research for this paper, stated that the overall cost across all Corporate cost centres for 1997 was \$8,811.00. The cost for fiscal 1998 was \$7,163.00. These figures service 2,500 employees. The direct cost of the programme is the responsibility of the area manager where the employee is based and is lumped into "other personnel costs". It would appear that area managers do not budget for this. However, applications are never refused and are seen as part of the "good employer" concept. The cost would be between \$60 - \$100 per hour for counselling, with an average of six hours per person. These sessions can be extended with the approval of the budget holder. There is limited accountability due to the confidential nature of the scheme which is seen as its asset. The two referral advisers that were interviewed (April 1999), stated from their perspective and corresponding managers they have worked with, that the programme has proven that the cost of this kind of early intervention is minimal compared to lost income from sick days, poorly performed work and lowered morale. By the figures quoted it would appear that public servants do not abuse a system that is set up to help them.

Referral is by the supervisor/manager, colleague, or employees are able to self-refer.

The job of the referral Adviser is a voluntary one. They are selected from volunteers on the basis of personal qualities - discretion, maturity and tolerance, not seniority. They help the employee to gain access to the required professional

help for diagnosis, treatment and/or counselling. It is their right to approve the first six sessions and charge the respective area manager. This is done within their work time and there is no compensation or reduced workload associated with the role.

Success of the Scheme

EAP, due to the confidentiality of the scheme, has no hard data to measure success. As for the Victim Support scheme, it is difficult to measure the impact of counselling as successful or unsuccessful. The two referral officers of the scheme who were interviewed for the research stated that from their own referrals the people who have taken up the offer of the scheme have managed to resolve the issues enough to return to work with no disciplinary action required, and an increase in work performance. For those that have required on-going therapy, they have done this in their own time.

Accident Compensation Corporation : Sensitive Claims

The Accident Compensation Corporation (ACC) is a government regulated 24 hour no fault compensation scheme that is managed and delivered by a Crown monopoly, the ARCI Corporation. The Accident Rehabilitation and Compensation Insurance Act (1992) mainly provides for accident victims but also covers injury resulting from some forms of sexual abuse. Through its legislative and regulatory powers the government can determine who will have access to the ACC's cover and entitlements, what benefits entitlements will confer, who will pay, how they will pay, and what price they will be. The government can also determine how the scheme will be administered and delivered.

Criteria for Entry into Scheme

The Sensitive Claims Unit within ACC handles everything to do with sensitive claims. The Unit's aim is to help people dealing with the after effects of sexual abuse to recover as fully and as quickly as possible.

A person wanting to make a claim must visit a doctor and fill in an ACC claim form. The doctor indicates that counselling is required and sends the form to the Sensitive Claims Unit. The person then chooses a registered counsellor to get a cover report completed on the alleged abuse, the consequences and the client's need for treatment.

Costs

All claims are assigned to a case manager who is responsible for managing the claim from initial assessment until counselling ends. Accepted claims are classified by the case manager as either "low" or "high" impact, and respectively allocated either 15 or 20 hours counselling. This is based on the cover report by the counsellor. They cannot approve more than 20 hours counselling at a time. If more is needed then a plan followed by regular reports is a requirement.

The cost per hour is set (by statutory regulation) at \$56.25, this amount equates to \$1,125.00 budgeted for an individual for 20 hours counselling. There are extra costs associated for the cover report, assessment report, progress report, completion report, independent review, and planning meeting fee which total approximately \$867.50 per person.

Overview of the Scheme

Currently there are 9,000 open claims which have been lodged with the sensitive claims unit. This includes current new claims waiting for assessment and ongoing claims. At the end of April 1999 this equated to 2,000 people who had not taken

up the counselling option; 6,000 people who were in counselling; and 1,000 people who were awaiting assessment processing. Sensitive claims unit receives on average 664 new claims per month.

The total budgeted cost for the scheme is \$8 million per year. \$4 million for counselling and \$4 million for associated costs eg. administration; childcare; transport; and independent allowance that the unit administers.

The Sensitive Claims Unit has around 35 staff, including case managers, clinical advisers and support staff.

Counsellors

There are 944 ACC accredited counsellors registered and these are required to belong to a professional organisation such as the New Zealand Association for Counsellors. They must also meet the standards set by that body and take part in regular supervision.

Monitoring is done through: progress reports that are required every 20 hours; reviews are undertaken by case managers and independent reviewers; there are internal reviews; and there is a completion report from counsellors when counselling ends.

Success of the Service

There has been no current research/evaluation of this scheme.

Suitability of above Models for the Birthmother Situation

All three models have something to offer, however, for the data collated above it would seem that the Victim Support Model is the most amenable.

