

Briefing on Serious Case Reviews



Family W

([LSCB is not identified to protect the anonymity of the children](#) June 2013)

Note: All references to the identifying and location details relating to the family, known as W, have been removed from the SCR Overview Report in compliance with a Reporting Restriction Order of the High Court and to preserve anonymity for the children.

Background

This review considered the circumstances of M and her "adoption" of children, A, B & C over the course of 16 years and her plans to adopt D (a child of A). A, B, C and D were brought into the care of the local authority following the birth of child D and a disclosure by A. Child D was conceived, following repeated attempts at artificial insemination of child A, at M's direction, over a period of two years. Earlier M was admitted to hospital and the care arrangements of the children and their emotional needs were not assessed. The family was known to a wide range of agencies. A number of criminal charges were brought against the adoptive mother and she is receiving a long custodial sentence.

This case identified many child concern issues including:

- The adoption from abroad of three previously unrelated girls, including one illegal adoption;
- Social isolation, neglect and emotional maltreatment of those children
- Physical abuse of the youngest child;
- Home education of the children used in part as a way of avoiding scrutiny of their care
- Artificial insemination of the oldest girl, from the age of thirteen, arranged by the adoptive mother
- The consequent birth of a child for whose care the adoptive mother (known as M) sought to assume responsibility, against the wishes of the mother (known as A).

This was a highly unusual and complex case. Even if the child's actual circumstances could have been fully appreciated early on, it would have demanded specialist knowledge and practice to address the multi-faceted issues present in the family.

Whilst this case highlighted learning at a local level, it also raised various complex public policy issues in relation to the purchase of sperm, artificial insemination and surrogacy, and the circumvention of inter-country adoption processes. As a consequence, the respective LSCB has referred matters of national and international significance to the appropriate Government departments.

Key Learning Points:

Enhancing core skills working with parents

- Parents and carers who present as calculated, determined and articulate present different challenges to practitioners. Such adults may not present any hostile threat or be openly uncooperative. Their verbal, written and other responses in terms of their understanding of their rights and the law may leave practitioners feeling de-skilled with a clear message it is “best not to go there”. Single agency and multi agency training programmes should include effective learning opportunities so practitioners can develop skills as lone workers and jointly with other disciplines to minimise the impact of such behaviours and stay child focused.

Safeguarding children who are home educated

- Elective home education can be exploited by some parents and carers to conceal abuse or neglect. This is likely to leave such children very vulnerable to harm as they may not have access to many or any services outside the home. There needs to be good information sharing between agencies where there are concerns based on effective protocols between Education, Children’s Social Care and other services.

Focus on the child

- When lone parents or carers are admitted to hospital (or are unable to care for their children for some other reason) the home care arrangements must be assessed and support provided to ensure the children’s welfare is not compromised – even when the parent or carer is taking responsibility for children to live at home without an adult. In addition, the admission should trigger consideration of the implications for the children’s short, medium and long term emotional, care and other needs.
- It is essential to hear children’s views on their care and daily experiences to understand their needs.
- Children under the age of 18 should not be recorded by hospitals as ‘next of kin’ in relation to their parent or carer.

Using child protection procedures

- When children present at their GP or other health professional with a suspected miscarriage or about other matters that would indicate sexual activity, a risk assessment should be followed to safeguard the child’s welfare and ensure appropriate action is taken where a crime may have been committed.

Protecting children’s legal status

- Where children are known to have undergone an inter-country adoption (or in the process) specialist advice should be sought regarding the legality of such arrangements and concluding this promptly. Also, children being brought up by diverse families and communities are likely to have additional needs which might not be met by their adoptive parents and wider family. Where parents or carers have little insight into these issues it should prompt consideration of counselling how best to address child’s identity needs.

Commitment to interagency child protection processes

- When an agency refers a child concern issue to another agency this does not mean they have discharged their safeguarding responsibilities.
- Full agency checks should be made where Children’s Social Care receives a child concern referral and members of the public should be interviewed when they make a referral.

