



Northern Ireland  
Assembly

Committee for Health

# OFFICIAL REPORT (Hansard)

Adoption and Children Bill:  
Barnardo's Northern Ireland;  
Family Care Adoption Services;  
Family Routes

25 November 2021

# NORTHERN IRELAND ASSEMBLY

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**Members present for all or part of the proceedings:**

Mr Colm Gildernew (Chairperson)  
Mrs Pam Cameron (Deputy Chairperson)  
Ms Paula Bradshaw  
Mr Gerry Carroll  
Mr Alan Chambers  
Mrs Deborah Erskine  
Ms Órlaithí Flynn  
Mr Colin McGrath  
Ms Carál Ní Chuilín

**Witnesses:**

Ms Helen Browne	Barnardo's Northern Ireland
Ms Maggie McSorley	Family Care Adoption Services
Ms Roxanne Small	Family Routes
Ms Lynda Wilson	Family Routes

**The Chairperson (Mr Gildernew):** I welcome via StarLeaf Helen Browne, assistant head of fostering in Barnardo's NI; Maggie McSorley, chief executive officer of Family Care Adoption Services; Lynda Wilson, interim chief executive officer of Family Routes; and Roxanne Small, project coordinator of therapeutic, education and support services in adoption (TESSA) at Family Routes. Good morning to you all and thank you, on the Committee's behalf, for coming. Each of you will make some short opening remarks, after which we will go to members for questions.

**Ms Helen Browne (Barnardo's Northern Ireland):** Good morning. Thank you for inviting us to present to the Committee. As some of you may know, Barnardo's is a long-established charity in Northern Ireland and across the UK. We operate 45 services and work with 18,000 children across Northern Ireland each year. I manage the fostering service. I have an adoption remit as well because we have just been registered as an adoption agency.

We wholeheartedly support the Bill and would like to see its fast ascension through the Assembly. We have fed back some comments in writing. One of those was on clause 133 and widening the definition of harm, which we have had widespread support for and hope will receive positive attention. More widely, this is a long-awaited Bill. We are anxious that it could be prevented from going forward. We would love to see it moving through quickly. We are fully behind the Bill. We would like to draw the Committee's attention to its implementation and some guidelines on how it will be put in place.

Barnardo's has been working tirelessly with children and young people throughout the pandemic. We are working hard to stand still. We see the benefit of the Bill as allowing us some legal remit to make faster things like the giving of adoption support, which is already in place in other parts of the UK, and support to care leavers, which is already in legislation across the UK. The Bill is just Northern Ireland catching up with the rest of the UK. My colleagues in the UK are really excited by the prospect of the Bill moving through the Assembly.

**Ms Maggie McSorley (Family Care Adoption Services):** Family Care Adoption Services is a voluntary adoption agency. We have been operating across Northern Ireland for more than 50 years. We assess families who would like to adopt. We place children into adoption, mostly on behalf of the trusts. They are children who have been removed from parents for one reason or another, cannot return and need a permanent family by adoption. We do a lot of work with adopted adults and birth-family members, both recent and historical. We have a life story project that is funded by the Big Lottery Fund. It provides a regional service to children across Northern Ireland who are in care or from care. We also work in conjunction with Adoption Routes to provide a birth-family counselling and support service.

We very much welcome the Bill, which, as Helen said, has been many years in the making and a long time coming. We particularly welcome the move from freeing to placement orders for children. We hope that that will expedite the moving of children from the position of best interests for adoption to the granting of a full adoption order.

We are aware that, statistically, Northern Ireland has a low percentage of children placed for adoption from care compared with elsewhere in the UK, even though the reasons why those children enter the system and are regarded as in need of permanent care are the same. Our statistic is 16 children per 10,000, whereas, in England and Wales, it is 42 or 43 children per 10,000. It is hard to avoid the conclusion that that is because of our extremely unwieldy, complicated and combative system in court, which also has an impact on families who wish to adopt. One of the purposes of the new Bill is to encourage more families to come forward wishing to adopt. The current system very much militates against that.

We, too, have submitted our responses to the Bill. We are entirely supportive of it. We look forward very much to it being enacted and to the regulations and processes that will allow that to take place as expeditiously as possible.

**Ms Lynda Wilson (Family Routes):** We thank the Committee for the opportunity to input verbally. Family Routes is a small registered charity in Northern Ireland. We are also an adoption agency. The purpose of the organisation is to promote the achievement of family life for everyone. As well as adoption, we provide a range of supportive services that further that purpose. We have a long history. We were originally in the body of the Church of Ireland and were placing children as long ago as the 1940s, so there is that historical perspective. We are the archive for several thousand records, going back to the 1940s, both for adoption and for the Hopedene and Kennedy House mother-and-baby homes. We provide origins and connection work, as well as other services.

