

Education Committee

Oral evidence: [Historical Forced Adoption](#), HC 1713

Tuesday 24 February 2026

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Members present: Helen Hayes (Chair); Jess Asato; Sureena Brackenridge; Darren Paffey; Mark Sowards; Peter Swallow; Chris Vince; Caroline Voaden.

Questions 1-62

Witnesses

[I](#): Professor Gordon Harold, Professor of the Psychology of Education and Mental Health, University of Cambridge, Dr Michael Lambert, Lecturer in Medical Humanities, Lancaster University, Dr Janet Greenlees, Reader in Health History, Glasgow Caledonian University, and Dr James Gallen, Associate Professor, School of Law and Government, Dublin City University.

[II](#): Emma Crowther-Duncan, National Development Lead, PAC-UK, Brenda Farrell, UK Director for Fostering, Adoption & Children in Care, Barnardo's, Colonel Peter Forrest, Chief Secretary, The Salvation Army UK and Ireland, and Emily Frith, CEO, Adoption UK.

Examination of witnesses

Witnesses: Professor Gordon Harold, Dr Michael Lambert, Dr Janet Greenlees and Dr James Gallen.

Chair: Welcome to this oral evidence session of the Education Committee. This morning, we are hearing from witnesses in one of two evidence sessions in public on the issue of historical forced adoptions. At the start of the session, I acknowledge the sensitivity of the material that we are discussing today, and the terrible, deep and long-lasting impacts that the period of our history that involved forced adoptions has had on mothers whose children were removed, on now adult adoptees who suffered the experience of being forcibly removed, and on others who were caught up in a system that we all know to have been brutal in its nature. I acknowledge that sensitivity and the impact that some of the evidence we hear today might have, particularly on those who have lived experience.

In our second evidence session, we will hear directly from those with lived experience, but today we are taking evidence around the topic to support and inform that second session. I invite our witnesses to introduce themselves and to make any opening remarks before we get going with our questioning.



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Professor Harold: Good morning. Thank you very much for the invitation to speak today. I am Professor Gordon Harold, University of Cambridge. I welcome the opportunity to speak to the Committee on this important and timely topic.

Dr Lambert: My name is Dr Michael Lambert. I am a lecturer in medical humanities at Lancaster University. My background is in archival research, looking at deposited records of the Government, local authorities and voluntary organisations with a view to understanding social policy decision making.

Dr Greenlees: Good morning. I am Dr Janet Greenlees. I am a reader in health history based at Glasgow Caledonian University, and I have done research on mother and baby homes in Scotland. My background is not only archival research, but oral histories.

Dr Gallen: Good morning. My name is James Gallen. I am an associate professor in the School of Law and Government at Dublin City University. My research looks at justice responses to non-recent institutional abuses.

Q1 **Chair:** Thank you for taking the time to be with us. I will begin our questions with one to Professor Harold and Dr Lambert. Between 1949 and 1976, what choices did an unmarried woman have on discovering that she was pregnant?

Professor Harold: The language of legal choice is a separate matter, but in the language of practical, accessible choice, it would be fair to say that women, mothers, had no choice. A young woman might seek advice or guidance from any recognised source today—a teacher or parent, a medical professional, a member of the church or a community member and so on—in circumstances that might be distressing or difficult, but those were not accessible options for young women, for mothers, then. Women were entirely isolated, left with unknowns in terms of their circumstance—left with fear, stigma, shame, the perception of bringing family or community shame—and were in the hands of those who guided them around their options, and the options provided to them were not in accord with the legal options at the time.

Dr Lambert: I will complement Gordon's answer in two ways, first on understanding the lack of support that the state was providing for families outside marriage. What we understand today in terms of housing, social security and childcare simply did not exist. There was a concerted reluctance on the part of the state to play the role of what was thought to be that of the male breadwinner in a family. The state did not want a substitute role, and policies were actively designed to prevent that situation from occurring, not only to reduce the financial cost, but to set a precedent. On the other side of that coin, there was significant investment by government across a number of levels in mother and baby homes and in adoption as a policy solution to the problem of sex outside marriage and children. Those two things co-existed. It was a series of conscious decisions. This was a broader system that had no single point of control,



but was clearly producing this overall logic of a lack of choice being the end result for women who found themselves pregnant at that time.

- Q2 **Chair:** You have spoken about the difference between a practical choice and the choices that might have been there on paper, but were not there in reality. Can you say a little more about how social, moral and religious expectations influenced the reality of that choice?

Professor Harold: We can think of a 15 to 18-year-old young woman, developmentally, in the context of a community, an environment, a family or other circumstances where expectations are placed on good behaviour and where, if that young woman finds herself pregnant and unmarried, pregnancy and being unmarried are deemed to be illegitimate. That is not being a fit mother, because one is not married, and those young women are being subjected to that experience in the period of review, 1949 to 1976. They did not have access to the internet or to information that they could readily access immediately. They went to those who could offer guidance, only to be told immediately that they were a bad person. Contending with that circumstance at that stage of life or stage of development—that particular circumstance—is unimaginable. Contending with that reality is a triple whammy of being pregnant out of wedlock, being unmarried and having to attend the mother and baby home, with all that goes with that—zero choice, zero access to information, zero support.

Dr Lambert: Again, I will complement Gordon's answer by focusing on the active role of organisations. There is a way, in two senses, that the Church at this particular time—and here I refer to the Church of England but also the Catholic Church and associated denominational voluntary organisations—saw a role for themselves in the post-war welfare state where the state was taking increasing action by engaging in this kind of so-called moral welfare work. That was seen as their legitimate sphere of activity—that women in that position somehow transgressed norms and that was the appropriate means of dealing with them as a group.

The other side to that that is worth raising is the role of the social work profession. At that time, they were in their infancy but were professionalising. The role of fashionable ideas around child development, particularly the work of John Bowlby, was singularly influential. That is the idea that, to prevent a disrupted early formative relationship, it was in the best interests of the child to separate them as soon as possible from their mother, who was seen as a damaging influence upon them. The constant refrain that so many people have said about their own experience of removal and separation is, "If you love your child, you will give it up." That is down to intentional actions on the part of social workers and the profession.

- Q3 **Chair:** May I ask Dr Greenlees and Dr Gallen how comparable the experiences in Scotland and Ireland were? Were there differences? Were there similarities? Is there anything that you can tell us that will help us to make a comparison?



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Dr Greenlees: Certainly in Scotland the experience is very similar. Unmarried mothers, or unmarried women, had very few choices. In Scotland, in addition to the social work and mother and baby homes, the GP also played a huge role because many GPs did not believe in prescribing birth control to unmarried women. They were also instrumental in sending a pregnant, unmarried mother to a mother and baby home. There are also a lot of cases of GPs telling the parents of the daughter that she is either interested in birth control or is pregnant. The medical element is combined with the social element of families because there was huge fear of the huge disgrace to the family if an unmarried woman became pregnant. She had few choices. What happened to her depended on who she encountered and their own perspective. It all depended on the sympathies of their families, a GP and sometimes the minister, be it in the Church of Scotland, the Catholic Church or even the smaller denominations in Scotland, such as the Methodists and Baptists, who were also involved.

Dr Gallen: The situation in Ireland is broadly similar. I will speak about both the Republic of Ireland and Northern Ireland if that is useful. In both jurisdictions, I think, adoption played a role in post-partition nation building. The sense of creating national identity in the Republic was very much based on Catholic values. Anything that was an exception to that, including sex outside marriage and unmarried motherhood, was seen as both nationally and religiously problematic. The extended role of religious organisations in the provision of social welfare is much deeper, perhaps, than in England and Wales, because the religious organisations controlled most of the healthcare and education provision. To echo the earlier points, wherever one would turn, one would face similar probations in terms of shame and stigma and deviating from the moral norms.

We would expect to see, and do see, something similar in Northern Ireland, but obviously with different denominational framings. The extent of trying to hide unmarried motherhood was such that we saw processes of trying to repatriate unmarried women who left Ireland to come to England and Wales. Irish religious orders travelled to England and Wales to bring those women back, oftentimes, to mother and baby institutions or to engage in adoption processes of the children.

Q4 **Darren Paffey:** My first question is to Dr Lambert and Professor Harold. You made the distinction between the practical choices and the legal choices that could be made. In that same period that we are talking about—1949 to 1976—how did the legal framework, such as it was, shape the rights and the obligations of mothers, children and adoptive parents?

Dr Lambert: The legal basis of the 1949 and 1950 Acts is about trying to make the process of adoption quicker; to expedite the process. In a way, the background to that is a large increase in the number of adoptions around the end of the second world war. That was because of wartime conditions and people expecting to come back and be married and having sex before marriage and then not being able to do that because of a range of circumstances. The legislation was designed to make the process

quicker, around processes of consent and how they were obtained from mothers.

Again, it was more on a legal basis that the mothers would sign those across, and then the courts, through local authority children's services, would, on paper, act in the best interest of the child. That was designed to make sure that the adoption was appropriate, and that the adoptive parents had been appropriately assessed by the religious and adoptive organisations. In reality, that was very much a paper exercise. I cannot think of any examples of where that was overturned or prevented. The system was effectively designed around the passing of responsibility to arm's length regulated organisations by the state.

