## **Channel 4 Dispatches**

## The Children Britain Betrayed

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## **1. FIVE AVOIDABLE TRAGEDIES**

Amy Howson

Tina Hunt was brought up in Edlington, a former mining village on the outskirts of Doncaster. Those who know her say she'd had few boyfriends before she met James Howson, a Sheffield lad.

Howson had a troubled past and family members claim that he'd been violent towards women when he was young, although he had no convictions. However, Tina knew nothing of this when she met Howson, who seemed mature and experienced. Friends say she was 'ecstatic' for the first few weeks after they met, and soon the couple moved in together. Their first child, Amy, was born the following year.

Around this time there was a mood change in Tina. Sue Cope, a close family friend, says that in a very short space of time 'she went from a bubbly happy, I'm all in love, to walking with her head down looking at the floor if you spoke to her.' Howson would not allow friends to visit Amy, and she even became reluctant to speak to them when she saw them on the street.

Today Sue Cope bravely says: 'I could blame myself because I failed to notice how Tina went from up there to down there. Why

didn't I say something? Why didn't I ask her? Why didn't I push her and say Tina, I know there's something wrong.'

Sue Cope is being hard on herself. The same can be said of many others. At the murder trial in October 2008 it emerged that Amy had missed her routine 12-month medical check. Reminder letters were sent informing Tina of the importance of keeping appointments. They went unanswered. Health visitors turned up at the family home in the hope of seeing Amy, but went away when nobody answered the door – on three occasions. James Howson – it emerged at the trial – had installed CCTV cameras to the front of the house so that he could avoid the health visitors.

Amy Howson's little life came to an end on 23 December 2007. Her mother was pregnant for a second time and suffering from morning sickness. Howson was in charge of Amy, but having been made angry by her crying, Howson placed her 16-month body across his knee and, applying massive pressure, pressed down so hard that her back broke in two.

When doctors came to perform a post-mortem, they discovered that the cruelty Amy suffered from her father defied belief. They discovered some 40 other wounds, that had been inflicted over a four week period, including six fractures to two arms and a leg, rendering her "immobile". She must have lived in constant agony. They also found that Amy was a "thin, poorly nourished infant" when she died. This was putting it mildly. At the age of 16 months she weighed the same as she had at just six months.

At the trial Tina Hunt admitted allowing the death of a child, and child cruelty for failing to seek help for her daughter. But the judge, Lady Justice Cox, who had heard how James Howson had terrorised her into submission and subjected her to regular domestic abuse, told Tina that 'your level of culpability falls at the lowest end of the scale' and handed her a 12 month suspended

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sentence. James Howson was jailed for at least 22 years. It emerged at the trial that he had been expelled from school for violence and that teachers had considered him so dangerous that one had written in a report: 'This boy will commit murder.'

### Amy and Owen Philcox

Lyn Philcox had been married to Brian for eight years, in an atmosphere of increasing tension. He was wrapped up in his karate and Lyn felt answerable to him all the time. He made her friends unwelcome, and refused to let her go out. 'He never actually hit me,' says Lyn. 'But he would fly at me across the kitchen, tower over me and scream in my face.'

Lyn endured all this for the sake of their two young children, Amy and Owen. However she also had an 18-year-old son, Ryan. 'Ryan came home one night,' says Lyn, 'and burst into tears crying his eyes out uncontrollably.'

Ryan told his mother how Philcox had been bullying him and threatening him, a trigger that led her to leave Brian. In August 2007 Lyn started divorce proceedings, leaving the marital home and taking the children with her. But a custody battle ensued as Philcox wanted full-time access to his children. Instead of ignoring the children, he started to monopolise their attention.

In a complete reversal of his previous conduct he would take time off work to spend time with them, and buy them presents.

"There was one morning,' says Lyn, 'I was getting Amy ready to get to school and she headed off up the stairs. I said sit down eat your breakfast first and then you can go and wake your Dad up. Anyway, he heard me saying she couldn't go up the stairs and he came flying out the bedroom saying I was an evil, manipulative bitch and I had no right to tell Amy that she couldn't go up to see him if she wanted to come upstairs. And then he flew down the stairs at me and I thought he was going to hit me that day and when I looked round Amy was under the table crying and absolutely terrified.' 'So that was the last straw I had to get out then,' she says.

She and Brian agreed access through their solicitors. In the weeks and months following their break-up in August 2007, Philcox's behaviour became ever more bizarre and increasingly obsessive, sometimes lurking around Lyn's new home. He would also follow the children to school. 'Brian would be hiding behind bushes and he'd jump out and grab hold of Amy and he'd be really intense – I love you Amy, I love you, your Mum can't stop me from seeing you. And it really upset the children. So I'd have to take detours all the time because he'd always be hanging around somewhere.'

The children would come back visibly distressed from their access visits. On one of them, little Owen was sick and Philcox texted Lyn a photograph of the vomit on the kitchen floor. 'He'd taken Owen's clothes off and laid clothes out round the vomit like a crime scene photograph. He sent that to my mobile phone with no message.'

More frightening still, says Lyn, 'he sent a photo of the patio doors in the living room with the handles all wired up so no one could get out or in.'

On other occasions, Lyn would be reading bedtime stories to the children, when Amy 'absolutely hysterical' would jump up suddenly and say that she had to ring her father 'or else he might not love her anymore.

