HOUSE OF COMMONS

# Education Committee

## Oral evidence: Historical Forced Adoption, HC 1713

Tuesday 10 March 2026

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Watch the meeting

Members present: Helen Hayes (Chair); Jess Asato; Sureena Brackenridge; Dr Caroline Johnson; Manuela Perteghella; Mark Sewards; Peter Swallow; Chris Vince; Caroline Voaden.

Questions 1-35

### Witnesses

I: Diana Defries, Chair, Movement for an Adoption Apology; Ann Lloyd Keen, Trustee, Movement for an Adoption Apology; Sally Ells, Co-Founder, Adult Adoptee Movement; and Debbie Iromlou, Co-Founder, Adult Adoptee Movement.

II: Josh MacAlister MP, Minister for Children and Families, Department for Education; and Gila Sacks, Director General for Families, Department for Education.

### Examination of witnesses

Witnesses: Diana Defries, Ann Lloyd Keen, Sally Ells and Debbie Iromlou.

Q1 **Chair:** Welcome to this Education Select Committee oral evidence session. I welcome our witnesses and members. This is the second of two public evidence sessions on historical forced adoptions. This morning we will hear from people with lived experience of historical forced adoptions, both mothers and adults who were adopted as babies.

I want to acknowledge at the start of the session how traumatic and emotional this subject matter is. I give particular thanks to our witnesses. I know that many of you have been campaigning for an apology for the experiences that you were subjected to over many years. I want to acknowledge that it is difficult and exhausting to give your evidence again and again and to talk about your experiences. We are enormously grateful to you for doing that today.

I also want to acknowledge that the subject matter we will be discussing will be triggering for people with personal experience of the systems and policies we are talking about. Please look after yourselves as we go through the evidence session. As I said to the witnesses privately before we began the broadcast, if they need to take a break, we will do that during this session. I want to do everything possible to make sure that the

witnesses are well supported to give their important evidence to us. I thank them again for being here. Will each of the witnesses please introduce themselves?

***Diana Defries:*** I am Diana Defries, the chair of the Movement for an Adoption Apology, a campaign group run entirely by volunteers with lived experience. We have been campaigning on this subject since 2010, but the people who founded it have been campaigning a lot longer.

***Ann Lloyd Keen:*** I am Ann Lloyd Keen. I joined MAA by accident, after reading about it in the Sunday *Observer* on my way to speak in Manchester. I could not believe that there was an organisation that was looking for an apology. Immediately when I got into the hotel, I rang the organiser—the founder—who sadly has died. I just could not believe that I was part of a group of people like me.

***Sally Ells:*** I am Sally Ells. I was born and adopted in the UK in 1967. I am a survivor of historical forced adoption and I live with its lifelong consequences. I am also a co-founder of the UK Adult Adoptee Movement, and I campaign for an honest account of adoption history and for mitigation for the harm done.

***Debbie Iromlou:*** I am Debbie Iromlou, and I am a co-founder of the Adult Adoptee Movement. I was born in 1968, the year of the highest number of recorded adoptions on record, in London. I am a transracial adoptee and inter-country adoptee.

Q2 **Chair:** Thank you very much. Diana and Ann, can you share with us your personal experience of the adoption system—as much as you would like to—and how those experiences have shaped your lives subsequently?

***Ann Lloyd Keen:*** I didn't consent to the sex, but I found myself pregnant at 17—it was my first experience, actually—in 1966. I was terrified when I discovered I was pregnant, because I knew the consequences that it would lead to with my very proud working-class parents, who only wanted the best for me, and I had let them down. They told me without any hesitation that I had let them down and brought shame on to the family, and I had to be sent away.

In other words, this was "for the best". That is a phrase that is constantly used: it will be for the best—for the best for my parents, as they thought, because they hid me away, and for the best for the baby who was yet to be born, because I would not be able to keep the baby. You could say it started with my parents. If they had said something different to me—like, "It's okay. We'll look after you and you can keep the baby"—I would not be sitting here today, but that was not what happened, and the shame has stayed with me. I still have it.

I was sent away, first of all, to a friend of the family who was very highly regarded. Actually, when everybody had left the house, he sexually abused me, but he said to me, "Nobody will believe you, Ann, because you're a bad girl. You're a really bad girl and nobody will believe this." So I did not actually tell anybody until my son returned, 27 years later, when I

had a conversation with my mum. She didn't believe me, so he was right: "He couldn't possibly have done that, because he's a very respectable man"—unlike me, who was not respectable.

When I went to the home, it was like a punishment: the whole time I was there, my role was to scrub steps from morning until the evening. When I got to the bottom, I was told to go back to the top and do them again.

I eventually went into labour, which I was dreading because I was frightened of what would happen. I really wanted my family, and I was dreading it because I would lose the baby. He was my best friend—I did not know it was a he at the time. That was what was keeping me going.

When I went into labour and into the hospital, I was given nothing for pain because I was told, "You will remember the pain because you've been a bad girl." I had an episiotomy and I was stitched without any local anaesthetic. Every time I moved, the doctor slapped my leg. This was an NHS hospital in January 1967.

I then gave birth. I asked if I could see him and they said "No, he's for adoption. No, you can't." In other words, "You are not a fit person to see this baby." All I was was unmarried. It continued, and then I caught the eye of what I thought was a kind-looking nurse or midwife. I asked her, and she said, "Oh Ann, I can't, but I'll go away and see." She came back and said, "You can have him for 10 days, but don't get too close."

I had taken his armband off him, and the sign with lettering from the cot. I took all sorts of memorabilia, in a way. They must have seen me do that, so they decided to move him. I went to the nursery on the eighth day and he wasn't there. I will never, ever forget the face of the midwife, because she had lipstick on her tooth—those of us who wear lipstick will know that sometimes it catches on your tooth—and whenever I see that, I freeze, because she said, "Oh no, he's not here. He's over there, in that room, waiting for his new mummy, and you'll never see him again. You come with me." She put me into a salt bath, grabbed my breast and said, "You won't need this milk. I'll get rid of it now."

I have never felt more worthless in my life. I did not have any fight in me. I am a campaigner, of course, but I did not have any fight. I was only a certain age—just 18 in the November, and this happened in the January.

I then go home and nobody mentions it. It was never to be discussed. So I lost the baby; it was taken from me. I didn't give him up. Lots of times they write about me—you all know what I used to do—and they say, "She gave him up for adoption." I didn't. The state took him. That is the briefest I can be to give you an outline of the story.

**Chair:** Thank you very much for sharing that; it is really important.

***Diana Defries:*** I found that I was pregnant in 1974. I thought I was in a relationship—I thought I was with someone who was interested in me and cared about me—but it turned out that that wasn't true. When I was brave enough to say, "I think this might be the situation," he just said, "Well,

that's it then" and left me. I was very afraid. I did not have a good relationship at home, and I did not have anyone I could confide in at school or anywhere, so I did not tell anyone.

My parents finally noticed when I was about seven and a half months pregnant, because I had so much back pain that I was dragging one leg. They took me to see someone who gave me a very cursory examination and said, "Wait here." He spoke to my parents; he didn't speak to me. When we went home, they said, "In his professional opinion, he thinks you're pregnant." I took that as an opportunity to say yes and ask for help—and all hell broke loose. From there, they took me to a GP, who treated me as if I was about six years old. "I hear you've been a naughty girl," he said, and then he spent the rest of the time conversing with my mother.

Arrangements were obviously made at some point. I was never consulted. No one ever said, "What do you want? How do you want to deal with this?" No one ever actually said, "How do you feel?" I was terrified, and when you're young and you're vulnerable and you have no resources, and everybody around you turns against you, it's horrifying. It's really difficult.

I was sent away to Southampton, to a home there called Nazareth House—the irony of the name didn't strike me for years. I wasn't there so long, because it was very late in the pregnancy. They treated us as if we were a bit simple, I suppose is a kind way to put it. We were always spoken down to. We were always treated as if we were "not quite there" or lacked mental capacity. Everybody there was perfectly normal, just pregnant and unmarried.

I was sent to give birth in an NHS hospital, and the treatment there was equally bad. Nobody spoke to me. I believe I was given gas and air, but it certainly wasn't enough. I wasn't allowed to sit up or move around. They put me in a delivery room and they held me down. It was extremely difficult, because you need gravity to help you deliver, really. Every time I tried to sit up, this woman—a nurse, I think—held my shoulders. I was given an episiotomy without really understanding what it was.

It was a tremendous shock, and that whole experience kind of takes the fight out of you. When you know people hold that power over you physically, and you know that people have that much control over your wellbeing, and potentially your life, it's very difficult to fight back.

When my daughter was born, they took her away. I begged them to bring her back, and this nurse brought her back through the door, past my feet, and put her at the far side of what was a very large room, and I couldn't reach her. I had stitches without anaesthesia, nobody spoke to me—again, nobody—and then they all left me there. I was in that room for about four hours—I know, because there was a clock on the wall—and my baby was crying and I couldn't get to her. For the first two hours, I was calling out and sort of saying, "I'm here, I'm here—it's okay." I felt so weak, I couldn't climb off—it felt very high up, whatever I was lying on—and I just had a sheet. I was thirsty, I was hungry, I was exhausted.