It was also to try to overcome the problematic black market in infants, whereby adoption was taking place outside the purview of the state. It had no oversight of that. The adoption legislation was about trying to bring greater oversight to that process, while maintaining the spiritual and moral element that went with supervision of households and adoptive parents.

It is also worth noting that if you were to foster a child during this time, there were certain legal protections meaning that you had to be criminally vetted. Those did not apply to adoptive families, and there was no ongoing supervision from the point of view of the child of the home once the adoption was made. There was a broad legal commitment as part of the Children Act 1948 to provide ongoing supervision from time to time, but owing to costs, lack of staff and other work, that was very rarely enforced.

Effectively, you had a situation where once the child was adopted and that perfunctory legal basis of the rights of the child under parental authority transferred to the adoptive parents, they were left to their own devices with no meaningful oversight at all.

Professor Harold: An important component of the process and legal frameworks that you referenced and that Michael very eloquently summarised is the role of the so-called street-level bureaucrat in applying what they believed to be the legal framework or requirement, or the options to an individual or individuals. Michael mentioned the attachment framework earlier. It was the theory of the day in the '50s and '60s that attachment—secure or insecure attachment, and so on—was fundamental to children's development, and that a mother who was not married was not fit, so therefore the child should be taken away immediately: 10 days, six weeks for the adoption order.

The system was designed, engineered and implemented with that core objective: that this woman—this mother—should not be allowed to engage with, bond with or experience her child, and that the child should be taken away and placed with a phenotypically fit family. The science—I use the word "science" lightly here—of aligning an infant with parents who might look like them perhaps speaks most loudly to the direction of travel in terms of purpose, and to the systems that were around that: families, communities, religious orders, voluntary organisations and anybody around that young woman who deemed her not fit to be a mother.

- Q5 **Darren Paffey:** You raised an interesting concept about the street-level bureaucrat making those decisions. To what extent were those different adoption agencies, local authorities, and mother and baby homes complying with statutory requirements versus following informal, customary or socialised practices?

Professor Harold: I would suggest that those implementing so-called formal or procedural processes would deem that they were doing what they were supposed to do correctly. It is entirely a matter of interpretation. We know that women were not provided with information that they were entitled to under legal guidelines, and that likely would have significantly shaped their decisions—again, I use the word “decision” lightly, because the power, control and coercion around a young mother was so potent that free will did not exist en masse. But those acting in the interest of the state and the legal frameworks would say that they were doing the right thing, irrespective of the interest of the mother, or, importantly, of the child.

- Q6 **Darren Paffey:** Do any other witnesses, particularly Dr Greenlees, have any thoughts on statutory versus informal, customary practices in mother and baby homes?

Dr Greenlees: Yes. First, most of what happened in Scotland is similar to what happened in England, but there is clear evidence in the archives that the needs of the adoptive parents were prioritised over those of the mother and the baby. It was about what they needed, because they had a right to become parents; if for whatever reason they could not, they had that right and therefore had a right to a baby.

When you read the notes of some of the organisations, it is almost as if they are saying, “Right, this couple needs a baby. We need to go and find one that would fit in.” There are examples of trying to find a best match for the parent so that they genetically look similar. Nowhere is there evidence of consultation with the mother on whether she wants to give up her baby.

All the mothers on the record suggest that they had no choice. As with England, they were not asked if they wanted to give up their baby for adoption. Some were forced to sign documents without knowing what they were, and some did not sign any documents, and the baby was just taken. It was a system that involved charities and religious groups as well as social workers, the state and mother and baby homes—depending on who you met. All the adoptions were arranged without much or any input from the mother.

Darren Paffey: It sounds as though the customary still held dominance over the statutory framework that it was operating in.

Dr Lambert: One point I wish to make clear for your understanding is on the mediation between the customary and the statutory. My research focuses on Government archives, and you can see regular meetings with different Government Departments. For example, the Home Office, which was responsible for regulating adoption, and the Ministry of Health, which



funded the homes, had meetings about who was responsible for inspecting homes. On paper, the statutory basis was that, because the children came under the purview of the Home Office, it should be that Department doing the inspections, but because the Ministry of Health was paying the bill, it was decided that it would undertake the inspections and was better placed to do so. There is a paper trail around that, and there is a series of inspection files relating to individual homes. You must always bear in mind the clear guiding role of the state in determining whether the customs were within acceptable boundaries or not.

Q7 Jess Asato: Could you talk a little bit more about the oversight mechanisms that you have just mentioned to monitor adoption practices during this period? I think we have heard your answer on this, but I want to ask again, whether those were effective in preventing coercion or malpractice.

Dr Lambert: I think coercion was baked into the entire system. The idea that there was a legal basis by which you could argue, from the organisation's point of view, that due process had been followed, informed consent had been obtained, and throughout everyone was making an active, conscious choice, is a misrepresentation of what took place. The power that the state, social workers and religious organisations had over the whole decision-making process was such that consent was pretty hollow, vacuous and meaningless throughout. The system was designed to supply infants to adoptive families; it was not designed to make someone come to the best decision possible under the circumstances in which they operated.

Q8 Jess Asato: Is there any evidence of mothers being misinformed, pressured or denied the opportunity to withdraw their consent?

Dr Lambert: There are definitely two sources of information on that. There is a significant volume of files in the Home Office archive records that talks about instances of this, of mothers trying to appeal to have their child returned and of local health authorities or religious organisations asking for advice about how to respond to that—clearly, that was not then being followed. Effectively, the Government's interpretation of that position was that once the child had been passed over and due process in their eyes had been followed, that was the end of the matter as far as they were concerned.

You also have to remember that at this time there was a widespread recognition of the lack of choice. There is one document that betrays that in particular. An umbrella organisation called the Standing Conference of Societies Registered for Adoption, which represented most of the large organisations, wrote a document to the Government in 1951 effectively saying that mothers had no meaningful choice, that there was no conscious decision on their part to give up the child or not, and that that decision was taken away from them. That was the view of the adoption agencies at the time; they wrote to the Government, and the response was ultimately that the current system was working quite happily, so they left it as it is.



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Professor Harold: It could be summarised that the system was designed to punish and place—an unmarried mother is to be punished; a child is to be placed. All the processes that a young mother and child experienced were built around those two core objectives: fundamentally place, but punish. It was a platform—an era—of chronic, calculated trauma delivery. That is what must be understood when trying to understand what young women—mothers—and children have gone through throughout the period of the JCHR inquiry and since.

Dr Greenlees: Just to add to that from the Scottish perspective, in all the interactions and oral histories that have connected with people affected by forced adoption, none of them have mentioned having a choice about giving up their child. It was all coercion. Some resisted; some wanted the child back; some were actually planning to marry the father and they still had no choice—the baby was taken. It was “punish the mother and place the baby”, and the needs of the adoptive parents.

Dr Gallen: The situation was very similar in the Republic of Ireland and Northern Ireland. We see low-level civil servants seeking to advocate to Departments about the need to reform mother and baby institutions, or to ensure efforts to provide more effective consent, and these were ignored at central level. We see processes where the legal parameters of the adoption system were entirely circumvented through a process of illegal birth registration, where the adoptive parents were put down as the natural parents on the birth certificate, making tracing impossible. This is in both the Republic of Ireland and Northern Ireland, with some of the religious orders that are in this jurisdiction. Again, that gives us cause to explore whether that would be true as well.

The central point is that the lack of effective consent is a very broad regional norm across these organisations, and this has made it incredibly difficult for people to engage in processes of information retrieval or of tracing. We have instances, including the very famous case of Philomena Lee, where people are looking for information, and are denied that information on both sides—both the child and natural mother are looking for information, and the religious organisation refuses to provide it. So it is a very pervasive problem.

Q9 **Jess Asato:** How has the inability to reunite shaped the lives of mothers and their adopted children?

Professor Harold: Deeply, deeply traumatic. I was sitting here reflecting. It is 2026: we are 50 years outside the end of the JCHR inquiry of 1949 to 1976. Imagine 50 years. I mentioned the triple whammy around the realm of self-blame—pregnant, not married, being forced to place a child for adoption and then wondering lifelong, “How is my child?”

The best way to answer that question is that it is a natural bond, and that natural bond has been interrupted forcibly, for decades. Among evidence working specifically with women in mother and baby homes, in one study of 300 mothers over an extended period of time, 80% had experienced clinically significant depression, compared with about 20% for the general



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population, and 20% had attempted suicide—about 8% in the general population. So if you look at those long-term outcomes and all that goes with those long-term outcomes, this is trauma in the extreme, and separation from child and separation from information around child, and separation of children from information around birth parents—parenting—is trauma in the extreme

Q10 Jess Asato: What are the implications of increased access to DNA and ancestry testing for individuals affected by historical forced adoption?

Professor Harold: Significant. It is an emerging realm of new knowledge. The science around contemporary molecular genetics is far more reliable than it was even a decade or so ago. It is highly significant in terms of identifying birth parent links, but also, importantly, around health. Those who went through closed adoption were not permitted access to records that would be significant potentially in terms of health and health development, and the health of their children and future generations. So it is significant in the positive, significant in terms of other challenges, and an area that requires very careful regulation and effective guidance in interpreting what heritability and genetic linkage actually represents and means.

