coramBAAF adoption • fostering • kinship
regional adoption agencies
cvaa uk

Briefing Note

Implications of the Cumbria Child Safeguarding Practice Review

26 June 2023

The aim of this briefing is to report the considered response of a Regional Adoption Agencies convened Task and Finish Group

The Regional Adoption Agency (RAA) Leaders' Group set up a Task and Finish Group as a forum, to consider the recommendations from the recent Cumbria case focused on the death of Leiland-James Michael Corkill (Pettit, 2022). This was in order to agree proposals to share with the wider RAA Leaders' Group/Association of Directors of Children's Services (ADCS)/voluntary adoption agencies (VAAs) and the Department for Education (DfE) regarding the implementation of any changes to practice/regulations/guidance. A cross-sector approach considered implications for practice.

The aim of the group was to reach a consensus around practice in the light of the recommendations. Due to differences in regulations and guidance, the discussions and practice recommendations are relevant to England only.

A number of CoramBAAF practice forums and advisory committees were consulted and stakeholder views relayed to the Task and Finish Group. Key themes that emerged were that any changes should ensure an appropriate and balanced approach, to avoid delay for children, whilst ensuring that children are safeguarded from harm.

The case

Leiland-James Michael Corkill was removed from his birth family through care proceedings and placed with foster carers when aged two months. The plan for Leiland-James was adoption and he was placed with prospective adopters, Laura and Scott Castle, when aged seven months, in August 2020. Laura and Scott Castle had been assessed and approved as prospective adopters in 2019 and matched with Leiland-James at an adoption panel 11 months later.

Leiland-James died in January 2021, of a catastrophic head injury, having lived with his prospective adopters for five months. In May 2022, Laura Castle was found guilty of murder and jailed for life with a minimum term of 18 years. She had admitted manslaughter. During the hearing, she was found to have lied about her alcohol use, mental health, physical health, family debts, and attitude to physical chastisement.

© CoramBAAF - adoption · fostering · kinship 2023

Scott Castle was cleared of causing or allowing Leiland-James' death. Cumbria Safeguarding Children's Partnership published the review report in July 2022. It contained both local and national recommendations, and further information and context on the murder of Leiland-James.

Summary of findings in the review report

Assessment

During the adoption assessment, the prospective adopters are said to have presented as a 'united couple' with a 'strong and solid relationship'. Written references were requested and provided from personal referees, and face-to-face follow-up interviews undertaken. Referees were specifically asked if the prospective adopters used physical chastisement or inappropriate discipline, and did not report any concerns.

The report from the agency medical adviser commented that the prospective adopters' alcohol use was above the recommended health limit and that this should be explored further by their social worker. The female adopter had stated on her form that she drank two bottles of wine a week, and the male adopter around 10 cans of cider a week. The assessing social worker undertook a further exploration of the couple's drinking, and evidence of the challenge and additional assessment was then included in the prospective adopter's report (PAR). This was acceptable to the adoption panel, which approved the adopters and later the match. The social worker concluded that the couple had a 'healthy and informed approach to alcohol' (Pettit, 2022).

> *The assessment and approval of the prospective adopters in this case was described by those involved at the time as "unremarkable".*
> (Pettit, 2022)

Post-placement issues

Several issues and events were noted in the first few months after Leiland-James went to live with his prospective adopters; details of other issues became more apparent in the subsequent enquiry.

- The older child in the family had a pre-arranged operation that was not disclosed to the local authority at the time. Leiland-James went to stay with other family members at this time. Social workers were unaware of this.
- Leiland-James was referred to by the family as 'James', despite the adopters previously agreeing to use his full name.
- Leiland-James spent significant amounts of time, including overnight stays, alone with his soon-to-be-adoptive grandparents and aunt and uncle.
- New Covid-19 restrictions were implemented not long after Leiland-James was placed for adoption.
- The female adopter was diagnosed with rheumatoid arthritis in September 2020, weeks after Leiland-James's placement with the family. This was not shared with the adoption team.
- The female adopter was referred to a consultant gastroenterologist by her GP and seen in September 2020, around a month after Leiland-James was placed.
- A letter was sent from a consultant gastroenterologist to the female adopter's GP reporting concerns about her alcohol intake, which at that stage was reportedly 27 units a week and was thought to be having an impact on her health condition. This information was shared with the