As an adoption agency, we are in partnership with a UK-based organisation called Adoption Matters. The children whom we place in Northern Ireland come from Scotland, Wales or England. That brings its own dimension, giving us a familiarity with the system across the water and how it works to achieve the numbers that Maggie referred to and that we in Northern Ireland are not achieving. While adoption is clearly a statutory matter — we certainly encourage people to go to their trusts to adopt as well — it is important that there are agencies like Family Care, Barnardo's and us to bring an alternative independent adoption service for both children and adopters.

We are happy to take the Committee's enquiries and questions on any matter. We have a specific interest in post-adoption support, given the number of fractures and breakdowns in adoption, which seem to be increasing. The sooner a support package tailored to the individual child is put in at the point of placement, the better. We are particularly keen to focus on that. We are also keen to focus on supporting birth parents through the placement and court process because, again, that signals a much more effective and sustainable outcome for the child.

Like everybody else, we very much support the Bill. It is long-awaited. What is important now is that we have robust, monitored and scrutinised implementation plans.

**The Chairperson (Mr Gildernew):** Thank you all for those remarks, which are useful to set the context. Before we start, I will say that my thoughts and, I am sure, those of the Committee members are very much with all those who have been impacted by the mother-and-baby homes inquiry. There were unregulated adoptions, which have an impact across the course of a life and trans-generationally.

Lynda, you indicated the need to support birth parents. Maggie, you remarked on the benefits to be had from enabling placement orders to be done more swiftly. Are there sufficient safeguards in the system to allow birth parents to engage with the process on a fair basis and with equality of arms? Do you fear that the process could be seen as rushed or as not providing ample opportunity for birth parents to engage?

**Ms McSorley:** The process that we are about to embark on of placement orders rather than freeing was rolled out in England, Wales and Scotland many years ago. The advantage is that it does not potentially pit the birth parents against the people whom they see as the adopters. It helps them to move into a system where the process is not dragged out to that extent and not combative.

Over the past 20 years, we have developed a system in which pre- and post-adoption contact has become much more of a norm and an established thing that is seen as being in the interests of children, much more so than it is in England and Wales. There is no reason why that would change with the new process. Birth parents are able to engage through the services that should be provided to them by their trusts and voluntary agencies throughout the process and through their own legal advice. Nothing in the processes elsewhere in the UK indicates that they are disenfranchised from the process by a move away from freeing; in fact, freeing is an extremely difficult process for birth parents, because they spend so much time in court and in that combative mode. In supporting birth parents, we often find that that is the biggest challenge following the removal of their children.

**The Chairperson (Mr Gildernew):** Thank you. If Committee members know whom they wish to direct a question to, they should do that. If not, one panel member can pick up the question and give a substantive answer. Then, if anyone wants to contribute additional information, they should indicate that.

I would like each of you to answer this second question: how do you see the Bill helping your organisation as an adoption agency?

**Ms Browne:** It is perfect timing for us, because we became a registered adoption agency just in July. Our plan is to bring adoption forward through our fostering service. Anyone who is familiar with fostering knows that, for children who are placed for fostering, it can often become a long-term arrangement. Through the adoption process and the legislation that is about to come in, we seek a system in which children can move seamlessly from fostering into adoption, if we have foster carers who are willing to commit to the child in the long term. The Bill will allow for that smooth transition, which we welcome.

Adoption is becoming more modern. Maggie talked about how adoption has been operating for many years in other parts of the UK. The Bill is us catching up in being able to operate a more seamless arrangement for children. Ultimately, it is about children: providing the best outcomes for them and limiting moves. Children in the care system in Northern Ireland move far too often. One move is one too many. When we can provide a seamless move from fostering into adoption, where we get willing people who can step forward, the legislation will provide for that. Contact orders will also be part of what makes it work. Children in foster care already receive high levels of contact. That contact will remain post adoption, and, although it may be reduced, we welcome that, at least, because children need that connection with birth parents. We support that wholeheartedly.

It is modern. Adoption now is not the adoption that you referred to in relation to the mother-and-baby homes. Part of what we need to put across to the public is that adoption is changing. We are eager to move it on on behalf of children.

**Ms McSorley:** The Bill will help. As Helen said, the focus will be on the children and on moving them through the process much more seamlessly, so that they do not experience multiple moves. The Bill also places a large focus on post-adoption support. Post-adoption support will be critical. If the process takes less time, that will mean that post-adoption support services can be put in place at a much earlier stage. That will support families and save breakdowns from happening down the line and children returning to the care system, which is obviously the last thing that anybody wants.

