



The Adoption Barometer

A stocktake of adoption in Northern Ireland

September 2025



NORTHERN IRELAND

 **AdoptionUK**
Together **we're family**

Contents

A note about language	3
Foreword	5
Executive Summary	6
Detailed analysis	10
The early stages	11
Established adoptive families	17
Teenagers and young adults	37
Adult adoptees	47
Appendix	59



A note about language

The language used to describe the people and processes involved in adoption is constantly under scrutiny. There is a valuable, ongoing conversation around the need to ensure that the language we use is empowering and reflects the views of those with lived experience of adoption.

As the *Adoption Barometer* aims to evaluate existing government policy and assess how effectively it is being put into practice, where necessary, we will use the terms that appear in government documentation in order to ensure clarity for the reader. However, we recognise that some of these terms may be considered outdated or inapt and that there are differences of view between individuals and groups.

The following terms will be used in the report:

Adopted person / adopted child / adult adoptee: we know from consulting with adopted people that there are differing views on the appropriate terminology. In the report we will use both adopted person/child and adult adoptee to reflect the breadth of views that have been shared with us.

Adoptee-competent: a professional (e.g. counsellor or therapist) with extensive training and expertise in the impact of adoption on the adoptee (including adoption and relinquishment trauma) and who may also have lived experience as an adoptee.

Birth family, birth relative: this term is most frequently used in government policy to describe the biological relatives of those who are adopted. We know from consulting with adoptees and adoptive families that a variety of terms may be preferred, including 'first family', 'natural family', 'biological family' and others. In this report, 'birth family' and 'birth relatives' are used for clarity.

Care experienced: a child or young person who is looked after, or has previously been looked after, whether they have returned to family, left care as a result of a legal permanence order (including adoption) or left care as a 'care leaver'.

Child leaving the family home prematurely: sometimes referred to as 'disruption', 'family breakdown' or 'adoption breakdown', this phrase aims to describe the situation that occurs when a child leaves their adoptive or permanent home prematurely, including those who then become looked after under any legal order.

Contact: formal or informal arrangements made for adopted and previously looked after children to communicate, meet, or spend time with members of their birth family. The report also uses the phrase 'establishing and maintaining relationships with birth relatives' as a broader description.

Early permanence: an umbrella term to describe pathways (including concurrency and fostering for adoption) designed to minimise the number of moves through the care system that a child will experience before permanence.

Looked after child: a child or young person who is currently in the care of the local authority.

Previously looked after child: a child or young person who has left local authority care as a result of adoption or other legal permanence order.

Data and respondents' comments

At the time of completing the survey, all respondents gave permission for free comments to be quoted in this report, in full or in part. All comments included in *The Adoption Barometer: Northern Ireland* are from respondents who were living in Northern Ireland at the time of completing the survey, except for comments from adopted 16-25-year-olds which may originate from any UK nation.

Where statistical data is included, this data is usually from Northern Ireland respondents only, except for data relating to survey responses from 16-25-year-old adoptees, which are all UK-wide.

Where low numbers of respondents in particular categories result in unreliable statistical data, or where the national context is unlikely to be a significant factor on outcomes (e.g. in individuals' assessments of the personal outcomes of accessing therapeutic services), UK-wide figures are sometimes included to provide a more statistically valid analysis. Where data is not based wholly on respondents from Northern Ireland, it is described as 'UK-wide'.

Foreword



Adoption touches every part of a person's life. Our identity, relationships, health, and how we make sense of who we are. As both a clinical psychologist and an adopted person, I've had many opportunities to reflect on how adoption has shaped me. One of the clearest examples came in recent years, when I faced significant barriers accessing medical testing for a condition I inherited from my birth family. This year's *Adoption Barometer* reflects what many of us know first-hand: adoptees across Northern Ireland and the UK continue to experience delays in diagnosis, inadequate risk assessment, and fragmented support due to missing or incomplete biological health histories.

This is not a marginal concern. Nearly one in three adoptees in Northern Ireland reported a delay in diagnosis or treatment due to missing family medical information. Yet too often, health systems treat a lack of information as a lack of risk, when in fact it should prompt additional vigilance. To improve outcomes, all healthcare professionals across primary, secondary and specialist care need training to understand the additional risks that adopted individuals may carry. Adoption status, where consent is given, should be flagged on medical records as part of good clinical practice, enabling more proactive and informed care.

Mental health services face similar challenges. Most adoptees surveyed do not believe that services adequately understand their needs. In clinical settings, even skilled practitioners can struggle to recognise the enduring emotional and psychological effects of adoption. However, this gap can be addressed. With training and input from those with lived experience, professionals can become more adoption-competent, therefore better equipped to support identity development, relational dynamics and the impacts of early trauma. It's encouraging to see the difference that adoption-competent professionals make. Respondents who accessed adoptee-aware support reported significantly better therapeutic outcomes across every domain, from improved wellbeing and relationships to better understanding of themselves and their identities. This isn't just about individual practitioners. It points to a need for national standards, endorsed by regulatory bodies, and integrated into professional training and CPD frameworks.

While this year's findings highlight areas in urgent need of improvement, they also point towards hope. By working in partnership with Adoption UK and adult adoptees, health professionals and government bodies have an opportunity to reshape services, not only to better support adopted adults now, but to strengthen the systems around children being adopted today. Many adoptive parents are raising children without all of the support, advice, or trauma-informed services they need. The result is a growing risk of family breakdown that is often preventable. Improving support for adopted adults is not separate from helping today's children. It is part of the same long-term solution. If we want adopted children to grow into thriving adults, we must start by listening to those who already have. That includes valuing the insights of adult adoptees in shaping therapeutic training and policy development, so that adoption-informed practice is not the exception, but the standard.

Identity, health and equality are closely intertwined. Ensuring that adoptees have access to relevant, timely, and competent services is not just good practice, it is a matter of equality and human rights. I hope this year's *Adoption Barometer* continues to act as both a benchmark and a catalyst for meaningful, collaborative change across Northern Ireland and throughout the rest of the UK.

Dr Chris Tennyson

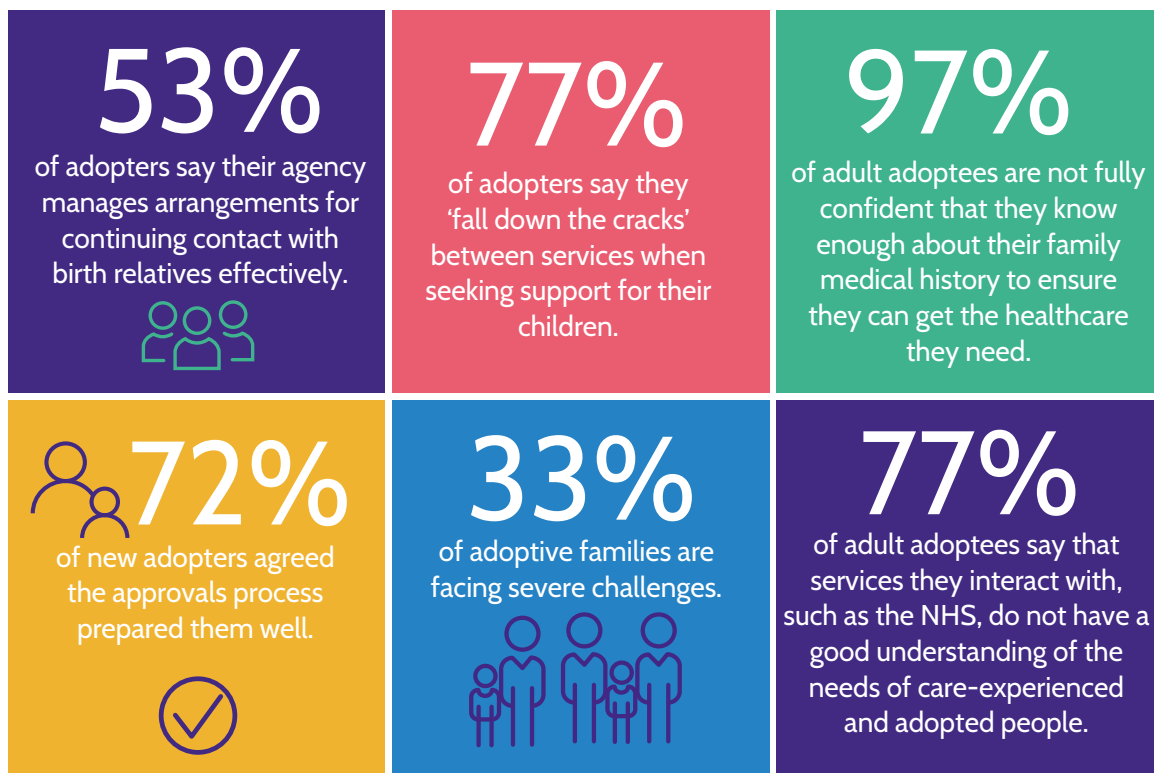
Executive Summary

The *Adoption Barometer* is Adoption UK's annual stocktake of the impact of policy and practice in adoption and related issues on the lives of adoptees and adoptive families. Now in its seventh year, this report is based on the results of a nationwide survey open to adoptees aged 16 and over, adoptive parents of children aged 0-25 and prospective adopters, mainly focusing on respondents' experiences during 2024. This report highlights the experiences of respondents living in Northern Ireland.

Sadly, last year was a year of severe challenges for many in Northern Ireland. More adoptive families reported being in crisis than in the previous year and fewer than ever said they felt optimistic about their family's future. While core adoption support (such as training, advice and community groups) is having a positive impact for most of those able to access it, adoptive families in Northern Ireland with the highest support needs remain less likely to be offered therapeutic support than anywhere else in the UK.

Adult adoptees continue to face serious barriers to accessing appropriate support when seeking records, during tracing and reunion and accessing mental health care. Only 46% said they had all the information they needed about their adoption and early life. There was some cautious optimism about recent changes to policy and practice, such as the introduction of *Access to Birth Records and Adoption Agency Case Records for Adults Impacted by Adoption* guidance in 2023 but it remains to be seen whether any improvements can be more widely evidenced and sustained.

Summary of findings for Northern Ireland



The early stages

Most respondents were positive about their training and approvals process, with 82% agreeing that their training was effective and 93% agreeing that their social worker was supportive. However, 68% said that there were times when the process seemed so difficult they wondered if they could continue, more than in any previous *Adoption Barometer*.

More than four in ten respondents who welcomed a child into their family during 2024 did so under early permanence (EP) arrangements. EP can be beneficial for children through reducing instability and changes of placement during care proceedings. Unfortunately, only half of respondents pursuing that route said they would recommend EP to others, and the same proportion said they did not feel well supported as EP adopters. Many reported very lengthy timescales and poor communications which contributed to how challenging the process was perceived to be.

“Although I wouldn’t change my path, I would be wary of sending others on, particularly if they had already journeyed the trauma of infertility beforehand. Not only is early permanence stressful in itself, this is exacerbated by poor communication, insufficient professional support for carers, and a disregard for the carer’s voice.”

After the adoption order, two thirds of respondents had received their child/children’s life journey materials by the end of 2024 and all considered them ‘good’ or ‘adequate’.

Established families

One third of established families reported facing severe challenges or being at crisis point during 2024, and fewer than ever (74%) said they were optimistic about their family’s future. More adopters had accessed training or support groups in 2024 (56%) than in previous years and three quarters said this had a positive impact on their family, but most (65%) were accessing this core support from organisations other than Health & Social Care Trusts who are actively supporting post adoption needs.

“As parents, we access the peer support groups run by Adoption UK Northern Ireland and these are our main source of support.”

Where families were experiencing severe difficulties or at crisis point at the time of asking for support, 58% were offered only core services or signposting rather than targeted, enhanced therapeutic support. Respondents reported poor outcomes of accessing enhanced adoption support, with only 35% reporting a positive outcome for their family.

Reported rates of indirect contact are lower in Northern Ireland than elsewhere in the UK, linked to higher rates of direct contact. 31% of respondents said they were maintaining at least one direct contact relationship during 2024, with 30% of all children having informal direct contact with siblings. Adopters are open to establishing direct contact and respondents reported a wide range of both positive and negative experiences of maintaining direct and indirect contact, but only 56% said they felt well supported by their agency to manage continuing contact.

Almost three quarters of parents agree that their adopted child needs more support in education than their peers, but only 42% agree that their child’s teachers have a good understanding of the needs of adopted learners, and just 29% were aware that their child’s school had received any training on this. Failures to adequately train and resource schools to meet the needs of adopted children is resulting in education issues becoming the most common reason why parents contact adoption support services for help and advice.

Teenagers and young adults

There were no adoptive parent respondents in Northern Ireland who felt that statutory services (such as education, health, mental health) have a good understanding of the needs of adopted teenagers and young adults, and only 7% felt confident that suitable, appropriate support for this age group was available from adoption support services.

Adoptive parents in Northern Ireland reported that 49% of their 16-25-year-olds had accessed or attempted to access NHS mental health services during 2024, and 64% had accessed or attempted to access mental health support from other sources. UK-wide, 55% of adopted young people had ever accessed CAMHS for mental health support, but the majority did not consider the support they received there to be effective.

Adopted young people reported largely negative experiences of secondary school, with 63% (UK-wide) considering their time there to have been negative overall. Most who were able to access post-16 education said that it was better than school, but 29% (UK-wide) still said it was negative overall.

In Northern Ireland, 42% of parents reported that their 13-18-year-old child had informal direct contact with birth relatives during 2024 – more than any other UK nation. However, only 30% of parents said they felt well prepared for the possibility of unplanned or unsolicited informal contact during the teen years, and 80% of those whose children were engaged in such contact did not agree that it had been a positive experience on the whole.

Adult adoptees

Respondents reported slightly higher levels of confidence around accessing records in 2024 (61%) compared to previous years, and compared to other nations, and 66% of those who had accessed their records said they felt well supported through the process. Lack of knowledge about birth family medical history is a serious concern, with 31% reporting delays in diagnosis or treatment related to this, sometimes leading to years of ill health.

Confidence in services available for tracing and reunion is higher among respondents in Northern Ireland than in other UK nations, although this can vary from year to year due to a relatively low number of respondents. 62% agreed that there is suitable support for adoptees wishing to trace birth relatives but the majority had searched without support from professionals, and 23% had been contacted out of the blue by a birth relative.

“Not easy and no help available. I only found my mother because when I received my birth certificate, my best friend recognised her details. It turns out my best friend and I are related through marriage.”

Respondents reported high levels of health and mental health issues compared to the general population, and all had accessed counselling, therapy or similar support at some time in their lives, 69% within the past year. Self-reported outcomes for those accessing professional mental health support from a practitioner they identified as ‘adoptee-competent’ were considerably better than for those who did not consider the practitioner adoptee-competent, emphasising the urgent need for better access to adoptee-competent mental health support for all adoptees.

Summary of recommendations:

- Robust support plans that are regularly reviewed, particularly at moments of major change, such as the move between primary and secondary school and the transition to adulthood.
- Training for health and education professionals from the start of their careers to equip them to understand and meet the needs of the adoptees they will be expected to support.
- Ring-fenced, permanent funding for well-evidenced therapeutic support for adoptees of all ages, combined with opportunities for adoptees to connect with each other for mutual support.
- Reliable support for adult adoptees to access personal adoption records, connect with birth families, and get the health treatment they need, even if the family medical history is unknown.

Detailed analysis





The early stages

The early stages include adopter preparation and training, the matching process, the moving-in period and applying for the adoption order. These processes are crucial to ensuring that children who cannot live with their birth families and are being placed for adoption can be cared for by adoptive parents who are well prepared, well supported and able to meet the children's needs.

What does 'good' look like?

- The approvals and matching process is clear and fair and prepares adopters well to meet the needs of the children they will be parenting.
- Social workers and prospective adopters work closely together in a proactive search for a match.
- Adopters receive comprehensive information about their child before placement and are clear about how their child and the whole family will be supported once they are placed.
- Introductions are well planned and supported.
- High-quality life story materials are provided during the early months of placement.
- Arrangements for ongoing birth family contact focus on the needs of the child and include a commitment to provide support to all involved.
- Every family receives a programme of core support designed for the first year as a family.