GP in the letter but neither the health issue, nor the alcohol use, was shared with any other agency.
- The female adopter had disclosed to a First Steps (NHS psychology service) counsellor that she was drinking significantly.
- The female adopter was receiving "talking therapy" support from First Steps at the time of the adoption assessment. This information was not known to the assessing social worker and was not shared by the GP in the adoption medical report, other than a sentence that the female adopter had 'reported anxiety and depression and received counselling in 2011 and 2018' and that the issue had 'settled on its own'.
- The female adopter had self-reported to the counsellor that she was often irritable and short-tempered, including shouting too much at her young child. She spoke about feeling judged by other parents and reported that she avoided company.
- In placement, Leiland-James was only seen once by his allocated social worker, once by another member of the children's social work team, and on three occasions by the social worker for the prospective adopters.
- Therapeutic support services were organised for the prospective adopters in December 2020.

National recommendations from the Child Safeguarding Practice Review Panel

The Child Safeguarding Practice Review Panel asked the DfE to review adoption guidance considering the learning from this review. Revised guidance should include:

- The need for all health information for adopters and children in the family to be updated and reconsidered at key points in the case, such as at matching, at Child Looked After Reviews and when an adoption application is made.
- The seeking of assurance that medical assessments do not rely on the self-report of the prospective adopters.
- The need for flags to be placed on the GP records of prospective adopters/adopters.
- The need for financial information, including the total of any debts, to be robustly assessed during any assessment of prospective adopters.

Local recommendations from the Child Safeguarding Practice Review Panel

1. Due to the likely delay in changes to national guidance, relevant partner agencies in Cumbria to be told to raise awareness of the importance of adoption health assessments, and to ensure that health information is requested, analysed and shared at the key adoption process stages to inform decision-making, such as when agreeing a match.
2. The Cumbria Safeguarding Children Partnership to ask partner agencies to determine how they will ensure that "systems" identify a person as a prospective adopter, so that professionals are aware of this. Additionally, all GP records locally should have a flag placed on the record of prospective adopters, with the expectation that GPs share any information that pertains to changes in health or lifestyle that may have implications for a child in prospective adopters' care.
3. The Cumbria Safeguarding Children's Partnership to ask all relevant partner agencies to determine how they will ensure that all professionals are aware that children placed for adoption remain in the care of the local authority until an adoption order is made, to ensure an improved awareness of their potential vulnerabilities and the need for professional oversight.

4. Cumbria CSC, the CCG and the adoption panel medical adviser to be asked to provide assurance regarding the need for all information to be sought, shared, and considered thoroughly in adoption assessments to enable a full understanding of a prospective adopter's health and mental health.
5. Cumbria CSC to be asked to provide information and assurance in the following areas: that all necessary information is sought and considered in assessments to enable a full understanding of a prospective adopter's financial situation.

Other serious case reviews

The group considered whether there was learning from other serious case/child safeguarding practice reviews involving children in adoptive placements. In particular, the group considered a review from Wales (Cardiff and Vale Regional Safeguarding Board, 2016). The similar theme was the need for effective information sharing by all professionals of significant issues and concerns.

There were recurring themes of increased family stress post-placement, sometimes as a result of one partner working away/nights; and it being important to involve and talk to all members of the household or partnership. The presence of an older child already in the family is also a common factor between the case reviews.

Task and Finish Group discussion and analysis

The national recommendations were each viewed by the Task and Finish Group, taking note of current regulations and guidance, current practice, and then a consideration of the implications of implementation.

1. Assessment of health of the adopter/s

The aim of substitute care is to provide vulnerable children with nurturing carers and secure, stable homes for as long as the child or young person needs them. Carers need to have robust physical and mental health in order to be able to cope with parenting vulnerable and sometimes challenging children. A comprehensive health assessment should be carried out to assist agencies in understanding the level of health risk that must be considered alongside other factors in order to reach a decision about approval and any necessary support requirements.