As I said, we do a lot of work with adopted adults and birth families. Like Adoption Routes, we hold a lot of historical records. We hope that the Bill will acknowledge those people's needs for services, support and access to information in a more definitive way than is currently the case. The needs of adopted adults and birth family members are not addressed in any way in the current legislation, as it is so out of date. We are hopeful that the Bill will rectify that to a large extent.

**Ms Roxanne Small (Family Routes):** I will expand on post-adoption support and the provision for that in the Bill. I represent TESSA, which is therapeutic, education and support services for families who have adopted. We work with families from the moment that an adoption order is approved. Our service has been shown to be invaluable to the strength and stability of placements made throughout Northern Ireland. TESSA is funded through charity funds. We are glad to see that that provision is now included in what post-adoption support will look like. It should not be there for a crisis moment of opportunity; it should be ingrained throughout the adoption process and for adopters.

Children who are placed for adoption carry high levels of trauma. It is imperative that we establish with adoptive parents that they will need therapeutic parenting support and that their child may need therapeutic input along the line and that that need is not a reflection of their love or commitment to the child or the placement but simply because of the burden of developmental trauma that many children carry through adoption.

We welcome that the Bill will roll out a nationwide approach to post-adoptive support. At the minute, the approach is varied and the services that you are entitled to on a statutory footing depend on your postcode. It should not be that way. Whether you get the support that you need to make your adoption placement work should not depend on where you live. The reality is that there are placement breakdowns and children going back into the care system. That typically happens in their teenage years: having experienced everything that they experienced up until the point of adoption and everything that they experienced throughout the journey with their adopters, they go back into the care system. We are letting down our adoptive placements by not having that approach, so we really welcome that.

We also want to impress on you how important it is that a voluntary organisation is involved in that. For many adopters, the thought of going back to the statutory service — to their social worker — and saying that they are struggling is far too heavily loaded with shame, blame and guilt. They tend to wait until crisis point; they wait until it is unsafe to keep the child in the house. A voluntary organisation such as ours does not carry those expectations. We ensure that parents know that their need to approach us is not a reflection on them but simply on the fact that it is a hard parenting role. We want to ensure that it is seen that there is a place for the voluntary service in that we are independent and stand aside from the trusts and are not connected to them, whilst working in collaboration with them. For parents, we can be a safe place and a beacon that they can come to when things are not working out with their adoption placement as they had planned.

**The Chairperson (Mr Gildernew):** Thank you. I have a final question. There have been several mentions of England, Scotland and Wales. We have heard about the benefit of kinship fostering and adoptions. As someone who represents a border constituency, I am conscious that, in our part of the world, people often live, marry or have parents and grandparents on either side of the border and all of that. I want your views on whether the legislation would have a positive or negative impact on exploring and developing supports for families across the island of Ireland.

**Ms McSorley:** As I understand it, the legislation will apply only to Northern Ireland. The adoption legislation in the Republic of Ireland is an entirely different matter and is many decades behind even the legislation that we enacted in 1987. It is difficult to see how changes to our adoption legislation will have an impact on people who live in another jurisdiction. Obviously, children are placed with relatives across the border, if they have birth family there. The Bill would need to seriously consider how it would work if those families wished to proceed to adoption, because, essentially, it is an entirely different jurisdiction. It is easier for children to move from Scotland to Northern Ireland, from Northern Ireland to Wales or from Wales to England than for children to move and be legally adopted across the border, because of the difference in the legislation. Unless there is some engagement between the Executive here and the Government there, it is hard to see how the Bill would make a difference legally in that sense.

**Ms Wilson:** It has an impact on post-adoption support. We place children from Scotland, Wales and England. We often access the adoption fund that is bespoke to each child and travels with that child. If we wish to access statutory support for that child, where there is a need for additional therapeutic

input or additional education of some sort, that is not available in our statutory context. For example, if we place a child in Banbridge, we cannot look to the Southern Health and Social Care Trust; we have to go back to the local authority in England, Scotland or Wales to access the necessary support for that child. It is a broader issue.

**Ms Browne:** You have asked a complex question. Broader consideration of the jurisdictions would have to be taken. As a slight aside, I am aware of many children who are placed in the South of Ireland either with relatives or in bespoke looked-after arrangements. When you move to adoption and the legal ramifications of that, it is often about where the child lives. It could be that the adoption services in the South of Ireland would have to pick up that application for adoption and run with it through the South of Ireland system.

**The Chairperson (Mr Gildernew):** OK. Thank you. There is definitely complexity. There appears to be an issue there. If we are truly putting the child's interests at the centre of everything, we need to address those jurisdictional difficulties and to remove the barriers that may prevent a child from being moved or adopted here and mean that they have to move to Wales, for example. There may be better opportunities for adoption two miles down the road or even on the same road, never mind two miles down it. If children can be managed across the islands, I would hope that we can look at managing the child effectively here on the island, where it is in their best interests. That may be subsequent or additional to the Bill, but I thank you for your answers. I will go to members now. I will go first to the Deputy Chairperson, Pam Cameron, then Deborah, Colin and Paula.