Assessment of current national policies	Score			
	England	Northern Ireland	Scotland	Wales
There are nationally agreed timescales for each stage of the adoption approvals process	GOOD	POOR	FAIR	GOOD
There are nationally agreed standards for the training and preparation of adopters	FAIR	FAIR	FAIR	GOOD
There is tailored preparation and support for early permanence adopters	GOOD	FAIR	FAIR	GOOD
There are national standards determining the quality and delivery of life story materials	FAIR	POOR	POOR	GOOD
Every child receives a multi-disciplinary assessment of support needs before placement, shared with adopters and informing robust support plans	FAIR	POOR	FAIR	GOOD

	Score				
	UK	England	Northern Ireland	Scotland	Wales
Assessment of lived experience					
My approvals process ran smoothly and with no delays	38% ➡	41% ⬆	45%* ⬆	31%* ⬇	16% ⬇
My social worker understood and supported me during the approvals process	86% ➡	85% ➡	93% ⬆	84% ⬇	93% ⬆
I feel that everything possible was done to find the right match for me and my adopted child	82% ➡	81% ➡	92%* ➡	91%* ⬆	78%* ➡
I feel as though I was given all the information I needed about my child before they moved in	72% ➡	69% ➡	66%* ⬇	68%* ➡	85%* ➡
The approvals process prepared me well for becoming an adoptive parent	73% ➡	71% ➡	72%* ➡	77%* ⬆	85%* ⬆
Our introductions were handled well and ran smoothly	74% ➡	69% ⬇	100%* ⬆	85%* ⬆	82%* ➡
I have a written adoption support plan in place	28% ⬇	28% ⬇	33%* ⬆	23%* ⬇	29%* ⬇
I received life story materials by or soon after the adoption order	64% ⬆	64% ➡	33%* ⬆	46%* ⬇	86%* ⬆

* – Fewer than 30 respondents were eligible to answer the relevant question(s)



Training, preparation and matching

Northern Ireland has much higher rates of early permanence than elsewhere in the UK. These arrangements, which see potential adopters take on a dual role as foster carers and prospective adopters, are designed to reduce the number of moves through the care system experienced by children. Until care proceedings are completed and placement and adoption orders are granted, prospective adopters must be aware of the possibility that a child they are caring for may not, in the end, be placed for adoption at all.

One third of early stages respondents in 2024 reported that they were interested in or pursuing an early permanence route to adoption, although 90% were also considering or pursuing straightforward adoption. Among those who welcomed a child or children into their home during 2024, 44% came through early permanence, suggesting that while prospective adopters may not always have early permanence as their preferred option from the start, some will come to that option later in the process.

The higher use of early permanence means that the early stages of becoming an adoptive family can be experienced differently by respondents from Northern Ireland compared to the rest of the UK. The process can be challenging and, in 2024, 68% said that there were times it seemed so difficult, they wondered if they could continue – the highest ever reported in seven years of the *Adoption Barometer*.

Prospective adopters largely agreed that their training was informative and useful (88%) and that their social worker supported them well through the process (84%) but many reported very lengthy timescales, which were undoubtedly a factor in how challenging some found these stages. 45% said that their process from the initial meeting with a representative of the adoption agency to reaching approvals panel took longer than 18 months and 55% felt that there were avoidable delays in the process.

“Social workers never stuck to deadlines or previously agreed appointments.”

“We feel it would be beneficial to let people know how long the process approximately takes.”

“Due to short staffing, our pathway to adoption panel approval took quite a while.”

In a standard adoption process, social workers will work with approved adopters to identify children whose characteristics and support needs are well matched to the adopters' own experiences and strengths. Where children are being considered for early permanence, this matching process may sometimes be curtailed, depending on timeframes for the child and availability of dual-approved carers. Nonetheless, of those who had been matched with a child during 2024, 92% agreed that everything possible had been done to find the right match for the child and the adoptive parents/carers.

The early weeks

There were 18 respondents whose child or children had moved into their home during 2024. 44% of these welcomed a child on an early permanence arrangement. However, only 50% of early permanence adopters said they would recommend early permanence to others, much fewer than in England, where 88% of early permanence adopters said they would

82% 
said the training days they attended were informative and useful.

72% 
agreed that the training and preparation they received during the approvals process prepared them well for becoming an adoptive parent.

recommend the route. Early permanence can offer children valuable stability and security while decisions are being made about their future, so it is essential that carers are well supported if they are to feel confident choosing that route.

Although the total number of respondents in Northern Ireland is small, creating volatility in the data, it is clear that there are challenges faced by some who pursue early permanence. Three quarters did say that the realities of early permanence were properly explained to them and they were kept informed about the progress of the child's proceedings, but half said they did not feel well supported and as though their needs were taken seriously. 68% said they received conflicting advice and information from different social care professionals who were working with them.

“Although I wouldn't change my path, I would be wary of sending others on, particularly if they had already journeyed the trauma of infertility beforehand. Not only is early permanence stressful in itself, this is exacerbated by poor communication, insufficient professional support for carers, and a disregard for the carer's voice.”

For some, there were challenges obtaining important information about the children they were caring for. One third of all new adopters (standard route and early permanence) said they did not have all the information they needed before their child came to live with them.

“I have never received any information (medical, social or other) on paper about my child... and I have now lodged the application to adopt.”

Many children living in early permanence placements will continue to have ongoing direct contact with members of their birth family throughout this time. Rates of ongoing direct contact were much higher in early permanence placements in Northern Ireland (87% of children) compared to England, where 25% of new placements were early permanence arrangements in 2024, but only 65% of children in those arrangements maintained ongoing direct contact prior to obtaining an adoption order.

However, only 25% of early permanence adopters in Northern Ireland who had obtained their child's adoption order during 2024 reported that they had agreements for continuing direct contact after the order. This suggests that high levels of direct contact during the time a child is still legally looked after do not necessarily translate into continuing arrangements once the adoption order is obtained. In fact, of those who welcomed a child into their home during 2024, those pursuing standard adoption were more likely to have agreed to arrangements for continuing direct contact than those who followed an early permanence route.

After the adoption order

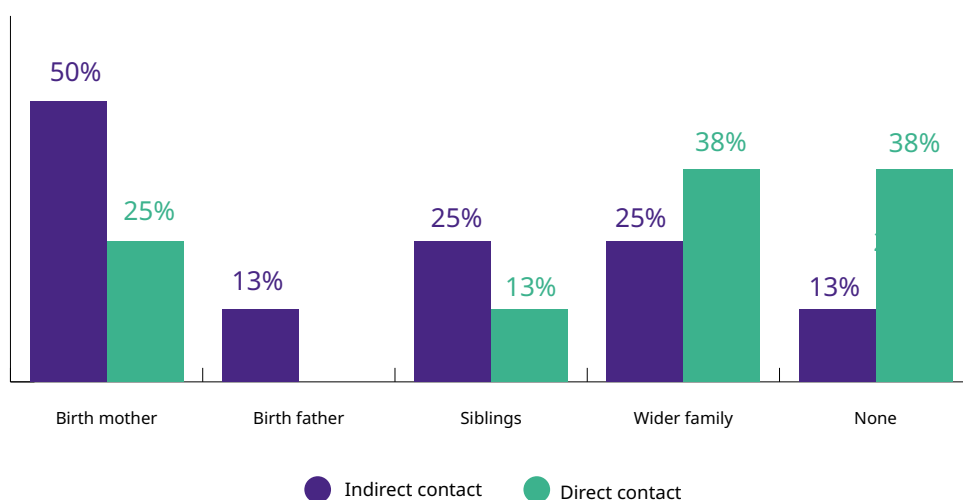
Shortly after a child's adoption order is obtained, the family should receive life story materials. These materials, prepared by social care professionals, should provide children with an age-appropriate story of their lives so far, helping them to explore and understand their history as they grow older.

Among those who welcomed a child in 2024, 33% had received their life story materials by the end of the year. This is higher than in some previous years, but broadly in line with trends across all seven *Adoption Barometer* reports and lower than elsewhere in the UK. All respondents rated their child's life story materials as 'good' or 'adequate'. One third of respondents reported that they had a written plan for post-adoption support by the end of 2024, again, in line with trends across all seven *Adoption Barometer* reports.



Post-adoption order rates of agreement for indirect contact arrangements with birth relatives were higher among respondents in 2024 than in previous years. However, in previous years up to 100% of *Adoption Barometer* respondents in Northern Ireland have followed an early permanence route, compared to 44% in 2024 (this does not necessarily reflect any change in levels of early permanence adoptions nationally but is dependent on the cohort of respondents), which may affect the nature of post-order contact arrangements. Where there are high levels of agreements for ongoing direct contact, it is expected that there would be fewer indirect arrangements in place. In 2024, 62% of respondents reported having direct agreements in place following the adoption order, and 87% reported having indirect agreements in place with various birth relatives.

Figure 1: Respondents with indirect and direct contact agreements in place after the adoption order



Indirect arrangements (usually through an exchange of letters via the adoption agency) were most commonly put in place with children's birth mothers. Direct arrangements (face-to-face visits, messaging, phone calls, etc.) were most commonly in place between children and wider members of their birth family, such as grandparents, aunts and uncles. The figures shown above for arrangements for ongoing contact with siblings living elsewhere includes all respondents whether their children have siblings or not.

When asked whether they would consider beginning or adding to direct contact arrangements in the future, only 13% said they were not engaging in direct contact and were unlikely to consider it, suggesting that a large majority are open to establishing direct contact in principle. One quarter would consider establishing direct contact with their child's wider family members or with their child's siblings (again this includes respondents whose children may not currently have birth siblings).

Overall, the experiences of prospective and early-stage adopters remain relatively strong in Northern Ireland, with largely positive evaluations of both the training and approvals process and the support offered by social workers. However, there are specific challenges facing those pursuing early permanence, particularly around supporting adopters to manage the practical and emotional challenges of the process.

Recommendations

- To help recruit the broadest possible range of prospective adopters and find families more quickly for the children who spend longest in care adoption agencies should improve diversity amongst the social care workforce and on adoption and matching panels.
- To improve the way prospective adopters are prepared for adoption, standardised adoption training should be given, and this should be set out in statutory guidance. This training should be based on the lived experience of adopters and adoptees, and on best practice. This should be in addition to any tailored training specific to the individual needs of the prospective adopter and the needs of the child they will be adopting.
- Pre-placement support planning meetings should include representation from the adoption support team and, where indicated, professionals such as clinical psychologists.
- To help new families build strong networks of support, adoption agencies should ensure new adopters have access to peer support as part of their core offer from the time their child is placed with them. This could include peer mentoring, buddying, community groups.
- Training to be provided for social workers who are supporting early permanence carers, to reflect their dual role as foster carers who are also prospective adopters.



Established adoptive families

Established adoptive families are those with one or more adopted children aged 0-25 whose adoption was finalised before 2024. For these respondents, the *Adoption Barometer* focuses on experiences of accessing adoption support, education, health and mental health, and services related to maintaining or establishing relationships with birth relatives (contact) during 2024.

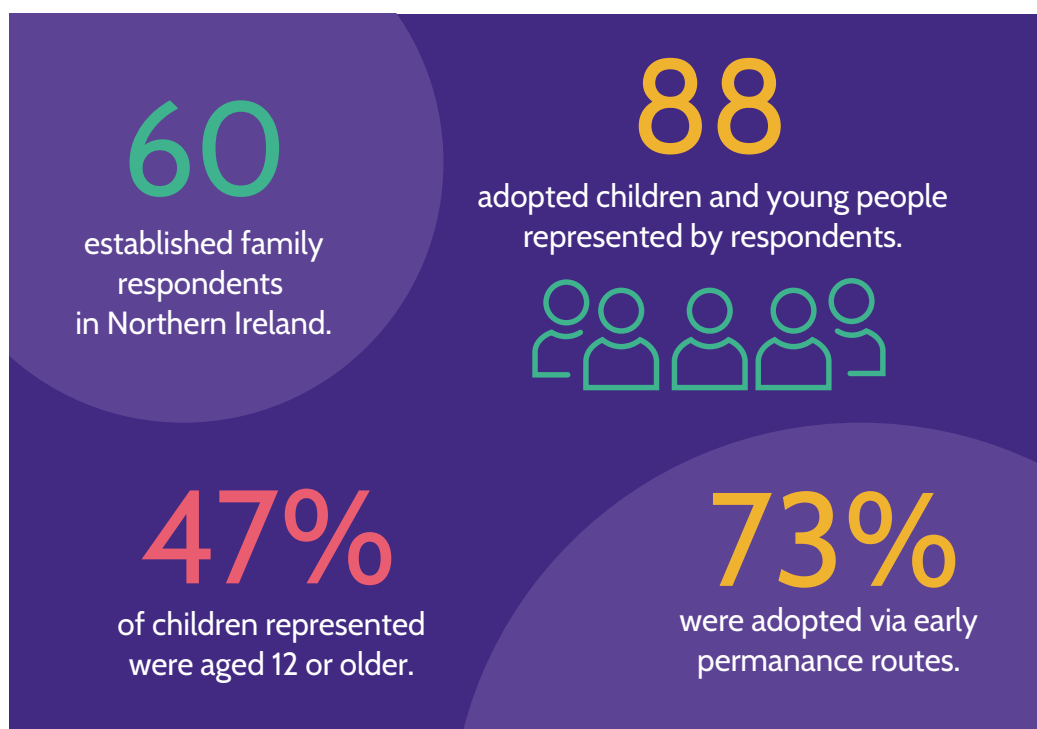
What does 'good' look like?

- Every adoptive family has access to a good range of core support, including support groups, training and online resources.
- All those who need it can easily access high-quality, enhanced support that is free for families.
- Birth family contact is managed effectively, well supported and reviewed regularly.
- Other statutory services, including health and education, have trained staff and sufficient resources to properly support adopted children and their families.

Assessment of current national policies	Score			
	England	Northern Ireland	Scotland	Wales
High-quality therapeutic support services are accessible to all adoptive families via a defined route and paid for through a nationally established ring-fenced fund	GOOD	POOR	POOR	GOOD
There are nationally agreed minimum standards for core adoption support	GOOD	POOR	FAIR	GOOD
There are national standards defining support for birth family contact	FAIR	POOR	POOR	GOOD
Training on the needs of care-experienced and adopted children is included in initial teacher training and education settings are resourced to support their needs through a dedicated funding stream	FAIR	POOR	FAIR	FAIR

Assessment of lived experience	Score				
	UK	England	Northern Ireland	Scotland	Wales
I am satisfied with the quality of the core adoption support I have accessed via my adoption agency	69% →	72% →	60% ↑	64% →	65% ↓
Families with significant or urgent needs are provided with a package of enhanced adoption support	65% →	68% →	42%* ↑	44% →	67% ↑
I am satisfied with the quality of the enhanced adoption support I received via my adoption agency	51% →	52% →	26%* ↓	48% ↓	55% ↓
My agency manages arrangements for direct and indirect contact effectively	46% ↓	46% ↓	53% →	40% →	51% ↓
My child's school works with me to find the best ways to support my child	74% →	74% →	61% ↓	78% →	73% ↓
My child's teachers have a good understanding of the needs of care-experienced and adopted children	51% →	55% →	42% ↓	52% →	51% →

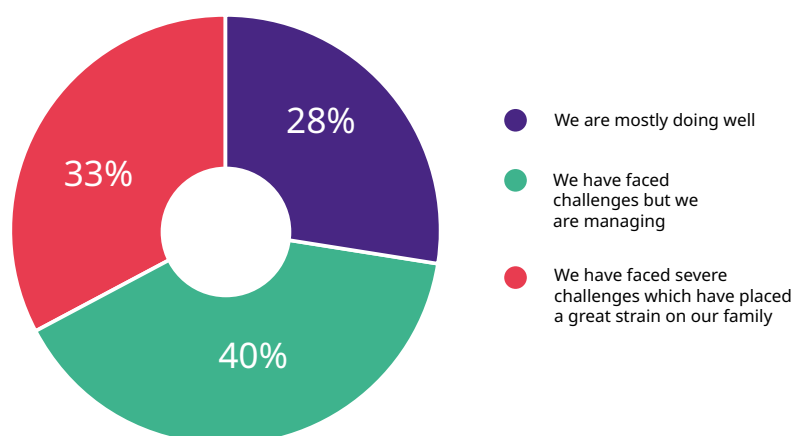
* – Fewer than 30 respondents were eligible to answer the relevant question(s)



Respondents from Northern Ireland have historically been more optimistic in their assessments of their family's situation than elsewhere in the UK, but this year, one third described their family's situation during 2024 as extremely challenging, up from 24% in 2023.

“I feel like it's a constant struggle just to get through a day, not to mind the endless advocacy needed in trying to get them the support they need. It's a very disempowering and isolating journey.”

Figure 2: Status of adoptive families during 2024



Fewer respondents than ever before said they felt optimistic about their family's future (74%) and 81% – the second highest of any *Adoption Barometer* report – agreed that it felt like a continual struggle to get the help and support their children needed. 51% of respondents reported experiencing violent and aggressive behaviour from their child during 2024, up from 47% in 2023, and 28% of children were known or suspected to have harmed themselves, up from 19% in 2023. This trend towards increased challenges and difficulties accessing support is reflected across the UK in 2024.

Adoption support

In view of the challenges facing many adopted children and their families, timely, high-quality adoption support services remain essential to ensuring that adopted children are given the best chance of security, stability and support.

Core adoption support services

The first line of support for many adoptive families will be a 'core' support offer, which may include information and advice, signposting, access to general training about parenting or adoptive parenting, access to support groups for parents and/or adopted children, and webinars or other learning opportunities.

More than half of respondents (56%) reported that they would go to their local adoption agency (Health & Social Care Trust) to seek core adoption support services, but 65% said they would seek core support from another organisation, such as Adoption UK. Only 18% said their adoption agency regularly communicated with them about core adoption support services.



“As parents, we access the peer support groups run by Adoption UK Northern Ireland and these are our main source of support. We also have calls with a post-adoption support worker but these do not involve our child and have a limited impact on the challenges we face at home.”

There is a relatively strong take-up of core adoption support services in Northern Ireland compared to other nations, with 56% of respondents accessing training or support groups during 2024 from a range of organisations. 60% reported that they were satisfied with the quality of support they

received in 2024, which is in line with previous years. However, the proportion reporting a positive impact of core support on their family has been steadily increasing, from 60% in 2022 to 74% in 2024.