The Adoption Agencies Regulations 2005 are clear in terms of the initial health information to be obtained:

Adoption Agencies Regulations 2005
Pre-Assessment – Stage 1 (two months)
Reg 26(b) *written report from registered medical practitioner*

- *Must cover matters in Sch. 4 Part 2.*
- *Following full examination unless agency medical adviser advises that examination and report are unnecessary.*
- *No requirements for alternative information if agency medical adviser advises report and examination unnecessary.*

Assessment period – Stage 2 *– panel and decision after four months*

Reg 30(2)(b)

PAR must include summary written by agency medical adviser of prospective adopter's state of health.

The Task and Finish Group then considered how health information for the adopters is reviewed throughout the process. The regulations and guidance are less definitive after the initial phase of the process. It was noted that a considerable length of time can pass between the adopter attending their GP for their medical appointment and matching. This could often be over a year and there is no regulatory requirement to update medical reports.

Matching and placing a child

There is no regulatory requirement to obtain further medical information or an updated medical report.

The regulations refer to the ongoing review process in general, and the prospective adopters changing health status is covered under these more general clauses. The child's health care arrangements are reviewed – but there is no requirement to consider prospective adopters' health.

Reg. 30(D)

- *The adoption agency must review the approval of each prospective adopter and make such enquiries and obtain such information as it considers necessary in order to review whether the prospective adopter continues to be suitable to adopt a child.*

Reg. 31(4)

- *Panel shall be provided with CPR, PAR and observations, adoption placement report.*
- *Adoption placement report should include 'any other relevant information.*

Family Procedure Rules 2010

FPR 14.11(3) and PD 14C Annex A

- *Reports to court when an application is made for an agency adoption.*
- *Section C, Part 1(l) (l) A summary, written by the agency's medical adviser, of the prospective adopter's health history, current state of health and any need for health care which is anticipated, and date of most recent medical examination.*
- *No prescribed requirement for how recent an examination should be in agency adoption.*

(NB – FPR 14.12 requires health reports to be not more than three months old and attached to the application for adoption in non-agency case)

Statutory Guidance on Adoption July 2013

Para 1.7 *Agency medical adviser should be consulted when agency preparing:*

- *Prospective adopter's health report.*
- *Summary in PAR.*
- *Adoption placement report.*
- *Annex A report to court.*

Para 3.17 *Stage 1 the agency medical adviser should investigate and obtain relevant information about a prospective adopter's health.*

Para 3.34 *Agency medical adviser needs to form a view as to adequacy of medical reports provided – GP may not have full health history. Prospective adopters must understand importance of making full health history available (e.g. private medical care).*

Review of approval
Para 3.87 *Prospective adopter should be asked if their health remains unchanged, agency medical adviser should advise on whether medical checks should be renewed.*

Application – Annex A report
Para 8.104 *Agency medical adviser must write a summary of heath history and needs with date of most recent examination and whether any developments in prospective adopter's health since approval and placement need further investigation.*

Discussion and proposals

(Applies to England only)

1. Obtaining and reviewing health information

Discussion: The vast majority of agencies obtain the initial prospective adopter medical information via similar processes, based on longstanding CoramBAAF-developed practice guidance and using the CoramBAAF Adult Health (AH) forms. This process involves a request to the adopter's GP to undertake a medical review, complete Form AH, and the medical adviser then summarises and interprets this information and prepares a summary report for the agency.

However, there was more variability reported in terms of reviewing health information of prospective adopters. A number of agencies reported standard practice of requesting a repeat Form AH or AH2 from the applicant's GP at the two-year review. (This is not specified in regulations or guidance but has often been instigated as a local process.)

The group considered whether a repeat medical report should be requested from the GP at matching and the application for the adoption order, as per the recommendation of the Cumbria review. There was significant concern for the potential to introduce delay into the system. As a result of the Cumbria review, some areas have already introduced a system of requesting repeat GP medical reports on a more frequent basis and have already noted resulting delay.

The working group discussed the **importance of the <u>quality</u> of the initial health information obtained in Stage 1.** This is essential for the assessment, the social worker, agency, panel and court.

CoramBAAF updated their published AH forms in January 2022. Unrelated to the Cumbria review, suggestions had already been made to include additional safeguarding guidance for GPs. Agencies should ensure that they use the most up-to-date version of the CoramBAAF AH forms.

Training for GPs and medical advisers is important and could be included in local safeguarding training.

Other services/practitioners are also asked to provide information for the assessment, including private counsellors. They may not be aware of the safeguarding element and this should be emphasised in any requests for information.