**Mrs Cameron:** Thank you, Chair, and thanks to the panel and to each of your organisations for your detailed and constructive evidence. It is clear from the submissions that each of your groups has significant experience and expertise in the area and, most of all, has the best interests of adopted children and those who are in care at heart. Thank you for that.

I will direct my questions to Helen from Barnardo's. You have noted the leaving care services that Barnardo's administers as part of the cross-cutting approach between trusts and the Supporting People programme. How significant is the proposal to extend that support up to the age of 25 for operational activity? Specifically, how much additional resource is estimated to be required?

**Ms Browne:** Thank you, Pam. I do not work directly with or have within my remit the leaving and aftercare services. However, I can say that one of our concerns about the leaving and aftercare provision is that, because it brings in all aspects of a child or young adult's welfare — in particular, education and housing — it is not just a health and social care matter. The Assembly needs to take a joined-up approach to how it provides those services for care-experienced adults up to the age of 25. We are certainly totally behind putting the Going the Extra Mile scheme, which is what is in place at the moment, on a legal footing. In the first instance, it allows young adults to remain with their foster carers up to the age of 21 and provides the financial support for that, and then it looks towards where those young adults will move to and supports them through to the age of 21.

Traditionally, in my experience of being in fostering services for many years, sometimes, young people's connections end when they leave care, and they are cut adrift. A huge concern for us is the isolation felt by young adults as they try to make their way in communities. Often, they present themselves again, maybe when they have had children of their own and come through the system again. What we need to do is prop up those young adults by giving them all the support and help that we can.

Maybe it is also worth mentioning that we have done research with Queen's University Belfast on relational permanence and in Barnardo's on how important it is to maintain relationships. Maintaining those relationships well into adulthood has massive benefits for young people. That is a holistic approach to keeping young adults safe and well. Today, we have had statistics on the mental health crisis in Northern Ireland, particularly among young people. That is no different for care leavers, who have experienced trauma in their lives. They are a group of people who need all the support that we can give them.

**Mrs Cameron:** Thank you for that, Helen. What functions do the independent reviewer officers in England perform in the context of a child's support plans? Where would they fit with regard to the Bill?

**Ms Browne:** Part of the draft legislation has already been implemented, in that we have been working to good practice. We have an independent reviewing mechanism already in place in Barnardo's because our colleagues in England, Scotland and Wales already have that in place. I am the agency

decision maker for our service, but we have an independent panel that sits and we have an independent reviewing officer. It is really about allowing for scrutiny of systems, and that will be the same for adoption once that is in place. I do not currently work in adoption and can speak only for fostering, but having independent reviewing mechanisms in place is essential for the quality assurance that we all need to assure ourselves of for a good standard of care provision across fostering and adoption.

**Mrs Cameron:** Great, thank you. On the definition of harm, have you received any indication from the Department about why the current provision does not mirror what is contained in the Domestic Abuse and Civil Proceedings Act and whether it intends to address that?

**Ms Browne:** I have not received that, and I will follow that up. I suppose, our concern was that you do not have to see or hear domestic violence to be impacted by it, so, in our suggestion, we felt that it was already in and just needs to come into this Bill. It is really about broadening that term. If anything is amiss there, we can certainly follow that up outside the Committee.

**Mrs Cameron:** That is great. Thank you.

Finally from me, Helen, you have highlighted the need for clear guidance to bodies involved in the adoption and care process. What form should that take? Should that be mandated as part of the Bill?

**Ms Browne:** Sorry. When you say "bodies", I am not sure. I probably should be a bit more over which answer that was.

**Mrs Cameron:** You are OK. You highlighted the need for clear guidance to bodies involved in the adoption and care process. What form do you think it should take, and should that be mandated as part of the Bill?

**Ms Browne:** Anything that allows for bodies to be represented and to have a strong voice is welcome. They are well represented today by two of my colleagues who have years of experience. If we can bring the third sector in to discussions and to being part of forming and implementing the Bill, there will be better outcomes for children, because we seek to be the independent voice for trusts in many ways. Yes: the answer is, if that can be mandated for, absolutely.

**Mrs Cameron:** Thank you so much.

**Mrs Erskine:** Thanks to the panel for your comments today so far. I am interested in your views regarding support for families and children. You have spoken a bit about that this morning. As Helen said, we see in the news today the prevalence of mental health issues in people of younger ages coming to the fore. It has always been there, unfortunately, but that makes it no less shocking when you hear the statistics this morning. Obviously, it is vital that we have the right support in place during what can be a traumatic time in a young person's life.