After four hours I had completely lost my voice, my baby had stopped crying, I thought she might have died—I didn't know—and then a woman came in and said, "Oh, I didn't know there was anyone in this room." Then there's a blank. But at no point did anyone ever say to me, "Are you okay? Do you need anything?" They never really considered my welfare.

After a couple of days of being in a little room, I was moved to a ward, which was like a torment, because everybody else had cards and flowers, and happy families and congratulations, and I was this little arid patch in all the joy. They kept saying to me, "You mustn't pick your baby up," "You mustn't do this," "You mustn't do that." As soon as I had any milk available, somebody appeared and said, "You're obviously in pain. Do you want something for the pain?" I thought he meant some kind of analgesic—I didn't even know that word then—so I just said, "Well, okay," and he gave me an injection, and that dried up the milk. That wasn't exactly what I would call a consensual process.

I was taken back to London after 12 days—I was taken back to the mother and baby home, then 12 days later to London, to the adoption agency. On the journey back was the longest I held my daughter—it was two hours—and it was like everything suddenly made sense. I just felt like this was absolutely right, and I wouldn't let go of her. I held her all the way to the agency, and we stood in reception and a woman appeared and said, "It's time." Then my mother just looked at me, and I shook my head. I said no, and she was just taken her from my arms and handed it over. And she howled—I assume I did; I don't know—and the following week they sent me back to school.

That's a bit too much detail, I suppose, but there we are.

Q3 **Chair:** It's not too much detail; thank you very much for sharing with us. Sally and Debbie, could you tell us about your experience on the other side of the story, as babies who were adopted, and the consequences of that in your lives?

***Sally Ells:*** Forced adoption has shaped my entire life. It has had a profound and traumatic impact on me, and it still does now. The trauma, with the identity erasure, has caused me lifelong harms. My earliest memory is terror. I remember that the explicit and implicit messages were that I was unwanted. I had an immense fear of rejection that has never actually left. It started really early, in childhood.

Every adoptee's experience is individual, but there are four core themes that seem to emerge from the collective testimony, and they are my experience. The first one of those is trauma and loss of identity; the second is stigma and unwantedness; the third is serving the adopter, not the child; and the fourth is the lifelong health impact.

On the first theme of trauma, and the erasure of identity and alienation, for me, being separated at the point when attachment, identity and safety should have been forming, there was a loss there, but that was never acknowledged. We were not allowed to express it; we had to bury it and

get on with our lives. Forced adoption stripped me of my identity. I had my name changed, I had no family or medical information, and I grew up with people who did not mirror me physically or otherwise. I felt alien throughout my childhood, and that is a feeling that persists.

Debbie will talk about transracial and international adoptees, but being raised by exclusively white parents further compounded the harm for them, and added additional, deeper identity wounds, trauma and disconnection from heritage. There are also late-discovery adoptees who are not told they were adopted until later childhood, or older. There is additional psychological betrayal and profound trauma for them.

For me, and many adoptees, discovering as adults that we were wanted by our mothers and families was devastatingly destabilising. It was a real shock. When I met my family, I could not believe that they actually did want me. They looked like me, they sounded like me, they had the same sense of humour as me. I realised that I wasn't alien any more, but I was in my early 50s when I finally plucked up the courage to do that, because I had been told I was unwanted. I had been told that I came from a bad family and a bad place.

The second theme is stigma and unwantedness. I grew up stigmatised and labelled with phrases like "illegitimate" and "bad blood". I was really terrified about what I might grow into. I internalised the narrative that I was unwanted and should be grateful, and that has shaped my life.

The third theme is serving the adopter, not the child. Adoptive parents were positioned as saviours who were rescuing us from unfit mothers. We were very clear that that was the case. I was aware that I was a solution for my adoptive parents. I was a solution to infertility, and some other adoptees were solutions to child death. That comes with a sense of being second best. You were not what was wanted, but you were what was settled for. We were required to meet all those adult emotional needs. I learned to supress any distress I felt—to dissociate, really, from what I felt about pretty much anything—and to mask to try to fit in.

Transracial and transnational adoptees were expected to assimilate into families and cultures that were not their own, and they had to endure the racial naivety of white adopters. There was no safeguarding—nobody came to check on us—and neglect and abuse in adoptive families was common.

The fourth theme is the lifelong impact. We experience serious mental health impacts, particularly high diagnosis rates of complex PTSD—I am one of those statistics. We have high rates of physical health conditions linked to chronic stress, including auto-immune disorders, gastrointestinal conditions and early death. Some of us have adoptive siblings who haven't made it, and that is partly why we are here. There is increased suicide risk and over-representation in addiction, homelessness and prisons. We are denied our family medical history and appropriate care. Some adoptees discover too late that they have inherited conditions. It is not historical harm; it continues across my life and across the lives of many, many adult adoptees.

**Chair:** Thank you, Sally.

***Debbie Iromlou:*** My birth mother came here. She went to a Harley Street clinic and asked for help—so she did not come from a working-class background; she came from quite a high-class family. Her doctor put her in touch with the Phyllis Holman Richards Adoption Society, which did not effectively register as an adoption agency until the year after I was born in 1969. They placed me in an unsuitable home. Local authorities had warned them that my foster mother—soon to be adoptive mother—was not fit to take children in. They ignored those recommendations, and I was left there anyway. When I was placed in that home, local authorities were visiting and checking on me, but they still did not see fit to remove me from that home.

I was raised by a single woman who was suffering a hell with her own mental health issues. She raised me to believe that I was her biological daughter and that I was mixed race. I believed her, although I felt that something was not quite right, and she would not answer any questions that I had about my background honestly.

During the time of my official adoption, I was placed in foster care. I was seen as a problem case, possibly because of my international roots and parentage. I feel that I was not cared for and given the family life that I was supposed to have been given.

When I discovered about my adoption at the age of 16, I was told that I had no right to know anything about my biological parents, and who I was and where I came from. My adoptive mother said that my birth mother wanted to abort me, but she could not, and I was told many awful things about her. During the time that they visited me before my adoption order was made, the local authority knew that I was being deceived about my origins and that I was in an unsuitable home, but did nothing to protect me. I was offered no counselling or support. The shock of suddenly discovering the truth about who I was sent me into a spiral.

I went to the agency, and they refused to show me any file, and told me that my birth mother's life would be in danger if I tried to search for her. Over a period of four decades, I have been trying to access my file. On each occasion, I am given one or two more pieces of paper, but I have never physically been shown any file. The most degrading part was 10 years ago when I sat in an office with a social worker who had my file on the table in front of her. She turned the pages, but she would not let me physically hold it or look at it myself, and she decided what should and should not be photocopied.

I have now once again tried to contact the agency that is holding my file, because the original agency has closed down. In those 40 years, over time, my file has ended up in various different agencies and warehouses. I have now been told I have to wait two years to get a social worker to find my file, redact what information they see fit, which I am not allowed to view myself, and then I will be able to access it.

The lifelong impact for me is that I grew up as a transracial adoptee in a small, white community—as many of us did during those years—with no access to any racial mirroring or role models whatsoever. Also, my biological background was middle eastern, so I was raised with racist views towards my own biological family and my own people, and that has had a massive impact on my life.

Trying to assimilate within my own culture, to learn my own language and to be accepted in my own community has proved really difficult for me. In 2021 I was also diagnosed with complex post-traumatic stress disorder as a result of the discovery of my adoption and the abuse I went through as a child.

**Chair:** Thank you very much indeed. It is important to reflect both on the power of the evidence that you have all given us describing your experiences and on the fact that those experiences, while obviously unique and personal to you, were typical of others who were in the same system who we are talking about today at the same time. Once again, we are immensely grateful to you for sharing with such clarity and detail what happened to you. We will move now to some more detailed questions.

Q4 **Sureena Brackenridge:** Thank you to everyone for speaking so openly and honestly about your experiences. I echo everything the Chair just said. Diana and Ann, the Committee has previously heard lots of evidence from many mothers who felt they had no meaningful choice and that coercion was baked into the entire system; how was the process of consent presented to you at the time? What information or support were you given to help you to understand your options?

***Diana Defries:*** The idea that we had the option to consent to anything is not based on reality; we did not have any choice given to us. I know, having had conversations with many other mothers, that throughout the whole process it was all about what was best for the baby. When I say "best for the baby", I mean that they would say, "If you love your baby, you will give it to a proper family. You will make sure it has a respectable upbringing, and all the things you, as a young, silly girl, couldn't possibly give it." That attitude permeated right the way through until everything stopped around the mid-'80s.

It was always that attitude—we had no right to agency, and therefore we were not offered it. The idea that we would consent or even be able to consider anything does not really come up—certainly not in my experience or in the experience of many of the mothers who I have spoken to. The form it took was, "You will sign these papers. You will do this. It is the best thing you can do. You will put it behind you and get on with your life", which of course is an impossibility. That is pretty much my take on the idea of consent.

**Sureena Brackenridge:** Thank you, Diana.

***Ann Lloyd Keen:*** I cannot remember ever signing anything. I believe—I have been told—that I didn't. I didn't sign anything, so I didn't give consent. The reason I am saying this is that the BBC is doing a

documentary on how young women were treated in the ’50s, ’60s and ’70s, and it found that in many instances we did not sign anything, because the reality is that the age of majority then was 21, so I could not necessarily have signed it.