Agencies may wish to produce standard information to accompany requests for information from mental health services/counsellors.

New and reiterated practice guidance

Reviewing adopter medical information

- The adoption social worker should maintain an awareness of any changing health circumstances/needs for adopters throughout the process, including post-placement, as it is integral to ongoing assessment and support. Social work training and supervision are important in emphasising this aspect of practice.
- At all adopter's routine reviews following approval, the social worker should ask specifically about any changes in health status and this should be confirmed on a case record.
- *At matching, if there are no changes to health, the social worker should ask adopters to complete a health declaration (including mental health). If there are any changes, the health questionnaire that forms part of Form AH2 (or an equivalent questionnaire) should be completed and considered as below. This should be repeated at the application for the adoption order*.
- The social worker should review the completed questionnaire and notify/discuss with the medical adviser. This might be if changes in health status are identified. The medical adviser may advise that a full Form AH2 is completed (i.e. a written contact with the GP) or a repeat Form AH may be requested.
- In order to be able to compare information with the original AH report from the GP, this should be stored on the confidential section of the adopter's agency record.
- *A maximum of two years after completion of the original medical assessment, if there has been no match, the social worker should discuss with the medical adviser and request a Form AH2 or AH.*
- If the repeated AH reports indicate significant health changes, the case should be referred back to the panel for a recommendation regarding continued suitability.
- *The medical adviser to send copies of all completed summary reports back to the GP to be available for reference (this needs consent from the applicants, as this is information from the agency back to the GP). This may be more complex if the AH report has been completed by a private GP who is not the applicant's GP. (This needs further liaison with health partners.)*
- Agencies also have a duty of care to adopters.

2. Self-declaration

Regulations and guidance: The regulations require a 'full examination' (as above). This is interpreted as the examining medical practitioner having access to medical records.

Discussion: Current practice is that the initial medical report is obtained from a medical practitioner who has access to past records, and who therefore has an opportunity to cross-reference declared information with the health status recorded in the records. The appointment with the GP allows for confirmation of information. However, subsequently the health information shared by the approved adopters is largely self-declared.

Obtaining the initial health information requires health professional time (GP and medical adviser). There are already sometimes delays in obtaining this information, often due to stretched NHS resources. This can cause delay in the adopter pathway.

The Task and Finish Group was therefore reluctant to concur entirely with the report recommendations, which propose frequent repeat reports from GPs. Other mitigating solutions were considered. Suggestions included using other methods to enhance confirmation of ongoing health status. Referees were felt to be a good source whereby additional information may be obtained.

It was agreed that social worker expertise in observation and assessment is critical.

New and reiterated practice guidance

- Request additional information from the mental health service/counsellors…social worker to request (further information below).
- Home visits are important to enable the social worker to evaluate self-reported information.
- Social worker training and supervision.
- *Use repeat letter to family and friends referees to triangulate given information.*
- If there are any slight concerns/suspicions, consult the medical adviser and request an AH2 or AH report. (Low threshold for request.)

Advice regarding incomplete GP records

There are occasions when the GP has not been able to access a complete medical record for an applicant. This can lead to some reliance on self-declared information.

The medical adviser needs to be informed of the gap in records and reasons given, and it will be for the medical adviser to state whether they have enough information to provide their summary report. In many cases they will be able to provide a report, but should clearly record that there was a gap in the medical records viewed by the GP and the reason for this.

Sometimes it has to be accepted that full medical records are just not obtainable.

The agency will need to consider and triangulate with other information from the assessment, for example, do referees cover the period where the medical records were not obtainable?

3. Flag on GP record

Discussion: In theory, there is the digital capability to add flags to GP records. However, a pilot would need to be completed to set up a secure process, test effectiveness and explore ethics and

acceptability. This would be a complicated task. As per regulations, there is a requirement for the adoption agency (Reg 35) to notify the adopter's GP of the placement of the child at the point of placement.

New and reiterated practice guidance

- *Sending a letter to the Safeguarding lead at each applicant's GP surgery prior to the matching panel and application for the adoption order (in addition to the placement notifications) would share information to the GP record at timely points in the process. This letter should contain a safeguarding statement and explanation of the relevance and confidentiality of the information and a request that if the GP is aware of, or becomes aware of, any significant new information, they should share this with the adoption agency.*
- Training for GPs on the significance of information sharing and the safeguarding context in the adoption process should be included in local and national training resources.