New Zealand Victim Support Group

There are a number of similarities between the recipients of this model and the needs of birthmothers. The psychological difficulties in understanding the events that happened to them is a major impediment to recovery and, without help, many women remain angry, bitter and/or depressed.

Everyone's needs are different, therefore people require intervention at different paces and times. The flexibility to be able to move in and out of a counselling programme would be of advantage as with these recipients, there are triggers that happen for birthmothers that require ongoing support. Some of these triggers include Mother's Day; birthdays; other family days; reunion; marriage; 21st.; etc.

The entry criteria to the programme is easily defined as with the homicide situation, ie if you have relinquished a child you would be eligible. Again, as with this model I think there should be availability of a service for historical adoption situations as well as current adoptions.

In this scheme there is recognition for trained support people and counsellors, there is also monitoring and accountability in place of the professionals. As with any speciality area the need for training is vital. Because of the lack of research in New Zealand and overseas, on the impact of adoption on those affected, there is not the emphasis placed on adoption issues as there should be within the mental health/counselling training programmes currently running in New Zealand.

There appears to be minimal outlay or overhead costs to run the scheme. It would be envisaged that if the State were to administer such a programme for adoption within existing services the overheads would also be minimal. The cost being that of contracting fees for counsellors.

Non-Government Organisation's (NGO's) could as easily assess entry and monitoring of such a programme for example, The Auckland Medical Aid Trust (AMAT) or Barnardo's are NGO's who are currently involved in adoption work and have the infa-structure to enable it to work. An example is as follows: (See Figurer1 Overleaf)

CRITERIA/PROCESS TO ACCESS COUNSELLING

Eligibility Anyone affected by adoption

Overview of Service Adoption Information & Services Unit (AISU) or a Non Government Organisation (NGO) is responsible for assessing applications, processing applications, monitoring counselling, accrediting counsellors, support and information to client.

Costs Administration, overheads, counselling costs (approximately \$1,700 per person)

Number of sessions set initially at 10 per person with a maximum of 20

Flexibility on how used

Client can move in and out when required

More hours available if assessed and recommended by counsellor

Flowchart

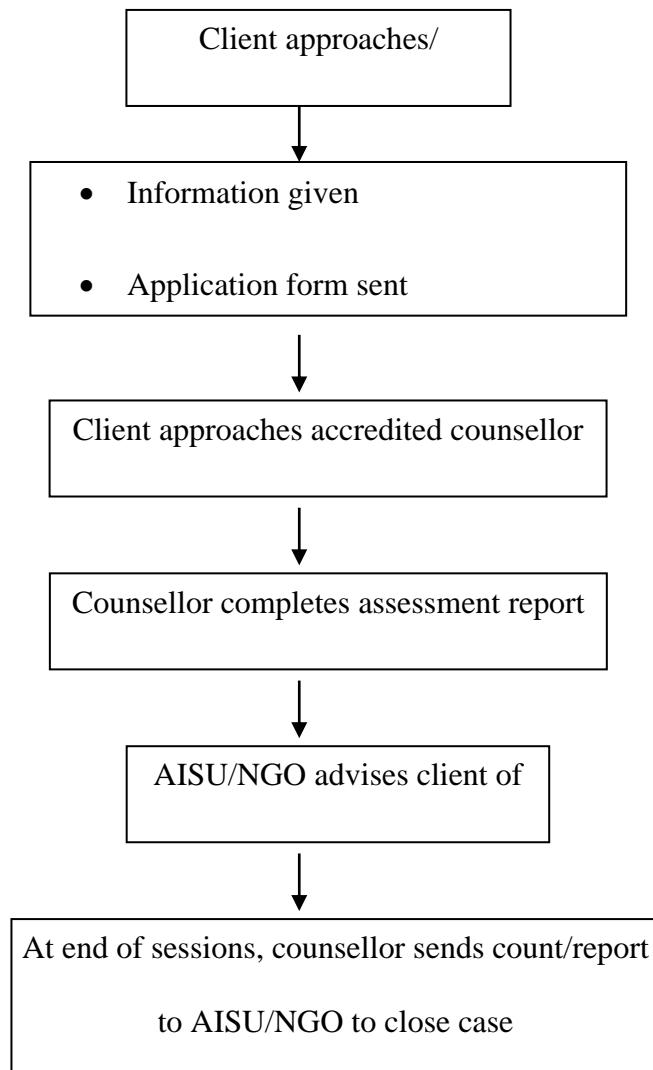


Figure 1: CRITERIA/PROCESS FOR ACCESS TO COUNSELLING

Employee Assistance Programme

This model is harder to assess due to the lack of data. However, it is still relevant in that access to counselling proves a good response in getting people back to a state of well-being that results in higher productivity. The benefits of training for referral officers is important as this is the first point of contact for the employee, and where the first assessment of where they should be referred. The other important point is that only trained professionals are used for counselling.