Maybe Roxanne or Lynda from Family Routes can answer my questions. Have you raised with the Department the particular issue of what is perceived as poor access to child and adolescent mental health services (CAMHS) and what is maybe felt on the ground as poor access to CAMHS for adopted children and children in care? Are those barriers leading to late intervention among children with trauma needs? Are there any good examples of wrap-around services for families post adoption? How do we ensure that the provisions of the Bill in that regard do not sustain a postcode lottery in relation to that?

Maggie, you may want to take my last question. How would you respond to people who might say that, for care leavers and adopted children under the age of 18, gaining access to information on their birth families could have an adverse impact on their development and well-being?

**Ms Wilson:** Roxanne will talk in a bit more detail about the post-adoption support. I re-emphasise what we said at the beginning: post-adoption support should be part of an adoption plan from the very beginning. In England, they have what is called an "adoption fund" that travels with the child, which means that, right from the beginning, there is access to funds. The independent reviewer will have oversight of ensuring that, when that child sets off on their adoption journey, they will, hopefully, have everything that they need, and those needs will change.

Helen talked about the fact that adoption now is not the adoption that we knew years ago. Not only is it open adoption with contact, but, as young people get into their teens, with the world opening up through remote access, they are looking to have contact with birth parents and birth relatives. It is a completely different set of challenges. As you said, there are also issues of identity and mental health. We have to move with those changing needs. Certainly, we see that group — the 14-year-olds and upwards — come back into the system, and the system is not always ready for them or does not have the resources for them. It is about adoption being ahead of those trends. We are concerned about the lack of bespoke services for the post-14 age group. Roxanne may talk a bit more about that.

**Ms Small:** Deborah, thank you so much for your great questions. To answer your questions about why families struggle to access services from their statutory service and whether the statutory services know: yes, they know. It is a widely reported issue, and it comes down to resource and availability. It is that golden nugget issue again. Moreover, there is no standardised procedure for what post-adoption support looks like. It very much comes down to the teams involved. In the Belfast Trust, you may have access to play therapy for your child, but, in the Western Trust, you will not have access to any such services. It depends on the area. Each trust makes its own decisions on what it holds as a selection of supports.

The trusts are aware of the reasons why parents do not reach out. Last Friday, I attended a meeting of the heads of adoption and fostering services in the five trusts. The value of having an independent organisation for post-adoption support was reiterated throughout the group, particularly for parents who are struggling with their mental health and the demands of parenting a child who has experienced developmental trauma, because it is exhausting. Without the resilience and therapeutic input, it is difficult for a family not just to survive adoption but to thrive within it. We talked about how we can help to make some of those things more accessible, and I hope that, through the Bill, post-adoption support will have a more standardised format so that people will have a selection of supports available regardless of their location and where they are in the system.

In TESSA, we support families. First, we support parents, because we are aware that, if a child struggles at home, the adoptive parent will get the brunt of that problem and hold it. We offer counselling, therapeutic parenting supports and contact supports on narrative and stories to families that help parents to feel that they can be the best therapeutic parent for their child. Most of the time, after that sort of intervention, parents will come back to us and say, "Actually, my child does not need therapy at this stage in their life: it was us. We did not have the capacity to read their behaviour and to understand what they were communicating. They were trying to tell us that they had unmet needs in our parenting journey". It is about ensuring that families have access to that service or a service that is not just for when things get bad but is offered on the understanding that it will be a tough parenting role. Taking those services is not a reflection on someone or a case of them having waited until things got so bad that they needed help; it is to ensure that they do not get to that point. It is so important to take that time for yourself and to have a counselling space to talk about your expectations and hopes of adoption.

As Lynda mentioned, adoption has changed considerably over time, and children who are placed for adoption now have typically experienced profound trauma. They definitely will have experienced attachment ruptures from their birth family. It is important that we let adoptive parents know that it is not about them but about what happened to their child and that we make sure that the therapeutic support is there to enhance family life for everybody throughout the system.

**The Chairperson (Mr Gildernew):** OK. Thank you. Deborah, was that everything?

**Mrs Erskine:** Sorry, Chair. There was another question for Maggie about care leavers under the age of 18.

**Ms McSorley:** Yes, it was about sharing information. We place a lot of children for adoption and provide post-adoption support to families. One of their main issues is a lack of information about their children's early lives and their children's lack of understanding about why they were in care, why they were moved in care, how they ended up being adopted and why their birth families were not able to look after them.

