

Minutes

6 December 2022 | 10am – 12pm

Present:

Florence Chiwetu	Clover Fostering Ltd	(FC)
Paulette Forbes	Sheffield Metropolitan	(PF)
Singeta Kalhan-Gregory	St David's Children Society	(SKG)
Irene Levine	IAC Adoption	(IL) (chair)
Steve O'Loughlin	Independent	(SOL)
Amreen Riaz	Adoption Matters	(AR)
Aminah Sumpton	Independent	(AS)

In Attendance:

Ellen Broome	CoramBAAF (CB)	(EB)
James Bury	CoramBAAF (CB)	(JB)
Georgina Coope	CoramBAAF (CB)	(GC) (minutes)
Ellie Johnson	CoramBAAF (CB)	(EJ)

Apologies:

Bernadette Caines	Independent	(BC)
Sariya Cheruvallil-Contractor	Coventry University	(SCC)
Esther Saunders	Independent	(ES)

1. WELCOME AND INTRODUCTIONS

- 1.1 The Chair welcomed members to the meeting.
- 1.2 It was noted that GC would be taking over from Danielle Sawyer as business support for BMEPAC.
- 1.3 The Chair went through minutes of the last meeting. It was noted AR was listed in both attendance and apologies sections. GC to amend this. All other sections were accepted as an accurate reflection of the meeting.

2. CB GUIDANCE – 'GENETIC TESTING TO DETERMINE ETHNICITY'

- 2.1 EB thanked EJ for joining the meeting to provide BMEPAC with an update.
- 2.2 EJ explained that, back in 2015, CB Health Committee worked with the British Society for Genetic Medicine (BSGM, then of a different name) who are experts in paediatric genetics. BSGM



produced a position statement on ethnicity/ ancestry testing, published in the 2015 CB health guide. This is still a current publication.

- 2.3 EJ and AR recently discussed whether the statement required updating. This issue previously appeared on health committee agenda but, due to pandemic, other items were prioritised. Current Chair and members of BSGM were identified and agreed to look at the statement.
- 2.4 BSGM part of development of new guidance published by Joint Committee of genomics in medicine, including Royal College of Physicians, on genetic testing in childhood (link in agenda-pg. 52). CB Health Committee reacted positively to chapter on genetic testing, which encompasses all issues regarding looked after children.
- 2.5 *C.14.9 Testing (C16) in an attempt to determine the genetic ancestry of a looked-after child on the premise of aiding in their placement is a fundamentally flawed practice and should be strongly discouraged. 116,117.*
- 2.6 Experts in genetics and genomics feel science has not moved on to the extent where they can recommend genetic testing. However, BSGM would like to re-word this statement.
- 2.7 Humans have markers in their genes indicating certain characteristics, suggesting origins can be determined. Genome sequencing has been done across the world, where similar markers are looked for within sample populations. Individual samples are analysed for similar markers that match the general data base. However, there is a difference between markers exhibited today and those of four generations ago. Individuals sending samples to multiple companies are receiving different results, suggesting the science is not robust. Additional concerns relate to privacy and use of genetic information for other purposes (e.g. the criminal justice system.) CB health committee feels expert position strong on this. It was noted EJ is not an expert on genetics.
- 2.8 SOL questioned whether this has implications for past discoveries. For example, the Mary Rose having crew members of black heritage, or Rebecca Cann matching mitochondrial DNA of a likely black female skeleton to all humans.
- 2.9 EJ to go back to BSGM with specific questions. It was recognised that whilst the statement feels very definitive it lacks explanation.
- 2.10 IL raised difference between genetics and identity and difficulties posed by this when placing children. AS raised issue of unknown heritage. It is important for children to have some knowledge of their origins for future sense of identity.
- 2.11 EJ highlighted primary concerns that information provided may be inaccurate. Companies perform genetic testing for many different reasons (e.g. identifying genes for medical conditions.) This is direct consumer testing. Experts are being generally cautious about direct consumer testing, as science not available to back it up.