Accident Compensation Corporation

In this model there is an acceptance and an acknowledgment of the trauma that exists if someone has been abused. Similarly, with adoption, people are asking for this acknowledgment. Again there is accountability and monitoring of the professionals, there is also education available for the professionals.

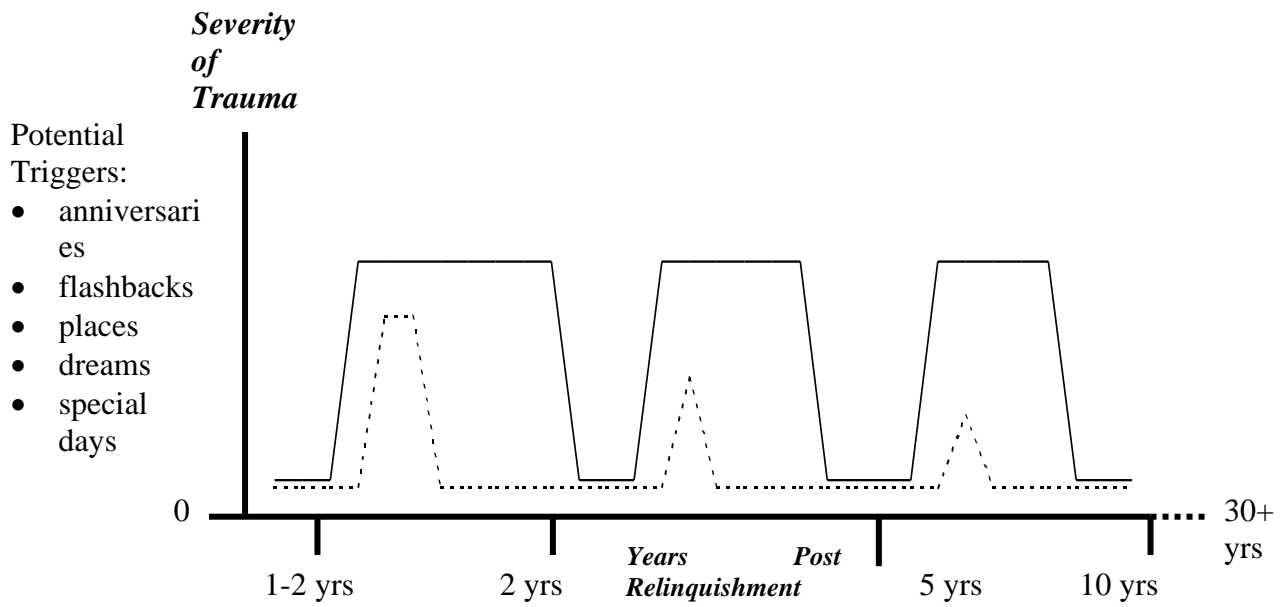
Also there is the flexibility to move in and out of the scheme when triggers arise, and it is cost effective.

Other Option

Another option would be for birthmothers to access services through Mental Health Services. However, as identified in Kelly's (1998) research these services are not proficient in working within the adoption arena. Like sexual abuse, the issues are specialised. The affects of sexual abuse and of relinquishment are similar. What would be required would be the research and the education of health professionals in order to successfully work with these women. The aim of this intervention would be to promote the women's well-being, returning them to a point whereby they could learn to live with the trauma and return to full and productive lives.

The following diagram and table represents the life of a birthmother. The 0 line is the normality line and demonstrates what happens when a trigger comes along and women do not have access to counselling or support, they end up in a crisis situation. The early intervention line shows that while triggers continue to happen, women with counselling and support, tend to remain on the normality line for longer periods. The impacts and results are shown.

ADVANTAGES AND DISADVANTAGES OF
EARLY INTERVENTION STRATEGIES



<p>—————</p> <p>Impact</p> <p>Results</p>	<p>Crisis Intervention Model (no counselling/support)</p> <p>denial depression shame guilt</p> <ul style="list-style-type: none"> • addiction • mental health issues • future parenting issues • infertility • economic issues • self harm, drugs, alcohol, suicide • higher costs for the state 	<p>----</p> <p>Early Intervention Model (with counselling/support)</p> <p>improved wellbeing able to deal with grief/loss better feeling of self worth</p> <ul style="list-style-type: none"> • better relationships • better parenting • healthy body/mind • more productive • lower costs for the state
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Final Summary

The research carried out for this paper supports the view that women who relinquished their children for adoption between the 1950-1980's have been traumatised with impacts lasting throughout their lives (Sorosky, Baran and Pannor (1978); Winkler and van Keppel (1984); Inglis (1984); Langridge (1987); Carlini (1997); and Kelly (1998). The literature and anecdotal evidence has identified that an early intervention scheme would have minimised this impact resulting in women's well-being returning to a functional level within a shorter time.