Q11 Peter Swallow: I also sit on the Joint Committee on Human Rights, although I was not a member when it published its report in 2022. I want to turn to that now. What progress have the Government made in implementing the Committee's recommendations? In particular, recommendations were made on access to adoption records, the sharing of medical information, complaint mechanisms, and notification processes for birth mothers. What progress has been made on implementing these recommendations?

Dr Lambert: I would say precious little, to be frank. A series of quite cost-limited recommendations were made as a result of that, as you have identified, designed to improve and ameliorate existing processes of reconnection information and the legal rights of access to those sources of information. I cannot think, through the appeals that the campaigning organisations have made to the Department for Education repeatedly over the last three or four years, that they have occurred in any meaningful way. "Not a great deal," would be my blunt answer.

Professor Harold: I agree. I think there were 20 premier recommendations, and I would endorse Michael's answer; I do not see evidence of clear progress around any of those recommendations. I would flag one around working to prevent Ofsted from blocking access to therapeutic services. I will make one point on this. When it comes to therapeutic service, particularly trauma-informed service, where an individual is a victim and can conclude that they are not the cause of their experiences, therapeutic service may be effective. To offer therapeutic service in the context of the trauma that mothers, children and families have experienced here without the presence of apology is condemning that strategy to failure.



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Q12 Peter Swallow: I will turn to that apology now, because that was one of the recommendations of the report, saying that there are some things that only a Government can do. Following the call for that formal apology, the then Conservative Government in 2023 said that issuing an apology would not be appropriate, as “the state did not actively support these practices”. To reiterate what I think we have already heard today, do you agree with that assessment?

Professor Harold: In terms of not offering an apology?

Peter Swallow: The assessment that it would not be appropriate because the state did not support these practices.

Professor Harold: That is not correct. Evidence shows very clearly that the state was in the engine room of those practices, if not necessarily at the wheel.

Dr Lambert: I think the statement that the Government issued is a misrepresentation of the facts of history—of the truth that the state was central to what took place. Without it, when the funding stopped and the legislation changed, adoption declined very quickly, or the nature of it changed. The state was absolutely central. To say otherwise is completely untrue.

Q13 Sureena Brackenridge: This question is for Dr Greenlees. In March 2023, the First Minister issued an apology on behalf of the Scottish Government for historical forced adoption practices. Can you tell us about the process that led to that apology?

Dr Greenlees: The process started around the time of the Australian apology and the Irish apology—those protracted media campaigns. In 2015, the acting Minister for children and families met with Origins Scotland and the Scottish branch of the Movement for an Adoption Apology to hear the case for an apology from the Scottish Government and to take steps to address the injustices done to the families and everyone affected by historical forced adoption. Very little happened after that. In 2021, a different representative from MAA Scotland and Origins Scotland met with Minister Clare Haughey to make the same case, but at the same time, they included recommendations that the need for apology was only one part of reparation, which also included rehabilitation, restitution and other elements of satisfaction.

As you mentioned, in March 2023, the then First Minister Nicola Sturgeon issued a heartfelt apology, and that apology was welcomed. The people affected, however, expected a series of concrete measures in reparation to follow, yet all that was introduced was the new peer support services, which had been put in place prior to the apology. They committed £145,000 to the peer support services, but there was nothing to deal with the trauma, finding families, finding out the truth about what happened, or indeed the human rights violations that occurred.

Q14 Sureena Brackenridge: A number of campaigners have raised that meaningful actions have not been followed up from this. What barriers



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have prevented such measures from taking place, in your opinion?

Dr Greenlees: In my opinion, lack of Government will. In Scotland and the rest of Britain, the Scotland Office and the Home Office were involved in supporting mother and baby homes financially, and through turning a blind eye to what was happening, really, and not regulating the homes. It was possibly cost—I do not know about that—but I think it was a lack of will. I do not think there is a real desire to do the investigations. In 2025, members of MAA Scotland and myself met with the current First Minister, John Swinney. He said that there would not be a public inquiry, but he alluded to the fact that there could be an oral history project.

We put forward the case, “It has to be a proper truth recovery project. You have to look at what really happened. You need legislation to preserve the records and you need to do a proper project to find out what happened on all sides as well as the oral history. It is all important.” There seemed to be a divide between the Government and those affected by the historical adoption practices: the first Minister’s interest was in wider recognition and education to acknowledge the past, while survivors want the full truth to be told, including the roles of institutions and public bodies, including the Scotland Office and the British Home Office. Basically, they want the truth.

Q15 **Mark Swards:** In 2021, the Irish Government issued an apology to the survivors of mother and baby homes for the “profound generational wrong” that was inflicted upon them. What steps led to that apology?

Dr Gallen: The apology came the day after the publication of the Commission of Investigation into Mother and Baby Homes report. That report followed a multi-year project—from 2015 to 2021—investigating those homes and county homes, the successor to workhouses. The apology was issued without survivor consultation or engagement with survivors. It does not mention the word “adoption” and it frames the Commission report as the definitive account of what took place in those institutions. As a result, it was received quite poorly by survivors, who queried the report’s findings on the lack of coercive adoptions in those institutions and the lack of, among other things, institutional racism.

The apology is a significant moment. We have a number of apologies in the Republic of Ireland, and that one was accompanied by a number of material elements of redress. Later that year, the Government published an action plan for survivors, with 22 actions across eight themes, including access to personal information, reform of archives and the provision of redress.

If I could, the better practice of apology in these islands came from Northern Ireland in 2022, following the recommendation of the Hart inquiry to provide an apology. The Government there adopted international best practice for an apology using the five elements of a sincere and thoughtful apology. That was a result of significant survivor advocacy and engagement—survivors had key words they wanted to see in the apology.



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I encourage this Committee to view an apology as a process and not a single event. The process matters as much as the outcome. The involvement of people, the respect people are given, the way they are spoken to and brought into the process makes a meaningful difference. I would be happy to provide text of the key components of an apology in writing to the Committee.

Q16 Mark Sowards: Why did the Irish Government make those mistakes in the build-up to the apology?

Dr Gallen: The Irish Government have sought to maintain a degree of control over the justice responses to non-recent institutional abuses, so they have periodically engaged in meaningful consultations. However, just as in Scotland, and I think in other jurisdictions, there are two factors that shape or restrict their response. The first is fear of cost. These were large-scale institutions, with 57,000 children and an equivalent number of mothers—that is just in mother and baby homes, in a larger universe of adopted people. So they are very concerned about potential legal liability.

The other side of it, I think, as we heard at the start, is shame—the idea that addressing the past, calls into question national reputation and identity. That is really regrettable because an apology and justice measures in dealing with the past are, in fact, a mechanism to renew the sense of who we are and our civic values—to acknowledge where they have been failed and that we can, by our actions today, make a better expression of values such as decency, fair play and treating people with respect.

Q17 Mark Sowards: Accounting for what you have said about the build-up to the apology and the apology itself, several measures have been put in place since that apology was given, and you referenced them in your answer. I want to reference here the Birth Information and Tracing Act 2022, and also the Mother and Baby Institutions Payment Scheme. How effective have they been in addressing the needs of survivors?

Dr Gallen: The Birth Information and Tracing Act has been very well received. There have been over 17,000 applications made under it. The Adoption Authority of Ireland, and other bodies empowered under the legislation, have used their statutory powers to draw in some private records held by religious organisations to enable adoption information to be received, and it provides for a free statutory tracing service for affected persons.

That is a significant step forward from the previous position that existed in Ireland. Where we are running into restrictions or limitations with that is the cross-border element to some adoptions, and also a component across the Irish sea, in terms of adoption information, so the need for data sharing between the Governments in Dublin, Stormont and, perhaps, here may come forward in the future.

Redress has been very heavily criticised for excluding the majority of adopted people. It has excluded anybody who was resident in a mother and baby home for less than 180 days, and you can see a clear cost



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calculation at play here in terms of the Government's thinking. They projected an overall cost of £1.6 billion and budgeted for only £800 million, with the suggestion that the private bodies and the religious orders would make a financial contribution. That process went through mediation on behalf of the state, but ultimately no offer was made.

This year, we have gathered figures that approximately only £55 million of the budget for redress has been paid out to survivors, based on the number of applications. We are dealing with people from, in this case, 1998 right back to 1922. It is important to look at the rates of mortality and the rates of travel. People leave environments where they have been deeply shamed, so people might be eligible for the scheme in other jurisdictions, including this one, and not have sought to access that payment.

Q18 Mark Swards: Finally from me, what about the mental health of the survivors? Have the apology and the subsequent actions had any positive impact on that? What more could be done in this area?

Dr Gallen: The process of what we have described was deeply traumatic at the time it took place, but sadly there have been subsequent and secondary forms of traumatising through the way people have sought to seek their information and the way they have been obliged to advocate with the state. To oblige people who have gone through horrific events to lobby the Government again and again has been deeply traumatising, and the way that some of them have been spoken to or interrogated in public inquiries has also been very problematic.