This is encouraging because analysis for the *Adoption Barometer 2023* found that those who accessed good quality core adoption support were more likely to seek additional help for specific challenges earlier, before they reached crisis point, resulting in better outcomes from enhanced, targeted support measures. Robust and high-quality core adoption support services not only equip families for the short term but can prevent escalation of difficulties in the longer term which is better for the children involved and may reduce the need for complex, long-term interventions as children grow older.

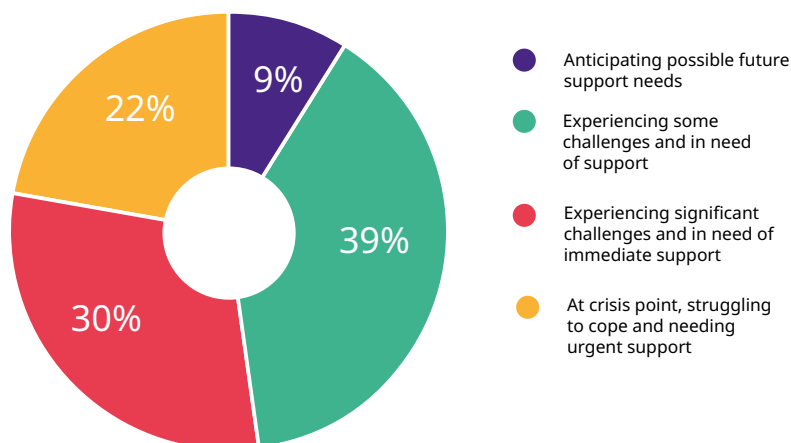
Enhanced adoption support services

When families are experiencing challenges, they may seek tailored 'enhanced' adoption support services. These might include specialist and multi-disciplinary assessments, access to specific therapeutic interventions such as therapeutic life story work, access to specialist training for parents, such as non-violent resistance training (NVR), short breaks (respite) or financial support.

During 2024, 45% of respondents in Northern Ireland had requested adoption support for a specific issue or challenge they were experiencing. Of these, 52% reported that they were experiencing 'significant difficulties' or 'at crisis point' at the time of requesting help, more than in any previous *Adoption Barometer*.

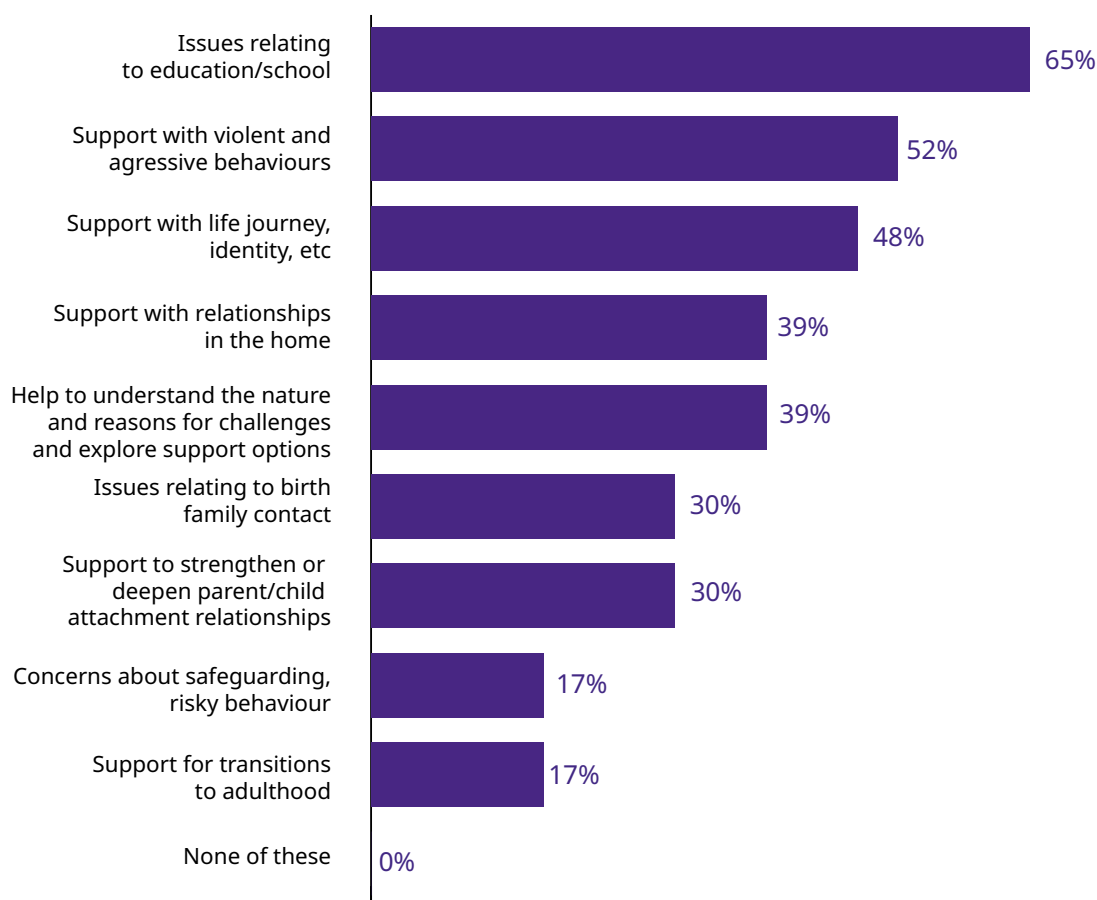
35% 
said that the enhanced adoption support services they received had a positive impact on their family.

Figure 3: Status of adoptive families at the time of asking for adoption support



As with respondents around the UK, the most common reason for contacting adoption support services was for issues relating to education or school, with 65% of respondents citing this. This can pose challenges for adoption support services who may not be equipped or trained to address issues arising in education. Nonetheless, greater collaboration between adoption support services and education is needed. Ensuring that social care professionals have a sound understanding of the education system, the challenges adopted children face and the potential solutions to these challenges is an essential first step.

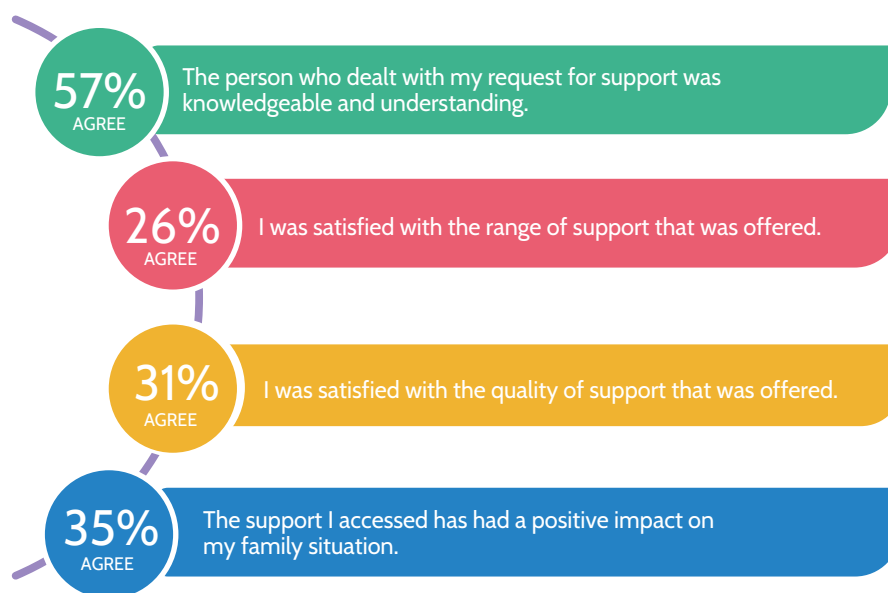
Figure 4: Which, if any, of the following were reasons which prompted you to seek support?



More than half of those who sought adoption support were seeking help related to their child's violent and aggressive behaviour, often arising from the impact of children's early experiences. The link between exposure to complex childhood trauma and difficulties regulating emotions is well established¹ as complex trauma can impact a child's biological, psychological and emotional development. More than half of respondents in Northern Ireland said they had experienced dysregulated aggressive and violent behaviour from their child, so it is essential that adoption support services are equipped to support families in a sensitive and trauma-responsive way.

Unfortunately, among all respondents who had sought enhanced adoption support from their Health & Social Care Trust during 2024, for any reason, assessments of the services they received were quite poor.

1 <https://uktraumacouncil.org/trauma/complex-trauma>



Too few respondents felt that the professionals they were dealing with were knowledgeable and understanding about the challenges they were facing and there were particular concerns about the limited range of support options available to adopted children and their families.

“There is nowhere to access therapeutic life story work in Northern Ireland. The one service there... ran out of money in March 2024 and hasn't been renewed. Social services do not do it at all or sometimes do inadequate life story work. Our little boy has never had this even though we have asked for it multiple times. It is a huge gap.”

“It has been frustrating. We have asked about adoption allowance to allow us to seek therapeutic support outside of what social services are offering. We were told that adoption allowance is agreed at the moment of placement, which was many years before our child began displaying extremely challenging behaviours.”

The most common outcomes for families asking for adoption support in 2024 was for them to be offered only core services such as general training, advice or support groups (35%) or to be signposted to other statutory services (26%). Of those in the greatest need who were experiencing significant difficulties or at crisis point at the time of asking for help, 58% were not offered anything beyond core services or signposting to other services.

“We were passed around from CAMHS to social services... post-adoption social workers do not seem to have access to diagnostic and therapeutic services. They have been no ‘support’ to our family.”

The result is that too many families experience interactions with a carousel of services, especially where they are facing the most significant challenges. Of those families who reported ever experiencing violent or aggressive behaviour from their child, many had not only sought help over the years from adoption support services (64%), but had also been involved with other social work teams including emergency and out-of-hours teams (21%), early help or child in need teams (14%), and child protection teams (11%).

Additionally, 61% had interacted with CAMHS, 46% with a GP or other healthcare professional, and 21% had experienced police involvement related to their child's violent and aggressive behaviour. Despite the frequency with which respondents had asked for help and support, 79% of respondents

facing this situation agreed that they worried that professionals would blame and judge them for what was happening in their family, and only 47% said they felt confident to ask for help.

Unfortunately, statutory services are frequently ill-equipped and resourced to support children and young people with complex needs and histories including early neglect, abuse and trauma and care experience, often co-existing with other conditions including fetal alcohol spectrum disorder (FASD) and neurodivergence. This leads to families being referred from one service to another, leaving 75% of respondents saying that the range of different services they deal with to get support for their child is overwhelming, while 77% agreed that they seemed to ‘fall down the cracks’ between services when seeking support for their children – more than in any other UK nation.

Adoptive families therefore need to be able to rely on robust, well-funded and knowledgeable adoption support services that can offer help to meet the needs of adopted children and young people in a way that standard services often cannot. At present, in Northern Ireland, adoptive families do not have this assurance. Despite the passing of the landmark Adoption & Children Act (Northern Ireland) in 2022, there has been little progress to date on bringing forward much-needed reforms.

“[Support] should be centrally provided to include psychotherapy for the family, psychiatric support, advocacy, access to educational assessments without having to go elsewhere, occupational therapy (specialist sensory OT), and a statutory requirement to provide support at school. It is utterly rejecting and exhausting to be constantly trying to go to so many different providers and to try to convince all of them that developmental trauma is a real and serious disorder that requires serious support.”

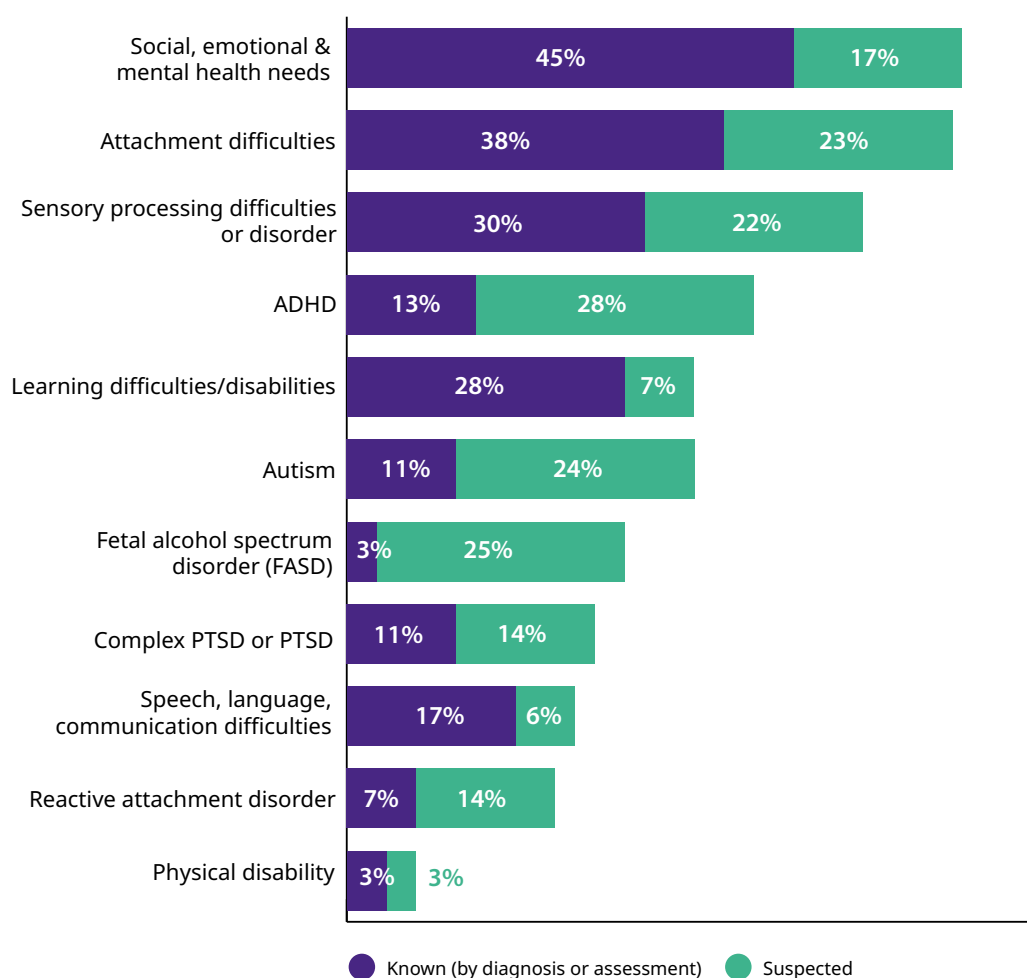
Health and mental health

Whether or not adoptive families seek support from adoption support services, most will interact with other statutory services including health, mental health and disability support services at some point due to their children's needs. 44% of respondents' children had missed school during 2024 because of concerns about their mental health or wellbeing and 21% of children were reported to have harmed themselves or attempted to do so. 29% of respondents reported ever having a child in their home in receipt of Disability Living Allowance.

Rates of commonly occurring conditions reported among the children of respondents are generally higher than would be expected in the general population, and the range of conditions reported suggests that many children have two or more co-occurring diagnoses, further complicating their support needs and expanding the range of services they may need to access.



Figure 5: Rates of commonly occurring conditions, known and suspected, among adopted children of respondents



For example, methodologies for calculating prevalence rates of autism differ from study to study, but the BMA² states that 1 in 100 children have a diagnosis (although this in itself is probably lower than the true number affected due to challenges accessing assessments). Among adopted children represented by *Adoption Barometer* respondents in Northern Ireland, 11% have a diagnosis of autism and a further 24% are suspected to have the condition.

Similarly, FASD, a notoriously under-diagnosed condition, is thought to have a prevalence rate of 3-5% in the UK³. While prevalence rates among respondents from Northern Ireland were in line with these estimates at 3%, a further 25% were suspected to be affected but not yet diagnosed.

FASD is very likely to be more prevalent among care-experienced children (including adopted children) than in the general population⁴. It is probable that the true number of adopted children with FASD in Northern Ireland is much higher than is reported here, but lack of awareness of the condition and poor avenues for assessment and diagnosis mean many are undiagnosed and therefore unsupported.

2 <https://www.bma.org.uk/what-we-do/population-health/improving-the-health-of-specific-groups/autism-spectrum-disorder>

3 <https://www.sign.ac.uk/our-guidelines/children-and-young-people-exposed-prenatally-to-alcohol/>

4 Gregory, G., Reddy, V., & Young, C. (2015). Identifying children who are at risk of FASD in Peterborough: working in a community clinic without access to gold standard diagnosis. *Adoption & Fostering*, 39(3), 225-234. <https://doi.org/10.1177/0308575915594985>

In addition to high rates of conditions such as autism and ADHD, the majority of respondents' children are known or suspected to have social, emotional and mental health needs (SEMH) which are likely connected to the impact of trauma, loss, disrupted attachments (evidenced by assessments of attachment difficulties or diagnoses of reactive attachment disorder in 45% of children) and early instability, often compounded by ongoing challenges around understanding complex life histories and navigating issues of identity and belonging as an adoptee.