We have a life story project that we have run for eight years and is funded by the National Lottery, and we work exclusively with adopted, fostered, in-care and post-care young people. They experienced those things in their lives, so they know what happened but not why it happened, how it was allowed to happen or what happened to change that situation. Obviously, there is an issue of visiting new



trauma on children, but those children lived through those experiences, were separated from their siblings and were removed from their parents. If we meet a young person aged 19, who has been in care for their whole life and does not know why, that is much more of an issue for that young person than having an explanation and being able to create for themselves a chronological narrative of their family and to understand the issues in their birth family that caused them to come into care. Obviously, it is not that people deliberately hoped that their children would have those experiences, but those things happen in birth parents' families. By helping those young people, you give them a much better chance of, first, not repeating that narrative and, secondly, being able to understand their story and have a sense of their identity and where they came from. It is done in a way that is as supportive as possible. In the life story project, we engage with the parent or carer of the young person as well, so that they also get to understand the story of the child who is in and will remain in their care.

Young people say, "Tell me now. Do not wait until I am 19. Tell me in a way that I can understand, but tell me something. The more you do not tell me, the more I worry about what it is that I did that caused me to be taken into care". It is critical for those children and for post-adoption support for their families that they are given that information in a way that they can understand, that that develops over time and that they do not suddenly go into a social services office at the age of 18 and read 17 files of terrible information about their lives.

**Mrs Erskine:** Thank you very much.

**Mr McGrath:** I thank the panel for its update. I really welcome the progression of the Bill. It is such an important update to a set of guidelines and laws that have been around for so long without being amended. We have real difficulties in swiftly progressing adoptions in the current system, so it is good that we have the Bill. It is fairly comprehensive; there is a lot to it.

Do the panel members have any views on whether any barriers will be removed by the Bill that would be considered to be well outdated? From anecdotal experience, I know that a constituent's weight was considered to be a reason why she could not progress an adoption. The bottom line is that that really would not have been an issue. It was a case of social services saying that there was a rule that they could not work around. Are there other bits and pieces of rules that could be tidied up in the Bill to make the progression of adoptions a bit swifter and easier?

Do any of the panel members have any views on overseas adoption? Do they see ways in which the Bill could go further to make those a bit easier and more seamless so that they can happen more swiftly?

**Ms McSorley:** The assessment of people who want to adopt is a holistic process. Health is very much an issue because of the circumstances in which we live and the life that we lead. People tend to have sedentary lifestyles. None of us likes hopping on the scales first thing in the morning and seeing what they tell us. We, as adoption agencies, have to bear it in mind that adoption is a service for children who have already lost and will lose at least two sets of parents. They have already lost their birth parents, and they will likely lose at least one set of foster carers. We need to be as sure as possible that the people with whom they are placed will be there to see them through to adulthood. Health is very much an issue. We and the trusts do not have an absolute rule in terms of how tall you have to be, how much you have to weigh or how healthy your lifestyle has to be, but there is a medical intervention early on. Each agency has a medical adviser, and we take their advice on whether there is an issue that needs to be addressed. Obesity, for example, is an issue that, generally speaking, can be addressed. It is different if you have somebody who has a long-term or permanent disability about which they can do nothing.

I understand that people get upset and irate. Nobody likes having attention drawn to the fact that they are maybe a couple of sizes bigger than they would want to be. It is an issue that comes up. I understand from your client's point of view that it is very much an issue. Their perception was, "Well, you turned us down because we are too big". That is likely to have been a factor. The legislation will probably not change that. We are looking for people who can parent traumatised children for the rest of their childhood and deal with all the issues that that will bring. We do not in any way expect parents to be perfect. No parent is perfect, and no families are perfect. None of us have been brilliant parents. None of our parents were perfect either. However, if there are identifiable issues that need to be addressed, we will have to continue to raise them, even though, obviously, for the adults involved, it can sometimes be difficult. I do not know whether that answers your question.

**Mr McGrath:** I appreciate that it is a really difficult and sensitive issue. There seems to be incompatibility with the constant message about looking for adoptive parents, and then there is some sort of judgement that people go through and, as you said, it is decided that they are too tall, too small, too wide or too whatever. At the end of the day, parents come in all shapes and sizes.

**Ms McSorley:** Absolutely.

**Mr McGrath:** Therefore, there might be an expectation that adoptive parents come in all shapes and sizes. It is the care that is provided that is the crucial and important element.

**Ms McSorley:** That is the crucial element, as well as the care being provided for as long as possible. You will know from practising in the past how much things have changed in terms of who can adopt, age ranges, denomination background factors, sexuality and gender. None of those things matter any more; it is really about what someone can offer the children. That is the key thing. We have come a long way from the 1987 legislation's understanding of what adopters are and should be to the current situation. The new legislation certainly recognises that. That is welcome. It will save a lot of difficulty for different sorts of people, for want of a better description, coming forward and being welcomed by adoption agencies to be assessed.

