



House of Commons

House of Lords

Joint Committee on Human
Rights

The Violation of Family Life: Adoption of Children of Unmarried Women 1949–1976: Government Response to the Committee’s Third Report

**Fifth Special Report of Session 2022–
23**

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Joint Committee on Human Rights

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Fifth Special Report

The Joint Committee on Human Rights published its Third Report of Session 2022–23, [The Violation of Family Life: Adoption of Children of Unmarried Women 1949–1976](#) (HC 270 / HL Paper 43) on 15 July 2022. The Government response was received on 21 February 2023 and is appended below.

Appendix: Government Response

Introduction

The Government thanks the Joint Committee on Human Rights for its investigation into the adoption of children of unmarried women from 1949 to 1976. We thank the Committee for putting these historic adoption practices on the record, as well as highlighting the impact these practices had on those who experienced them. We are grateful that the Committee has taken this action to shine a light on the terrible injustice that thousands of birth parents and children have suffered. The Committee has given parents and their children the opportunity to have their voices, and experiences, heard.

The Government agrees with the Committee's findings that the treatment during this period of many unmarried parents, especially women, was wrong and should not have happened. The adoption practices of this time caused suffering to many women and their children, and had a profound impact on the family lives of all those involved. These practices have had a detrimental effect on the lives of not only the women and their children, but also on fathers, siblings, extended family members and their adoptive families too. We are sorry to all those affected by historic adoption practices. We are sorry on behalf of society for what happened.

Many unmarried women were not given a choice to keep their babies and did not have the support to do so. Society's attitudes to unmarried mothers at this time led to unmarried mothers feeling shame and a need to keep their experiences secret: many are still feeling the impact of this today. This shame was then compounded by the pain of giving away their baby. We are sorry that unmarried women had to endure this shame and secrecy.

We are sorry for the treatment that unmarried mothers received in mother and baby homes and hospitals. The accounts of women being made to feel that they were being punished for their pregnancy in mother and baby homes are appalling, as are the accounts of mothers being mistreated during labour and childbirth, facing verbal abuse or being denied pain relief. Similarly, it is truly harrowing to hear the accounts of cruel treatment from staff members and other women after they had given birth. We are sorry that they were mistreated at a vulnerable time, and for the life-long suffering of those affected.

The children of unmarried mothers adopted during this period have also provided accounts of the challenges they have faced coming to terms with their past. Adopted people stated that they felt they had gaps in their personal history and had been stripped of their identity. The impact on those who discovered that they had been given different names at birth has been severe. The secrecy and hidden nature of adoptions in the past has been destructive. The accounts of these children going to adoptive homes in which they

were subjected to abuse by their adoptive parents are truly awful and will have a life-long legacy for those who suffered that mistreatment. We deeply regret that so many suffered as a result of these practices.

These adoption practices were wrong. We recognise the pain and distress that occurred as a result and are profoundly sorry that so many people have suffered due to these practices. We acknowledge the life-long impact that this has had on so many.

Successive Governments have made significant improvements to the legislative framework which secure that the practices of the past will not now occur. The current legislative framework makes it clear that, where possible, children should remain with birth parents or the wider family unit, and our independent judiciary scrutinise its implementation. Single parents are now supported, making it easier for families to stay together. Health services work to protect vulnerable women and babies.

The Government has also put in place regulations that provide support to those affected by historical adoption practices. Intermediary services provide access to adoption records where possible, seek to establish contact with family members, and offer information for counselling services.

The Government thanks the Committee for its recommendations. We have carefully considered each recommendation and this document sets out our response.

Recommendations and government response

1. There is a shortage of counsellors able to provide post-adoption support and the existing process for Ofsted regulation is one barrier to counsellors working in this area. *The Government should consider as a matter of urgency how to make sure that the necessary regulations to protect standards do not prevent mothers and adult adoptees getting the support they need.* (Paragraph 93)

We accept this recommendation. Adoption support services provide a range of services, including counselling, to adopted children and adults, and birth relatives. Counsellors must register with Ofsted if they provide adoption-related services to people requiring counselling for adoption-related issues.

This was put in place to protect the quality of these services and secure safeguarding arrangements. The registration requirement should prevent unsuitable or ill-qualified people from providing adoption support services. It is important that any changes do not have a detrimental impact on the quality or safety of these services.

DfE acknowledge that the process required for Ofsted registration may prevent counsellors from registering to provide these services. This can reduce the number of service providers available to provide the support that mothers and adopted adults need.