It is this intersection of needs arising from trauma and other diagnosed conditions which can create barriers for families seeking support for their children and young people. Only 8% of parents whose children had interacted with healthcare services felt that these professionals had a good understanding of the needs of care-experienced and adopted children and young people. Of those whose children had accessed NHS mental health services for children and adolescents, none agreed that professionals had a good understanding.

While adoption support services in Northern Ireland do need improvement and resourcing and the *Adoption and Children Act 2022* should lead to significant changes when fully implemented, this is only part of the picture. Adoptive families and adopted children and young people need clarity about which services are responsible for providing support so that they do not suffer repeated referrals from one service to another. Additionally, mental health, disability and health services need to increase awareness and understanding of the impact of early trauma and care experience through thorough training for all staff, and through close working relationships with adoption support services so that support and interventions are not siloed in ways that fail to consider the intersection of adoptees' experiences and needs.

Until adoptees reach adulthood, it is adoptive parents who bear the responsibility for supporting their children, seeking specialist help and navigating services. Yet responses to this year's *Adoption Barometer* revealed that some adoptive parents are experiencing health and mental health concerns of their own, which potentially impact on their ability to care for and advocate for their children.

Respondents were asked several questions about their general health, based on the European Health Interview Survey (EHIS). Compared to the most recent EHIS data (from 2019-20) available from the Office for National Statistics, adoptive parents in Northern Ireland reported worse general health than the average population.

Just 53% reported that their general health was 'good' or 'very good' compared to 75% in the EHIS survey, and 42% reported being 'limited' or 'severely limited' in daily activities due to their health, compared to 25% in the EHIS survey. 40% of adoptive parents reported having a long-standing illness or health condition. 11% of those who were currently working reported that they had missed 20 or more days of work during 2024 due to physical or mental ill health.

“Our mental health is affected more than anything else. Yet we need to be on the ball to keep our kids regulated and out of survival mode.”

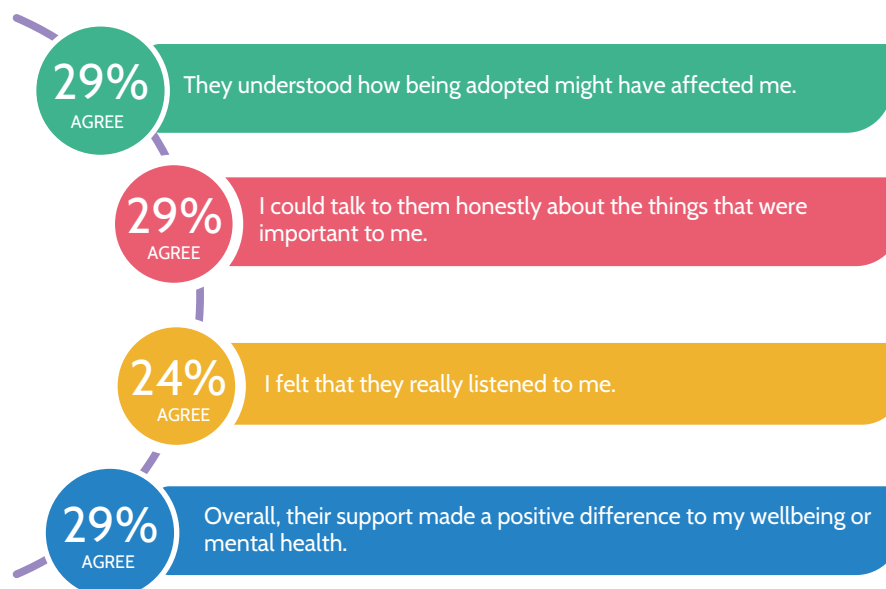
Where children need therapeutic or other specialist support and parents are unable to access this through adoption support or other services, some will turn to private providers for help. However, this is not an option for everybody and is made more difficult where parents have had to give up work and face financial difficulties. The result is too often that children who have the most complex needs are least likely to be able to access support because their parents are unable to fund it themselves due to their caring responsibilities or their own ill health impacting their earning capacity.

“In Northern Ireland there is no Adoption Support Fund so we are unable to access therapies, occupational therapy or other supports for our family unless we pay for them. As we don't receive any sort of adoption allowance, I still have to work full-time hours from home.”

Parents who can access appropriate support for their own mental health and wellbeing are more able to be consistent, supportive and empathetic towards their children's needs, and have more capacity to advocate on their behalf with services and professionals. As such, it is essential both to meet the needs of adopted children and young people and also those of their parents to create a virtuous circle where well-supported parents can, in turn, better support their children.

Through our eyes: CAMHS

More than half of the 16-25-year-olds who responded to the *Adoption Barometer* survey across the UK had ever accessed child and adolescent mental health services (CAMHS) but their assessment of the services they had received were very poor, with the majority not agreeing that they felt listened to or understood as adoptees, or that the support they received made a positive difference.



“The assessment process was highly retraumatising as they asked me to talk about lots of very sensitive issues without first establishing any relationship or safety.”

Adopted young adult

“They don’t really help with mental health. They gave me six 15 min phone calls and told me I was fine. I felt rushed and not listened to in these phone calls.”

Adopted young adult

The importance of being able to access adoptee-competent professional mental health support cannot be overstated. 81% of young adoptees consider their experiences and identity as adoptees to be integral to their whole sense of identity and 89% agree that only another adoptee can really understand what it feels like to be adopted. However, some respondents noted that their adoption and early life experiences were not seen as particularly relevant by the professionals they encountered.

“[CAMHS] would not see me as being adopted is not a mental health disorder apparently.”

Adopted young adult

“They said I wasn’t depressed and didn’t offer me the support I really needed.”

Adopted young adult

Adopted children and young people need to be assured that when they are referred to mental health professionals, they will receive adoptee-competent support that takes a holistic view of their situations, including the impact of complex early trauma, care experience, adoption and any co-occurring conditions.

Employment and family finances

Becoming a parent can impact anybody's employment and financial situation, but adoptive parents often face particular challenges from the very beginning of their journey to parenthood.

The approvals process for adoption can be lengthy, involving many meetings, interviews and training requirements which can exceed allowances for paid time off in standard workplace policies. 93% of prospective adopters were in employment during their approvals process and, of these, 45% said they found it difficult to get time off work to attend essential meetings and training related to the process.

In Northern Ireland, where early permanence is the most common route to adoption, high rates of continuing direct contact may contribute to these challenges, especially if there are long timescales in decision-making around the child's future. Statutory adoption leave may run out long before the adoption order is granted, meaning that early permanence adopters need to juggle their working lives with meeting the demands of birth family visits which can be several times per week, often during office hours, as well as ongoing meetings with social workers and other professionals.

For self-employed adopters, there are additional challenges. Employers must have an adoption leave and pay policy, but there is no equivalent of statutory maternity pay for self-employed adopters. 11% of new adoptive parents in Northern Ireland were facing their first months as a new family without any financial support due to being self-employed.

Prospective adopters are subject to checks to ensure that they are financially well placed to care for the children they adopt, but this does not account for how circumstances may change over the course of the following years. 89% of respondents reported that they or their partner had ever changed their job, reduced their working hours or stopped work altogether in order to better meet their children's needs. Among those who were self-employed, 87% said that being better able to meet their children's needs was a motivating factor in choosing self-employment.

“I left my job for ten years so I could be at home to support my family. I have returned to lower paid, part-time work because it allows for more flexibility when I need to be available for my family.”

Caring for children with additional needs can create extra expenses for families. 29% of respondents said they had a child who was in receipt of Disability Living Allowance, and but far more than that reported parenting children with a range of diagnoses including FASD, ADHD and autism. Respondents reported purchasing equipment to support sensory needs, paying for specialist support for childcare and recreational activities (including 1-1 support), bearing the costs of travel to appointments, repair and replacement of damaged items, etc. Many had paid privately for therapeutic and other support for their children, including private tutoring and independent schooling.

Too many families are facing the double challenge of reduced income and increased costs. Not only does this have a negative impact on the wellbeing of adoptive parents – 62% of respondents said that they worry about their family's financial situation, and 35% are worried about meeting their family's current essential needs – but it forces some to turn to the benefits system. 44% of respondents said they or someone in their household had ever been in receipt of benefits since becoming adoptive parents.

89% 
of adoptive parents have changed their job, reduced their hours of work, or stopped working in order to better meet their children's needs.

Most concerning of all is the impact of these challenges on the children themselves. Parents facing severe financial constraints cannot afford to fund the additional support and equipment their children may need, yet those whose children need the most support are most likely to be unable to work. Parents who are worrying about being able to afford basic essentials are drained of the emotional energy they need to keep on fighting for their children. The financial health of families is not separate from the mental and emotional health of families and children.

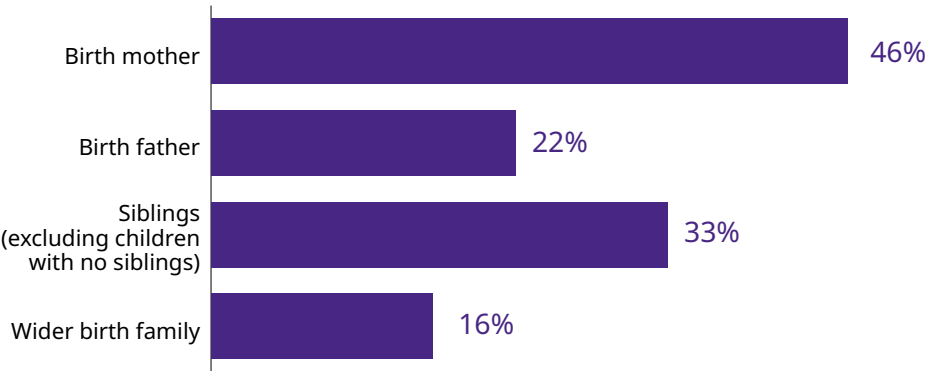
Maintaining birth family links

Most adopted children in Northern Ireland will have agreements in place for maintaining links with members of their birth family, with arrangements for direct contact (e.g. face to face, messaging, phone calls) being much more common here than elsewhere in the UK. Among respondents to this year's *Adoption Barometer* survey, 63% reported having made agreements for indirect contact, and 69% reported that one or more of their children had direct contact with a birth relative during 2024.

47% of respondents do not feel their agency manages arrangements for indirect and direct contact effectively.

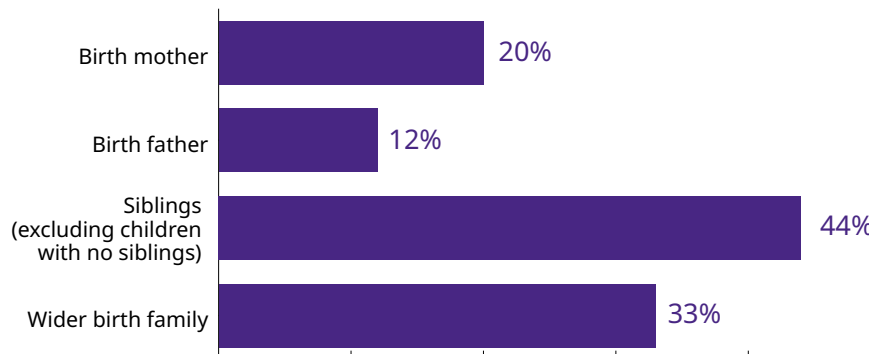
Indirect contact

Figure 6: Proportion of all respondents' children with an agreement for indirect (letterbox) contact with birth relatives



Arrangements for continuing indirect contact were most likely to have been made with children's birth mothers, although one third also had arrangements for indirect contact with siblings. However, successive *Adoption Barometer* reports have demonstrated how the nature and frequency of indirect contact can change over time after the initial agreements are made. While these arrangements can sometimes be a springboard for direct contact, especially with siblings, many agreements do lapse over the years.

Figure 7: Proportion of original indirect contact agreements that were still active in 2024 (with a reciprocal exchange of letters within the past 18 months)



The majority of original indirect agreements with all birth relatives were no longer active in 2024. Those with siblings and wider birth family members were most likely to remain active, but relatively few arrangements with birth parents did.

A small number of respondents reported that they had switched from indirect to direct contact arrangements.

“We stopped the indirect contact as face to face was preferred. The indirect contact can be false and misleading.”

However, the majority of comments about indirect contact highlighted the need for more support for all parties, including birth relatives, to continue to maintain indirect arrangements, with respondents reporting that lack of responses to letters and poor support was distressing for children and sometimes led to them no longer wishing to participate.

“Birth parents were supposed to write to us first. They did not. Our social worker then asked us to write a letter, which we did. Birth parents never wrote back and, to this day ten years later, our child asks why they never wrote back.”

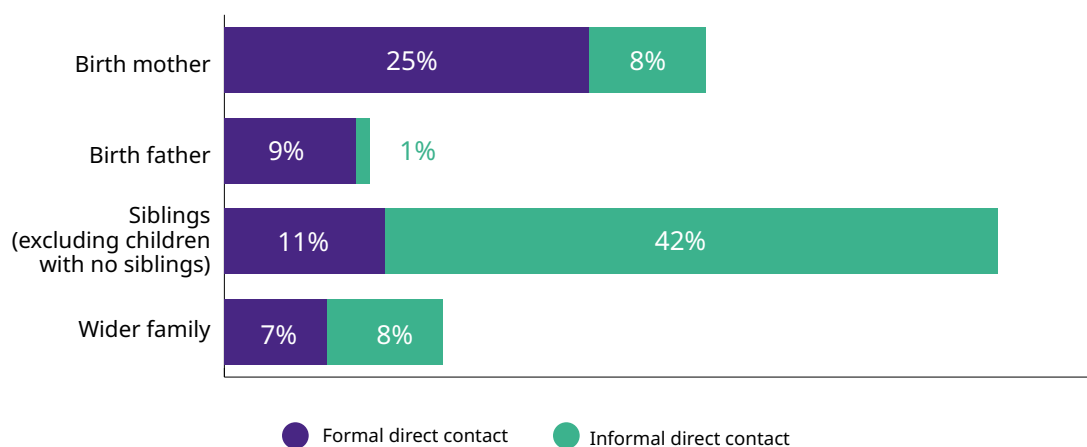
“I’m very happy to support indirect contact... but birth family never followed their commitment promises and social services never, ever pursued. It is an additional rejection for my child which cannot be erased.”

“Our children no longer wanted to do indirect contact and we respected their wish.”

Just 53% of respondents agreed that their agency managed arrangements for direct and indirect contact effectively – higher than elsewhere in the UK but still leaving almost half of adoptive families in Northern Ireland not feeling well supported to manage continuing contact. While the focus in Northern Ireland is likely to be on the higher proportion of families who are engaging in direct contact, it is still essential that indirect contact is well managed and well supported, including for birth relatives, if it is to be prevented from becoming, at best, a tick-box exercise and, at worst, a damaging experience for an adopted child.

Direct contact

Figure 8: Proportion of all children of all respondents in Northern Ireland who engaged in formal or informal direct contact during 2024



Direct contact arrangements with children's birth parents were mostly formal arrangements, established and sometimes supported by social care professionals, often from the time of the adoption order being granted. Arrangements with siblings were more likely to have been informal, established between the parents/carers of the children involved with only minimal or no initial support from social care professionals. More than half of adopted children who had siblings living elsewhere had seen or directly communicated with those siblings during 2024.

Respondents' comments revealed a wide range of experiences of maintaining direct contact with both positive and negative experiences reported for all types of contact with all birth relatives. Several acknowledged the challenge of balancing potential long-term benefits of maintaining relationships with birth relatives against the short-term disruption that could be caused.

“Our experience of direct contact is very positive for our children. They look forward to it. It provides them with a tangible link to their narrative and lifestory. They get their questions answered as they arise and they know that they were and are loved by their birth mum.”

“We have a wonderful relationship with our son's sister and adoptive family so we see them regularly and get to maintain a very natural relationship.”

“Sometimes birth mum does not show up to contact, which is very distressing for our child.”

“It's awkward for everyone, but entirely necessary for everyone.”

Where direct contact raises challenges, it is essential that all parties are well supported to navigate these if the arrangement is to be both safe and meaningful for the child. However, 44% of adoptive parents said that they did not feel well supported to manage continuing contact. Respondents' comments revealed challenges that arise when the needs of birth relatives appear not to be well balanced with the needs of children and the support needed to navigate changes in relationships as children grow older is not forthcoming.

“Our child didn't want contact at Christmas as she said it makes her upset. She also felt it was no longer for her but for her biological parents as she said she is changing but they just stay the same, so she didn't want to see them.”

“Direct contact is not always in the interests of the children – sometimes birth mum’s needs are being prioritised.”

“Direct contact has been poorly managed and supported.”

With the overwhelming majority of adopted children in Northern Ireland maintaining connections with members of their birth family directly or indirectly, continuing contact is a significant feature of adoptive family life from the start and into the adopted person’s adulthood, whether it takes place regularly, or lapses, whether it is indirect or direct, whether it is formal or informal. Neither the existence of ongoing relationships with birth relatives nor the lack of them are neutral factors in the life of an adopted child, young person or adult.

For this reason, it is essential that services that support direct and indirect contact are given a high status as part of continuing adoption support. This must include regular reviews of arrangements for keeping in touch with birth relatives, including all types of contact, whether contact should be initiated if it is not already taking place, what support is needed to initiate and/or maintain contact, what support is needed to ensure that contact is safe and meaningful for the child, and what support is needed if contact is not possible or if it has lapsed. Birth relatives, too, need continuing support to maintain contact relationships, including clear and evolving advice and guidance around expectations and how the relationship may change as children grow older.