4. Finance

In the Cumbria case, this was a family that had significant debt and financial stress. The CoramBAAF financial assessment form (November 2022) has been updated to include the total amount of household debt rather than just the monthly repayments, as previously recorded. However, it is recognised that all of these forms are "tools" to aid assessment and need to be discussed in the context of the whole assessment, including potential family stress, dynamics and decision-making. The sources of verification of the information contained therein should be considered and detailed to enable triangulation of information.

Voice of the child

Children present in a household should be considered at every stage in the assessment, approval and matching process and also after a child joins the household. It is known that an existing older child in the family can be a contributory factor to placement breakdown and it is therefore critical that their views are ascertained as far as possible at each stage of the process and updated in the paperwork. The CoramBAAF Adoption Placement Report (APR) has space for updating discussions with a child pre-matching. In the Cumbria case, the birth child of the adoptive family was preverbal at the time of assessment but was able to give a coherent narrative about experiences in the household by the time of Leiland-James' death.

Examples of direct conversations/observations of other children in the household should be included in both the PAR during assessment and then updated in the APR at the point of matching. Views of children should also be sought and updated at reviews, should the prospective adopters be waiting to be matched.

Consideration of other children in the household should be included at supervision visits and recorded in notes.

It is imperative that an ongoing open and honest relationship between all members of the family and the supervising social worker is the basis on which discussions are founded. Discussions around the

stress related to new parenthood will form part of these discussions and can feed into support plans or requirements as necessary.

Contact with a child's school will be made as part of the references sought in Stage 1. The group considered at what point it would be appropriate to update the school at the point of placement. In addition, there is a duty to inform the Education Department (Reg 35) when a child moves into an area as part of the notifications.

Personal references

Local recommendation from the Cumbria Safeguarding Children Partnership was that the wider family and friends network are explicitly made aware of their responsibility to share any concerns with the local authority. Information about how they do this must be shared during the network meetings and in writing afterwards.

The group has considered how best to obtain and utilise the information given by referees.

All of the personal references from family and friends obtained in the Cumbria case were positive. The written references were followed up in each case, by an in-person visit with specific questions regarding any concerns, knowledge of physical chastisement or anything else which may have influenced the applicants' ability to parent a child. Cleaver and Rose (2020), in considering learning from serious case reviews, identify two main elements lacking in the checking process in the assessment of foster carers:

- Firstly, 'the application of a safeguarding focus where the needs of vulnerable children are paramount…'
- Secondly, that information gathered 'was not properly analysed with reference to extensive knowledge that is available...about what contributes to successful fostering/adoption'. 'Any concerns or information received should be subject to robust challenge, scrutiny and analysis.'

The group acknowledged that although referees are contacted initially in Stage 1 and then followed up by fuller interview in Stage 2, there is nothing to prevent assessors contacting them again for their views should anything arise during the course of the assessment or at key points such as matching. References will need to be updated for the Annexe A report.

Family Network Days are increasingly being used to identify support and build relationships with the wider family.

Adopter reviews

Should a prospective adopter not be matched a year after approval, the review should include the recommendations outlined in the health section and also the voice of the child above.

The importance of the assessor/applicant relationship is key in supporting prospective adopters' understanding of the need to be open about any changes in their situation, health-related or otherwise. This needs to be continued after a child has moved into the household.

References sought from counsellors and other multi-agency partners

The Cumbria Safeguarding Practice Review suggests as one of its recommendations that 'If a prospective adopter has had contact with a service providing mental health support or counselling, consideration should always be given to requesting consent to contact the agency during the assessment to request information'.

The Task and Finish Group considered whether there is a need for a template for requesting such information. It is important that flexibility is retained in order to allow exploration of specific issues that may have arisen during the assessment, and a template may be too structured and lead to a lack of individualisation. However, it is agreed that 'Those providing therapeutic interventions to the parents of children should consider the impact on a child of what is reported, and clear information should be shared with the GP about reported alcohol consumption', and this needs to be explicit in any requests for information.