**Ms Small:** Further to what Maggie said, it is important, given the work that I am involved in, that, when we look at potential adopters, we look at their emotional capacity to parent as opposed to their physical attributes. I get that that is important — I hear Maggie's reasons for that, and I think that it has its place — but I work with adoptive parents who carry their own trauma from childhood or are going into the adoption placement carrying their infertility journey with them. They have gone down the route of adoption because they have been unable to naturally conceive a child. Some of that is unfinished business. They carry forward a hope and an expectation that the child will be the one whom they could not naturally conceive and will fill the gap in their home, because they want to be a family. They place such high expectations on that child and on the placement, and they carry those feelings of loss and grief.

Family Routes offers a fertility counselling service, which is counselling for people who are on a fertility journey, whether that is during, throughout or after. Things like that are more important when we look at adoption placements. Is the person ready to parent? What are they holding from their history that may be a trigger? As Maggie indicated, the children come with trauma. Their behaviours and challenges are infinite compared with children who have not experienced some of those things. When I work with the parents whom we work with, I see time and time again that those parents could have done with some therapeutic input or counselling around their own parenting stuff and their childhood experiences before we ask them to parent children who have high levels of need.

On your question about overseas adoptions, Colin, TESSA has dealt with a considerable number of families who have adopted through inter-country adoption placements from Thailand, Vietnam and all those places. When families bring those children to Northern Ireland, there is no support for them afterwards. Parents will phone me and say, "The post-adoption social worker in my area has said that I am not their responsibility because they did not place the child in my area". Their only option is to come to a service like ours, because they are at the bottom of the order of importance for the provision of post-adoption support. Trusts will support families where they make the placements, and those will be with families in the area. If you are an inter-country adoption placement, unless there is a crisis, you are unlikely to get access to any services.

**Mr McGrath:** That is interesting; thank you for that. I will maybe follow up with you afterwards to see whether there are ways to change that.

**Ms Bradshaw:** Thank you to the panel for coming to the Committee today. I have three questions this morning. The first is for the TESSA representatives, and it is about how the Bill could be strengthened. You talked about the wrap-around support for parents in the family unit. Could the Bill be strengthened in relation to other parts of the public services, such as education and youth services, or churches, sports groups or community groups? It is one thing to have a sense of settlement in a new family unit, but it is another thing to be accepted in the local community and the education community too. Is there any way that the Bill could be strengthened to make the transition into full-time adoption and placement easier for the child?

**Ms Small:** Yes, absolutely, Paula. We are becoming more aware as a society that people, in general, will carry their stories with them and it impacts on how they behave and how they are on their outward

journey. You mentioned sports clubs, drama clubs and church clubs — the services that all children should have access to — but adopted children struggle to access them because of how that behaviour comes out. Children who have experienced early trauma generally do not have the verbal capacity to put words to it, so it comes out in behaviour.

When we talk with our families and with the educational supports that we put in place, we try to convey the message that behaviour is communication: what is it that the child is trying to communicate? We want to raise awareness of the impact of trauma and what that looks like on the child, instead of branding those children as "bad children" or "naughty children" or saying, "That child is a nightmare. They are not coming back to this group". Actually, those children need that group, probably more than most other children, because the routine and the opportunity for peer interactions and socialisation is so vital to the development that was missed in the early stages.

We should try to engender an awareness and understanding of the needs of children who have experienced trauma. It is not just about children who have been adopted; it is about children who stay in their placements and have had a trauma in early childhood, perhaps because they have had an illness or have experienced parental disability. It is not specific to adopted children. When we provide our education training to schools, it is based on how to best support the needs of an adopted child in the classroom. It is done with one child in mind, who will be an adopted child. At least 60% of the teachers who do that training will come to the project afterwards and say, "I can think of six, seven, eight, nine or 10 children in my classroom who display such behaviours and will benefit from that training and understanding". We want to put the child at the forefront of everything in any service that interacts with those children to recognise that we should look not at the behaviour or the challenges but at what the child is trying to communicate to you. It will all come back to attachment and trauma. We know that, so we want to make that a mainstreamed supportive level.

We would like to see the likes of our education support programme implemented at teacher training level, way beyond even schools. We want to take it right down to the core because being trauma-informed will only benefit the lives of all children throughout Northern Ireland, particularly those who are care-experienced and trauma-experienced and have been adopted. Everybody will benefit from a trauma-informed classroom or youth centre and a youth leader who speaks the language and who gets it.

**Ms Bradshaw:** That is helpful. Thank you. I have two quick questions directed towards Barnardo's, but I am happy for other people to jump in.