Education

Issues relating to education are the most common motivation for adoptive parents to contact adoption support services, with 65% of respondents who asked for support in 2024 citing this as a reason. This reflects the picture elsewhere in the UK and is likely to pose challenges for adoption support teams who may not be equipped or resourced to provide effective support for problems arising in education. It is therefore essential that education providers for children of all ages have a good understanding of the needs of care-experienced children, including adopted children, through accessing training such as Adoption UK’s *Let’s Learn Together*, and are aware of services outside of school that can offer support to adoptive families.

Among adoptive parents with school-aged children, 72% said their child needs more support in school than their peers, but only 42% agreed that their child’s teachers have a good understanding of the needs of care-experienced learners. Just 29% said that their child’s school had ever, to their knowledge, had any training in the effects of early trauma and disrupted attachments.

“We have asked our teachers to attend training but they never have.”

Parents in Northern Ireland were much less likely than those in other nations to agree that their child’s school works with them to find the best ways to support their child (61%) or that their child’s teachers listened to them and respected their knowledge (60%). Yet where parents felt able to engage their teachers in conversation and were reassured that their teachers had some knowledge around the issues impacting adopted children, they were quick to praise their children’s schools and recognise the positive impact on their children.

“The school teachers have taken part in trauma-informed practice training. They are open to conversation and are generally excellent.”

42% 
agree that their
child’s teachers have a
good understanding of
the needs of
care-experienced
learners.

“My child currently has a teacher who uses lots of empathy and does not shout. It has really helped my daughter.”

Where children's needs are not well understood, they cannot be well supported, which will have a negative impact on educational outcomes. 62% of respondents' children were known or suspected to have social, emotional and mental health (SEMH) support needs, and 44% had missed one or more days of school during 2024 due to mental health or wellbeing concerns. While public discourse around SEMH needs often focuses on externalising behaviours which can be considered disruptive in the school environment, 83% of parents said that their child actually masks their needs or feelings at school, meaning that many may be struggling in silence.

“Youngest child is struggling academically. They get no additional support or compassion for the fact that they moved family at three years old and have a genetic condition. I am viewed as an over-protective mother so concerns are glossed over as my child appears meek in school. Homework provokes great anxiety and rage.”

For a small but significant proportion of children, inability to meet their needs is resulting in lost education. Reported rates of suspensions in 2024 were higher among survey respondents (3% of children) compared to national data for Northern Ireland (1.7% in the most recent data from 2022/23). Additionally, one in ten children were reported to have been attending school on an agreed part-time basis during 2024. 11% had been asked not to attend school, restricted from joining in activities or trips or unable to access learning or lessons because their needs could not be safely met, and 7% had been sent home from school for reasons other than illness or school closure without a formal suspension being recorded.

“With one of my children currently on a part-time timetable due to feeling overwhelmed in school, I have had to alter my working arrangements to accommodate pick-ups, etc. Thankfully my employer is very understanding but this could very easily be a huge additional pressure.”

“One of my children has rarely been in school for years. This may not have happened if appropriate support was put in when we asked. We were not believed by most.”

Some parents had chosen or been given no choice but to provide private education for their children.

“I have moved my daughter to a private school because it is much smaller and there is more exercise during the day, which suits her better.”

“Our daughter moved before applying for Primary 1 so did not have a place to start school which has resulted in us paying for private education. We are unable to move her due to the trauma she experienced through moving multiple times before coming to us and attachment issues... so we are now committed to paying for seven years of prep school.”

However, the option of private education is one that is not available to many families, especially where children have significant needs and parents have had to reduce or give up working in order to meet them. Failure to ensure that education professionals are trained and schools are resourced to meet the needs of care-experienced children is resulting not only in lost learning and additional stress on children and families, but also in high demand for help for issues related to education from adoption support services.

Training in the impact of childhood trauma, attachment disruption, care experience and adoption needs to become an integral part of initial teacher training and continuing professional development for all education professionals. Additionally, schools in Northern Ireland would be better placed to meet the needs of previously looked after children if they were acknowledged as a cohort with

specific needs in education policy, including school admissions and SEN. No child moving to their new adoptive family should be left without a school place. Every adopted child deserves an education setting that can support their learning and social and emotional needs and enable them to thrive and achieve their potential.

Through our eyes: Secondary school

During consultations with adopted young adults for the preparation of the *Adoption Barometer* survey questions, it was clear that education was a strong priority focus for many. While the survey sought the views of 16-25-year-olds, young people in this age group are ideally placed to reflect on their recent experiences of accessing secondary education. Overall, respondents across the UK reported challenging and often negative experiences of secondary school, with 90% feeling that they needed more support than their peers, and 63% saying that they struggled at school and found it negative some or all of the time. Only 7% said that they managed well at secondary school and found it a positive experience overall.

A key concern for many young people was bullying. 22% of 16-25-year-olds reported having been bullied 'a lot' for reasons related to adoption at secondary school and 44% were bullied 'a little'. Every single young adult who responded to the survey said that having teachers in school who took strong action to stop bullying was quite or very important to them but only 9% said this was available to them throughout secondary school.

“The staff need to be more vigilant about all types of bullying, not just physical.”

Adopted young adult

“I enjoyed most of the educational aspects but not the break times because of struggling with friendships.”

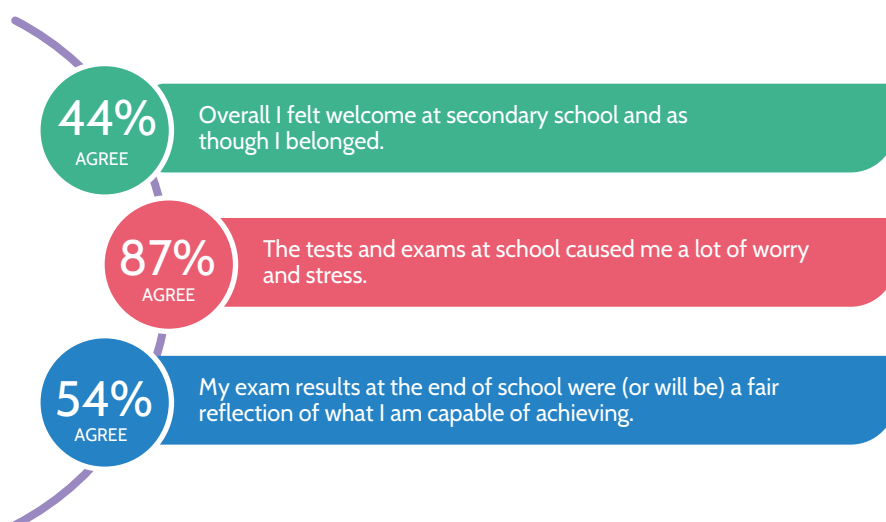
Adopted young adult

Supportive measures that 16-25-year-olds considered 'very important' to them at secondary school included:

- Help and support to handle stress, anxiety and worries at school or college – 73%
- Having a safe place to go and permission to go there when needed – 70%
- Teachers and other adults at school or college who understand about adoption and how being adopted might affect someone – 68%
- Extra help and support with learning – 61%

However, while most respondents reported getting the help they needed with learning (70%) or support to manage stress and worries (67%) most or all of the time, fewer reported their other needs being regularly met. 45% said they never encountered adults at school who understood about adoption and its impacts, and 41% never had access to a safe space they could go to when needed. 29% of young people reported spending at least part of their secondary school years being educated at home.

66% 
of adopted young adults
reported having been
bullied at school for
reasons related to
adoption.



When adopted young adults were asked what one thing they would change about secondary school to make it better for adopted young people, several clear themes emerged in their responses.

1. Most common were responses about training for staff and increased awareness about adoption and its potential impact on how children and young people navigate their school lives.

“Make teachers more informed about the struggles of being an adopted child within a school environment, in relation to trauma, etc.”

Adopted young adult

“A teacher said that adopted and fostered children are just kids that people didn’t want. I found this very upsetting.”

Adopted young adult

2. The next most common theme was around support for wellbeing and mental health, including support for children experiencing bullying.
3. Several respondents commented on difficult topics within the school curriculum, such as genetics, as well as a lack of teaching about adoptive families and care-experience more generally.

“Have adoption discussed cross-curricular. Literature mentioning adoption, discussions in PSHE etc. Normalise that there is no ‘normal’ family dynamic, that all family dynamics are valid.”

Adopted young adult

4. Finally, young people wanted more support around friendship groups and social inclusion, including care being taken to keep personal information private so that young people were not at risk of bullying, teasing or unwanted questions from their peers.

Recommendations

- Updated guidance to be provided for adoption social workers to judge when a psychological consultation is required to explore a child's needs. Adoption agencies to have a process in place to facilitate such a consultation when needed, and commission or provide the support needs identified.
- Government to commit to permanent ring-fenced funding for specialist therapeutic support for families who need it, including specific funds for families in crisis which agencies can access for families without delay.
- Government to ensure statutory training for all health and education professionals to develop an understanding of the challenges and needs of care experienced people including adoptees. Government should also provide guidance for health and education settings about continuing professional development in these issues.
- Royal College of Nursing to ensure their Looked After Children competencies framework⁵ includes previously looked after children, including adoptees.
- Government to extend the mandate for the provision of a Personal Education Plan for all looked after children to include those who are previously looked after.
- Government to issue national guidance on best practice in contact support, including specific support for families maintaining relationships with siblings living separately. Government must ensure adoption agencies have the resources and training necessary to provide this support.
- Adoption agencies to offer all adoptees aged ten an assessment of needs covering education, social care and health, to inform an update of their adoption support plan, and to identify what can be put in place to assist their transition to secondary school.

⁵ <https://www.rcn.org.uk/Professional-Development/publications/rcn-looked-after-children-roles-and-competencies-of-healthcare-staff-uk-pub-009486>



Teenagers and young adults

The adolescent years can be a time of new challenges and opportunities for all young people, but many adopted young people face considerable extra challenges navigating this phase of life. The *Adoption Barometer* includes specific questions for families with teenagers and young adults and this year, for the first time, questions for adoptees aged 16-25 based on themes identified through consultation with adopted young people.

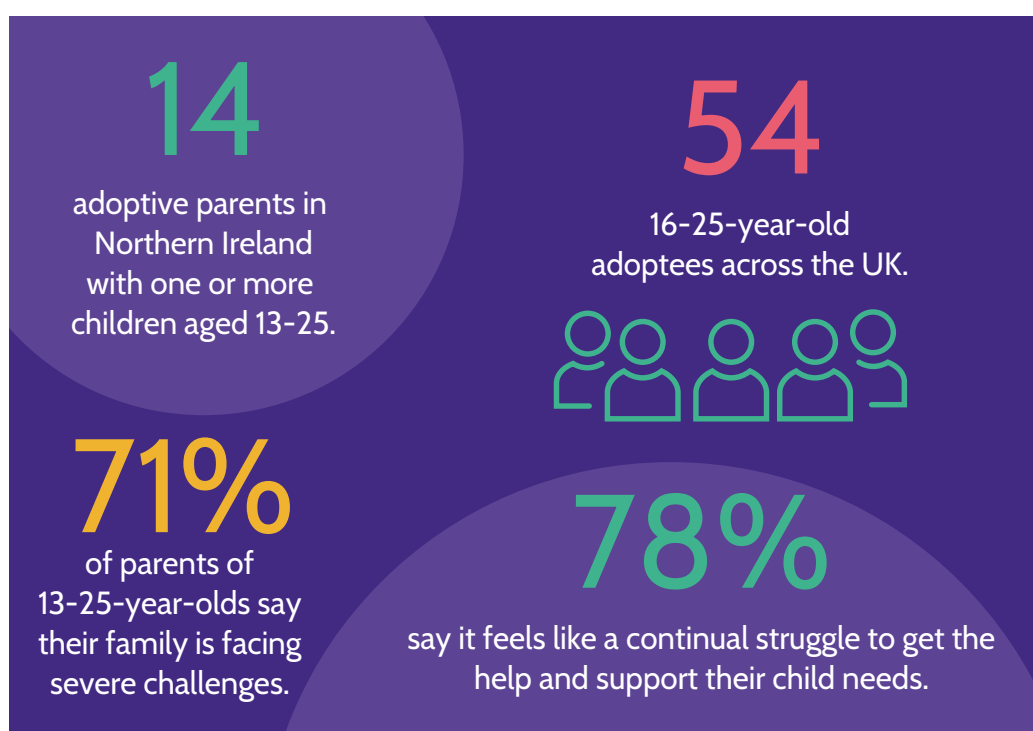
What does ‘good’ look like?

- Effective and timely support around establishing or maintaining contact with birth families is provided.
- Statutory services, including health, housing and education, are in a strong position to support adopted young people.
- All adopted young people have access to bespoke, funded support for their age group, including peer support.

Assessment of current national policies	Score			
	England	Northern Ireland	Scotland	Wales
There is a nationally agreed framework for supporting adopted young people as they transition to statutory services for adults	POOR	POOR	FAIR	FAIR
Outcomes for adopted children and young people are tracked nationally and this information used to drive improvements in the provision of adoption support, education and health services	POOR	POOR	POOR	POOR
Statutory services (e.g. education, housing, mental health, youth offending) are required to provide trauma training to all members of staff and engage a designated member of staff to oversee engagement with all care-experienced young people	POOR	POOR	FAIR	FAIR

Assessment of lived experience	Score				
	UK	England	Northern Ireland	Scotland	Wales
I feel well prepared as a parent for the possibility of direct contact during the teen years	32% →	30% →	30%* ↓	47% →	37% →
I feel confident that appropriate support is available from adoption support services for adopted young people and their families	22% →	22% →	7%* ↓	20% →	21% ↓
I feel confident that other statutory services (e.g. mental health, housing, education) have a good understanding of the needs of adopted young people	10% →	10% →	0%* ↓	13% →	19% ↑
My young adult child is getting the support they need from statutory services	33% →	31% →	15%* ↓	41% ↑	44% →
My young adult child is in education, employment or training	69% →	70% →	93%* ↑	69% →	65% →

* – Fewer than 30 respondents were eligible to answer the relevant question(s)



Accessing support and services

Adoption support

As children grow older, enter the teen years and face changes and significant transitions, their needs for support relating to the impact of their early experiences, care experience and adoption can change. As families face these new challenges, it is essential that adoption support services can step up to meet the specific needs of teenagers and young adults.



Unfortunately, among parents in Northern Ireland who had accessed adoption support services for their teenage and young adult children, only 8% considered the service to have a good understanding of the needs of adopted children and young people, and one third felt the service had little or no understanding. While the total number of respondents with children aged 13 and older from Northern Ireland (14) means the statistical data should be treated with caution, respondents' low confidence in the suitability of the support available from adoption support services for teenagers and young adults reflects a similar lack of confidence in respondents from all nations within the UK.

“There is no support for our children as they prepare for adulthood. A lot of support goes to fostered children but there is a misconception that adoption fixes everything so an adopted child could not possibly need this sort of support.”

Adoptive parent

Parents of 16-25-year-olds reported high levels of support needs among their young people, especially around managing risks and staying safe (71%) and maintaining healthy relationships (86%). Unfortunately, only 15% of parents of 16-25-year-olds felt that their child was getting the support they needed from adoption support services.

Across the UK, adoptees aged 16-25 who responded to the *Adoption Barometer* survey had some strong ideas about what help and support they might consider useful:

- 94% agreed that being able to make choices about what support they had and when they had it was very or quite important to them
- 84% felt that having the same people to support them over a long period of time was very or quite important to them
- 75% agreed that access to a counsellor or therapist they could speak to if they needed to, but didn't necessarily see all the time was very or quite important to them
- 59% agreed that spending time with other adopted young people was very or quite important to them

The themes of consistency, agency and choice were very evident in responses from adopted young adults, but it was clear from their comments that many did not know what support was available or how to access it and several described how support fell away once they turned 18 and began navigating services as an adult.

“I didn't know what was available until someone else told me. Otherwise, I had no clue.”

Adopted young adult

“There should be post-18 programmes available for those that are adopted about how to navigate life, including how to build relationships with birth family, and how to grieve if there isn't a relationship there!”

Adopted young adult

“Transition to adult services added to my anxiety turning 18. It's very different and it was when I lost other support from school.”

Adopted young adult

When families are facing challenges and young people are struggling, it is not an easy time to begin a new therapeutic relationship, and some young people may find it difficult to engage with such services as are available. However, where adopted children and young people have had regular access to core adoption support services, delivered, as far as possible, by consistent individuals over a long period this can form a firmer foundation of trusting relationships through which access to more specific, targeted support can be provided if challenges do arise.

A core adoption support offer should therefore include peer activities and groups for young adoptees of all ages, but especially for teenagers and young adults. While 82% of young adoptees reported that they rely on their parents for support, 83% reported that they rely on their friends. This is a natural evolution in the lives of teenagers as they grow older and begin to develop wider relationships in preparation for later independence.