We heard the phrase "trauma-informed" earlier; it is very easy to say, but it is very important that it is implemented in practice at the level of protocol for public inquiry, redress and adoption information. What I have seen globally—and I looked at this in a book in 2023—is that best practice is for the provision of a wraparound service. There should be a single point of contact that is subject to specialist training, knows the type of issues that affected people are likely to bring forward and can advocate on their behalf. The Find and Connect service in Australia reflects international best practice.

Q19 Mark Swards: That is incredibly helpful, thank you. Dr Greenlees, just following up on Dr Gallen's answers, is there anything more you want to say about the impact of the apology in Scotland, anything about the process or the impact it had on the survivors after it was given?

Dr Greenlees: I will just add that, in the process and run-up to it, the Scottish Government commissioned some research, but did it through one of these research organisations. Unfortunately, that was a poor choice of research committees. When you look at the output, which is available online, it has clearly been shaped by the Scottish Government because it comes to the conclusion that it was society that was responsible for what happened.

I think that influences that Scottish Government's reluctance now to follow up after the apology and to introduce measures, even around a human-



rights framework of finding out the truth and preserving the documents. You are probably aware of the Birthlink disaster in 2023, where 27 filing cabinets of documents were shredded. Their reluctance stems partly from the research that was done before and the belief that it is a societal issue, rather than one that involved Governments at all levels.

Chair: Dr Gallen we would really appreciate a further note from you, if you are happy to provide one on that process. What we are most keen to do, as a Committee, is to get to recommendations that would have a meaningful impact for those who are most directly affected, so it would be very helpful to have that.

- Q20 **Caroline Voaden:** This is a final, wrap-up question for all of you. As we have said, the Joint Committee on Human Rights has recommended that the Government issue an apology. Dr Gallen, you have spoken very powerfully about how that can be done in the most meaningful way, saying that there are different kinds of apology. Perhaps I could start with Professor Harold: what do you see as the potential benefits for the birth mothers of the UK Government providing an apology?

Professor Harold: I will pick up on Dr Gallen's example in Australia, and think about the world of trauma and those who experience trauma. We know from related trauma-informed research in contexts not focused on mother and baby homes—about victims of physical or sexual abuse, military contexts and conflict contexts—that guilt, shame and self-blame are features of experience. Once the perception of guilt, shame and self-blame is present with respect to experience, the potential for intervention is significantly reduced. An apology starts the process of recovery trajectory.

Without apology—we are speaking of the human cost level here—victims, mothers and children, and others, cannot begin the process of recovery. Until that happens, everything else around redress is an academic discussion. We are talking about human cost and human recovery, and therefore apology activates that process.

- Q21 **Chair:** Could you just be explicit about what you mean? You are saying to us that being told by the institutions that were responsible that it was not your fault is a fundamental prerequisite for psychological recovery and coming to terms with what happened.

Professor Harold: Yes.

- Q22 **Chair:** Dr Lambert, is there anything you would like to add?

Dr Lambert: I want to make two points about the apology and its role. You have to bear in mind that the role of the adoptive system—the baby homes—was to enable women who passed through the doors of those homes to come out the other side with a blank slate to start again and rebuild their own new lives. That was predicated on never speaking of what had happened again and putting the whole episode behind you. The long-standing trauma that women and their children have carried with them about that moment of separation has been incredibly profound.



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The ability to put on the public record that this wasn't society, but an active decision by the state and by religious organisations in your best interests, and that this was something done to you, rather than something over which you had a meaningful say, choice or control, is incredibly powerful in changing the public understanding of the past, because that has profound ramifications for reunions. Rather than those emotional weights of, "Why was I given up? Nobody loved me. I was passed to and chosen by another family," the apology changes the record to say, "Actually, that is misrepresentation of what has taken place."

I also want to emphasise the point that an apology that is words alone, without action, is completely hollow, meaningless and sometimes more harmful. The Catholic Church formally apologised for their role in this area in 2016 but have done absolutely nothing since. They have taken no action, made no redress, and made no changes to their processes; people are still trying to access records now under the same processes. That, for me, is more insulting than doing something about it. Dr Gallen's point about process is absolutely integral.

Q23 Caroline Voaden: It has to be more than just words. In closing, what are the most important actions that you believe this Committee should recommend to the Government following today's discussion?

Professor Harold: Apology—but apology with action. There are examples of apology and inaction at a Government level. There are examples of apology and action at a Government level and a system level, providing access to relevant services on the back of an apology. Australia is perhaps the best example.

I am very happy to follow up with other examples on that particular point, if it would be helpful to the Committee, and to look at good practice. Good practice is an odd term to use when we are speaking about decades—decades—of engineered trauma, but it is time to redress and redirect the impact of that trauma.

Q24 Caroline Voaden: There isn't much time left, is there?

Professor Harold: There isn't much time left, and that is a very fair point. But an apology to a victim, who can then identify and say, "I am not the architect; I am a victim", is a starting place. You have the time and opportunity to do that through this Committee today.

Dr Lambert: Providing some kind of accountability is integral. There was a lot of expectation around the recommendations of the Joint Committee on Human Rights that they would be taken forward, but effectively, because this issue cuts across several Government Departments and spheres of responsibility, in many ways it has fallen between the cracks. In many ways, it has been left to campaigners and advocates to push for any kind of voice or action. The ability of this Committee to hold the Government to account on this issue, while there is still time, is incredibly important, in a way that—to date—simply has not really taken place.



Dr Greenlees: I agree with what both Gordon and Michael have said. I would add that you need a formal apology, but also to find out the truth—an apology with action. Find out the truth, establish the facts about what happened at a Government level, as well as with the people who ran the mother and baby homes and the local authority. To do that, you also need to legislate for the preservation of records so that they are not destroyed; that is records of the homes, but also the adoption records—the papers regarding these families—so that hopefully one day, more can be done to help people find out about themselves. Briefly, my answer is the human rights framework around this.

Dr Gallen: The first thing is to ensure that the people who are affected by this are heard, and that their priorities and needs are understood, listened to and documented. A meaningful process of consultation—at this Committee and more broadly—is important to creating an evidence base for informing policy.

The second thing to think about is that if there is to be an apology, what is it an apology for? Are you to make a broad statement, like Micheál Martin, for a generational wrong but do so in a manner that upsets survivors by not naming the particular harms or wrongs that they say happened to them? Naturally, there is a huge variation in what people experience, but further investigation might be necessary for an apology to be meaningful for the people who you are speaking to.

As a result, the sequencing of an apology with the other potential justice measures is important. I note the Joint Committee's report and the subsequent report by Professor Neil speaking about the costs to individuals now in terms of tracing. One of the changes in the birth information and tracing legislation in Ireland is to provide a free statutory tracing service and to reduce that cost barrier. That can exist as a form of redress for affected people. If you have been finding it difficult to find out who you are or whether someone wants contact with you, providing that for free is a form of acknowledging that that wrong took place.

Finally, the question of state responsibility needs not be either/or. State responsibility sits in a nest with the responsibility of communities, private voluntary organisations and, sadly, families. A really thorough apology would narrate the complex ways in which these young women and their children were failed by many sectors of society simultaneously. Part of the role of political leadership would be doing so in a manner that invites the other organisations to make similar apologies and financially contribute to forms of redress, but also invites society today to reflect upon its histories and to start conversations and dialogue about who we are, who we say we are and how we can do better.

Q25 **Peter Swallow:** Is what you are describing there a co-creation of the apology?

Dr Gallen: Very much so. We have seen the co-design model used, particularly in Northern Ireland, where the independent panel is currently concluding its work to establish recommendations for how to deal with

mother and baby homes and Magdalene laundries in that institution, and that will sit alongside a statutory public inquiry. In Ireland it became quite glib, but one Minister took to using the phrase, "Nothing for us without us", meaning that we should not have processes that remain elite or expert level, but rather meaningfully engage affected people. I am aware that there is a victim-survivor consultation mechanism in the IICSA inquiry, for instance. It is not as if this jurisdiction has not taken steps in that direction before, but further mechanisms could go forward to ensure meaningful buy-in across the spectrum of experience.

Chair: Thank you all very much for being with us this morning. It has been enormously helpful to the Committee to have your evidence. We are doing this work quickly because we feel the urgency of survivors and the passing of generations who have been affected. We also want to do it as rigorously as possible. If there is further information that we did not have time to discuss today or that can supplement what you have told us, I encourage you to write to the Committee. We would very much welcome that. Thank you all very much for being with us. You are very welcome to sit and observe the rest of our evidence session this morning if you would like to.

Examination of witnesses

Witnesses: Emma Crowther-Duncan, Brenda Farrell, Colonel Peter Forrest and Emily Frith.

Chair: Welcome to the second part our oral evidence session this morning on historical forced adoptions. I welcome our second panel of witnesses to the Committee. Before I invite you to introduce yourselves, one of our members would like to make a declaration.

Jess Asato: I am Jess Asato MP. I want to declare an interest as having formerly worked at Barnardo's.

Q26 **Chair:** Thank you very much. Can I now invite the witnesses to introduce themselves and make any opening statements?