We are currently consulting publicly on removing the requirement of providers of these services to adults to register with Ofsted. During consultation we will listen carefully to any concerns which may be raised about protections for users.

2. There are huge disparities in the timeliness of the responses of local authorities to requests for access to adoption records, to which adopted people have had a right since

1976, leading to unnecessary stress and frustration for those individuals who have decided to seek out family members. *The Government should monitor and publish compliance by local authorities with adherence to the guidance that sets down deadlines for responses to requests for adoption records.* (Paragraph 96)

We agree with the Committee's evidence that there are disparities in the timeliness of responses of local authorities to requests to access to adoption records. Adopted people have rightly had the right to request access to their records since 1976. We are sorry that those seeking their adoption records are facing stress and frustration.

The regulations state that where an intermediary agency has limited capacity to deal with applications for adoption records and intermediary services, they must give priority to applications in respect of adoptions which took place before 12 November 1975¹. There are no specified timescales for response.

Regional Adoption Agency (RAA) leaders have already taken part in a workshop on these issues and will be working together further with a view to improving systems. The University of East Anglia, in partnership with RAA leaders, has also recently set up a project 'Improving Adoption Services for Adults: a time for change' to identify and propose solutions to barriers to tracing and support services which adopted adults and their birth relatives' encounter. We will also write to both Regional Adoption Agencies and local authorities to remind them that it is their legal duty to respond to requests for access to adoption records and that they should do so in a timely manner. We will suggest that they review their services to achieve this within six months.

3. Birth and adoption certificates contain different names, with no connection made between the two. *The Government should explore ways of ensuring a transparent link for those adopted people who wish it between both certificates, so that it is clear that they relate to the same person.* (Paragraph 99)

We recognise that birth and adoption certificates containing different names, with no connection between them, can be distressing for adopted adults.

We propose that we should explore whether feasible options exist to achieve the link suggested, within the framework of legislation on these issues.

4. *A system should be established so that a parent can pass on medical information that could be relevant to their child. This system would need to comply with data protection and privacy laws given that it would be dealing with sensitive personal data relating to health. However, this would facilitate adopted children being put in the same position as other children, whose parents can more readily chose to share sensitive relevant medical information with them.* (Paragraph 103)

We agree with the Committee that this issue is a concern to adopted children, particularly when attending medical appointments, and can be distressing and painful.

It may be difficult to establish a system for passing on up to date medical information to adopted people where they are not in contact, as the medical conditions of their family members may change over time.

¹ Stated in s.5(2) of [The Adoption Information and Intermediary Services \(Pre-Commencement Adoptions\) Regulations 2005](#)

There is a service that birth relatives can use to pass on medical information relating to hereditary conditions, with no contact established between them and the adopted person, through NHS England’s hereditary medical conditions service². This service enables birth relatives to pass on medical information on hereditary medical conditions with no contact between the adopted person and their family members.

The hereditary medical conditions service facilitates information being passed on in circumstances where there is a stated medical or health need. Contact can only be made between the birth relative’s and adopted person’s general practitioner or other doctors. The hereditary medical conditions service can be contacted for medical information relating to adopted people.

The statutory guidance³ on adoption and practice guidance⁴ on adoption and intermediary services both make direct references to the ability of intermediary services to pass on such information where both parties consent.

Adopted people are able to register absolute or qualified vetoes for contact by birth relatives. Absolute vetoes prevent an intermediary service from making an approach to establish contact with birth relatives. Qualified vetoes prevent contact except under specific circumstances. In the statutory guidance, one of the circumstances suggested is where a birth relative discloses information about hereditary medical conditions, or medical history. The statutory guidance⁵ also makes clear that medical information may be passed to an adopted adult with an absolute veto in place in exceptional circumstances.

We will discuss the current methods of parents and relatives passing on medical information with intermediary services to ensure that this issue is being explored.

5. The restrictions during the covid-19 pandemic highlighted the barriers faced by people wishing to visit, often to support, members of their family. The Government should put in place rules and processes that allow adopted people to identify themselves as a relative for the purposes of foreign travel and that mirror the requirements for foreign travel and visas that apply to other family members. *The Government should encourage other States to adopt a similar approach in their own visa rules.* (Paragraph 105)

We agree with this recommendation in principle. We are sorry that adopted people were prevented from being able to visit their birth relatives during the covid-19 pandemic due to travel restrictions put in place at short notice.