Although social media can provide valuable opportunities for young people to connect with their 'tribe', it is not always a safe environment, and young people are not necessarily well supported in that space. 39% of adopted young adults in the UK reported that they had used social media to connect with other adoptees and adoptee groups, but 56% worried that using social media had a bad effect on their mental health and wellbeing.

Well-supported, in-person peer groups can therefore be extremely important for adopted young people, yet, across the UK, only 19% of 16-25-year-olds said the opportunity to engage with peer groups had been always available to them over the past few years. Bearing in mind that some young adult respondents were reached with this survey via groups for young adoptees that they were or had previously been involved with, it is likely that this is an over-estimate of the regular availability of such groups for young adoptees more generally.

“I have enjoyed being with other adopted teenagers. It wasn't something I knew I needed but I must have as it really helped me.”

Adopted young person

Establishing and maintaining such high-quality opportunities for friendship and peer support through locally run groups and activities should therefore be a priority for adoption support services, alongside developing a bespoke support offer targeted to meet the needs of teenagers and young adults.

Other services

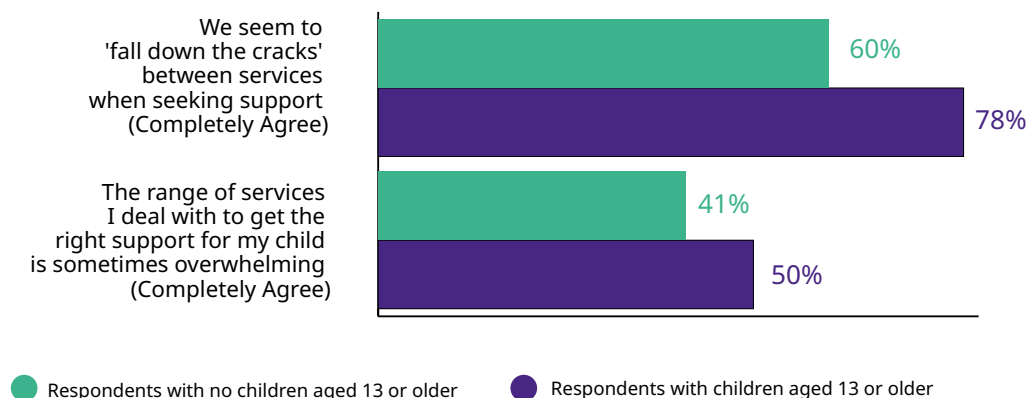
Services for health (including mental health) and education are prominent in the lives of most young people, and these are discussed in more detail in the following sections of this report. However, many adopted young people will also interact with disability services, housing services and social care services for adults.

85% 
adoptive parents in Northern Ireland do not feel that their 16-25-year-old child is getting the support they need from statutory services.

Where families had interacted with these services, there were no adoptive parent respondents in Northern Ireland who considered any of the services to have a good understanding of the needs of adopted teenagers and young adults and only 15% of parents felt that their child was getting the support they needed from statutory services (other than adoption support services).

Although parents of children of all ages reported that navigating multiple services could be challenging, parents of children aged 13 and older were more likely to find the range of services they dealt with overwhelming, and more likely to feel as though they were falling down the cracks between services when seeking support compared to parents of younger children.

Figure 9: Experiences of accessing support



“We were passed around from CAMHS to social services... all other services stand back when CAMHS and social services are involved so the children get no help from the people who should help them.”

Adoptive parent

“We have asked for options for sheltered accommodation when our child wants to move out (they are almost an adult and nowhere near ready to live independently). We were told there are options for foster families but not adoptive families.”

Adoptive parent

Adoptees and adoptive families need to feel confident that statutory services are cognisant of the specific needs of care experienced young people, including adopted young people. At the least, appropriate training to ensure awareness of the support needs of all care-experienced young people should be standard, including clear guidance on which services are responsible for providing specific support to prevent individuals being repeatedly referred around services.

The “Standards – Leaving care services in Northern Ireland” document ⁶ sets out minimum standards for services for young people leaving care and for aftercare as part of the corporate parenting responsibilities of Health and Social Care Trusts as well as providing a framework for best practice for other organisations. Although there is no corporate parenting duty towards previously looked after young people, the principles of ensuring that young care leavers are able to live healthy lives, learn and achieve and live in a society which respects their rights should apply to all care-experienced young people. Service providers should therefore seek to ensure that the general principles outlined in the standards are applied in their work with all care-experienced young people, including adopted young people.

6 <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/leaving-care-services2012.pdf>

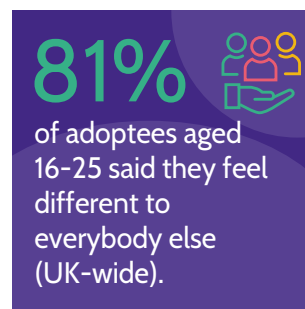
Health and mental health

More than half (55%) of adopted young adults who responded to the survey from across the UK said that they had ever been to CAMHS for help with their wellbeing or mental health. Parents of 16-25-year-olds in Northern Ireland also reported high levels of engagement with children's and adult mental health services, with 35% of their young adult children accessing or attempting to access CAMHS and 14% accessing or attempting to access adult mental health services during 2024 alone.

However, both adoptive parents and adopted young adults have significant concerns about the expertise and support available to them through health services generally, and mental health services specifically. Among those whose children had accessed these services in Northern Ireland, 92% of adoptive parents did not feel that health services have a good understanding of the needs of adopted teenagers and young adults, and none felt that mental health services have a good understanding.

Considering the difficulties many young people have faced in accessing mental health and wellbeing support through CAMHS and adult mental health services, it is not surprising that some turn to other sources of help and support. 45% of adopted young adults reported asking for help with mental health or wellbeing from a school or college counsellor, 25% from a helpline or advice service, and 13% from a youth worker, sports coach or similar. It is clear that many young people are reaching out for help and support, but without the reassurance that, if they do so, they will encounter the understanding and expertise that they really need.

Too many adopted young people feel alone and misunderstood as they navigate the teenage years and move towards adulthood. Only 45% said they felt they fitted in well with people their own age, 81% said they feel different from everybody else, and a shocking 72% said they do not feel as though they belong. It is therefore essential that mental health services are equipped to recognise and respond to the specific needs of adoptees, including the enduring impact of complex trauma and loss, the interaction with other conditions such as fetal alcohol spectrum disorder, and the challenges of exploring identity and belonging as young people move through adolescence and into adulthood.



Establishing and maintaining birth family links

Across the UK, three quarters of adoptees aged 16-25 reported being aware that they or their adoptive parents had kept in touch (directly or indirectly) with members of their birth family at any point during their childhood. Most of these ongoing contact arrangements were with children's birth mothers (most likely indirect arrangements), but smaller numbers had also been in touch with birth fathers, siblings and wider family members.

However, once young people had aged out of adoption support services for contact such as letterbox, many had not been able to sustain indirect or direct relationships with these same birth relatives. Across the UK, 46% reported not maintaining any of these relationships after they turned 18, and only 29% 'somewhat' or 'completely' agreed that adoption support services had supported them to maintain these relationships in adulthood. Consequently, 50% 'completely' disagreed that keeping in touch with birth relatives as a child had enabled them to form relationships with them for life.



If arrangements for maintaining relationships with birth relatives during childhood are to translate into the establishment of safe and meaningful relationships in adulthood, more consideration must be given as to how those active contact relationships can be sustained once a young person becomes an adult, and what further support can be provided to all parties.

In Northern Ireland, where ongoing agreements for direct contact are more common throughout childhood than elsewhere in the UK, more than half of adoptive parents with children aged 13 and older reported that they had maintained any kind of direct contact with a member of their child/ children's birth family during 2024. Among 13-18-year-olds, 42% were reported to have had informal direct contact (without a formal agreement in place) during 2024.

More than half of these informal direct contact relationships were described as 'unplanned and/or unsolicited', initiated either by the young person without the adoptive parents' involvement, or by a birth relative. Only 20% agreed that the informal direct contact had, on the whole, been positive for their child.

While not necessarily inevitable, it is understandable and natural that teenagers and young adults will be curious about their identities, their birth families and their own histories. However, while social media dramatically increases the opportunities for people to look and be found, the preparation and support that is needed for adopted young people, their adoptive parents and their birth relatives to navigate these relationships is woefully lacking. Just 30% of adoptive parents of 13-18-year-olds agree that they feel well prepared for the possibility of unplanned or unsolicited direct contact during the teen years.

The higher rates of ongoing direct contact in Northern Ireland may ensure that some children are able to maintain relationships into their teen years and beyond, but this is not the case for all adopted young people. Where indirect contact is in place, more emphasis is needed on ensuring that adoption support services help families to sustain these connections and on supporting continuing contact, if required, into adulthood.

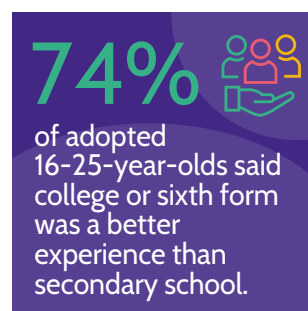
Neither does a higher rate of formal ongoing direct contact remove the risk of unplanned and unsolicited contact during the teen years. Adoptive families increasingly recognise the realities of the impact of social media on the possibility of unplanned and unsolicited direct contact, and the services that support them, their young people and birth relatives urgently need to keep pace to ensure families are well prepared for that possibility.

Education, training and employment

Post-16 education

Nearly half of adopted young adult respondents across the UK did not feel as though their exam results at the end of school were a fair reflection of their capabilities. Poor outcomes at school can limit young people's opportunities in post-16 education where the range of options can be bewildering. 70% of adopted young adults said that they needed a lot of help from parents, teachers, the careers service or other adults to help them understand all the options available to them, and 39% said that there were not enough good options for them to choose from.

Effectively supporting adopted young people into appropriate post-16 education and training is particularly important because the right setting can provide an opportunity for some to overcome previous challenges in education and begin to thrive. 74% of adopted young adults who went on



to college or sixth form agreed that it was a better experience for them than secondary school had been, and 67% agreed that they felt confident they could do well on the course they had chosen.

However, many still needed additional support. Across the UK, 42% reported having had a mentor or key adult, 35% accessed learning support, and 19% had accessed counselling or wellbeing support. Those who felt well supported appreciated help that was flexible, allowed them agency and choice, and recognised their changing needs as they moved towards adulthood as an adoptee.

“Having an understanding that during your later years as a teenager it can be a lot more difficult processing being adopted. Adults and other people need to be more educated on that.”

Adopted young adult

“The college understands my needs and makes exceptions for my trauma, e.g. being excused from sessions where I may find the topics triggering.”

Adopted young adult

Employment and higher education

Among adopted young adult respondents aged 18-25 and their parents, there were clear concerns about the next phase of their education or employment journey.

“I’m struggling to find myself after education. Most jobs require qualifications in that particular field. I would love to see more programmes that are easily accessible... and more work placements so that people, whether adopted or not, could get into that field of work without qualifications or university.”

Adopted young adult

“Support into employment feels really lacking. Our young people are capable but starting into something new can feel so overwhelming. Having support to get started could make such a huge difference.”

Adoptive parent

“I was told adoption doesn’t count or is not something that could be considered at university or even discussed because I wasn’t classed as a care leaver.”

Adopted young adult

While programmes exist to support young people who are care experienced to access employment, training and further and higher education, too often the criteria for eligibility are limited to narrow legal definitions (e.g. care leavers) which exclude most previously looked after young people, including adoptees, and many others who have spent time in care. Yet many of these young adults will have a shared history of disrupted early childhoods, care experience, and challenges throughout their time in education which their legal status will have no bearing on. If education and training settings and employers wish to unlock the potential of young people who have experienced time in care, they should consider carefully how they can widen their access and participation programmes to ensure that all care-experienced young people can have an opportunity to succeed.

Looking to the future

Many of the adopted young adults around the UK who responded to the *Adoption Barometer* survey displayed considerable optimism, determination and positivity when thinking about their future plans and goals. For some, there was a definite sense that although they still lived with the impact of their early experiences and adoption, they wanted to use these life experiences to help and support others.

60%



of young adult adoptees agree that now they are older, their life feels more together than when they were younger (UK-wide).

“I feel more put together in the sense that I am safe and I have a better future. But the past experiences still play a role in my brain thinking.”

Adopted young adult

“A lot of the time I don't know who I am as a person and I've struggled with my mental health for a large portion of my life. Now I am older, I have goals or ideas for the future.”

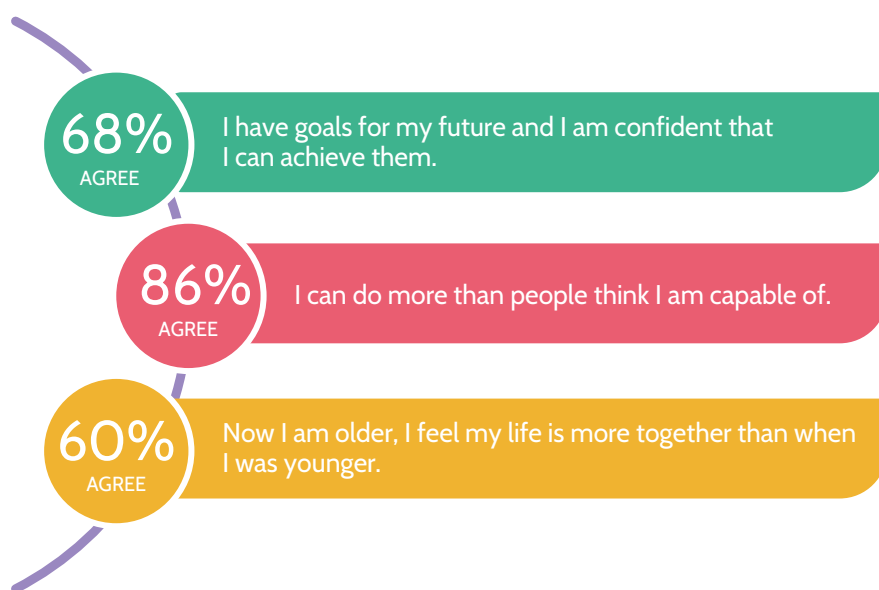
Adopted young adult

“I'd love to help creating materials for schools for something like an 'adoption day' where kids can learn about adoption, why it happens and how they can help.”

Adopted young adult

“As a classroom assistant, my aim is to make sure that no child feels the way I did at school.”

Adopted young adult



However, both young adults and parents were clear that while there may be some cause for optimism, there were still challenges to face. All respondents from Northern Ireland who were parents of young people aged 20 and above believed that they would still be supporting their adult children for the foreseeable future, and some young adults also commented on their continuing need for support.

“I live in supported living, but I rely loads on my parents and the staff who support me. I am scared that one day they won't be there to help me anymore.”

Adopted young adult

“It's a slippery slope and it feels like I could fall off at any moment.”

Adopted young adult

Sadly, 80% of adopted young adults said they were worried about what the future holds for them. While the development of the adolescent brain continues well into the early 20s, there is plenty of scope for change, growth and flourishing. However, there is a strong sense that any gains that are made are fragile and prone to slip away if adopted young adults do not continue to be well supported within their families, by social care professionals, and by those who they must interact with more widely in education, housing, mental and physical healthcare and employment.

Recommendations

- All adoption agencies to ensure there are opportunities for adopted young people to come together with other adopted young people through the provision of activities led by those with relevant expertise.
- To prevent the cliff edge for young people aging out of support services for children and young people, extend adoption support services to at least age 26. This would bring support for previously looked after young people more into line with that for care leavers.
- Adoption agencies to provide a mandatory targeted support package for adopted teenagers and young adults including advice, training, opportunities to engage with each other for mutual support, and therapeutic support where required.
- Agencies to offer all adopted 14 year olds an assessment of needs covering education and skills, social care and health, to inform an update of their adoption support plan, and to identify what can be put in place to assist their transition to adulthood.
- To help adopted young people and young adults navigate statutory services, including health, education and housing, provide access to specialist independent advocacy services. This would bring advocacy services for previously looked after young people into line with those for care leavers.
- To better support children's mental health and wellbeing, all local authorities to form a multi-agency panel pulling together education, social care and health, including CAMHS, to 'triage' requests for support and channel them to the right place. Referrals to be made to the panel by a range of sources including GPs, schools, adoption services and families.



Adult adoptees

Adoption UK has worked closely with members of our Adult Adoptee Advisory Group to refine and extend the questions for adult adoptees (aged 18 and over) in this year's *Adoption Barometer* survey. The key themes of access to records, establishing and maintaining relationships with birth relatives and access to appropriate therapeutic support remain, with some sections extended, and there were new questions about medical records specifically, and experiences of parenting as an adoptee.

What does 'good' look like?