- 2.12 BSGM to look specifically at statement wording, but clear basic position has not changed. Genomics continuously moves on as knowledge expands. Genetic understanding often oversimplified, with assumption genes travel down through generations, when reality is more complex.
- 2.13 EB noted difficulty in providing guidance on this when science so unclear. Children and YPs should be supported to explore and there may be an opportunity for this committee to do something around that.
- 2.14 IL highlighted importance of children understanding who they are and where they're from. Whilst pitfalls and challenges must be acknowledged, there is a need to look into what information can be given to YPs. Looked after children who don't know their heritage require support if they are using these companies out of desperation.
- 2.15 AS sat on adoption panels where adopters desire DNA testing to help their child with heritage and identity. There should be more support for social workers to find out information on birth families from wider family members.
- 2.16 AR agreed there should be support and guidance for adopters on dealing with genetic uncertainty (i.e. paternity and/or potential health conditions are unknown) to help YPs who may want to find out more in future.
- 2.17 There are existing CB Good Practice Guides which cover genetic testing and identity, but details need to be reviewed. Theme of identity is covered in health training and there are conferences for medical advisors on dealing with uncertainty.
- 2.18 SOL noted it would be helpful to have an indication of genetic testing reliability, if BSGM are cautious about it, to help YPs/ adults who already used it. EJ emphasised blood tests cannot explain heritage. Science too complicated to go into now. CB to look at available guidance on issue of uncertainty and add to next agenda. EB/CB to pull resources together for further discussion.

3. SELECT COMMITTEE ON CHILDREN AND FAMILIES ACT 2014

- 3.1 Post legislative scrutiny undertaken on Children and Families Act 2014 is complete. Lords published scathing report emphasising implementation failures. Contains multitude of recommendations for variety of areas (early year's child care, kinship, adoption etc.) Made series of positive recommendations for implementation. Rising costs and lack of choices regarding how money is spent within LAs gives little hope for implementation. BMEPAC intervention mentioned in several places. EB thanked members for their influence. EB to send report to members. Other Coram and CB evidence also included. CB to add Lords report to next agenda.
- 3.2 Key recommendations for this meeting: *'establishing an outcome focused task force, accountable to the secretary of state, dedicated to addressing ethnic and racial disparities in the adoption system.'*



- 3.3 EB noted one of four RAA leaders' group ambitions is around EDI and racial disparity. There is already a task and finish group addressing this, however, this doesn't address other forms of looked-after placements.
- 3.4 Committee recommended government set up task force but formal response is yet to be made. It appears this group will be transferred to RAA leader's ambition number two group on racial disparity. Members may be able to put themselves forward for this once government response is clear. EB suggested members also put themselves forward for care review implementation board, or opt to write a letter.
- 3.5 AS expressed interest in transracial adoption data and level of support available for those adopters. Ability of white British adopters to understand black psyche within an institutionalized racist society was questioned, with the suggestion of black therapists being made available for white transracial adopters. A black therapist could help white adopters understand the black experience. AS noted black parents have lived experience that can be utilised to equip children to face racism, but white parents don't necessarily have that. Parents who take on children of differing ethnicity must be prepared for what that brings. IL added it is important for social workers to understand the complexities of this when assessing suitability of potential adopters.
- 3.6 Transracial adoption was SOL's role in ASGLB. Government didn't like term transracial and wanted to replace with interracial. However, ASGLB identified a history and body of knowledge behind transracial placements that doesn't refer to interracial placements. SOL suggested all black people in care system have a self-esteem assessment to combat internalised racism and assist with positive self-image.
- 3.7 PF has delivered transracial adoption training in North/ North West for about two years. Worrying lack of knowledge and awareness of support available to adopters and foster carers. Significant gap in services. A white person has limited knowledge of racial trauma, so targeted support packages should be put in place.
- 3.8 IL to send out information regarding transracial placements ambitious group. Members can express interest in helping put together support programme. IAC has specific online training on transracial adoption; available early next year. Irene to send link to members once published. Contains experiences of transracially adopted adults and their thoughts on how their situations should have been handled.
- 3.9 [Angela Tucker](#) is a transracial adoptee in America.

4. **FUTURE OF BMEPAC**

- 4.1 CB committee day highlighted BMEPAC challenges and lack of strategic centering. Conversations were had around lack of BMEPAC achievements. John Simmonds has consistently stated role of



BMEPAC over the years should not be minimized and discussion not underestimated. However, members should consider how their strategic reach could be more effective, i.e. connecting with other groups. Members invited to share views on proposed model from EB and IL.