This has not been raised with us as a general concern, and our view is that with the general passing of travel restrictions linked to the pandemic, it is now a less pressing issue, both for people wishing to travel to the UK and for those wishing to travel to other countries. However, we will keep this issue under review and are grateful that it has been brought to the government’s attention. We would also welcome further comments on this issue.

6. There is a wide range in quality of service by those employed, often at the expense of the individual, to trace relatives. While many were excellent, some were not, and some

2 [Hereditary medical conditions service, NHS England](#)

3 Statutory guidance on adoption, [Chapter 10](#).

4 [Adoption: Access to information and intermediary services practice guidance](#), part 1, paragraph 84

5 [Statutory guidance on adoption](#), Chapter 10, paragraph 53.

people were frustrated at the inefficacy of the complaints system for intermediaries. *The Government should re-visit the complaint systems for intermediaries, and ensure that those systems are easily accessible and sufficiently promoted.* (Paragraph 107)

We agree that it is vital that intermediary services provide a quality service. Intermediary services provide services to birth relatives and adopted people seeking contact with each other, or to provide them with access to their records. They are required to be registered with Ofsted to provide these services. It is disappointing to hear that the evidence put to the Committee suggested a wide range in quality of provision and that some people were frustrated with the complaints systems.

Ofsted are responsible for inspecting intermediary services. At their most recent Ofsted inspection 69% (9 out of 13) of those providing intermediary services were graded as ‘Outstanding’. All other intermediaries were graded as ‘Good’. None was graded ‘Inadequate’.

The inspection criteria that Ofsted use when assessing intermediary services include requirements for their complaint procedures, and assessment of how complaints have been processed since the previous inspection⁶. To be rated as ‘Good’ or above, the intermediary agency’s complaints procedure must meet or exceed Ofsted’s criteria. The scheduling of inspections of intermediary services takes into account any complaints that have been received about the service⁷.

The Adoption Support Agencies (England) and Adoption Agencies (Miscellaneous Amendments) Regulations 2005⁸ include a range of requirements about complaints procedures. The Adoption national minimum standards⁹ also have clear requirements for complaints procedures. National minimum standards should be met at Ofsted inspections, or an intermediary service will be given recommendations to meet them within a set time. The majority of intermediary service websites do have information about their complaints procedures included in their statement of purpose. However, given the evidence provided by this report, we will write to those providing intermediary services to encourage them to ensure that they are sufficiently promoting their complaints procedures to people using their service and assure us that they are complying with the required procedures.

7. There is currently a missed opportunity for intermediaries to facilitate future contact between family members, without compromising on the importance of the rights of family members who do not wish to be contacted. *The Government should reassess the rules for the way in which intermediaries operate, with a view to enabling them to offer advice to family members who do not wish to be contacted on the routes and support available to them should their views change in the future.* (Paragraph 108)

We recognise that intermediary services have the potential to provide support to family members who do not wish to be contacted and to give advice on how to receive this support if they change their mind. This is underpinned by the current regulations and guidance.

6 Evaluation Criteria, [Social care common inspection framework: adoption support agencies](#); [Social care common inspection framework: voluntary adoption agencies](#)

7 Scheduling, [Social care common inspection framework: adoption support agencies](#)

8 [The Adoption Support Agencies \(England\) and Adoption Agencies \(Miscellaneous Amendments\) Regulations 2005](#)

9 [Adoption: national minimum standards \(July 2014\)](#)

The statutory guidance on adoption states that intermediaries should provide adopted people with full information about the effect of registering a veto and explore their reasons for registering a veto. Intermediaries should make it clear that vetoes can be amended or withdrawn at any time once registered and should explain the process for this. Where possible, intermediaries should make an appointment with the adopted person when they make an inquiry about a veto to discuss the implications¹⁰. They should also consider suggesting or providing counselling for decisions regarding vetoes, both before they are put in place and if they are amended or withdrawn¹¹.

Adopted adults and birth family members may also register a request for no contact on the Adoption Contact Register held by the Registrar General¹². This too can be amended at any time that the family member chooses.

The evidence from the Committee's report suggests that improvements could be made to the implementation of these processes. We will look at these and write to intermediary services to ensure that they are providing advice to family members on the support available to them should they change their mind about contact.