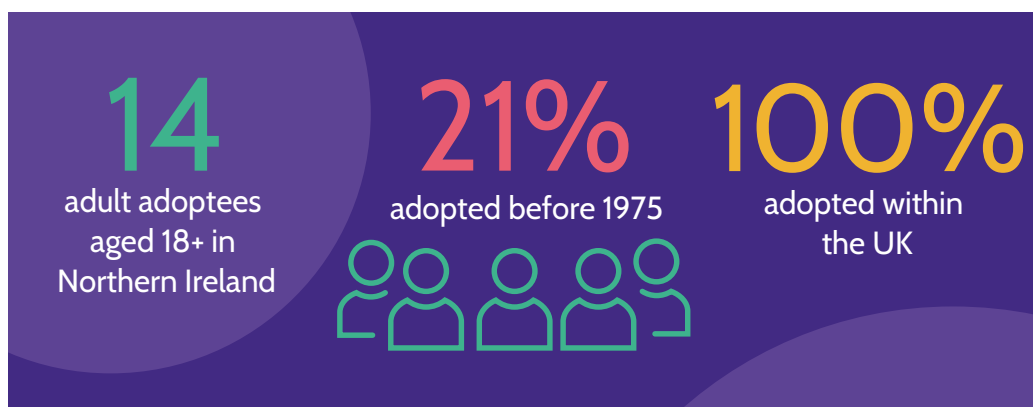
- Easy and well supported access to personal, historical records.
- All adopted people wishing to trace and re-establish contact with birth relatives have access to the professional support they need.
- All adopted people have free, lifelong access to appropriate, adoptee-competent therapeutic services and safe, high-quality peer support.
- Adopted people form the core membership of advisory groups that design and oversee the provision of services for adult adoptees.

Assessment of current national policies	Score			
	England	Northern Ireland	Scotland	Wales
There are nationally agreed standards for access to personal historical records and associated support services	POOR	FAIR	POOR	FAIR
There are nationally agreed standards for support for continuing contact with birth relatives, tracing and reunion, including mediation and counselling	POOR	POOR	POOR	POOR
Nationwide, free, lifelong therapeutic support for adopted people, designed to national standards, including therapeutic services, counselling and mental health support, is delivered by professionals with expertise in adoption	POOR	POOR	POOR	POOR
Nationwide provision of peer support networks for adopted people	POOR	POOR	POOR	FAIR
A national advisory board oversees the design and delivery of services for adult adoptees with a majority of the members being adopted people	POOR	POOR	POOR	POOR

	Score				
	UK	England	Northern Ireland	Scotland	Wales
Assessment of lived experience					
I feel confident that suitable, professional support would be available to me when obtaining personal, historical records from the relevant authorities	44% ➡	46% ⬆	61%* ⬆	29%* ⬆	31%* ⬇
I would feel confident approaching professional services for support with tracing or reconnecting with my birth relatives	42% ➡	41% ➡	62%* ⬆	41%* ➡	50%* ⬇
The counselling I was offered as part of tracing or reconnecting with my birth relatives was attuned to my needs as an adopted person	80% ⬆	78% ⬆	N	N	N
I know where I can access counselling, therapeutic services and mental health support that is attuned to my needs as an adopted person	30% ⬆	30% ⬆	69%* ⬆	15%* ⬇	41%* ⬆
I feel confident that a range of appropriate therapeutic services are available to me as an adopted person	18% ➡	16% ➡	54%* ⬆	14%* ➡	29%* ⬆
I feel confident that I can access formal and informal peer support networks if I wish to do so	57% ➡	55% ➡	82%* ➡	56%* ⬆	69%* ⬆

N – Fewer than 10 respondents were eligible to answer the relevant question(s)

N.B. Arrows indicate annual comparisons for all nations but are likely to be volatile due to a relatively low total number of respondents, particularly in Northern Ireland, Scotland and Wales.



With a relatively low overall number of respondents, the percentage data can be volatile and lack validity but, in combination with comments left by respondents, several themes do emerge, many of which chime with the experiences of adult adoptees reported across the UK.

Life history and personal records

Birth, adoption and care records

Two thirds of adult adoptees in Northern Ireland who responded to the survey had accessed or attempted to access their birth, adoption and/or care records, and three quarters had a copy of their original birth certificate (a right only granted in 1989). Although no respondents reported having access to life journey materials during their childhoods, the majority did report that they had been able to gather some information from paperwork given to their adoptive parents at the time of their adoption. Despite this, only just over half somewhat or completely agreed that they had all the information they needed about their early life.

The issue of access to records, therefore, has always been and remains of significant importance. Unfortunately, successive *Adoption Barometer* reports have found that adoptees frequently face considerable challenges when navigating services. Among respondents this year, there was an increase in the number who agreed that they had been well supported by professionals when accessing their records (66%) compared to last year (33%), and respondents from Northern Ireland were more likely to say it was easy to find out how to access their records than elsewhere in the UK. However, with total numbers of respondents being low, it is not possible to conclude from this data alone that there has been definite improvement in the services provided.

In comments, respondents who had accessed or attempted to access records within the past five years gave both positive and negative accounts of their experiences.

“Disgraceful, insensitive, not transparent at all. I was continually told about lack of resources, people on job share, etc. and made to feel like a pain for daring to ask. Any request to source additional information was met with comments to put me off... Once I spoke with senior management, the experience was different, very empathetic, supportive, helpful and receptive to feedback even though it was negative.”

“In Northern Ireland, Access to Records guidance has improved access to adoption files with minimal redaction. However, it is still necessary to source information in multiple locations, where information is held by institutions linked to adoption practice in NI, making it challenging for the individual to know they really do have all the information pertaining to them. The establishment of a central records service would help as currently information is held in five Trust locations which vary in skill, resource and capacity.”

The *Access to Birth Records and Adoption Agency Case Records for Adults Impacted by Adoption*⁷ guidance was issued by the Department of Health in Northern Ireland in November 2023 following a report of the Truth Recovery Design Panel in 2021 which stated that excessive secrecy around adoption violates an individual's rights to truth, identity and freedom of expression. It is encouraging that at least one respondent to the *Adoption Barometer* survey has highlighted their personal experience of improvements as a result of this guidance.



7 <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-access-birth-adoption-records.pdf>

However, while effective guidance can improve policies and procedures, it is often the working relationships between professionals and those affected by adoption that heavily influence an individual's experience. The guidance requires agency social workers to provide "an individualised, person-centred response" and the experiences of those who have felt belittled or sidelined by comments made by professionals, even if unintentional, should be used to inform comprehensive training to ensure that services are delivered by professionals who have a full understanding of the perspectives and needs of adult adoptees.

Additionally, in common with practices across the UK, records are frequently held across various agencies and locations, meaning that those seeking them must equip themselves with considerable knowledge about all the records that are available and their possible whereabouts. Respondents in Northern Ireland and elsewhere in the UK have called for centralised services not only within each UK nation, but with collaboration between UK nations so that adoptees, wherever they live, are able to have a single point of access for this vital service.

Family medical histories

Linked to the wider issue of accessing records, lack of information about family medical histories can have serious consequences for adoptees. Across the UK, 97% of respondents had ever been asked questions about their family medical history by a healthcare professional, but only 4% had ever been given any information about their family medical history as part of their adoption records or from a social care professional.



Respondents were asked several questions about their general health based on the European Health Interview Survey (EHIS). Compared to the most recent EHIS data (from 2019-20) available from the Office for National Statistics, adoptee respondents from across the UK reported worse general health than the average population. Only 53% reported that their general health was 'good' or 'very good' compared to 75% in the EHIS survey, and 52% reported being 'limited' or 'severely limited' in daily activities due to their health, compared to 25% in the EHIS survey.

More than half (55%) reported having a long-standing illness or health problem and, for some, this had impacted their employment status. 30% had ever had to change their job, change their working hours or stop work altogether because of a physical health problem and of those currently in employment at the time of completing the survey (71% of respondents), 15% had missed 11 or more days of work in the past year due to a physical or mental health concern.

In view of the significant health needs of many adult adoptees, lack of information about family medical histories is a pressing issue, and responses demonstrated that not having vital health information could, in some cases, lead to poorer outcomes when seeking support for healthcare.

Medical record keeping systems which allow only a binary choice between 'yes' and 'no' when recording a family history of health conditions do not accurately account for unknown risks. Individuals may be flagged as not being at risk due to having no information and therefore miss being invited for testing for specific conditions that are known to have a heritable component. 31% of respondents in Northern Ireland reported experiencing a delay in obtaining a diagnosis or treatment of a health condition because of a lack of medical history (compared to 27% of respondents across the UK). Across the UK, and in Northern Ireland, only 8% of respondents said they had ever been offered extra tests (e.g. genetic tests or screening procedures) by a healthcare provider for the purpose of filling in these gaps in knowledge about their health risks.

Where adoptees have been in contact with members of their birth family, some are able to obtain additional information about family medical histories. However, this is not always a straightforward process. Of respondents in Northern Ireland who had connected with birth relatives, only 29% said their knowledge about their medical history had increased 'a lot' (compared to 25% UK-wide).

Part of the challenge was in raising these issues during what could be an emotive and sensitive process of reconnecting with birth relatives. Most respondents who had connected with birth relatives said they did not feel confident asking them questions about their family medical history. Those who had sought professional support to trace and reconnect with birth family members were unlikely to have been offered comprehensive advice or support related to filling in gaps in medical histories. In fact, 40% of respondents from Northern Ireland said this was not addressed at all by professionals who supported them during the process of tracing or reunion.

Changes within NHS practices, such as training for NHS staff and improvements to medical record keeping (such as allowing a person's status as an adoptee to be flagged on their notes if requested and ensuring that unknown risks are accurately recorded) could reduce the barriers to appropriate healthcare faced by many adoptees. Adoptees may also benefit from access to genetic testing and screening on request.

However, the broader issue with medical records, as with other records, is that the responsibility for piecing together essential information about themselves, their histories and their potential health risks is laid on adoptees, with support from agencies and professional bodies being inconsistent and difficult to access. Considering the implications of this both for adoptees and all their descendants, especially in the case of medical histories, this is a wholly unsatisfactory approach to a serious issue.

Establishing and maintaining birth family relationships

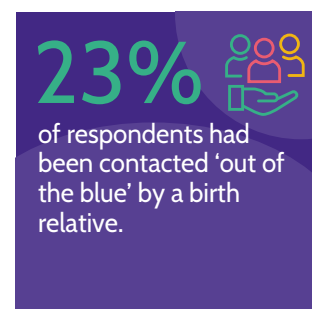
Although respondents from Northern Ireland expressed greater confidence in the services available to them for tracing and establishing contact with birth relatives than elsewhere in the UK, 38% said they did not feel confident they would get the support they needed, and 46% did not feel confident that birth relatives would get the support they needed.

More than half of respondents from Northern Ireland had attempted to trace or reconnect with a member of their birth family, but most of these had not sought help from a professional service (e.g. adoption agency, or voluntary sector organisation) and had instead carried out the search themselves using information from various sources including family history websites (54%), DNA testing (38%) and social media (62%). Nearly one quarter reported having been contacted out of the blue by a birth relative.

“I was traced by my birth sister when I was 15. This was too young and had an impact. The social worker would not allow my parents to be in the room during her sessions despite my request for this.”

“Not easy and no help available. I only found my mother because when I received my birth certificate, my best friend recognised her details. It turns out my best friend and I are related through marriage.”

While adoptees and birth relatives may, in some cases, be able to locate each other through personal research, the process of tracing is often only the beginning of the story. Making initial contact can be a leap into the unknown, and the journey from there to establishing an ongoing relationship may



not be straightforward. It is likely that all parties may benefit from sensitive, attuned, professional support at different stages in the process – indeed, of those who had sought help with tracing from a professional service, all had either accepted counselling as part of the process, or said they would have accepted it if it had been offered.

The issue of lack of confidence in the services available to support tracing and reunion is therefore one that must be addressed. While some may still choose to go it alone, all should be confident that appropriate support is available if it is required. Achieving this may necessitate a review of how such services are organised and provided.

“Adult adoptees should have the choice to engage with non-statutory agents to trace and reconnect with birth relatives. Adoptees may feel safer in a non-statutory setting and more willing to accept support.”

Accessing mental health and therapeutic support

Every adult adoptee from Northern Ireland who responded to the *Adoption Barometer* survey had, at some point in their lives, accessed professional mental health or therapeutic support as an adult (separate from any counselling they may have received when tracing birth relatives or obtaining their records). Respondents had sought support from NHS services (46%), private providers (46%), voluntary sector organisations (31%) and other providers (15%).



Considering the extent of the need for mental health and therapeutic support, it is essential that not only is support readily available, but that it is attuned to the specific needs of those affected by adoption. Where mental health professionals have little expertise in adoption, adoptees can find that even if they are able to access support, it is unable to address the full extent of their experiences and needs.

“I told the counsellor I was adopted and questioned if my feelings and behaviours were connected, and she didn't reply and moved on.”

Respondents who had accessed mental health, counselling or therapeutic support were asked whether they considered the professional they worked with to be ‘adoptee-competent’, based on a simple definition of a professional who has considerable training and expertise on the impact of adoption on the adoptee (including adoption and relinquishment trauma) and may also have lived experience as an adoptee.

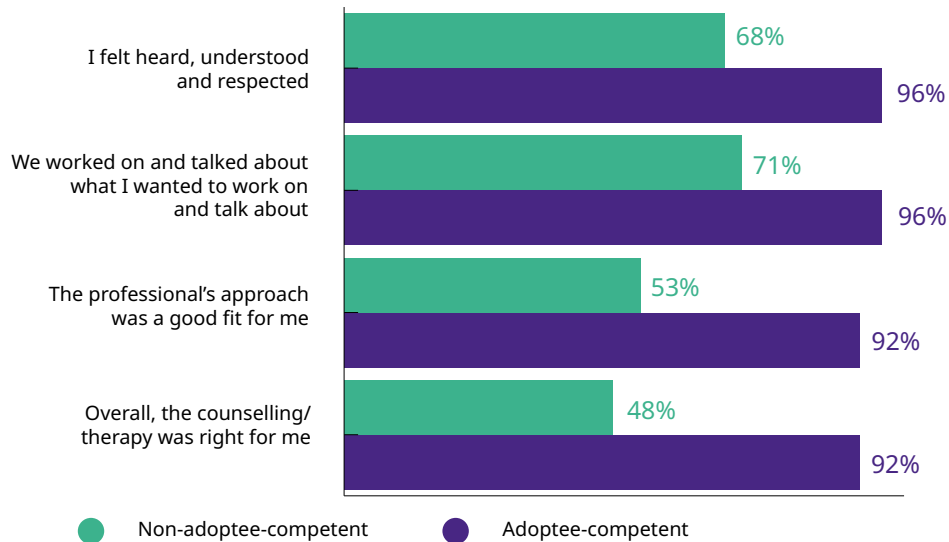
“I believe this is essential to support adult adoptees and this should be free for all adoptees when required. Lived experience can be helpful for a deeper understanding of the needs of clients.”

While a comprehensive definition of adoptee-competence goes beyond the basic definition used for the purposes of this survey, analysing the experiences of adoptees across the UK who have accessed mental health or therapeutic support clearly reveals the importance of even a basic level of adoptee-competence, both on respondents’ perceptions of the quality of support and the outcomes for the individual.

Among respondents across the whole of the UK who had ever sought professional counselling, therapy or mental health support, 85% had disclosed to the professional they had worked with most recently that they were an adoptee. 28% agreed that the professional they worked with was adoptee-competent, 17% were not sure, and 56% said the professional was not adoptee-competent.

Excluding those who were uncertain about their professional's adoptee-competence, there were clear differences in evaluations of the therapeutic process and its outcomes between those who were able to access adoptee-competent support and those who were not.

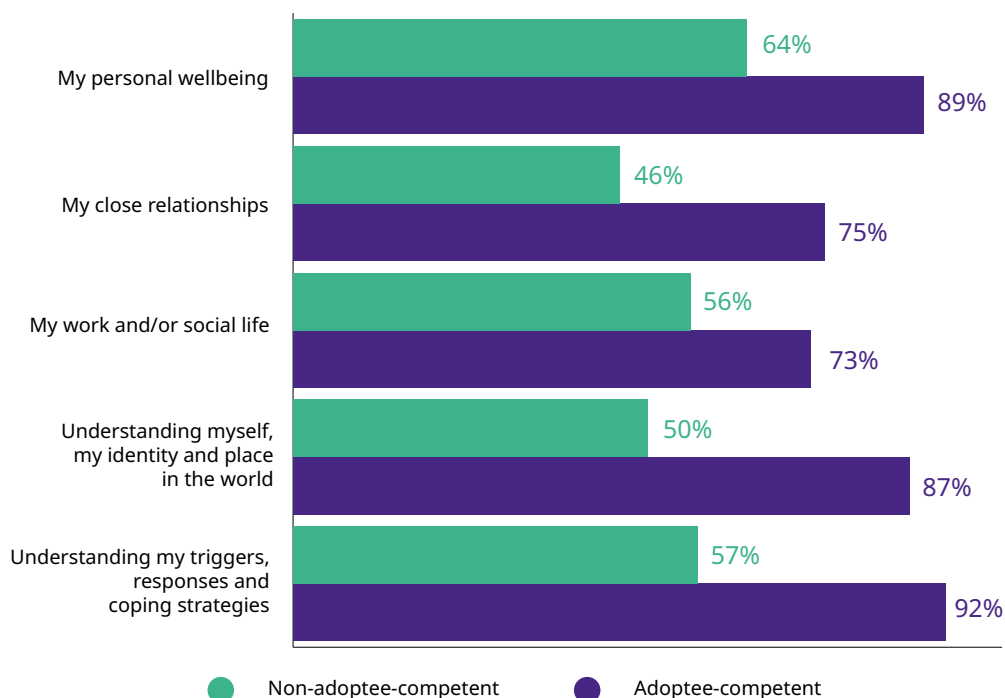
Figure 10: The impact of adoptee-competent support: respondents who somewhat or completely agreed with the statements about the therapeutic support or counselling they had accessed most recently (UK-wide)



While some did rate their non-adoptee-competent support positively, those who received adoptee-competent support rated their experience considerably higher in all measures. Almost all felt heard and understood, were able to focus on the issues of importance to them and considered the professional's approach and the therapy as a whole to have been right for them.