I was constantly told, “Your parents cannot look after the baby; you won’t have any money”—that was a lie, as the welfare state was there for us, but I believed that it was not there for me. I was asked, “Where will you look after this baby?” and told, “You say you love this baby, so let him go to a proper family who will love him better. He will have a better outcome.”

I have a letter from the moral welfare worker—that is what they were called: “moral welfare”. It says, “You must be so pleased to see the baby looking so well, and you must be really pleased that you have done the right thing, because he will not grow up with the stigma of illegitimacy.” In a way, that is what it was about, but it was also about much more than that. There was not any consent—it was never discussed with me; there was nothing other than, “This is what will happen.”

**Sureena Brackenridge:** Thank you.

Q5 **Manuela Perteghella:** Thank you for your powerful evidence. You have all campaigned tirelessly for a formal Government apology. What difference would an apology from the Government make to you, and to the wider community of mothers and adoptees affected by forced adoption?

***Ann Lloyd Keen:*** It would mean the world, because I still blame myself. You do a job that I used to do and the *Daily Mail* writes about me regularly—or they did when they found out that I had a baby. As far as everybody was concerned, I did not have any children—which I did not. People would say, “I suppose you wanted a career rather than children,” without knowing what the circumstances were. They would always write, “She gave him up for adoption,” or, “She gave him to be adopted,” or other words, especially in the *Daily Mail.* That was vile to me.

I want this apology to clear not only my name of that but of my son, because I did not give him away. My son did not know he was adopted until he was 27 years old. I cannot tell you how much it means, other than saying that a Government apology would help to set the record straight, and would help me to stop blaming myself and to heal, because I have not—I still feel shame.

***Diana Defries:*** A Government apology would be an acknowledgment of the state’s role in all this, which is really what we need. We need somebody to say sorry, and to recognise the fact that there was all this machinery running in the background that allowed people, like parents, GPs and adoption agencies, to do what they did. It would not have been possible had there not been that machinery in the background. For the state—so, the Government or a Government representative—to say, “We

are sorry," and mean it would be enormous for so many people. It would shift the blame, shift the shame and lift the burden.

***Sally Ells:*** An apology matters to us because the state harmed us, and we are still living with the consequences. It matters enormously. For decades, as Diana and Ann have said, the incorrect narrative has been that adoption saved children like me, and we should be grateful. That narrative has harmed us and it is wrong.

The truth is that we were forcibly separated from our mothers. We lost our identities, our medical histories and our sense of belonging. A meaningful apology would correct that harmful narrative. It would acknowledge that our adoptions were forced, that they caused harm and that adult adoptees and mothers deserve redress. That recognition matters to us hugely. It would reduce our shame. It would allow adoptees like me to seek trauma-informed support with some dignity, helping to make that support more effective. Hopefully you will come on to that. But words alone are not enough.

**Chair:** We will come on to that.

***Debbie Iromlou:*** An apology is important to me because the state was involved in my adoption; an agency was involved in my adoption, and that has created in me a lifelong impact from not being given a stable family home environment, from being placed in an unsuitable home, from being overlooked and from being made to feel such shame for asking questions as to why. That was really it for me—why? Nobody gave me the answers. An apology would mean that the state had admitted wrongdoing and it would ease the shame I carry for asking why.

Q6 **Caroline Voaden:** Thank you for your very powerful testimony. Many survivors have said that it is important that an apology is given urgently. Could you tell us why timeliness is so important and what the consequences would be if the Government delayed giving an apology?

***Diana Defries:*** The consequences are severe. We have already lost people. The issue is that we are an ageing cohort—particularly the mothers, but also the adoptees. Sometimes I have met adoptees who are older than me, and that shakes me to the core because I start to realise just how far reaching this is and how long it has been going on. When you think about it in that context, it starts to become really worrying that there have been as many delays as there have been, because so many people are at a point in life where they are no longer coherent, no longer functioning. There are women I know who were hale and hearty when I first got involved, but they are now in homes, or confined to their home, because they are not able to navigate the world at large. So the importance is about the passage of time and the fact that we are all ageing. We are very concerned about the delays that have happened thus far.

***Ann Lloyd Keen:*** I agree. We are, as one of our posters says, "Dying for an Apology", because we are dying. The founder of our organisation died

two years ago. She was a real fighter, but she won't be able to see this. Why is it urgent? Because of everything that has just been said, but also because there is still a stigma about women. We still get blamed—I didn't get myself pregnant! We have today a Government who say they want to support women and girls against abuse, but they could do it by starting with this apology. They could really make a difference to our lives, and that is so important.

***Sally Ells:*** It's urgent. For me personally, and in the community of survivors, there is huge frustration. I'm 59; I was born in '67, the year before Debbie, when the peak hit. We have been raising this and asking about this for so, so long, and we kind of don't know what else we have to say. How many times do we have to go over our stories? I know you kindly recognised that at the start.

**Caroline Voaden:** You shouldn't have to keep coming in here and repeating your story.

***Sally Ells:*** It is harrowing to go over it again and again and again.

**Caroline Voaden**: Absolutely.

***Sally Ells:*** It is not something we do for the love of it or for any reason like that. We would like to disappear and just get on with our lives. We are ageing, as Ann and Diana have said—the adoptees are ageing as well. Many of us have already died without hearing the state say, "This should not have happened to you." That is all we want people to say: "What happened to you was wrong."

The longer we wait, the longer the shame continues, and the longer that injury endures. We need people to recognise it was wrong so that we can have some actions that actually make a difference and help us.

**Caroline Voaden:** Is there anything you would like to add, Debbie?

***Debbie Iromlou:*** I would like to reiterate everything that Sally and the others have already said. It would reduce the shame. We are an ageing community. Many from the adult adoptee community have taken their own lives as a result of their adoptions. It will acknowledge the harm that was done to us as a community of survivors, because that is how we see ourselves, as survivors, and it will give us some redress as well.

Q7 **Peter Swallow:** Thank you all so much for coming here today and sharing your testimonies. Both of your organisations have spoken about the importance of co-authoring an apology with the Government. What would that look like for you?

***Sally Ells:*** We have talked about this among the community a lot, because it matters to people. Before an apology, the Government need to work with those of us with lived experience, with the lived experience-led organisations, with adoptees and with mothers to co-author that apology and define the mitigations.

The apology needs to be public and formal, with survivors invited, and made at the highest level. The Government need to accept state responsibility for the harm that has been caused, and they must include mitigations to redress some of that harm.

After the apology, we think five mitigations need to be delivered: records access; trauma-informed mental and physical health support; effective tracing and intermediary services, which Debbie spoke very powerfully about; research into adult adoptee outcomes, because we know bad things have happened to us—Debbie mentioned the increased suicide risk—but they are still happening to adoptees, and unless you know what the problems are, you cannot solve them; and independent and meaningful representation of adult adoptees in adoption policy and practice making. We have unique lived experience that enables us to look at what is happening today and think, "Well, if only that could happen, that would have such a helpful impact." Adult adoptee-led and mother-led organisations need to lead on overseeing how those mitigations are implemented.

Q8 **Peter Swallow:** We are going to come on to the mitigations. Diana, what is your view of what a co-authored apology would look like?

***Diana Defries:*** I would echo what Sally has said, simply because the detail that she has given you pretty well covers most of it.

The concern we have is that other apologies have been made, in other nations, and promises were made and broken. We are anxious not only to be part of the co-authoring process and to make sure the apology hits where it is meant to—which is to make people feel like they have been seen, heard and validated—but to make sure there is follow-through on anything that is agreed by way of mitigation, remedy or reparation.

The concern that has been expressed privately—I am taking this opportunity to express it publicly—is that in other nations there has been an apology and everyone has been appreciative, but there has been no follow-up or follow-through. If we lose that, then the apology becomes meaningless. The co-authoring needs to be of both the apology and, as Sally so wisely said, the measures that follow, because we need to make sure that people receive the help they need.

**Peter Swallow:** Thank you.

**Mark Sewards:** To be honest, Sally and Diana have comprehensively answered my question about the process, so all I will say is thank you so much for your evidence today. We will absolutely take this forward.

***Debbie Iromlou:*** I want to add that an acknowledgment of an apology is an important thing, but it is not enough to say sorry. It is more than saying sorry; the Government need to work on implementation and action on changes to the system, so that we can access our records without delay.

**Chair:** Ann, do you want to say anything?

***Ann Lloyd Keen:*** Yes. When the Government of the day responded to the Joint Committee on Human Rights, they kept saying they were sorry that this had happened to us, but nothing else. At the beginning of this campaign, which started in 2015-16, when a different Government was in place, the lines to take in the letters were constantly saying, "Yes, but it doesn't happen now. We are very sorry about what happened, but it doesn't happen now." In some instances, it went on later—I know Diana has evidence of that.

The reality is that we were looked at as a certain type of person. I have a friend who is a member of the organisation and had her first baby adopted, through no fault of her own. When she been married for seven years, she was pregnant again, and the GP said to her, "Oh, we're really looking out for your sort of girl. Would you like this baby adopted as well?" "Your sort of girl" is still in the mentality of people, and it still is a bit today.