I am looking at a possible amendment to the Bill around the removal of the defence of reasonable chastisement. You will know that equal protection from assaults is now in place in Wales and Scotland, and it effectively removes the defence that you can smack a child as opposed to introducing a new offence. Do you feel that it would be appropriate for the Committee or me as an individual to seek to bring about that legislative change at this opportunity?

**Ms Browne:** Yes, absolutely. A no smacking policy has been in place for ever, I think, so that just brings the policy into line. That would fit well with our expectations around fostering. Adoption is a slightly different ball game because, once a child is adopted, the adopters have legal responsibility and fall into place with how any parent behaves towards their child. It has become a less palatable form of chastisement in the home, and we would support any change to the law that would prevent parents from smacking or hitting their child, largely because a smack cannot be measured. There is no way to determine when that would move into abuse, so we would have to say no to smacking.

**Ms Bradshaw:** Just to be clear, my question related to any parent, regardless of whether they are adoptive parents or natural born parents — I am not sure of the proper terminology. When we are talking about adoption and children, it is an opportunity for us to bring ourselves into line with other parts of the UK. I think that Ireland is in the process of doing that, so I will continue to pursue that matter.

Helen, I want to come back to the post-adoption service helpline that Barnardo's introduced when the mother-and-baby homes report came out. I congratulate you on the speed with which you set up that extended service. Is there any way of analysing the feedback from those adult adoptees? People probably have an understanding now of what it is like to go through the adoption process, but I am talking about the emotional impact on adults who were adopted 20 or 30 years ago. Are you analysing the information that you pick up on your helpline?

**Ms Browne:** We will look at evaluating that. I have no data to hand on that, but, if that has been gathered to date, we can get that through to you. The See, Hear, Respond service to which you referred has been very successful and has been needed during the pandemic. We are proud of it in Barnardo's, and it is being rolled out in Northern Ireland and across GB.

**Ms Flynn:** This issue is raised in the Barnardo's submission, and I want to ask this question of each member of the panel. We are conscious of the scale of the Bill, and it will be difficult logistically and financially to implement all the changes at once. The Barnardo's submission states that it is keen to understand how the Department intends to prioritise the changes in the legislation. What are your views on that? Have your local organisations given any thought to it? Everything in the Bill is important, but how would you advise the Department to prioritise the contents of the Bill?

**Ms Browne:** Post-adoption support has to be top of the list because, as we said, the headlines today are that incidences of mental health issues among young people are soaring in this country. If there were to be a priority, it has to be organising ourselves to provide the post-adoption support and the funding that goes with it. Lynda referred to how funding is attached to the child post adoption: that funding could be accessed for each individual child. We are totally behind that as one of the key priorities.

Implementation is hugely important. We recognise that there is a lot in the Bill. It is important to have a timetable and a programme laid out that includes the third sector. The people on this call would be most welcome because we have a wealth of experience that we can bring to bear on how the Bill is implemented. We would really welcome a plan for how that can be laid out in a staged way, ideally with timescales. I hope that that answers your question.

**Ms Wilson:** I will go next on that. This is the key question because, underneath the policy and legislation development, there is a gap because services are managing hand to mouth at the moment. They have been evaluated as being highly effective, but, in the gap, while we await implementation, some of the services could go. Post-adoption support would be top of my list. At the moment, we are managing totally on lottery funds. They are coming to an end at the beginning of next year, and we are going out to fundraising. That should not be the case. A service that is an integral part of new legislation should not be at that level of risk, with the voluntary sector having to look for charitable funds. There is work like that and Next Step, which Maggie shares with us as a project. Procurement for that has been delayed for months. The contract runs only to December, so there is a gap in which we will be worse off before we start.

Over the past 10 years, the Department and the Executive have invested significant time, attention and money in outcomes-based accountability and effectiveness. I would like to see the implementation of this legislation subjected to that in a rigorous and real way. At the end of the day, what will be the outcomes for children? How will the implementation take the spirit and body of the law to make sure that that happens? We need effectiveness and outcomes-based accountability, and, in the meantime, services should not be thrown out while we get the plans in place.

**Ms McSorley:** On priorities, I reiterate what Helen said about post-adoption support. That will be critical, and it will be expensive. It is very much a priority in addition to moving the process from freeing to placement orders so that children can be moved much more quickly through the system, where a proper decision has been made that they should be adopted. From the standpoint of an adoption agency, the Bill needs to focus on those two priorities and how they will help children more quickly to get into adopted families that will persist throughout their childhood.

**Ms Flynn:** Thank you very much.

**The Chairperson (Mr Gildernew):** That seems to be all the questions. I thank the panel for attending the Committee and for their contributions. Your unique and focused perspective has been useful for the Committee. I thank you all and wish you the very best.