The present option for birthmothers who relinquished children in the closed era of adoption is that they have to find a counsellor in the private sector that has the expertise and experience in the area of adoption, and who is a qualified counsellor belonging to a professional group. There is a wide gap between charges for counsellors - between \$50-\$120 per hour. It is expected that the initial length of time for the required counselling would be 10-15 hours, with more if trauma exists.

Birthmothers who wish to obtain counselling find that counsellors with the necessary expertise are few and far between. Also, due to cost, the option of counselling is restricted to those who can afford such services.

An even greater requirement is for society generally, and professionals to acknowledge the impact adoption has on the lives of all those affected.

CHAPTER 6: CONCLUSIONS

This research paper has considered the consequences/impact of the Adoption Act 1955 on women who relinquished children in the closed period of adoption which included the years between 1950 and 1980. The experiences of birthmothers who have suffered a life-time struggling with the negative effects of inadequately considered legislation and policy have been identified in this paper as an example of what results from reactive legislation and the use of the crisis intervention model.

The second part of this paper has investigated various models which may help women deal with their well-being, and ultimately their ability to lead healthy productive lives. It is argued that it can be more cost effective for the State to initiate early intervention strategies as a prevention model rather than the status quo which is a crisis intervention model to situations. It is proposed that a strategic approach to policy design is more effective than the incremental approach. The policy recommendations set out at the end of this chapter are based on an investigation of these models and the proposition that a strategic approach should be followed.

The Adult Adoption Act 1985 was an acknowledgment that the state had a responsibility to remedy past deficiencies in the Adoption Act 1955. The announcement of the current review of the New Zealand laws on adoption is a further acknowledgment, or at least provides opportunity to put in place, strategies to help women who are victims of past ill considered legislation and policies.

The statistics show that adoption affects 16 percent of the total population in New Zealand. Research such as (Sorosky, Baran and Pannor (1978); Winkler and van

Keppel (1984); Inglis,(1984); Langridge (1987); Carlini (1997); and Kelly (1998), have demonstrated that adoption is not an event but has a life-long impact on all those involved. That the issues around adoption do not disappear with the transference of the legal documents associated with the adoption.

Analysis of available research data has identified that well-being affects an individual's ability to contribute to society and that the factors that affect the well-being of women who relinquished their children during the closed era of adoption has resulted in long-term costs to the State.

The implications of not addressing the needs of birthmothers both for the birthmother and for the State has resulted in a loss of productivity and increased spending on long-term interventions.

This paper identifies that there are early intervention models that are effective and cost efficient that could meet the needs of birthmothers, which would result in a speedy return to well-being, thereby returning them to a productive life.

There is no evidence to suggest that the State should provide all the services for people affected by adoption, but there should be a range of providers with the State making a significant contribution and recognition of the need. These services need to compliment voluntary services. That is why the Victim Support model, with its ability to enable re-entry when required could be utilised in regard to birthmother and adoption needs.

It is important that post adoption services are specialised services. Generic counselling skills and/or grief and loss models while similar are not suitable for people whose lives have been affected by adoption. Post adoption services need to be recognised as legitimised services, and need to be separate from the placement

services for adoption. Training for counsellors through the tertiary institutions needs to be specialised. Accreditation of counsellors is important.

The New Zealand Community Funding Agency and Lotteries already fund a diversity of community agencies and organisations which service the adoption population, however these are not consistent throughout the country. Making changes to the Adult Adoption Information Act 1985 as outlined in the Terms of Reference under which the Law Commission will review New Zealand's laws on adoption could also allow a redistribution of the funding.

As previously stated, while the example of birthmothers has been used for this research paper, the policy issues are not restricted to this group.

Recommendations

The failure of the State to pursue an early intervention strategy to help women who relinquished their children in the years 1950-80's, has meant that strategies are now needed to rectify past inadequacies. Unless these strategies are put in place there is likely to be continuing high costs to the State.

It is therefore recommended that the following policies be considered:

1. A public acknowledgment of the pain and trauma that adoption brings on the people involved.
2. All those affected by adoption should have access to services if/when required.
3. Those professionals working in the area of adoption should be fully trained in the issues relating to adoption enabling them to become accredited. This needs

to be similar to sexual abuse training and accreditation and those working in the homicide area.

4. Funding should be allocated either through Adoption Information Services or through the Community Funding Agency and be recognised as a legitimised need.
5. Tertiary institutions should establish a post-graduate qualification in adoption counselling as a speciality area.

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Rose Mathews, Sensitive Claims Unit;

Brenda Farrell, and Gary Howat from New Zealand Children Young Persons and Their Families Service.