We need to look at how we can not only support people but give them proper support. I believe you took evidence a couple of weeks ago stating that that is essential. I just wanted to add that, because we are not "that sort of girl."

Q9 **Chair:** Thank you. We are interested in the scope, and we know you have some evidence about the continuation of the practice beyond the Adoption Act in 1976. Do you want to say a little bit about that now? We would obviously be happy to take your evidence in writing as well.

***Diana Defries:*** The issue for me is that people are constantly in touch with our campaign, and they are keen to know if we are making progress. At the time of the inquiry in 2021-22, agonised emails came in saying, "I had my son or daughter taken in 1977"—or in '78, '79—"Am I not to be included in this?" Somebody I know quite well had her daughter taken in 1983. I have requested statements from two of those people and sent them in as evidence.

My biggest concern is that the '76 cut-off point is unjust, and there are a lot of people affected. The issue is more that there were pre-retirement social workers who did not really see the law change as being relevant to them, and they carried on with the same practices, so a lot of very young girls had their children taken well after '76.

**Chair:** That is really helpful for us to understand; thank you very much.

Q10 **Sureena Brackenridge:** We will now consider the points you raised regarding access to adoption records. We are keen to hear about your experience with a process we have heard described as "traumatic and dehumanising". What steps do you believe the Government and record holders should take?

***Debbie Iromlou:*** First, we are calling for a centralised system of adoption records on one database. Ideally, we would like to collate all adoption records into one location, so they are easy to find, because we are discovering now that, depending on where you live and the year your

adoption took place, your records could be held in any number of locations, and sometimes in multiple locations. It is about being able to have our records on one database so that we know where they are, ideally in one location, and those records need to be accessed as quickly as possible. It is totally unacceptable that the waiting list to access your records is now two years. That has been confirmed by the Post Adoption Centre.

Once a social worker has accessed your files, they have to make redactions to those files. We also ask that no redactions are made. We understand it where third-party information is seen as unnecessary for us to look at, but sometimes the redactions can be so extreme that you are given one A4-size piece of paper with one sentence at the bottom that you can read, and the rest is all blacked out. This is our past: our life and how we came into the world. I see it as my human right—it is my basic human right to know who I am, where I came from and why I was left.

***Sally Ells:*** To complement that, we hear again and again—we have all experienced this—that our records are held by social workers, churches and agencies, and when we go to them, we are treated as if the information about our own lives does not belong to us—it is theirs, not ours. We are told our records are lost, but often, if we persevere, that turns out to be false. These are repeating stories, again and again and again. As Debbie says, much of what relates to us is redacted, so we cannot even see it when we do get something, and the process is so painfully slow. We understand that at the moment it is 12 to 18 months, and PAC-UK is saying it is two years in some cases.

The other thing that happens when we try to access our records is that we are often advised not to contact our birth families. We are told it will "disrupt their lives"—that is the phrase that gets used. That loads us with more anxiety and more shame—we are troublesome again. We came from these unfit mothers, we are unfit children, and here we are being troublesome again.

***Debbie Iromlou:*** The common narrative is that we should be grateful and should not be seeking our birth families, because if we are seeking our birth families, we're being ungrateful for it.

***Sally Ells:*** Exactly as Debbie says, there are two essential and very practical steps that we think would make a huge difference. One is to mandate a single online database listing where all the records are held. We recognise that it might be impractical to bring them all together, but the UK and Ireland Archives and Records Association have done a fabulous piece of work on this, and they have actually already developed the database. It is there; they just need some help getting it off the ground, and then all that information is online. That would make a huge difference to us.

The second one is having a clear service standard. We would like our requests to be acknowledged within, say, 10 working days, and we would then like the records to be provided within, say, eight weeks. We would

like only third-party information to be redacted, and then only with explanation, so that we know why.

We would like trauma-informed practice. We are often treated quite brutally. As Debbie says, there is this whole narrative that goes back to the apology, and we still live with this narrative that you were lucky, you were saved and should be grateful. It comes through when we try to do anything related to our adoption, it comes through with records and it comes through when we try to seek any sort of mental health support.

It would also be good if there could be some accountability to an arbitration body that could say, "Are you providing the records within x period of time?" There could then be some oversight of it. Those are the practical things we would like.

Q11 **Manuela Perteghella:** What safeguards or features would be essential so that this centralised digital database works for mothers and adoptees?

***Sally Ells:*** It is exactly those things: we would like there to be some sort of service standard for acknowledgment time and for when they are going to get back to us, and a reasonable period of time in which we are going to get our records. It is about having the redaction of third-party information only, and then only with an explanation.

It should also be trauma-informed. We have been harmed by this process and we have every right—we should be treated with dignity, because often we're not. We are talked to like we are children and told, "Oh, you're doing a bad thing getting these records. You're going to upset your adoptive families and you're going to disrupt the lives of these people who gave you up and didn't want you." It is painful—it is really painful. And there should be some accountability, so there is some sort of oversight of those requirements.

Q12 **Chair:** Ann, do you want to say something?

***Ann Lloyd Keen:*** I appreciate the time, but I would be amiss if I did not mention this and ask the Committee and the Chair a question. Do you know why we have to keep repeating our evidence? You acknowledged that at the beginning. Do you know if there is a problem with the Government giving an apology? Is there any information that we could have? We feel that we have done everything possible that we can, we have co-operated, and we have done so well, from our point of view; why are we having to continue with this campaign?

**Chair:** I will say two things in response to that, Ann. The first is that this Committee is doing this work for precisely that reason. We believe there is unfinished work as a consequence of the Joint Committee on Human Rights work, and we want to play our part in moving this forward. I am sorry that you are here having to give your evidence again, particularly having been through an inquiry that many of us believed would get to the point of an apology, only to find that it did not.

The second thing is that in the second half of this session we will be

hearing from the Minister, who I can see at the back of the Public Gallery listening very carefully to the evidence you are giving, and we will put those questions to him as well.

***Ann Lloyd Keen:*** Thank you, Helen. I needed to say that.

Q13 **Caroline Voaden:** You have all spoken very powerfully about the lifelong trauma you have all experienced because of what you have been through. Could you give us a brief assessment of the current availability of trauma-informed mental health pathways for adult adoptees and birth mothers? That might be a one-word answer. Also, what steps do you think could be taken to make post-adoption counselling more accessible and emotionally safe both for mothers and for adoptees? I do not know who wants to start.

***Diana Defries:*** I will start. It is a very short answer: I am not aware of any services that effectively provide for mothers. Equally, there are allegedly services for adoptees—I will let them answer—but I have had conversations with people who are desperate to get help. They are deeply traumatised, maybe they need support with reunion, maybe they need support with somebody in their family finding out what happened 50 years before and everything has fallen apart, and there is nothing I have been able to find, to the extent that a year ago I actually self-referred to local mental health services just to check out what was there. It is still not really making progress. I am in a good place now, but I have not been in a good place in the past, so I kind of levered that to see what I could do, because I want to be able to give this information to other people. So far, I can honestly say that I haven't been able to find anything by way of a support service for people like us.

***Ann Lloyd Keen:*** I would agree with Diana. I've got nothing further to add—it's not there.

***Sally Ells:*** Debbie can talk very personally about all of this, but I would say that the current provision is scarce and it is harmful. I am talking from personal experience.

We adoptees get sent down the wrong and harmful anxiety treatment pathways, and that increases our shame and our sense of guilt. Actually, what we are feeling is a normal reaction to serious trauma. We are not overly anxious. I have tried many times during my life to access support and I get sent down these pathways, and they are all about, "Oh, you just need to think about it differently." Well, I was given up for adoption, it was forced by the state, and then I had a horrible childhood. I have got something to be anxious about. Being told, "Just repeat these affirmations and you'll be fine," does not cut it—it really doesn't cut it. It is very upsetting.

Many clinicians and therapists, at the moment, do not recognise that we need trauma treatment. I have had trauma treatment now—I happen to have had it not because I went and spoke about my adoption experiences, but because my son had a life-threatening illness. When I accessed it, it uncovered that I had all this trauma from my adoption. Dealing with that,

through that treatment, has changed my life. It is really sad that other adoptees do not have that.

I think there are four things that could be done, and they are very simple things; we are not talking about spending a lot of money. The first is fast-tracking adult adoptees and mothers into existing—and they do exist—trauma-informed pathways, like the pathways for veterans, to end all those barriers, being turned away and given incorrect treatments.

The second thing that could be done is to embed our needs into NICE guidelines. We have distinct needs for trauma injury-informed care, and that needs to be codified.

The third thing that could happen is to ensure that support is available across our lives, because the severance injury that we all live with is enduring. Many adoptees have experienced abuse.

Finally, we should ensure that funding for that kind of support goes only to safe organisations. I cannot emphasise that enough. Those organisations should be independent from adoption, not those previously involved in adoption or upholding adoption now.

***Debbie Iromlou:*** The provision for counselling support is scarce or non-existent. The Post Adoption Centre offers counselling services for adult adoptees, but that is reliant on your postcode—it is primarily in London or Leeds, where their two centres exist. I have accessed that myself, but it is akin to the kind of counselling support you get when you access your records, so it is really not therapeutically informed and trauma-informed in that sense.