New and reiterated Practice guidance

- There is a need for triangulation of information (reference required).
- *The addition of a safeguarding statement added to requests for references will help to reinforce the responsibilities of the role and obligations to share any information they have. Suggested text: 'In accordance with safeguarding procedures, you are being asked to disclose any information that you believe may affect their capacity to parent a child who may have experienced trauma and instability'.*
- *The request should include the purpose of the counselling undertaken and perceived impacts. Confirmation of dates undertaken and reason for the counselling coming to an end.*

Summary

Following the tragic death of Leiland-James, the national recommendations from this review have highlighted a number of practice issues for adoption agencies and health and social care professionals.

The RAA working group reflected on existing practice in the context of regulations, statutory guidance and current CoramBAAF practice guidance. Recommendations for adjustments to practice are suggested that carefully balance the needs of children awaiting adoptive placements whilst learning from this individual case.

The Task and Finish Group recognised and accepted the need for recommendations in response to this tragic case. However, in practice it is important that in responding to this case, these are balanced with the need to ensure that further delays are not introduced into a system already beset with delays to the detriment to the wider cohort. This briefing is an attempt to draw out key recommendations that could address the serious challenges to practice that this case raised.

coramBAAF adoption • fostering • kinship   regional adoption agencies   cvaa uk

Letter to GP template

Safeguarding Lead
GP surgery

Dear

Re
Mr. J Read
DOB
NHS no
Address

Mr. Read recently applied to adopt and *your service / insert name of practice /GP if private* kindly completed a health report on (*date*). His application was successful and he was approved as a prospective adoptive parent.

The adoption process has now progressed and a child has been identified as a potential match with *Mr Read.* If the match is recommended at the Panel on *date* and subsequently agreed, it is likely that introductions will begin shortly afterwards.

Adopter applicants are strongly encouraged to inform the adoption agency of any significant changes in their physical, emotional or mental health.

If you are aware of any significant new health concerns that have safeguarding implications or which may affect their ability to care for the child it is important that the adoption agency are notified.

In 2022 a child safeguarding practice review following the murder of a child living with prospective adoptive parents recommended attention was paid to information sharing between adoption agencies and health services.

Leiland-James Michael Corkill: Cumbria County Council (cumbriasafeguardingchildren.co.uk)

Please contact us by (*insert date suggested 2 weeks from date of letter*) if there is additional information to share for safeguarding purposes.

Signed by
Name
Position
Name of adoption agency

coramBAAF adoption • fostering • kinship

regional adoption agencies

cvaa uk

Health changes declaration

Adopter Medical /Health Information Update

(to be completed at reviews, prior to matching, and at Adoption Order application)

Prospective Adoptive Name: *Insert name of prospective adopter here*.
Social worker Name: *Insert name of social worker here.*

Have you had any changes in your health (Inc. Mental Health) since your most recent Adoption medical *(Date)*?

Yes / No

If yes, insert more details below:

____

____

____

____

____

Are you visiting your GP, another health professional or counselling service for this problem? Y/N

If yes, insert more details below:

____

____

____

____

____

Adopter signature
Insert date

Social worker signature
Insert date

References

Cardiff and Vale Regional Safeguarding Board (2016) *Extended Child Practice Review*, available at: https://www.cardiffandvalersb.co.uk/wp-content/uploads/CV-RSCB-CPR-042016-Report.pdf

Cleaver H and Rose W (2020) *Safeguarding Children Living with Foster Carers, Adopters and Special Guardians: Learning from serious case reviews 2007–2019*, London: CoramBAAF

Cumbria Safeguarding Children's Partnership (2022) *Local Child Safeguarding Practice Review Leiland-James Michael Corkill: Response*, available at: https://www.cumbriasafeguardingchildren.co.uk/professionals/cspr/ljmcsafeguardingpracticereview.asp

Department for Education (2013) *Statutory Guidance on Adoption for Local Authorities, Voluntary Adoption Agencies and Adoption Support Agencies*, London: DfE

Department for Education (2014) *Statutory Guidance on Adoption for Local Authorities, Voluntary Adoption Agencies and Adoption Support Agencies* (draft), London: DfE

Pettit N (2022) Child Safeguarding Practice Review Report – Leiland-James Michael Corkill, Cumbria Safeguarding Children Partnership, available at: https://www.cumbriasafeguardingchildren.co.uk/professionals/cspr/ljmcsafeguardingpracticereview.asp