8. One of the most enduring and painful questions for mothers without contact with their child is whether or not they are still alive. *The Government should explore the options for alerting mothers (who wish to be so notified) to the death of a child that has been adopted.* (Paragraph 110)

We are deeply sympathetic to birth parents who do not have contact with their adopted child, and who are unsure whether or not they are still alive. We are sorry that they are being caused pain and distress by this uncertainty.

Intermediary services were previously able to advise people who have been seeking to make contact with a family member on how to check if their family member is still alive. This route could confirm if the adopted person has died. The intermediary, on behalf of the person searching for their family member, could use the NHS registry. This would confirm that the health records have been located and if the person has died. If a record of their death is found the service could advise how to get a copy of the Civil Death Registration. Unfortunately, this service was suspended during Covid-19 and is still going through a review. NHS England's website will advise if this service resumes¹³.

We have considered the possibility of setting up a new alert system for birth parents who wish to be notified of the death of a child that has been adopted. At this time, we have found no way of establishing such a system to share information, as the record-keeping practices of adoption from this time mean that no one person or organisation has the information needed to set up a structured system. This could therefore mean the establishment of a new records system. This would inevitably be costly at both local and national level, and risks leading to further delays elsewhere in the service.

10 [Adoption: Access to information and intermediary services practice guidance](#), Part 1, paragraph 85.

11 [Statutory guidance on adoption](#), Chapter 10, paragraphs 51 and 52

12 [Adoption: Access to information and intermediary services practice guidance](#), Part 1, paragraph 81, and part 4, paragraph 4.

13 [Death registration enquiries, NHS England](#)

9. *An apology by the Government and an official recognition that what happened to these mothers was dreadful and wrong, backed up by the other actions recommended in this Report, would go some way to mitigate the pain and suffering of to those affected.* (Paragraph 125)

10. *There are some things that only a government can do, and it falls on the Government to make this apology.* (Paragraph 126)

The Government agrees with the Committee that the treatment of women and their children in adoption practices during this period was wrong and should not have happened. Whilst we do not think it is appropriate for a formal Government apology to be given, since the state did not actively support these practices, we do wish to say we are sorry of behalf of society to all those affected.

We agree that many women were not given the choice to keep their babies. These women did not give up their babies voluntarily and were effectively coerced into agreeing to adoption. No mother should have been forced to give up their child. These practices were wrong, and we are sorry to all those that experienced this terrible injustice.

We are sorry that unmarried women had to face shame and secrecy, both for having a child and then for having their child adopted. We recognise that unmarried women were punished for being pregnant by those who should have helped them. We are sorry for the mistreatment that unmarried mothers received in mother and baby homes and hospitals. We are sorry to all those that suffered as a result of these practices. We acknowledge the life-long impact that this has had on so many. We offer the deepest sympathy to all those affected.

At the time that these practices took place, society's attitudes were very different towards unmarried mothers. Today, the same stigma does not attach to unmarried parents. As is noted in the report, however, during this time period illegitimate pregnancy was considered 'deviant behaviour', that defied societal expectations. These societal attitudes were present in the mistreatment of unmarried mothers throughout their pregnancy, and after they had given birth. The evidence provided by women who endured this treatment displays how people in positions that should have helped them instead tried to punish them. We are sorry that unmarried mothers were made to face this treatment, and about the life-long effect that this has had upon them.

The adoption practices during the time that this inquiry covers were carried out locally, in a range of different settings, at a time when the state's protections were more limited and guidance and procedures localised.

Adoption practices during this period were largely the responsibility of local authorities, although their direct involvement varied. Adoption societies, who made the adoptions, had to register with local authorities. Local authorities also managed informal adoptions. Many of the mother and baby homes and adoptions were organised by religious organisations such as the Roman Catholic Church, the Church of England, and the Salvation Army. Voluntary organisations also provided adoption services during that time. We have deep regret for the adoption practices which caused such suffering.

There have been significant successive changes to adoption legislation since the time of the inquiry. The Houghton Committee's 1972 report¹⁴ led to significant legislative change regarding consent of each parent or guardian to an adoption order, assessing the suitability of applicants wishing to adopt and putting the child's welfare as the first consideration. Adoption legislation has been reformed with regard to consent from each parent or guardian, acknowledging the importance of keeping children in the family unit wherever possible and putting children at the forefront of decisions. Successive governments have brought in changes in legislation to secure that the experiences endured by mothers and their children in historical adoption practices, and described in this valuable and timely report, will not happen again.

14 The [Report of the Departmental Committee on the Adoption of Children \(Houghton Committee\)](#) is available at The National Archives, Kew.