I have been down the NHS pathway, over a period of 30 years of trying to access help. My GP initially prescribed me antidepressants and told me that I was just suffering with depression and should just try to move on with life. As Sally rightly said, this is severance for us—it is living with trauma—and that is not recognised in the NHS as trauma. Being sent for CBT is not an option for us, because we cannot just flip a switch and change the way we think about things.

In 2021, when I was diagnosed with complex post-traumatic stress disorder as a direct result of my adoption, I then had to wait 18 months for trauma therapy, which was 20 sessions, and I was kind of left after those 20 sessions. So yes, it is pretty much non-existent.

Q14 **Jess Asato:** Based on your organisations' experiences, what factors most commonly influence whether reunions between adoptees and birth relatives are positive, difficult or unsuccessful? What support do you think is needed to help people to feel safe and well supported during contact and reunion? We have heard a little bit about that already, but does anyone want to add any more?

***Sally Ells:*** I suppose the two things that make tracing positive are actually really straightforward. One is practical help with finding the right information and the other is emotional support that recognises how

frightening tracing and reunion can be for adult adoptees when we have grown up being told, "Unfit mother. Didn't want you." Putting yourself out there is a really scary thing to go and do.

What makes it difficult is equally clear: it is the lack of emotional support and record access being blocked. The state support that is available is restricted and limited. There is no statutory requirement for a local council to provide you with support, so you might go to your local council—this is my experience—and they say, "We haven't got any money. Sorry, we can't help you."

At the moment PAC-UK does not meet national demand. That is not their fault; they just haven't got the funding for it. I think they have had a trial amount of money to try to do it, but they've got a massive waiting list of people wanting to access that support.

Private services are often unsafe, and they are are financially exploitative. They are often linked to the perpetrators of forced adoption—I think you saw some of that at the last hearing—or they are private services and they are prohibitively expensive and profiteering. I paid an intermediary service over £1,000 to write a three-sentence letter to my brother, who was separately placed for adoption. That was it. All they would write and say was that I was looking for him. They said they could include one bit of information, which was what foods I liked and disliked, and that I was requesting contact if he was interested. That was £1,000.

There are no tracing or intermediary services for transnational adoptees; Debbie can speak very powerfully to that. There is nothing for transnational adoptees, either tracing or intermediary services. I think we have talked about the improvements that could be made, but if we haven't, we can talk about that.

***Debbie Iromlou:*** As an inter-country adoptee, there is absolutely no provision whatsoever for me for tracing birth parents, which I find utterly appalling. You ask for tracing help and are told, "Sorry, we don't get involved. We can't do anything for you." An inter-country adoption centre exists here in the UK—one of two inter-country adoption centres—and I have repeatedly asked them to help me to trace my birth family, but they refuse to. I do not understand why international adoption exists if you are not going to help those children who then grow into adults and want to search for their parents across boundaries and borders. They have no help, no governmental support and no bureaucratic support whatsoever. We are really left to our own devices.

It has taken me 40 years to find both my birth parents. I was too late in finding my birth father; he had already passed away. I had to use DNA to trace him, and it took me seven years to eventually locate him. Nobody helped me in that process. Not one person offered—oh yes, sorry, one person did offer: she was a social worker in private practice and wanted to charge me £2,000. At the time, I did not have that kind of money.

***Ann Lloyd Keen:*** My son found out he was adopted when he was 27. He found out by accident; the next day he went to Swansea social services and was just handed the file. By the way, the file said I was 5 foot 10—it would help me immensely if I was. The reality is that within a week he was knocking on my front door. I had no preparation for that and neither did he.

He is a very bright young man and he knew how to get around things. It was 1995, so there were no emails or anything like that. He wrote to the address that was given and asked, "Does anybody know where Ann is, because I think I might be related to her?" Within days, he was knocking at my door. I did not have any counselling or preparation or anything, but it was the biggest, loveliest surprise—I felt I had won the lottery. We are very close and have very much been friends ever since.

It caused huge problems, because he did not want to be with his adoptive mum; I had to encourage that. It answered, in his words, more questions than it raised, because he hadn't been able work out why his father did not want to know him. His mother and father got divorced when he was three, and his mother then went on to have four other marriages, but he was trying very hard to keep a relationship with his father—and, of course, it was not his father. But his father didn't manage it very well.

It created chaos all around, but it is better today—it's fine today. That is a pleasing ending to what was a harrowing story. We are good friends now, and always will be.

***Diana Defries:*** I think the problem with reunion is that people assume it will be a happy ever after. You have TV programmes like "Long Lost Family" that give the impression that once there is a reunion, it is all pretty and everybody holds hands and skips off into the sunset. It is so difficult.

Generally speaking, I have not spoken to people who have had support. I did not have support; Ann hasn't had support. I have spoken to a lot of people and had a lot of emails from people saying, "How do I cope?"

The difficulty with reunion is that you've got strangers who should know each other. People bring into that meeting all their assumptions, expectations and presumptions, as well as all the stories they have been told—all the lies they have been told—and there is nothing to support anyone through that. There is nothing that I or anyone else has found that is useful, without shelling out a lot of money for someone who doesn't really care.

The trouble with all this is that people think they know. We need adoption-informed support. We need people to understand that women who have had children ripped from their arms, or taken from them without them even knowing—they go back and find them gone—people who have gone through that do not recover. Children who have been taken do not recover as adults and miraculously become not adopted. It doesn't happen. Everybody goes into this with a level of trauma, injury and suffering that is

often yet to be acknowledged prior to and during the reunion. They find out how damaged they are and how much they are bringing to this, which they really don't need, but it is a lot of baggage.

In terms of support through reunion, people need to be guided, held and supported by anyone who understands how difficult, painful and precarious it is. It is like walking on eggshells. You meet this person and you make assumptions about them, or they make assumptions about you. You could put one foot wrong, say the wrong word, and the whole thing could collapse like a house of cards. We are all terrified that that will happen, because as Ann said, reunion is the most precious thing. You really want this. You really want the other person; you want the person who has been taken from you back in your life. In some cases, people are willing to pay any price to have that person in their life.

But it is not a supportive process—it is not something where people have any help—and it often breaks down. The heartbreak that follows is even worse, because it is the same trauma again and the same loss again, but it becomes irrevocable. There is no way back from that, often. Sometimes people will build bridges, but the relationship will never be what it could have been. The right help to get people to build something that will last is absolutely vital.

Some research, born of this difficulty, was published recently. This person's daughter was taken, they were reunited and it all went very well, and then when it started going wrong, she thought, "I'll look at the research," because she is an academic. But she found that there isn't any. One of the many things that we are asking for is research. She put together research, which was recently published—either I or somebody from AAM can send you a copy. It is so heartbreakingly powerful when you see how damaged people are, and the way that this shortens people's lifespans.

Reunion is this precarious thing. If you manage to navigate through all the difficulty and the rollercoaster of emotions, and get to the end and think, "I've got something," it is still not what you would have had. So it is very difficult.

Q15 **Chris Vince:** Thank you all for coming. I think we would all agree it has been an incredibly powerful session. Ann touched on this, but is there anything about today's discussion that you would like the Committee to take forward and put to the Government?

***Diana Defries:*** I think all that has been said here and sent in by way of documentation—we have all contributed evidence, suggestions, ideas, lists—needs to go forward. We would like to bring this to a close. We would like to move on with our lives and not have to revisit and relive all this again and again and again. I will stop there, because that is it.

***Ann Lloyd Keen:*** I agree. Let's get it done.

***Sally Ells:*** I echo that, absolutely. We'd just like something. We would like there to be some action. We would like the apology, for our dignity and to

help us to move on with our lives, and to not have to keep explaining to people that we don't have to be grateful. We would like that, and we would really like the mitigations. We would really like the trauma-informed physical and mental health support. We would really like help with tracing and reunion. We would really like improved access to records.

There are two other things that the community would like: as has been mentioned, independent and meaningful representation of adult adoptees, and also research. We are very mindful that policymakers and practitioners—this includes the DFE, Adoption England, the regional adoption agencies, the NHS, MPs and parliamentary groups, including their secretariats—should be required to give adoptee-led organisations a lead role in improving and developing adoption policy and practice. There are so many reports saying that adoption is failing and has failed; we have knowledge that could help with that, but we are gatekept from that. We have asked for that, but we are kept out.

Research is essential because, again, it goes back to this: adoption has failed—there are so many reports about how it is failing now. We would ask for four things. First, that the Government commissions research on lifelong adult adoptee outcomes—physical and mental health outcomes, addiction, mortality and abuse in adoptive families—because unless you know what is actually happening, how can you do it better? Secondly, we would ask for an adoptee marker to be created on NHS records to enable research; thirdly, we would ask that NICE guidance is developed on screening and supporting people who have little or no family medical history; and fourthly, we would ask that adoption separation is recognised as an adverse childhood experience.

***Debbie Iromlou:*** I echo everything Sally has said. I would add that for too long our voices have been suppressed and we have been infantilised. From the moment of birth, for us, our voices have not been taken into account, and our lived experience has not been taken into account. The lifelong consequences of not knowing our biological relations and not knowing our own medical history have had consequences not only for us, but they continue on to our children and the next generation. Thank you for hearing our voices today and including us in this.