Emily Frith: I am Emily Frith, and I am the chief executive of Adoption UK. We are an adoption support charity that exists to make sure that those unable to grow up with their birth parents have the right support in childhood, and an equal opportunity to thrive as adults. We are here to talk particularly about our work on the Adoption Barometer, which is a survey of those affected by adoption, including prospective adopters, adoptive families and adult adoptees.

Brenda Farrell: I am Brenda Farrell, the UK director of fostering, adoption and children in care at Barnardo's. Thank you for the opportunity to present today. Obviously, Barnardo's is a very large, UK-wide children's charity, but today's lens is very much focused on our work in adoption, particularly the archive that we keep through our Making Connections service to support children who we have cared for and those who have been adopted through the organisation.

Colonel Forrest: I am Peter Forrest, the chief secretary of the Salvation Army in the United Kingdom and Ireland. I recognise that the Salvation Army is not, and never has been, an adoption society, but we have run a number of children's homes and mother and baby homes where adoptions took place over the years.

Emma Crowther-Duncan: My name is Emma Crowther-Duncan, and I am the national development lead at PAC-UK, which is a voluntary adoption support agency. My work is with adult adoptees on access to records, intermediary and birth relative counselling.

Q27 **Chair:** Thank you very much. I will begin our questioning this morning. Can each of you say how you would characterise adoption practices between 1949 and 1976, particularly in relation to the pressures that were placed on unmarried mothers?

Emily Frith: I guess the angle that we come at this from is the impact that it had on the children—who are now adults—adopted at the time. I think the conversations about an apology can often focus on the impact on mothers, which is also very important. However, we recognise that, because of the societal narrative of adoption being a happy ending, there is often a lack of understanding of its lifelong impact.

It can impact people in a range of ways when they are teenagers, when they have their first child, or when they encounter a health condition and are asked about their family medical history, such as menopause or when a parent passes away. Adoption has a lifelong impact, and it has had a lifelong impact on those affected during this era, which I think went beyond 1976 and into the '80s. It is important that an apology really recognises that, as well as the fact that adoption is still happening to those adults today.

Q28 **Chair:** Thank you. Brenda Farrell?

Brenda Farrell: Barnardo's in itself did not directly provide mother and baby units, but during that time it was obviously involved in adoptions, primarily those with the consent of mothers—our records show that consent was written at that time. However, post that era, we have continued to offer support to both the adult adoptees and the children through our Making Connections service, which delivers and manages our archives with the very clear focus that we made a commitment to those children, adult adoptees and birth families to offer support. There is also a model of understanding where, when members of the public have been adopted through Barnardo's, we provide a therapeutic and supportive counselling service to ensure that, if any records are shared, they are shared with the sensitivity and process that has been reflected by previous speakers—that is required.

Q29 **Chair:** We heard very strong evidence from our previous witnesses, based on their very rigorous academic research, that there was no meaningful consent during the period we are talking about today. So it is concerning to me, and I imagine to other members of the Committee, to hear that your primary narrative of what happened and Barnardo's role in it involves



mothers who had consented to adoption when the academic evidence would tell us that simply was not the case. Would you like to comment on that?

Brenda Farrell: From our records, we are aware that the ethos of Barnardo's at that time was to work with and support those—the mothers—in our children's homes who may have become pregnant. The ethos of our work was to work with them, to support them and their children. So in those instances where Barnardo's would have been approached by another agency to place their child in adoption, they would do so only with the consent—the written consent, as we had it at that time and within that context. At that time, that is what the organisation was requiring—that there was written consent, and that was checked before those children were then going on to be adopted through Barnardo's.

Q30 **Chair:** But there is a difference, as we heard about from our previous witnesses, between a piece of paper that may have been signed, or a conversation that was reported to take place, and a meaningful choice for the mothers concerned. Has your organisation undertaken any reflection on the extent to which consent was a tick-box exercise, or was meaningfully given?

Brenda Farrell: Yes, of course. Barnardo's has been involved in other inquiries with the other nations and we have gone through our records. Obviously with that lens we are highly sensitive in understanding the circumstances of that time, which you reflect on.

Q31 **Chair:** From your records, can you tell the proportion of young women who became pregnant while in a Barnardo's children's home who were able to keep their babies?

Brenda Farrell: I wouldn't have the stats. But we understand that with all the children who were under-age mothers when they did become pregnant, the ethos, and what was written within our policies and procedures at that time, was that we would support that young mother when they left the Barnardo's home in the raising of their children, to keep them together.

Q32 **Chair:** Thank you. Peter Forrest?

Colonel Forrest: The Salvation Army has been caring for all people of all descriptions since 1890 with regard to mother and baby homes. Although we might be only a small operation in that whole process, our records show us that the overriding principle that we had at that time was to encourage to keep together the mother and the child, unless exceptional circumstances meant we were clearly not able to do that. Of all the babies who were born in our homes, only a third were adopted. We were able to show, from our records, that two thirds of the babies born in that set of circumstances were actually kept with the mother, and the mother went on to live a family life with that child. We know that because of the extensive records we have in our international heritage centre in Denmark Hill.



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Being a quasi-military organisation in its birth in 1865, we were writing up orders and regulations for culture and behaviour. The 1920 orders and regulations for mother and baby homes states that the ruling principle is to keep the mother and the baby together. We were not part of what we have already heard today was a significant “put the baby to adoption” approach. We can attest that from our historical records. We also have records of the consent; I accept what has been said about consent, but we have those records as well.

- Q33 **Chair:** I think Dr Lambert’s research in particular would point to a slightly different narrative of Salvation Army involvement at that time, in relation to the social work role that the organisation played, moral welfare officers and that type of activity. We have heard his evidence this morning about the collusion of many different organisations, including religious organisations, alongside the state, and other voluntary sector organisations, in a situation that led to no meaningful choice for women. How do you explain your organisation’s narrative, which is very much at odds with the prevailing narrative coming from independent academic research that has looked at the role of a whole variety of different organisations at the time?

Colonel Forrest: The role of the Salvation Army, particularly in this era, was that we picked up those who really had nowhere else to go—the lowest and the least in society—and we gave to them an opportunity for a clean and safe space in which to have their child and, in that safe space, the encouragement to keep that child. Because we were operating quite independently—we were not an adoption agency; we were a mother and baby home, looking after the baby and the mother—our records show that people would stay for quite a long time in our homes. They would then have the facility and the benefit of the cohesion with the baby to develop that relationship and go on to live a normal life.

- Q34 **Chair:** Of course, the existence of mother and baby homes is not a neutral fact in this period of our history. It is not a usual thing for a mother to leave her home because she is pregnant and to go into an institution where she is subject to advice and pressure, and whatever the prevailing narratives were at the time. The existence of those homes is a product and a part of the system.

On the basis of the evidence that we have heard, we would reject the narrative that says that the mother and baby homes were a kind of benign and neutral part of the system. That is not what the historical evidence says. It says that this is a systematic collusion of many different parts of society to create a set of circumstances that were deeply traumatic for many of the women who went through it. Have you undertaken that kind of reflection on the wider period of history and the role that the organisation played?

Colonel Forrest: Throughout our organisation’s history, we have been there for the person who has nowhere else to go. That is not just in the mother and baby homes, but in our hostels, for both men and women. There are a variety of opportunities that the Salvation Army has stepped



into because it has seen the need. I would imagine, and our history suggests, that the need was there for the young lady who had fallen pregnant and was ostracised from home. Where does she go? We were the alternative at the time, for those who came into our sphere, to either a backstreet abortionist or a life on the street. We provided that space to be able to have the baby.

- Q35 **Chair:** But the need was there, as we have clearly heard, because of the moral, religious, institutional and governmental narratives about what it meant to be an unmarried mother, which made terrible, inaccurate and entirely wrong judgments on those people.

The organisation did not challenge those narratives. It became a part of an acceptance that there was nowhere to go, because it was in some way a normal thing that those women were ostracised. Providing those institutions was a part of the narrative. That is what the historical analysis tells us now—that it was a system working together that involved many different institutions and organisations, but that at the root of it was a narrative about what unmarried women were and whose choice it was that they got into that situation that I think we would mostly now entirely reject.

Colonel Forrest: I would say that our history suggests that we have raised concerns over many things. In the early days of the Salvation Army, laws were changed because of the legislation that we suggested needed changing. I am personally not aware of anything that we did in that time, going back to the late 1900s, but I am not qualified to suggest anything other than that we met a need. The need was there. I would suggest, however, that we were not colluding; we were challenging by virtue of our existence, and the fact that we chose to provide beds for those ladies who needed them was in itself a challenge to the authorities of the day.

- Q36 **Chair:** I will leave it there for now, but we may return to some of those themes. Let us come to Emma Crowther-Duncan.

Emma Crowther-Duncan: In our work, we see evidence from the research, the archival records and lived-experience testimonies. The work that we do demonstrates that the experiences were typical rather than exceptional. Unmarried mothers often faced judgment, exclusion and the threat of being asked to leave the family home. Institutional housing and financial support was minimal and inaccessible. Many women were presented with very limited practical options. We see that the practices between the mid-1940s and 1970s were systemic, widespread and characteristic of the policy, professional culture and societal norms of the period. We also see in our work that some of that did creep into the 1980s as well—it was not entirely stopped in 1975.