This difference is also strongly represented in the outcomes of accessing counselling and therapeutic support that were reported by respondents.

Figure 11: The impact of adoptee-competent support: respondents who somewhat or completely agreed that they experienced improvements in these areas after accessing counselling or therapeutic support (UK-wide)



Adoptees who were able to access adoptee-competent professional support reported significantly better outcomes in all areas than those who were not. Perhaps most striking are respondents' assessments of how counselling or therapy supported them to understand themselves and their identities, and their triggers, responses and coping strategies. These are areas that are likely to be highly individualised and strongly affected by care experience, relinquishment, loss, pre-verbal and remembered trauma, and adoption.

Considering the evident importance of being able to access adoptee-competent mental health and therapeutic support, its lack of availability for too many adoptees is a situation that is long overdue for urgent attention. Only 23% of respondents in Northern Ireland felt that services including those provided by the NHS had a good understanding of the needs of adoptees, and 46% did not agree that there was an appropriate range of therapeutic services available to adoptees.

In comments from respondents across the UK, three strong themes emerged around changes that would improve access to appropriate mental health and therapeutic support for adult adoptees:

1. NHS healthcare staff at all levels to receive training on adoption and its impacts as part of their initial training and continuing professional development so that adoptees can receive more sensitive primary care and be offered appropriate referrals when seeking support for mental health.
2. Specialists within the NHS who are adoptee-competent to deliver NHS mental health services appropriately to adoptees, including a broader range of services suitable for addressing pre-verbal trauma.
3. Professional registration bodies for therapists, counsellors and other mental health professionals to offer accreditation programmes for competence in working with adoptees, with full transparency about what accreditation entails, so that adoptees can have more confidence that their chosen professional has the right experience and knowledge. The British Association for Counselling and Psychotherapy (BACP) is in the early stages of a project to develop such a system.

Parenting as an adoptee

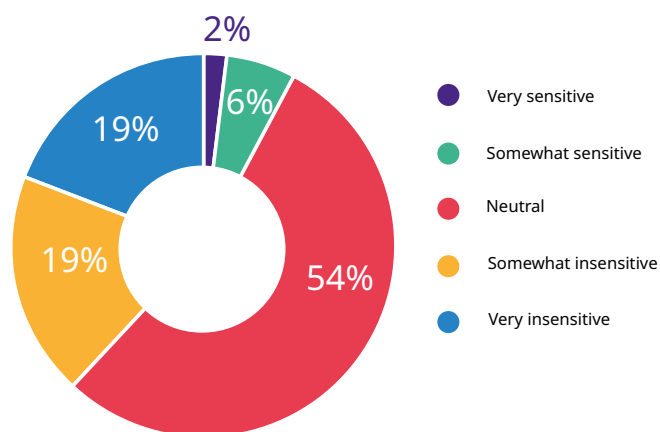
Across the UK, and in Northern Ireland, more than half of adult adoptee respondents reported being parents of a birth child of any age. Becoming a parent is a life-changing event for any person. For an adoptee, meeting their newborn may be the first time they have looked into the face of a person who is biologically related to them. Respondents to previous *Adoption Barometer* surveys have frequently noted that becoming a parent was a milestone for them in terms of their understanding of their experiences as an adoptee as not only does it raise questions about identity and belonging, but also highlights issues around missing medical histories and the impact of loss, relinquishment, trauma and adoption.

This year's survey included several new questions examining respondents' experiences of antenatal and postnatal care, as well as experiences of parenting as an adoptee more generally. With fewer than ten respondents from Northern Ireland being parents, and none of these having experienced antenatal or postnatal care within the past ten years, analysis of the specific situation in Northern Ireland is not possible. However, looking at responses from adult adoptees across the UK, it is evident that the care received by many who had become parents lacked understanding of the impacts of adoption and was not trauma-informed.



Only 16% somewhat or completely agreed that the professionals they encountered during antenatal care and during the birth of their child had a good understanding of the impact of trauma that parents may have experienced. Despite 62% of respondents informing their healthcare professionals that they (or their partner) were adopted, very few reported that the professionals they spoke to were sensitive to their adoptee status during antenatal care and childbirth.

Figure 12: Overall, how sensitive to your experiences as an adoptee were the healthcare professionals you met during pregnancy and the birth of your children?



Just over one third of respondents considered healthcare professionals to have been somewhat or very insensitive to their experiences as an adoptee. More than half considered healthcare professionals to have been neutral, implying that disclosing their status as an adoptee did not result in any particular response from healthcare professionals. This is concerning, since many respondents considered it to be far from a neutral factor at this important time in their lives.

“I didn’t make the connection between my experience as an adoptee and the struggles I had at the time. I now understand that my reactions were trauma based but there was nobody to understand what I was going through at the time.”

During the first three years of parenting, respondents were much less likely to disclose their adoptee status to the health professionals they encountered as a parent – only 51% had done so – perhaps in part because of a lack of supportive responses earlier in their journey to parenthood. Again, more than half described the response of professionals to learning about their status as an adoptee as being ‘neutral’, with 38% describing responses as somewhat or very insensitive.

Some respondents from Northern Ireland disclosed deep personal fears and insecurities around their own potential to be parents in the early years and beyond, linked to their experiences of relinquishment, loss and trauma.

“I nearly rejected my first child due to trauma.”

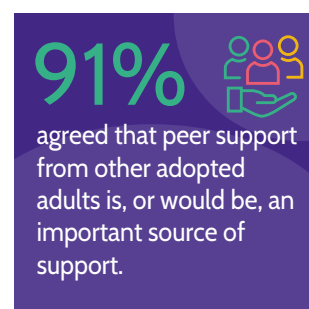
“I know now, 23 years later, that I’ve always had trouble bonding and parenting and I believe it is because I was relinquished at birth and my birth mother didn’t want me.”

Some respondents needed support that took account of their experiences as an adoptee, and perhaps additional reassurance and support around creating strong attachments with their children. However, across the UK, only 40% somewhat or completely agreed that the professionals they encountered during the first three years of their child’s life were supportive in helping them form a healthy and strong attachment with their child, and just 39% agreed that professionals helped them to feel more confident as a parent.

As with issues around family medical history and accessing adoptee-competent mental healthcare, much of the lack of appropriate care and support for adoptees in pregnancy, childbirth and parenting is rooted in lack of understanding and awareness of adoption and the implications of it among healthcare professionals. While training every single healthcare professional to a standard of adoptee-competence might be unachievable, ensuring awareness of adoption as a significant factor during training and continuing professional development for all healthcare professionals would at least support a more sensitive response when an adoptee discloses their adoptive status, and perhaps support professionals to suggest referrals for trauma-informed support from an adoptee-competent specialist if required, should such services be available.

Community and identity

Although respondents to the *Adoption Barometer* survey may have different circumstances surrounding their histories and be at different stages in processing their experiences, there was overwhelming agreement that peer support from other adopted adults is, or would be, an important source of support for them (91% in Northern Ireland, compared to 87% across the UK), and two thirds said that they had accessed organised peer support during 2024.



Those who respond to a survey like the *Adoption Barometer* are perhaps more likely to already be aware of, and possibly involved, in activities, advocacy and campaigning related to issues affecting adult adoptees. Half of respondents from Northern Ireland had heard about the survey directly from an Adoption UK communication, or via word of mouth. 45% said they had attended or participated in adoptee-led activities or events during 2024, and 40% had participated in adoptee-led advocacy or campaigning around adoption.

As a result, the proportion of those who say they have been able to access peer support, both in Northern Ireland and across the UK, is likely to be over-represented in this data. Despite the evident importance of peer support, many adoptees who are not as closely involved in, the adoptee community may be unable to access the benefits of it.

While adoptees themselves frequently gather together to organise peer support, and this should always be adoptee-led, the responsibility to create, fund and maintain such immensely valuable groups should not be left to adoptees alone. Services providing support to adult adoptees for any aspect related to adoption should consider the value of establishing peer-led support groups. When accessing records, tracing birth relatives and seeking appropriate therapeutic support, peers can be a valuable source of advice and guidance. Consideration should also be given to the specific support needs of, for example, those at different stages their life journeys, those impacted by differing historical practices around adoption, and internationally and transracially adopted individuals.

Although there is often broad agreement on issues such as peer support, there are other areas where the consensus is not as strong. The characterisation of adoption as a form of care experience and inclusion of adoptees within the care experienced community is one issue on which there was evidence of mixed views.

The position of adoption within the wider conversation concerning the care experienced community is relevant in the delivery of public services where there are policies which aim to take account of the impact of being care experienced on the life journey of an individual. Some of these policies are applied broadly to any person who has ever been in the care of the state, while others are limited to more tightly defined groups, such as 'care leavers'.

In decisions about how services can better meet the needs of care-experienced individuals, adoption is sometimes viewed as a grey area in terms of meeting the definition of care experience, especially historical adoptions which may have been arranged privately without the individual ever officially being considered to be in the care of the state.

In Northern Ireland, as elsewhere in the UK, most respondents agreed both that the term 'care experienced' should include anybody who had ever been in care, no matter when or for how long, and that any standardised, legal definition of 'care experience' should include adoptees as being care experienced people.

However, only around half of respondents from Northern Ireland said that they considered themselves to be care-experienced. This mirrors responses from adoptees across the UK and is at least partially linked to how recently respondents had been adopted, with those adopted since 2005 much more likely to identify with the term.

Figure 13: Respondents who somewhat or completely agreed with the statement, "I would consider myself 'care-experienced'" (UK-wide)



At all levels of policy making, locally and nationally, consistency and clarity around the use of terms such as 'care-experienced' is essential both for coherence in application of policy and to ensure those affected by it are able to benefit. Where policies are in place to fulfil statutory duties as part of corporate parenting duties towards tightly defined groups, for example, those leaving care, avoiding the use of potentially ambiguous terms, such as 'care experienced', will support individuals and services to accurately define who is eligible for supports.

Outside of statutory duties relating to corporate parenting, broader policies designed to recognise and address the lifelong implications of childhood experiences including abuse, neglect, trauma, relinquishment, care experience and legal separation from birth families should seek to adopt the widest definition of care-experience, including adoption and kinship care, so that all those who are impacted can, should they wish, be included.

Recommendations

Access to personal records

- Centralised national advice and support services for adoptees who wish to access their adoption records. These services to include advice and support in locating and interpreting records, and in accessing adoptee-competent counselling.
- Ahead of the centenary of the 1926 Adoption Act, government to extend the statutory protection of adoption records to 150 years, pending research into digital solutions for permanent retention of records, as recommended in the guidance provided by the Archives and Records Association.

Tracing and reunion

- Government to review national services for tracing and reunion, and work with adult adoptees to create guidance to ensure consistency across services, including access to advice, support and adoptee-competent counselling when requested.

Therapeutic and peer support

- All adult adoptees should have access to adoptee-competent counselling and therapeutic support at no cost, whenever it is needed. As a step towards this:
- Government to conduct a review of the availability, affordability and adoptee competence of therapeutic services for adults.
- Professional registration bodies for therapists, counsellors and other mental health professionals to provide a voluntary competency framework which those working with adopted people could choose to take up. This would give adoptees more information about the level of adoptee competence when choosing a mental health provider.
- NHS to provide training in adoptee competence for all its mental health professionals
- Governments to ensure funding for peer support for adult adoptees, with guidance about best practice shaped by those with lived experience.

Health care

- As part of training for all NHS professionals as detailed in the recommendations for Established Families:
- NHS to provide training for all healthcare professionals to ensure that adoptees with an unknown medical history are not inadvertently treated as low or no risk.
- Specific training for perinatal healthcare professionals to improve understanding of challenges often faced by adoptees who are becoming parents.
- NHS to introduce a provision for adults to highlight their adoptee status on their medical records on request, to avoid intrusive questioning and improve medical care.

Other

- Government to create reference groups of adult adoptees to ensure lived experience informs policy development.
- Government to introduce a legal definition of care experience, to include adoption, following consultation with all care experienced people, including adoptees.
- Government to commission research into outcomes for adult adoptees of all ages.

Appendix

The *Adoption Barometer 2025: Northern Ireland* is based on the findings of a survey of adoptees aged 16 and over, prospective adopters, and adoptive parents of children aged 0-25 during January and February 2025. The survey was hosted on Survey Monkey and was open to relevant respondents living in the UK, both members and non-members of Adoption UK. This report focuses on the experiences of respondents who were living in Northern Ireland during 2024.

The majority of the survey questions required respondents to focus on their experiences during 2024, providing a snapshot of lived experience for that year.

Our analysis of the data is split into four groups of respondents:

Early stages – adopters who underwent any part of the approvals and/or matching process during 2024, those who had a child move into their home during 2024 and those who obtained an adoption order during 2024.

Established adoptive families – adopters with one or more adopted children aged 0-25 whose adoption order was granted prior to 2024.

Teenagers and young adults – adoptees aged 16-25 and adopters with one or more adopted children aged 13-25 during 2024.

Adult adoptees – adoptees aged 18 and above.

For each group, the report includes an 'Assessment of Current National Policies' summary table covering several key objectives. We give a score of 'good' (policy is in place to meet the objective), 'fair' (policy is in place to partially meet the objective or is in development to meet the objective) or 'poor' (policy is not yet in place to meet the objective) for each nation of the UK.

Each group also has an 'Assessment of Lived Experience' summary table with specific data points from the survey which relate to respondents' lived experiences of key policy areas. These data points are tracked year on year, with arrows indicating whether each score has gone down, stayed the same or risen since the previous year. Small changes of less than 5% are marked with a horizontal arrow. Scores of less than 60% are colour coded red, 60-79% are amber, and scores of 80% or above are green.

Characteristics of respondents

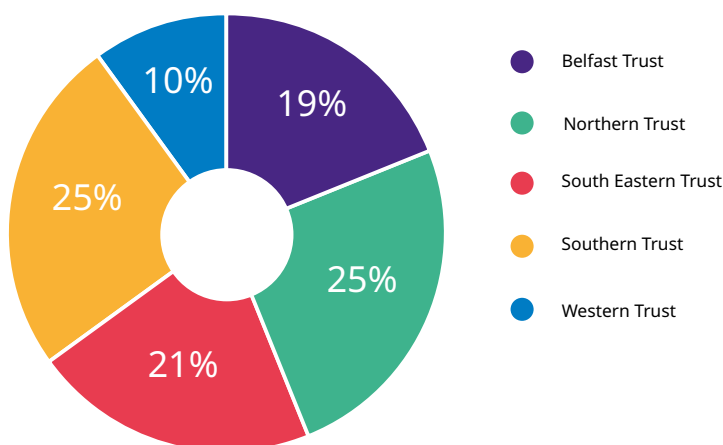
The data and analysis for Northern Ireland is based on survey responses from 31 early-stage respondents, 60 established family respondents (including 14 with children aged 13-25), representing 88 adopted children between them, and 14 adoptees aged 16+. 2.9% of survey respondents were from Northern Ireland, which is proportionate to the population of Northern Ireland within the UK, which is estimated at 2.8%.

Where the number of respondents to a particular question was fewer than 30, this is indicated in the 'Assessment of Lived Experience' summary tables with an asterisk *. Where the number of respondents to a particular question was fewer than 10 this is indicated with 'N'.

Among prospective adopters and adopters:

- 91% were members of Adoption UK
- 13% identified as LGBTQ+
- 97% described their ethnicity as 'white'
- 69% said they have a religious faith
- 7% described themselves as a person with a disability

Figure 14: Geographical location of prospective adopters and adoptive parents



Among adopted adults:

- 100% were adopted from within the UK
- 21% were adopted in 2005 or later
- 100% described their ethnicity as 'white'
- 21% described themselves as a person with a disability



Our vision is a society in which every child who is unable to live with their birth parents can thrive in childhood and has an equal chance of a bright future as an adult.

Head Office

Bloxham Mill
Barford Rd
Bloxham
Banbury OX15 4FF

Phone 01295 752240

Email info@adoptionuk.org.uk

Scotland Office

Gf2 Rooms 3 & 4
Great Michael House
14 Links Place
Edinburgh EH6 7EZ

Phone 0131 322 8501 / 0131 322 8502

Email scotland@adoptionuk.org.uk

Wales Office

Office 9 – Big Yellow
65 Penarth Road
Cardiff CF10 5DL

Phone 029 2023 0319

Email wales@adoptionuk.org.uk

Northern Ireland Office

Adoption UK (at Groundwork)
63-75 Duncairn Gardens
Belfast BT15 2GB

Phone 028 9077 5211

Email northernireland@adoptionuk.org.uk

Adoption UK Information & Support Line

0300 666 0006

www.adoptionuk.org



twitter.com/adoptionuk



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