***Ann Lloyd Keen:*** Thank you so much.

**Chair:** Thank you very much indeed. It would not be the right thing for the Chair to pre-empt the discussion and deliberations of the Select Committee, but I think I can say, on behalf of everybody, that listening to your evidence this morning has been incredibly compelling and very moving for Committee members. It is impossible to listen to what you have said today and not to conclude that things need to change. The evidence you have given to us today will inform our recommendations to the Government. We will seek to put your voices at the heart of what we say.

Thank you once again. I want to reiterate our gratitude to you for once again reliving such traumatic and difficult experiences. We will do our best

to make sure that there is a limitation on the extent to which you need to do that again in the future. Thank you.

## Examination of witnesses

Witnesses: Josh MacAlister and Gila Sacks.

Q16 **Chair:** Welcome back to this session of the Education Committee on historical forced adoption. In the second half of our session, we will be questioning the Minister and his official. Josh, can you and your official introduce yourselves, and make any opening statements?

***Josh MacAlister:*** Thank you, Chair, and thank you to the Select Committee for taking evidence on this issue and for this session. I particularly thank Debbie, Sally, Ann and Diana for the really powerful experiences that they have shared, not just today but previously as well. I am Josh MacAlister and I am the Minister for Children and Families.

***Gila Sacks:*** I am Gila Sacks, director general for families in the Department for Education. I echo the Minister's thanks.

Q17 **Chair:** The Committee has heard overwhelming evidence that for decades, unmarried mothers were routinely shamed, pressured, misinformed and coerced, and that their children were removed from them and placed for adoption. Do the Government accept that these women did not, in reality, have any choice at all in the adoption of their babies?

***Josh MacAlister:*** Yes, and there are a few things that I would like to share in terms of the Government's position on this issue, which differs from that of the previous Government. I wholly agree with you, Chair, when you say—I believe that you are speaking for the Committee—that there is unfinished business on this issue. The Government and I completely agree that there is.

The first thing to stress is that the Government and I personally share an understanding of the cause and the case being made by campaigners, both adoptees and those women who had their children forcibly removed from them. We want to say a huge thank you to those individuals who have come forward, set up campaign groups and advocated for an apology and for change. By doing that, they started the process, which certainly needs to speed up, of allowing many thousands of people who have never been able to, to share what happened to them many decades ago. Knowing that there are others out there, that there is peer support and that this is something that can be spoken about publicly is changing the lives of many people. They should not need to keep making their case. I read back through the evidence that was given to the Joint Committee, and previous Education Committee hearings, where witnesses have shared very similar stories. I have also listened to stories in the media where many of these women and adoptees are having to repeat their stories time and again.

Secondly, the Government acknowledges that the state had a role in this and that it is not good enough to describe what happened simply as a result of the actions of society. There is a strong relationship between social attitudes to women at the time this occurred and the role played by the state and other actors, including the Church and religious institutions. There was a symbiotic relationship, but that in no way takes away from the fact that there were aspects of the machine of the state that enabled and sustained a practice that went on for decades. Children were forcibly removed from these women in homes that were sometimes run by the state. It was enabled and overseen by social workers employed by the state, and by social attitudes that were reinforced by practices that carried on for many years. I completely accept that the state had a role in this.

Thirdly, regarding the question of an apology, this is something that the previous Government said it regretted. It apologised on behalf of society. I understand the campaigners' case for a formal official Government apology, and that is being actively considered, as of now, by the Government. It needs to be done with a level of gravity, and by someone senior in the Government to reflect the gravity of what happened. Now would not be the time and place to do it. I would not be the right person to offer that apology on behalf of the Government. If we were to do that apology, it would need to be worked up in close collaboration with the campaign groups you have heard from today and others to ensure that it is comprehensive and, in a meaningful way, lifts the shame and stigma that far too many people have been living with for far too long.

In answering your question, I accept that the state had a role. It is important that we are honest about that. The case for an apology is powerful, and it is something that the Government is actively considering. The final thing to say is that there is an urgency to this. There are people at the end of their lives who have lived with the stigma, and it is very important that we move quickly to actively consider this case and make a decision.

Q18 **Chair:** Thank you. Are you able to put a timescale on the Government's work in this area?

***Josh MacAlister:*** I cannot put a timescale on it but, as I say, this is urgent; I recognise that. This is not something that we can take a long over. The campaigners have been making the case for many years.

Q19 **Chair:** We have heard, including today, about the lifelong consequences of the severance that adoptees experienced, and the trauma they went through and the issues that many are left living with today. Do you acknowledge the need for genuine practical assistance? I will not reiterate the evidence that we have had today from adult adoptees, but they were clear that they need help and support as part of any apology process to make a meaningful difference in their lives today.

***Josh MacAlister:*** I do recognise that. In many respects, we do not need to wait for a decision on the apology to start actioning some of those points. Since the Joint Committee's report and recommendations, some

actions have been taken forward by the previous Government and by this Government. It is worth updating the Committee on three things regarding action.

The first is about mental health and trauma support, which your witnesses mentioned. My Department and I have been working with the Department of Health and Social Care and NHS England. Next month, we will send out details to GPs recommending pathways for people who have survived this awful experience historically and are still living with the consequences today. That is important, because we have heard from many adult adoptees and birth parents that even when they interact with the NHS, it is not always clear to NHS practitioners that this was a systematic case of abuse of many people that needs to be recognised, and that there should be pathways for those women and adult adoptees to be supported.

Secondly, in regard to the availability of counselling and other mental health support, we have removed the Ofsted registration requirement, which was a recommendation from the Joint Committee. That in part is to make sure there is enough supply of therapeutic and counselling services available.

Thirdly, it is important that we support people with accessing records, and that intermediary services are there. As you heard from the four witnesses before me, that is obviously an issue that has been a problem for many years. FamilyConnect was set up as an intermediary service, funded by Government, a few years ago, and we are substantially increasing the funding available to FamilyConnect. It has already supported about 1,000 birth parents and adult adoptees, and we want to see that much extended. There are particular groups that not as many people have come forward from—for example, birth parents who are in their later years, so would have had a forced adoption earlier on, when it was allowed by the state.

Fourthly, yesterday CoramBAAF and the Archives and Records Association announced the creation of a freely accessible national online resource showing where adoption and care records are held across the UK. This is important, because it is not entirely clear to many where their adoption records may be. It is not the case that they will be with the organisation that was responsible for the adoption, because that organisation may no longer be around. As some of your witnesses shared, those records may have moved many times between different organisations. That resource will be available by the end of this year. I am working with the Archives and Records Association on supporting the preservation of records and on encouraging local authorities—I will write to them soon—to ensure that they meet my expectation that that platform is used and that they participate fully in it.

Finally, we will consult on changes to adoption record retention periods to extend the period and protect them. There are also issues about digitisation and making sure that that process does not result in the destruction of adoption records.

Q20 **Chair:** You have talked about a process that the Government are in with

regard to the consideration of an apology and what that might look like, and a process of collaboration with those with lived experience to make sure that process is properly undertaken. When you were talking about some of the measures that are already under way, I could see a degree of concern from some of the people with lived experience in the Public Gallery about resourcing and some of those measures. Can you confirm that this is a genuine ongoing dialogue, and that the Government will work to make sure that those measures are fit for purpose as they continue to progress this work?

***Josh MacAlister:*** Yes, I can. We have looked pretty closely at the apologies that have been offered by the Scottish and Welsh Governments, and the Australian Government, as well as the support that has been provided alongside them, as did the Joint Committee. We want to make sure that the next steps are not just about statements, but about ensuring that we respond fully to the concerns and experiences of people now. Some of the actions that we are taking here are equivalent to actions that have been taken by other jurisdictions, with the increase in funding. As I say, FamilyConnect has already reached 1,000 individuals. We want to see that go much further with the intermediary support that is made available, and we are substantially increasing the funding available for that. I am pleased to share that with you today.

Q21 **Chair:** Thank you very much. I want to ask about your understanding of the reach of this practice. We have heard today from two of the groups at the very core of the impact of the practice of historical forced adoption—mothers who had their babies forcibly removed from them and adult adoptees who are suffering the lifelong impact of the trauma they experienced—but we have also had evidence that the network of trauma and consequence from this practice extends very widely. For example, we have heard from mothers who were in mother and baby homes, who experienced that cruelty, stigma and shame but were able to keep their babies. Nevertheless, they lived with some consequences from that traumatic experience.

We know that some fathers—not all, by any stretch—would have wanted to play a role in their child's life and were denied that opportunity. There were also other relatives, such as grandparents and kinship carers, so this issue had a community-wide impact. I want to explore the Government's understanding of that and where it sits with you in terms of the scope of the apology that you may be considering.

***Josh MacAlister:*** The first thing to say is that the priority needs to be on those most immediately affected as adult adoptees, and on the women who had babies forcibly removed from them and their harrowing experiences. What is so troubling about the history of this issue is the degree to which, as you described, it was sustained by troubling social attitudes about women—particularly teenage girls—and the shame that families felt at having a young daughter who got pregnant out of marriage. You are right to highlight those parents and the mixture of emotions that many of them now feel—the guilt they may now feel for the views and attitudes that they held. There are also the staff who worked in

these institutions, many of whom joined their vocation never intending to cause harm in the way that they did as part of those institutions. Dismantling that system is not a one-off event. Again, I recognise the belief from some of your witnesses that this carried on beyond 1976 when the Act was passed, because some of these views were deeply held in practice, not simply in law.