- Q37 **Chair:** You and Emily both raised the issue of the continuation of practices beyond 1976, which is of interest to the Committee because there is a question about scope. Could you share any more information with us about what that looked like and how quickly things moved following the change in legislation in 1976?



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Emily Frith: It is not an area that we have done extensive research on. We have just heard from adult adoptees, who have experienced that history, that it went beyond that period of time.

Emma Crowther-Duncan: Our evidence is also anecdotal. In the files that we receive, the wording within those documents is still incredibly shameful and blaming. When we have had reunions, birth mothers have told us that they were still coerced and felt that they had no option—that is into the early 1980s. But again, that is anecdotal evidence.

- Q38 **Mark Swards:** Going back to Brenda and Peter, can you tell us about the adoption records that your organisations hold? Can you also tell us what type of information is typically available in these records? **Brenda Farrell:** Our Making Connections department is the archive for Barnardo's, and overall, as children's services we have 10,000 records. If we look at the period of time when we consolidated our records—from about 2006—we have since had over 4,000 enquires from members of the public following up on their adoption records. During that time, we have had the opportunity to review the material and information. Of those 4,000 enquires, half were people who were adopted through Barnardo's, over 800 were family members and birth relatives of those who were adopted through Barnardo's, and the remaining number related to those who had been adopted through another agency, so they were signposted onwards.

As other colleagues have reflected, the records show the language of that time. As people have described, judgmental decisions were made, very matter of fact, and there was very limited detail about the emotional welfare of the birth mother and/or the children. However, Barnardo's as an organisation ensured that the breadth of documents were kept, so the detail that we have is very thorough and is being used by a number of researchers to help understand that period of time.

That has informed the service we now provide. When people come forward to view their records, we have a team of specifically trained social workers who provide a trauma-informed and therapeutic lens. The records must be delivered with sensitivity and understanding, and with an explanation of what would have happened at that time, but also with full recognition, as colleagues have mentioned, of the impact on the individual seeking out those records.

- Q39 **Mark Swards:** We will return to that, but first, Peter, what records do you hold?

Colonel Forrest: They are very similar. The fact that we are not an adoption agency means that the records would just show which adoption agency the child went to and sometimes say a bit more about the family, about the mother. But, generally speaking, the names and the circumstances are there extensively, with no reference to where the child ultimately ended up. That is because we were not the intermediary. But it is a similar sort of thing; we get about 100 requests a year for records, and we have a very similar approach to what Brenda has just outlined.

- Q40 **Mark Swards:** What kinds of things does it say about the mother in

those records?

Colonel Forrest: I would need to get back to you on that, because each one is very different, but they are detailed. I have seen them and they are detailed, but on each one I would need to get back to you.

Mark Swards: Would you be able to do that after you have reviewed the records? That would be incredibly helpful.

Colonel Forrest: Yes.

Q41 **Mark Swards:** As a follow-up, what gaps are in the records that make it harder for adoptees or birth families to understand or reconstruct their personal histories? Peter answered this in part already, so I will go to Brenda. What is missing?

Brenda Farrell: From a Barnardo's perspective, when local authorities or other agencies approach Barnardo's to place children, some of the records remain with that agency. The records begin from the point at which Barnardo's became involved, so that is a gap. How do we join up that connection for individuals when they come forward? That is so important, because it is the full picture. Somebody takes that step in their personal life to come forward to find records.

At Barnardo's, we have built up a degree of contact and expertise to work with other agencies and local authorities, so that when we are approached, we can always get back to people within three to five months. In that time, it is about contacting those other agencies with pace so we can bring as many records together as possible for the individual. That is so that when we meet them to share their records and tell their story, we can do as much as possible, in the most thorough way, to give the fullest picture. That is one of the biggest gaps for us.

Q42 **Mark Swards:** Understood. Peter, is there anything you want to add about the gaps in the record and how they can help people reconstruct their personal history?

Colonel Forrest: We also have a family tracing agency, and that has been operative for 150 years, so we are quite skilled at finding people. The indications are that finding the record is the beginning of a long process. It is not just, "I've got those details and therefore I can go and seek". It is done professionally: we have a dedicated team at our International Heritage Centre and for our family tracing.

We do have gaps. We acknowledge that. Of its day, the important thing was to record the mother and where the child ended up, and that was with an adoption agency. Who would have those details, I do not know.

Q43 **Mark Swards:** I have a question for Emily and Emma. How would you describe the condition and overall completeness of adoption records for those adopted before 1976?

Emily Frith: Our research asks adoptees about their experiences of accessing their records. Successive barometers have shown that the support available is inconsistent and sometimes non-existent, and that

records are often incomplete, heavily redacted or missing altogether. Access to records comes up a huge amount in the barometer. People describe being passed from pillar to post. They describe the process as wearying.

One example is somebody who was adopted in Wales but moved as an adult. They were passed between both agencies while trying to find their records and finally found someone who would add them to a waiting list. They waited months, approached the agency again and were told that that person had left and had not added them to the waiting list, and that they would have to go to the back of the queue. At that point, they gave up because they found it too exhausting and wearying.

One quote from the barometer sums this up really well: "It's a hopeless process. There are not enough people with the time to look, and nobody seems to know where to look. My most important personal records and I are being treated as if none of this matters—the story of my whole life as an adoptee." I think that really sums up what people say in the barometer.

Emma Crowther-Duncan: The CALGG research really highlights and aligns with our view that access to records is difficult, both practically and emotionally, for adults. It can be traumatic. It can be dehumanising, due to the fragmented processes and inconsistent handling across local authorities and agencies. The record-keeping practices vary wildly, with records stored in disparate locations, lacking co-ordinated digital preservation. We often hear that files have been lost in a fire or a flood. These are people's histories, and it feels that these barriers are just consistent for people, and they should not be.

Q44 **Peter Swallow:** Ms Farrell, you described the process of mothers contacting Barnardo's. I assume that when they do so, they set out their own experience and view of what has happened to them. Do they typically reflect your characterisation of their adoption journey as one of consent?

Brenda Farrell: I haven't personally, but in speaking with our archivists in understanding the journey from others, I think their understanding of the situation has been very much about their own personal experience. That has been highlighted today.

Q45 **Peter Swallow:** Yes, that is what I am asking about.

Brenda Farrell: Yes. Therefore, in each individual case, their own reflections will be very much about their journey. Under the present legal system, they cannot access their child's records. They would come looking for some tracing for their own situation. As I say, Barnardo's would not have removed babies from mothers. It would be those mothers who come to us in searching for connection with their children. To do that, we usually have to go back to the local authority and scope their records. Working with the authority, we can then ensure that they get access to their records for their experiences as mothers of that time who had their children removed. Our records primarily relate to the children who were placed for adoption with Barnardo's.



Q46 **Peter Swallow:** With respect, Ms Farrell, I did not ask about the records. I asked about birth mothers' expression of their own experiences and how that has been relayed to Barnardo's. It is a very simple question: when they describe the experience that they went through, do they say that they consented to the process that they have been a part of? Do they typically use that language of consent?

Brenda Farrell: I would say probably not, no. But in our organisation, the degree to which we have those conversations with mothers coming to find their history is primarily with local authorities. If they do come to us, the experience is very real for them as regards their understanding of consent.

Q47 **Jess Asato:** Peter Forrest, I was interested in your comment that unmarried mothers "fall" pregnant, because actually unmarried mothers did not have an immaculate conception. There was another person involved—a man. I am interested in whether any of the records of adoptions record the father or what led to the mother becoming pregnant, because we know that many young women are sexually abused. I am interested to know whether any of the agencies—the mother and baby homes—at the time would have recorded that fact.

Colonel Forrest: If the father's name was known and willingly given, they did. Some of the babies were reunited as a family. Some people actually paid to come into our Salvation Army mother and baby homes themselves, because they saw it as a place of safety. So yes, we did—I am trying to think back to what I actually said and the way that I said it, because I am sorry if it was said that a lady "falls" pregnant. I am not talking about immaculate conceptions.

Q48 **Jess Asato:** What about the question about whether you had recorded whether the baby was a result of sexual abuse, rather than willing consent?

Colonel Forrest: I do not know. I am trying to think back to the records I have seen. Certainly, as much information as was willingly given would have been documented.

Jess Asato: Okay. Does any of the rest of the panel know about that particular aspect of unmarried mothers? No? Thank you.

Q49 **Caroline Voaden:** In its inquiry, the JCHR found huge disparities in how quickly local authorities and agencies respond to requests for adoption records. Starting with Emily, what specific changes do you think would improve the speed and consistency of responses to adoption record requests?

Emily Frith: There has been research by the Archives and Records Association, which has published guidance on how agencies could better respond to requests, but that does not have any teeth. We think that there should be waiting time standards and standards around reduction, because at the moment there are not really any rules on when information can be redacted.



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There should be better training for those responsible for helping people access their records, so that it can be trauma-informed. We have had examples of people being told really difficult information, such as their birth father having passed away, in a very blunt and bureaucratic way, rather than being considered sensitively.

There should be better standards around the retention of information. It should be retained for 100 or 150 years, with a view to improving the digitalisation of people's records, so that there can be permanent retention of them. There must be much better national standards.