- 4.2 Other CB committees do have diverse representation and include discussions on minority ethnic children within agendas. Potential for discussions to be more connected if members attended other committees and then continued conversations in own meetings.
- 4.3 FC noted this was how BMEPAC began; with JS approaching FC. Had good connections with ASGLB and discussions often fed through to them. FC highlighted importance of connecting with other groups who focus on different areas (play, education etc.) and having a clear strategy.
- 4.4 EB summarised the make-up of CB fostering committees and their focus on lived experience. FC identified as only BMEPAC member to sit permanently on another committee. Ethnicity of CB committees not monitored, but diversity a main focus when setting up new adoption, fostering and kinship groups. CB questioned whether ethnicity should be monitored more closely, to the same extent CB staff are monitored. EB emphasised importance of recognising diversity is not always visible, therefore AC diversity cannot be stated unless data collected from members. Decision to do this would need to be Coram wide.
- 4.5 Advisory Committee connections should be two-way. EB acknowledged members have not previously been asked to sit on other committees due to expected time commitments. EDI talked about in other committees and CB looking to tie conversations together. EB happy to ask for BMEPAC volunteers from other committees, but clear agenda must be clarified first.
- 4.6 AS appreciated time commitments must be considered and asked about compositions and attendance of EDI groups in other organisations. Wellness sessions very well promoted and attended within AS' organisation, but EDI not pushed as strongly.
- 4.7 EB outlined CB EDI plan; very active and engaged aspect of organisation. Monthly EDI sessions held for all teams at all levels to reflect on topics and materials. Initial focus on race and ethnicity, but scope now broadened to encompass all EDI aspects. EB conscious CB predominantly an older, white presenting organisation so has tried not to lead too much on this. PRD team currently taking audit of all resources to identify necessary updates. EB happy to share next EDI plan (2023 onwards) with members for feedback. Addressing diversity of committee members part of said plan.
- 4.8 SCC recognised different Welsh perspective. Welsh government providing more scope for EDI consultation and discussion so changes will be made, but EDI not on agenda at the moment.
- 4.9 SOL highlighted importance of members being able to focus on areas they have knowledge of. Members should be able to form links with others with same specialist knowledge. Professionals



can represent young people's voices, but ideally information should come straight from them (where possible.) SOL happy to support BMEPAC proposal.

- 4.10 CB interested in cross-over between groups, but appreciate member's time is restricted. CB can take on some heavy lifting, but member's expertise and experiences are what's required. FC suggested making clear attending every meeting is not compulsory (terms of reference to be considered). If papers sent well in advance members can contribute to discussions via email, phone etc. enabling time to be distributed more easily.
- 4.11 EB recognised other CB committees have stricter focus (e.g. commenting on specific reports) and could BMEPAC follow suit? Voices of children and YPs also something CB keen to incorporate in a meaningful way. This must be thought about and is on work plan for 2023. Will likely be limited and contained. IL noted existing children's and adult care experienced forums are available to tap into, so no need to create own.
- 4.12 Group consensus that proposed model workable and can be taken forward. More work to be done around representation on other groups and getting BME members from other committees to attend. This group to remain BME rather than EDI. Members encouraged to offer further input via discussion with IL and EB. Request to be extended to the wider group not in attendance and meetings to be arranged for January. Please email EB and/or IL.
- 4.13 GC to add list of CB Advisory Committees and Practice Forums to minutes (see AOB). Members to consider which groups they wish to attend. SOL chairs Black Workers (North) Practice Forum, which all BMEPAC members are welcome to attend.
- 4.14 EB open to bringing new members into BMEPAC. Members to recommend colleagues or organisations to contribute to strategic agenda.
- 4.15 The possibility of meeting in person once per year was considered. CB Committee Day will be an annual occurrence for groups to come together. Next CB Members' Week set for 25-29 September 2023.
- 4.16 IL acknowledged history of group connections and informed strategy. IL sat on BAAF management board as black workers representative. BMEPAC to receive proposals and resources and invest time into discussing as a collective body to inform and advise. Advisory committees don't need to create but to identify gaps and needs. Can be available to consult on other groups' projects by utilising experiences to provide additional insight.
- 4.17 SOL interested in responding to ratio diversity unit at cabinet office, which has changed the way it presents data. Mentioned in Practice policy update but consultation now closed. Important to get timely, relevant information to maximise effectiveness.



4.18 CB to think about how and when to send information to BMEPAC in digestible formats. Members to add additional information received to agenda, or circulate between meetings. Consultations have tight timeframes which won't always coincide with meeting dates. Breadth of group coverage makes sharing difficult and should be more targeted.

5. **ANY OTHER BUSINESS**

5.1 No other business was raised.

5.2 CB Advisory Committees and Practice Forums:

- Adoption Advisory Committee
- BME Perspectives Advisory Committee
- Fostering Advisory Committee
- Foster Carers Advisory Committee
- Health Advisory Committee
- Kinship Care Advisory Committee
- Research Advisory Committee

- Adoption Practice Forum
- Black Workers (London and South) Practice Forum
- Black Workers (Midlands and North) Practice Forum
- Fostering Practice Forum
- Health (London and South) Practice Forum
- Independent Fostering Providers Practice Forum
- Kinship Care Practice Forum
- Panel Advisors (Adoption & Fostering) Practice Forum
- Panel Chairs (Adoption) Practice Forum
- Private Fostering Practice Forum

5.3 Members can sign up to practice forum mailing lists and register for meetings here: [Practice Forums | CoramBAAF](#) (log into CB account first).

Date of next meeting: tbc