Q22 **Peter Swallow:** You have already set out that the Government are actively looking at an apology and that you are committed to co-creating that with those with lived experience. Specifically, how might that period of co-creation work? Are you committing to a formal consultation or a co-authoring model? How will that process work and how will organisations and those with lived experience genuinely contribute?

***Josh MacAlister:*** I am not in a position to set out the details of how that would work, but I am confident about giving the commitment that we will do that with those who have been affected by it. The model of Government apologies, when they have been effective, is that they have fully involved those who were on the receiving end of state injustice. It is important that the same is the case in this case.

I should also add that the Secretary of State cares hugely about this issue. She has met both groups that you have heard from today and I know she would have been very keen to be here if the session had been next week. Please do not take the appearance of a junior Minister as anything other than an issue of availability. Bridget cares hugely about this and wants to make sure that we do it in the right way as it is actively considered. That means making sure that those who have direct experience of this harm are at the table.

Q23 **Peter Swallow:** That is so important because, as we have heard in evidence, an apology alone is not enough. Apologies given when there is no follow-up action are almost worse in some ways. In our last evidence session, we took evidence from an organisation who had nominally apologised for their role in this only for the witness in front of the Committee to say some very concerning things. That is why it is so important that it is not just an apology. It must be the right apology in the right way supported by the right actions.

***Josh MacAlister:*** I completely agree. Saying sorry and not meaning it is almost worse than a position of regret. I read the same evidence that you are referring to and can absolutely understand why the words and the meaning of this would need to be very carefully pulled together.

Q24 **Chris Vince:** Thank you, Minister. You touched on some formal apologies from other countries. Specifically, we know about Australia and Northern Ireland. Obviously, what was important about those apologies, as we have touched on, is that they were not just an apology; they were backed up with funded support and long-term support for those people who had been affected. What that might look like was mentioned in the previous panel. What lessons and what assessments have the Government taken about what other countries have done as a response to their formal apologies,

and what lessons have you learned for your own potential response?

***Josh MacAlister:*** Closer to home, the Scottish and Welsh Government apologies came with announcements of support that are not dissimilar to the approach that is currently being taken here in England by the UK Government. The Australian apology came with resources to also provide support for peer support groups. I know, having spoken to parents who had their children forcibly removed, that it can be a hugely liberating experience to meet one another and share those experiences. We are able, with FamilyConnect, to extend that support because of the extra funding we are putting into it.

I don't think there is a magic bullet. The evidence that you have heard, the recommendations from the Joint Committee, and the policy suggestions from campaigners extend across a whole range of issues, from record keeping through to intermediary support, reunification and reconnection, mental health support and support with trauma, as well as—and this is where I understand the case is being made for a formal Government apology—the shifting and lifting of attitudes in society about what happened and a shared collective experience of recognising that.

Q25 **Chris Vince:** You were here for the previous panel, and a lot of it was very emotional and quite shocking. I found one of the most shocking things was the way that the panel are still being treated by professionals. I know we will talk about record keeping in a moment, but the fact that they were not allowed to get their files, or that their files were heavily redacted, as well as the way that they were spoken to—it was suggested that were being spoken to like they were children—is completely unacceptable, wouldn't you agree, Minister? That is not about a formal apology or spending money. That is something that could be fixed really quickly just by a change in attitude and culture for those people employed in those organisations. Is that something that the Department can really look at and push very quickly?

***Josh MacAlister:*** It is and I agree. It is also not limited to historical experiences of the adoption process. To be candid, it is also an issue that children's social care still has with how it functions much of the time. It wields enormous power over families, justifiably so on important occasions where there is significant harm to a child, but there are far too many experiences of families—I have heard of many recent experiences that parents or relatives have had—where the power imbalance and experience of having social work involvement, as well as some of the decisions that are made in the family court process, can be hugely dehumanising for individuals.

As you said, Chris, it can be as easy as culture change, but in a way that is the harder bit. Nevertheless, we have a huge amount of work under way on that front. That was one of the leading recommendations from my own independent review of children's social care four years ago, and it is a big part of the £2.4 billion that we are putting into the Families First programme, to shift the attitude to families and the importance of family networks for helping children to grow up successfully.

Q26 **Dr Johnson:** Minister, you talked about the Government having a role in this process. We have heard about who was to blame for it—some people have talked about the families of the women, society, wider societal views, the organisations involved in the adoption and other things. Do you think the Government had a large role to play or a relatively small role to play in this process?

***Josh MacAlister:*** Let me start by saying that the people who certainly should have no shame or stigma on them and were not responsible were the women and babies involved.

You can look at this in a number of ways. The proportion of these mother and baby homes that were run by different institutions tells one story. A very large proportion were run by religious institutions. There was no clear segmentation of state, church or social attitude; they all contributed to one another to create a set of circumstances that created this in the first place and allowed it to continue for decades. The fact that local authorities had moral welfare officers, as Ann referred to earlier, really speaks to the point. NHS services were a part of it.

I am not sure that there is much value in me trying to attribute a proportion of its responsibility other than to say that the state was a part of sustaining this. Through its laws, and through arms of the state—courts, social workers and health services—it reinforced and sustained that machine. Previously, Governments have not acknowledged that.

**Chair:** I would point to the evidence that the Committee has previously received from academic witnesses, who would highlight the flows of funding from the state into many of the institutions that were at the core of these practices. That will form part of the evidence that we consider in our deliberations.

Q27 **Caroline Voaden:** This morning, we have heard about the follow-up actions that need to take place as well as an apology. I would like to talk to you about adoption records. You have said that by the end of this year, there is going to be a free online resource showing where adoption records are held. That does not suggest that the process for accessing the adoption records in the place where they are held will be made any easier. Debbie gave some very powerful testimony about the awful process she has had to go through.

Do you think it is acceptable that people have to wait months, if not years, to get access to records, and that when they do get access to their records, most of the records have been redacted, because somebody somewhere has made a decision that that person does not have the right to see information about their own history? What can the Government do to change that? Nobody has more right than an adoptee to know where they come from. It should not be up to somebody in an office to decide that they cannot access that information.

***Josh MacAlister:*** There is significant variation across the country at the moment in the amount of time it takes for different people coming forward to get their records and a response. There are cases where it is 18 months

or longer, and that is unacceptable. Last year, the Government issued pretty extensive guidance with expectations about how records should be kept and shared. The challenge is still there with the variations.

In how we have thought about this, we have spoken to the Archive and Records Association to seek its advice on the possibility of a wholly centralised system. Its advice is that this would be pretty difficult to co-ordinate. Even after the huge amount of work that would need to go into establishing it, which would not be quick or easy and would cost a lot of money—there are choices here about where the money could go in helping people access records—many of the records have been destroyed. The CoramBAAF online platform will help to identify where records are kept when that is launched later this year. That is a significant step forward. The resourcing we are putting into FamilyConnect as a service will mean that there is much more resource available for the intermediary services to help people to navigate them, establish who they need to speak to and make sure they have the initial conversation set up and support afterwards.

However, I am happy to follow up personally with outlier local authorities and services where the periods of time are a lot longer than they should be. There is sometimes a need to redact other people's personal information from these records, but I have heard—not just today, but in relation to more recent cases of adoption and children being taken into care—that the redaction process can be so extensive as to make the records useless in telling the story of what happened and as records of decisions that were made. I am happy to be more proactive with local authorities on that. The combination we have at the moment of the new digital platform, which CoramBAAF have led on—I am grateful to them for doing that—the expansion of FamilyConnect, our guidance and the willingness from me and the Department to be proactive in following up with particular local authorities and services should mean that we get some improvement in this space.

Q28 **Caroline Voaden:** Are you working with adult adoptees in the process, to be guided by what they need?

***Josh MacAlister:*** I am very happy to meet them and work with them on that, and all issues.

**Caroline Voaden:** I am looking at their reactions behind you—

***Josh MacAlister:*** Unfortunately, I cannot see those reactions.

**Caroline Voaden:** My hunch is that what you are saying is not exactly what they are looking for. Will you commit to a meeting Sally and her colleagues to guide you through how they would like the process to be carried out?

***Josh MacAlister:*** Of course; I am very happy to.

Q29 **Jess Asato:** To follow up on that, it is important that the organisations supplying the information and support to survivors are trusted and

independent. It is important to get your reflections on that. Secondly, we heard from the testimony that there is already a UK and Ireland records database; the survivors said that they just need a little bit of extra help. Is there a reason why what they have brought together has not been considered by the Department in terms of getting this all going?

***Josh MacAlister:*** At the moment, there is no record of where the records have ended up. There will be nuns who worked in religious institutions that were involved in these adoptions and no longer exist. We hope that another organisation will have retained those records. In some cases, records have been destroyed. There is no national picture of where those records are at the moment. We hope that the CoramBAAF work this year will identify where they have ended up. Could you repeat your other question?

**Jess Asato:** It was about what we have just heard: that there is a UK and Ireland records database. If you have not heard of that, it might be useful for the organisation to follow up with you afterwards.