Emma Crowther-Duncan: Echoing those comments, I think we should be looking towards a single point of access for people. It takes a lot for people to decide that they want to access their records, and people are subsequently bounced around to different agencies. With a single point of access, a centralised system would be the conduit with our regional adoption agencies and local authorities, doing the redaction work, the summary work, and the emotional containing and holding, so that people feel held by a service and are not on the periphery dealing with unknowns. Sometimes people can manage the known delays, but it is the not knowing that is really harmful.

Even with a single point of access, local authorities and regional adoption agencies would still have visibility and accountability, because they would still need to sign off on or agree to any summaries they do anyway. For example, when we are commissioned to give access to records, they still have that final oversight. But a single point of access would mean a team that is dedicated, trauma-informed, specialised in this work and focused only on this work.

Q50 **Caroline Voaden:** You have pre-empted my next question, which is about your view on proposals for a single point of access. Perhaps we can go back to you, Emily. What is the view of Adoption UK on that?

Emily Frith: We would agree with that proposal, and that is something that we have proposed in the barometer recommendations. We have had some input from adult adoptees on our advisory group, who are concerned about making sure that there would not be transfer of records that exist, and a risk of lost or missing information.

People agree with the proposal for a single point of access that is supportive and trauma-informed, as long as—as Emma says—the accountability for the agencies involved is not removed, because there were obviously agencies involved in these processes. That needs to be maintained.

Q51 **Caroline Voaden:** Brenda, if somebody comes to Barnardo's to ask for their adoption records, roughly how long would it take for them to get a response?

Brenda Farrell: Three to five months.

Caroline Voaden: Three to five months?

Brenda Farrell: We have invested a lot of focus and resource into that, because we recognise the importance for us, both as a childcare archive department and in the work around adoption. We have a dedicated team who respond and understand, whether that is for an individual who has been adopted through us or, as I said, birth families.

If we are moving towards the recommendation of a single point of access, one of the recommendations we would make is having a system that allows the agency or the point of contact to work across local authorities, regional adoption agencies and voluntary adoption agencies. That is key because, for many, their records are not held with one agency; they may have had a journey to that point. It is important that that lens is applied so that people who come forward to see their records experience one point of contact. The point on the standards is very key but if, moving forward, we have those standards about redaction, access and primarily support, we must have trained, experienced adoption-competent and adoption-aware individuals to work with individuals and support them through this journey. We must not only have that therapeutic lens, but build in the therapeutic support service that is so important.

Q52 **Caroline Voaden:** Do you think that five months is an acceptable time for somebody to wait after making an initial inquiry, which might be something that they have spent years building up to doing?

Brenda Farrell: Of course, we make an immediate response within that time and gather some initial information. Within that time, we are going back with initial information and engaging with the individual. They do not just wait three to five months with no contact. As soon as somebody makes a contact, we respond immediately and then work with them to gather their present position and their request to us.

Q53 **Caroline Voaden:** How long would it take the Salvation Army to respond to a request?

Colonel Forrest: Initially five days, and then, depending on the availability of ID and birth information, in a further five days we would be able to give that information.

Q54 **Chair:** Emily and Emma, do you think that there is a need to legislate around records in this country, not only in relation to the preservation of records and the obligations on organisations that hold records, but also on redaction and those kinds of issue? We seek to get to recommendations for the Government; there are obviously timescale implications for legislation and it can be a bit complicated. We want to make a recommendation if that is necessary and worthwhile, so I would welcome your specific thoughts on that.

Emily Frith: As you said, there are advantages and disadvantages. Legislation would mean that people have more of a legal right to access their records and have those standards. I think that legislation could be really beneficial particularly around the retention of records. It does not necessarily have to wait for legislation. We could have further statutory



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guidance in the meantime, because there is a risk of information being lost in that time, and we really want urgent action.

Emma Crowther-Duncan: Similarly, I think the issue of retention of records is really important. There is a call for those to be held for a much longer period, which I agree with. When we look at how summaries are completed across the board, we see the difference in redactions. The CALGG research says to us that we should ask why we are not leaving things in there. We should be leaving names of social workers in there. We should not be redacting everything in there; if social workers were accountable for those plans at the time, they are still accountable. Having some guidance around redactions, particularly in summaries, is vital, but again, a legislative approach may delay that.

Q55 **Jess Asato:** There is well-documented evidence that mothers and adoptees affected by forced adoption practices can feel shame, self-blame and trauma. We heard that extensively from our first panel. What is your assessment of the current availability of trauma-informed mental health pathways for adult adoptees and birth mothers?

Emily Frith: It is a real priority issue for adoptees, and that comes out in the barometer. Some 72% reported that they had accessed professional services as an adult from a range of providers, but less than a third said that they know where they can access counselling and therapeutic services that are adoptee-competent. That is really important.

You heard from the other witnesses earlier about the changes made to the Ofsted registration, which was a barrier to people seeking access to support. You would often go to a therapist and they would say, "I'm sorry, I can't support you because you're adopted," as they were not Ofsted-registered. That barrier has been removed, but now there is very little information available to people on whether a therapist understands adoption.

That links to the wider societal understanding of adoption as something positive. To have a therapist who really understands the impact that adoption has had, and continues to have, on your life is really important. We are trying to work with organisations such as the BACP and UKCP to see what better guidance and competency frameworks can be available, and to provide more information and advice for adoptees on where they can access therapy.

We also think that the NHS should look at this. There should be better training for NHS professionals in adoption. There should be the possibility for adoptees to have a marker on their records that they are adopted, if they want to have that. There should be trauma-informed pathways through the NHS so that people can access therapy, and there should not be a cost involved in accessing therapy.

Brenda Farrell: I concur: that is our experience. Over the years of understanding the impact, if an adult adoptee comes forward and seeks support after an event in their life, they need to be able to access sensitive



and effective therapeutic support. In Barnardo's, we have started to train some counsellors to ensure that we can offer an informed service to adult adoptees as they come forward. That is an area that we are trying to develop, in recognition that access to therapeutic support is quite challenging at the moment because of pressures on the NHS in child social care. Having that degree of understanding and training for those therapists is critical.

Emma Crowther-Duncan: We see people frequently struggling in normal NHS pathways, because professionals often overlook the trauma that is attached to adoption. The Adult Adoptee Movement spoke very eloquently about this: adoptees have spent years navigating NHS systems before reaching any kind of intervention that is helpful. The adoption-linked trauma is often overlooked, and adoptees are seen as blank slates or as infants, often leading to missed or delayed treatment. That creates more significant barriers, including misdiagnoses and a lack of trauma-focused therapy. That emotional burden of repeatedly explaining adoption history to clinicians who are not adoption-aware has an impact. Within our organisation, we have recently delivered training to counsellors in becoming adoption-competent, to really understand the issues with loss, identity and relational trauma. We are hopeful that that can continue.

Q56 Jess Asato: Some of that crosses over with my next question, which is about what practical changes to post-adoption counselling services would help to ensure that mothers and adoptees can safely access the care that they need. I am quite interested in trauma-informed pathways, because although the evidence base for its effectiveness is building, it often sits outside the NHS and within the voluntary and specialist sector, which works to make sure that that is accessible. To what extent can the NHS develop its own trauma-informed services? I am quite interested in understanding that. Would this need to stay within the sectors that work most frequently with adoptees?

Emily Frith: I don't think it should be an either/or, but it will take time for there to be appropriate trauma-informed pathways, particularly adoption-informed pathways, within the NHS. There has to be a recognition of the fact that you are unable to grow up with your birth parents. That separation right from birth—even if it is not after several foster care moves, which is the often case nowadays—has had an impact on someone. There has to be that recognition of the lifelong impact of adoption. It will take time for training and to get those pathways right in the NHS.

There are things that could be done in the meantime. The Government could conduct research into the availability of adoption-informed therapy. As I say, organisations like the BACP are looking at competency frameworks, so that it is easier for people to access adoption-competent therapy, but the cost is a huge issue if you are not able to get that therapy for free. That could be looked at as part of a response and an apology.

Q57 Jess Asato: Do any other panellists have comments on what practical changes we could make to post-adoption counselling?



Brenda Farrell: I think it is about accessibility and information. We have reflected this morning on the stigma of adoption, the lack of recognition and understanding, and whether it is through the therapeutic channels. I think it is about having good access pathways for people on their journey—and easy access, because at the moment, as we have heard, it can be quite complex, complicated and disjointed.

Q58 **Darren Paffey:** Based on your organisations' experiences, what factors most commonly influence whether reunions between adoptees and birth relatives are positive, difficult or unsuccessful?

Emily Frith: I would talk about the need for the right intermediary support. People often tell us about their experiences. They may have sought to trace family without the right support because either they were not aware that the support existed or they did not even realise at first that they might need support. I think one quote we heard from the adoption barometer was, "I was an innocent abroad—I had no idea of how difficult this was going to be for me to trace a birth family." People are then going for it without support, which means that those relationships cannot be sustained and there is a sense of regret.

Sadly, we find that when people do access support, they are not always getting the right support that is available. Only about a quarter of adoptees who responded to the barometer said that they felt confident in the support available for adoptees who wished to trace their birth family in adulthood, and 22% were confident that support is available for birth parents. It is really important that the support is there on both sides of the equation, because if you are only supporting adoptees, birth parents are not getting support, which could mean that the relationship still breaks down.

Brenda Farrell: We are starting to see some of the learning being implemented in today's adoption situations, where we now have a focus on staying in touch. When an adoption takes place, there is an exploration of how the service and support agencies will allow that to happen. I think that that has been informed by the experiences of people seeking out family members, maybe through the internet and so on, and realising that having that infrastructure in place is so critical for the impact, as Emily says.

Moving forward, we need to ensure that individuals who are taking that step for the first time are aware of the services and support available to them, because having that secondary loss or rejection is so hard and difficult. We need to help individuals to move beyond that. There is an onus on providers and people who work in adoption to ensure that the full package of support is there for individuals when they go on that journey.

Colonel Forrest: The Salvation Army does not target an adoption aspect in its work, but the family tracing service does have a number of people who have been adopted or affected by adoption as part of its clientele group. It is about building that relationship. Sometimes we have found that just the opportunity to make contact would be sufficient, while other

people need that full reconciliation. Our pathway into that is fairly comprehensive and helpful.

Emma Crowther-Duncan: I think a lot of it is about choice: having the choice to access support if you would like it, and funding not being a barrier to that, because people making approaches without support can be difficult. Being able to support both parties is vital so that everyone can process how they are feeling about what is going on.

Our agency was awarded funding by Adoption England for an initial 18-month pilot to provide funded intermediary services. Within that period, we have had 1,259 expressions of interest. That shows how many people who want support and want the choice of going down the route of having a supported intermediary. Of those applications, 60% were from adoptees and 40% were from birth relatives. Those are the figures that we are seeing already, and that is without an apology. For it to work, it must be about choice, with people having the option to have support if they want it.

Q59 **Darren Paffey:** Do any of you have comments about how intermediary services can be supported to reduce the risk of distressing or harmful outcomes?

Emily Frith: I think the funding is key. At the moment, there just is not enough availability of services for people to get the right support, so often there are long waits. Also, just more awareness of the support that is available.

I echo what Emma was saying: it should be a choice, and support should not be a barrier for people to accessing information, because it is their right to have that information. At the same time, they should have the right to the right support around that.

Q60 **Chair:** Thank you. In a minute, I will ask about your views on an apology and on redress, but before I do that, Brenda Farrell and Peter Forrest, I want to ask you to reflect on your contributions at the start of the session.

We have a number of people in the room today who have lived experience of this system and this process, and I could tell that when both of you led off with an initial narrative that said, essentially, "Our organisation wasn't too much a part of the problem, because we were dealing with women who consented and we were providing help for people who needed it," that was deeply painful for people who have lived experience to hear.

What we now understand from academic research is that this period in our history saw systemic coercion of women, in which many different parts of the state, the voluntary sector and the religious sector were culpable, over many decades, and the consequences of that system were deeply traumatic both for mothers and for adoptees, who often were led to believe that they were not wanted or loved.

Before we get to asking for your thoughts on the question of an apology and the Government's role, I want to ask both of you whether you think there is a need for your organisations to reflect on the story that you tell



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about yourselves, in the context of what we now understand about the history.

Brenda Farrell: To clarify, that was not the intent of the statement we were making, and I do want to acknowledge that we did not want to cause any upset to people who have been on their journey through adoption. As Barnardo's, through our records, we fully understand the journey that we have been on as an organisation, and we are very aware of the impact that we have had on individuals' and children's and families' lives in the work that we have done, especially here today in adoption, and, as you say, from the context in which we now understand and see the role that the organisation would have played.

What I was conveying was that our understanding is that we were not in the delivery of mother and baby homes; that was a factual understanding of our history. But I do acknowledge that we were involved in adoptions in society at the time that we are reflecting on, and we totally acknowledge the role and responsibility that we have as an organisation, both then and now, to individuals to which we have provided care or have been involved in a process during that time. We acknowledge our responsibility within that, totally, and it was not my intent, or our intent, in any way to cause disrespect to those individuals and/or to the role that we have played.

Colonel Forrest: I totally echo what Brenda has just said. That was certainly not a comment that was made in order to offend at all, and I would happily withdraw it. I think I was trying just to suggest that we were a small part—trying to do our bit in society to try to help those who themselves needed a specialist care safe space. It was out of that heart of love that we commenced our work, and that has been the pervading aspect to our life throughout the time that we are looking at. I apologise absolutely for any offence that I may have caused in that process.

- Q61 **Chair:** What you have just said restates the narrative that is the problem here. You and your organisation might want to reflect a little more on the story that you tell about yourselves in the context of the objective and independent analysis of the history that we now understand, and the testimonies of women and adult adoptees who experienced that system during that time.

I want to come now to the questions about acknowledgement, support and redress, and, understanding what we do about that period of our history and the traumatic impact that it had on mothers and on adult adoptees, what can be done to start to put things right at the level of institutions and the Government. I would welcome your thoughts on an apology, but also, as we heard from our first panel, the actions that would need to surround and support an apology to make it meaningful and helpful.

Emily Frith: Adoption UK are calling for an apology from the Government. We think it is really important that the apology, as I have said previously, is not just to birth mothers, but to the children who are now adults who have been affected by this period of adoption. But an apology on its own is not enough; there needs to be redress. We think there should be much better support for access to records and standards around that, support



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for tracing of birth families, and access to therapeutic support that is adoptee-competent. Action needs to be taken on all those issues in order for an apology to be appropriate.

This is a quote from one of our adoptee advisory group: "It needs to be framed in a way that triggers greater understanding that adoption is not a case closed, happy ever after situation. Bodies need to welcome, support and help us find our way through the question marks in our lives rather than hold us at arm's length. So I only ask for words if it prompts, for instance, a significant focus and upswing in support for the youngsters on the adoption journey, and that we as adults are all not left abandoned by a society that would still prefer to look the other way."

Brenda Farrell: To concur with that, the information is very much that an apology is necessary, but Barnardo's view on an apology is that it must be based on the individuals and their experience of what that apology should look like. Listening to the feedback and the information today from the other nations about the extent to which that apology can be true to the adult adoptees and those who have been affected by adoption is so important.

As an organisation, Barnardo's continue to learn from our own experience on this journey, as I have mentioned, and we would be willing to share our insight and information on the journey that we have had with individuals through our services. As we have already reflected on, if we are moving forward on the recommendations that we have made about access to records and support, we are mindful that if there is a public apology or redress around that, that will increase the demand and issues for members of the public, so I would want us to be assured that we will work together to provide that support when members of the public do come forward. What happened in the Republic of Ireland was raised. It is about ensuring that we can provide individuals with support that is trauma informed and sensitive, and we have the resource and ability to do that. That is as important as making the apology in itself: we are ready as an agency and with our colleagues to support individuals and adult adoptees through that.

Colonel Forrest: We have been on this journey for a little while. In 2022 our territorial commander issued a full and unreserved apology to mothers and families who had had poor experiences in our mother and baby homes, and where it has been sought, we have facilitated a face-to-face apology from one of our senior leaders directly with the individuals concerned. We have made an apology for ourselves, and our website invites people who feel that they have had a poor experience of life in the system that we offered at the time to come forward. We have that practice in place.

We would just want to ask the question: for a blanket apology, what would you be apologising for? Rather than just simply agreeing, "Yes, we must apologise," we need to apologise where there is poor experience and where we have fallen short. A blanket apology for this period of time would cover all aspects of midwifery given in teaching hospitals and the

likes of those organisations. We would just want to urge caution that we need to be very specific for the apology to be seen as truth.

Q62 Chair: That would perhaps speak to some of the comments we heard from our previous panel about the need for an apology to be co-created with those who had that direct experience. Again, I would just reflect that there is a contrast between the reality of the apology that the Salvation Army made and the narrative that you began this evidence session with, which did not mention that you had made an apology or acknowledge any wrongdoing at all.

Colonel Forrest: I only didn't mention it because I knew you would want to ask that question later—that's all.

Emma Crowther-Duncan: PAC-UK would welcome, and are behind, an apology from the Government. The lifelong impact is, as we have heard, really significant. While a formal apology is what many would like to hear and see, it is not enough in itself. It comes back to the support that is available.

One thing I would say is I do not feel that adoption work sits comfortably within children's services, and that is where a lot of the work comes from. Children's services were never designed for lifelong adoption work, which is why it needs its own home. The pace, professional mindset and legal frameworks are fundamentally different for children's services. Adults accessing their records need emotional support and space for reflection, and it is not crisis driven. It feels that it needs the right home.

Chair: Thank you very much. I want to say a couple of things before we finish. First, thank you for coming today and giving us your evidence; it has been very helpful for the Committee. I will say the same thing to all of you that I said to our previous witnesses: if there is anything that you would like to clarify or provide us with further information on, or that we did not have time to discuss today that you would like to share with the Committee, please do write to us following the evidence session. We would very much welcome that.

Let me also say to anybody in the room who has lived experience and has found today's evidence session challenging that we have a space that you can go to, and you are also welcome to stay in this room for a little bit longer after the evidence session if that would be helpful.

Thank you once again for being here this morning. That brings our session to a close for today.