***Josh MacAlister:*** It does not serve that purpose, which is why so many people looking for their records are being bounced from pillar to post between different organisations trying to establish where their records may be. That service does not exist. I do not know what that organisation or database provides, but it is not this function; this is new. I think you asked me something before that.

**Jess Asato:** It was about the independence of the organisations providing the records.

***Josh MacAlister:*** It is important that there is no expectation for people to get support from an intermediary service that they see as having had a role in the abuse. There are a number of intermediary services that are inspected and rated by Ofsted. I understand why some individuals would not want to go to the organisation that was part of their story earlier in life, so the choice is there. We been really careful to ensure that FamilyConnect is a service that can be built as a national front door for this that does not have those historical ties.

Q30 **Chris Vince:** Minister, do you think that there is potentially a necessity, and is there a willingness from Government, to legislate to preserve adoption records and ensure that record-holding bodies are subject to consistent duties and oversights? I appreciate what you say about how in some cases the record holders have changed because those organisations no longer exist, but do we need to do something legally to make sure that these records cannot be destroyed or forgotten?

***Josh MacAlister:*** Yes, I think we do. We are open to doing that, and doing it this year. This would involve a change of regulations, so there would need to be a consultation on the time for which we expect services to keep their records. It is currently 75 years; we are looking at whether it should be extended to 100 years. You raise some other important questions as well.

Q31 **Chair:** On the point about independence, we have had evidence that may point to the fact that the number of fires and floods that people seeking their records are told have taken place might not entirely match the number of actual instances of fires and floods everywhere in the country. I suppose that people seeking their records may simply be given an excuse. Nobody knows where their records are, and the easiest thing is to say that they do not exist.

It is about seeking to ensure that an organisation that anybody has to go to for their records is an independent organisation, not one associated with past trauma and past decision making; that there are sufficient duties on that organisation to really get to the bottom of where the records are and who holds them; and that nobody can be brushed off with a line that their records do not exist, unless someone has thoroughly got to the bottom of it and concluded that that is indeed the case.

***Josh MacAlister:*** These issues should be being addressed through the clarity that has been provided through the really extensive guidance that was published last year in response to the Joint Committee's recommendations in relation to this area. I am very happy to take a look at evidence that the Committee might have and follow up with any services or agencies. It is probably worth our speaking to FamilyConnect as well about whether it sees particular patterns in trying to support individuals with particular services, or organisations keeping records, where it is far more difficult. Again, I am happy to be more proactive on that front.

***Gila Sacks:*** The opportunity presented by the new ARA and CoramBAAF platform will allow that transparency. Because we will then be able to see where things are and what is there, the ability to safeguard that and ensure that it is being maintained and properly accessed will be much improved.

It is all step by step. It is very difficult to prove that something was not destroyed, for obvious reasons. That is a terrible position to be in, but it is the reality of it, so we need to absolutely focus on making sure that the records that exist are clearly and systematically recorded and mapped, and that the journey for an individual to access them is as smooth as possible. Again, that is what a lot of the increased funding that the Minister has referred to is really about: reducing the burden of that journey on them and ensuring that they get more support through that process.

Q32 **Jess Asato:** We have heard that mothers and adoptees are frequently placed on generic NHS pathways that do not recognise adoption-related trauma, leading to misdiagnosis, delayed treatment and in some cases further trauma, as we have heard today. How will the Government ensure that NHS services develop the expertise needed to identify and respond appropriately to adoption-related trauma?

***Josh MacAlister:*** There are wider issues about the overall capacity of the NHS to provide mental health services and support at the moment. Over

the next few years, the Government will boost the number of practitioners to deliver mental health support by 8,000, and mental health support teams will help with that.

As I mentioned earlier, next month we are writing with NHS England to GPs to highlight the importance of this group and their needs, given the historical nature of what happened and the fact that they still carry so many of those experiences with them today. The NHS needs to recognise that and make sure that they get the mental health support that they need.

Bridget, the Secretary of State, has heard from adult adoptees that when it works, the support can be really powerful and is what is needed, so it is important that we ensure that the resources are there overall, not just for this group but for the many people who need support from mental health services, and that the first point of contact in the NHS is aware of the needs of this group. We are taking some action on that in the next few weeks.

***Gila Sacks:*** There is work going on much more broadly between our Department and NHS England on the range of associated needs and trauma, because we are conscious that the impacts could be very wide, both for the historical adoption that we are discussing and for the range of current needs of those impacted in or around the care system.

As the Minister has said, there is a balance between extending bespoke and particular pathways and simply increasing awareness across many different parts of the NHS, outside core mental health professionals, to ensure much greater sensitivity and speed of access to the most appropriate pathways for those who are experiencing related trauma today and who have experienced it in the past.

Q33 **Jess Asato:** Is the problem not that, as we have heard, there is no trauma-informed pathway, and that there are very few counselling services that recognise trauma due to adoption? Is there not also a concern that in quite rightly raising awareness among NHS professionals, all you will be doing is taking those who have experienced trauma down a pathway that could further damage them, for example if they are forced on to something like a CBT course, which is not appropriate, is not there to address their trauma and can actually make them feel worse about their shame? Is there not a concern that we need to make sure that there is an actual pathway with provision specifically for these groups?

***Josh MacAlister:*** Specifically for the group that we are talking about, the recognition in services does matter. To provide a bit of challenge back, Jess, I think it is for clinicians to look at NICE guidelines and clinical advice about the most appropriate response and interventions. As a politician, I would not want to stumble into suggesting what those might be. It is right and appropriate that the clinical guidance is there and is followed.

This is in a context where mental health services in this country are on their knees. The Government are clear about that. It has ramifications

across every area of responsibility that I have as a Minister. Not a day goes by in which I do not have a very reasonable request for support for current adoptees, kinship carers, foster carers, birth parents and children in residential care. You could repeat that over and over in every corner of Government, because of the position in which our mental health services have been left.

Recovering that will take a bit of time, but the Government are investing in mental health services and boosting the number of people who are providing them. In the DFE, with NHS England, we are taking steps in relation to the pathways that GPs can use to support people who have experienced this awful abuse, and recognising that they are a population that needs support.

Q34 **Manuela Perteghella:** Witnesses and survivors on the previous panel told us that there is significant variation in the quality and consistency of intermediary services. That has a real impact on reunions, sometimes with distressing outcomes. The Movement for an Adoption Apology has called for a fully funded intermediary service to assist with making and sustaining contact. Minister, how will you effectively improve the standards of these services?

***Josh MacAlister:*** We looked at the Joint Committee's report and particular issues around complaints, and we followed up with some of the intermediary services. The Government followed up pretty soon after the Joint Committee's report. We recognise that the availability of intermediary services and the funding for them need to be greater: that is why we are putting extra money into intermediary services. That is a decision that has been made, and I am pleased to share it with the Committee today, to make sure that the resources are there to meet a higher need. I have heard how impactful it can be when it works. If I were saying to you today that it is all fine and that the resources are there to deliver what is expected from people, I think that you would reasonably give me a hard time about it. We recognise that it needs to improve, and that is why we have put additional resource into it.

Q35 **Chair:** Finally, Minister, we have heard from you today a real commitment to move this agenda forward. We have heard a commitment to work with those with lived experience, and about some things Government are trying to do quickly to improve the situation. I think we have heard a bit of a mismatch between those two things. Perhaps some of the things the Government are trying to do, with good intentions, have not quite reflected that spirit of collaboration and partnership working that you have acknowledged as necessary for moving towards a meaningful, impactful apology with a set of mitigating measures.

When will the Government be a position to set out a clear process and timescale for working with the community most directly affected by these horrendous practices, so that the witnesses we have heard from today, and the many others who have comparable experiences and stories, can start to feel that they do not have to keep retelling and reliving their experiences to get towards a commitment to an apology, because we are

genuinely on a journey to an actual apology?

***Josh MacAlister:*** The Government are actively considering it, and I put the emphasis on the word "actively". It is a live conversation. I cannot give the Committee a timetable for it, but I know it is urgent. I know that those who have been directly affected by this awful abuse have had to tell the stories you have heard today many times. I do not want them to have to do that any more. We will move as fast as we can.

I think, if I may say so, that your reflection on my evidence is a demonstration of the tension between doing things right and engaging people fully, and the desire that, rightly, people have to move quickly. If the Government were to offer an apology very quickly and not engage with people, people would quite reasonably be disappointed in how it had been handled.

It is important for the Government to recognise the importance of this, and I think we do. We want to move quickly, because of the age of many of the people who have been affected by this and because, frankly, looking back at Governments' positions on this over recent years, they simply have not been good enough at reflecting the scale of what happened, the role the state played and the huge damage that it had on tens of thousands of lives.

**Chair:** Thank you. I just want to explain, for the members of the public in the Gallery and for those who might be watching online, what our Committee's process is from here. This is our final evidence session in public. The Committee will now deliberate, not today but in the near future, on all the evidence we have heard during this inquiry. We will make our recommendations formally in a report to the Government. We will be working quickly to do that, acknowledging everything that we have heard about the urgency of these issues.

I will end by once again thanking the Minister and Gila Sacks for being here with us, and for listening to the evidence earlier today as well. Most of all, I thank the witnesses who shared their stories with us.