Lyn was so concerned about emotional harm to Amy from the visits, that that she rang social services. 'I told them about the pictures and asked them for help,' says Lyn. 'And they said there was nothing they could do and that if I had worries about the children then I should go and see my solicitor.' But when Lyn

spoke to her solicitor she was told it was very hard to prove emotional abuse. Lyn now says that 'I don't know what problems you have to have with your child or what concerns or how great they'd have to be to qualify for social services to step in.'

The psychological harm to Amy continued. When Amy went back to school after the summer holidays, teachers reported that she had lost the ability to concentrate. 'Her behaviour was up the wall', says Lyn. 'They'd give her a piece of work to do and she'd just scribble all over the page.'

The case to decide who was to have residence of the two children was due to come to court in April 2007. A family court (CAFCASS) officer was appointed to carry out a welfare report on the children. Lyn told him everything: the stalking, the way Amy would come back in a near hysterical state from an access visit to her father, the weird pictures on her mobile, and Amy's lack of concentration and bad behaviour at school.

The family court officer listened carefully during two visits. 'He explained to me that he was here to make things more amicable between me and Brian,' says Lyn. 'One of his examples was that maybe not right now, but in the future, you and Brian could be on friendly terms and go out for a day together with the children or attend a family party together.'

Philcox was exceptionally skilful at getting his own way. 'Brian was a show man', says Lyn. 'He could put a show on and be something he wasn't. When he saw the family support officer, he put a show on that wasn't the real Brian. He'd make a tea party for the children and there would be balloons everywhere and it was over the top but it wasn't real.'

Philcox's hopes of securing joint custody of Amy and Owen ended in April 2008 in Warrington County Court when the judge awarded sole residence to Lyn. But the Judge allowed his unsupervised access to the children two days a week and an overnight stay every other weekend to continue – despite the fact that she'd told the court that she felt Amy was being seriously psychologically harmed by her father's increasingly bizarre and obsessive behaviour.

This was because the judge had not been asked to rule on the issue of access – just residence. Lyn says that she didn't understand the legal system and had been led to believe that she should be seen to be 'reasonable and amicable' and not oppose contact. She says she was led to believe that if she did oppose contact, the judge might end up awarding more, not less, access to Brian.

The family court judge had asked for the case to be reviewed – a report back on the welfare of the children – in a few months time. Tragically, before the case could be returned to her, the children had been killed by their father.

On Friday 13 June 2007, Brian Philcox had arrived to collect the children for one of his regular access visits. Perhaps not coincidentally, it was the day the divorce decree nisi was finalised.

The following day Philcox took Amy and Owen to the steam railway in Llangollen in North Wales. Around 7.30pm – half an hour after they were due back home – Philcox phoned Lyn to tell her that Owen had been sick all over the car. He kept saying: 'There's nothing I can do. It's out of my control now.' But when Lyn asked Brian where he was, the phone went dead.

The police believe that by the time this phone conversation took place the children were unconscious in the back of the car, drugged with chloroform and sedatives. The following day he put a pipe from the exhaust in the back of the car and left the car engine running, killing Amy, Owen and himself. When police went round to his house, they found an explosive device in the kitchen. It was attached by wires to a note left for Lynn: it had been designed to kill her too.

### Natalie, Donna and Ryan Hawkins

Chris Hawkins was a big drinker and would get violent when he was drunk. He and his wife Val lived in the Silent Woman pub in Slaithwaite, West Yorkshire, which Val managed, and so drink was a big part of his life. Their 17-year marriage was characterised by domestic violence against Val, and Hawkins had been arrested three times, but he always convinced her to drop the charges so nothing was ever brought against him. He could be charming, but was a control freak who could turn nasty at any moment, and would not let Val have friends rounds or contact with her family. Today Val says that she stuck with him for the sake of the kids, even though she was scared of him.

Eventually Val left her husband, taking with her the two girls, 16 year old Natalie and 14 year old Donna with her. However Hawkins asked her to leave behind three year old Ryan, the apple of his eye. Ryan would sleep at Hawkins' house every night, then Val would go over in the mornings, pick him up and take him to playschool.

One night in July 2007, Hawkins asked Val to go round to sort out money for the kids. When she got there, he raped her at knife point. Afterwards Val took Ryan and went to the police to press charges. Police charged Hawkins with three counts of rape, false imprisonment and threats to kill, and issued an injunction against him so he had to live outside Slaithwaite.

The injunction did nothing to prevent Hawkins from seeing Natalie and Donna however. He would endlessly pester his daughters to get their mum to let him see Ryan. Val didn't know what to think and rang the social services for advice. She told them why she was calling and asked what to do. The voice at the end of the line said they would call back, but never did. Eventually Val made the fateful decision to allow Hawkins unsupervised access to little Ryan. Though he had tried to strangle Natalie and hit Donna in the past, he had never harmed the little boy, and she never thought he would.

So Ryan started to see his father quite a bit, and he would stay over at weekends. One such contact visit took place on the weekend of 22 September 2007. It was Ryan's fourth birthday and Hawkins bought him a Spiderman outfit as a birthday present then took him to a bowling club as a treat.

The following morning Donna arrived to collect Ryan. There was no one at home so she called her father who said he was in town and to come back at 12.30pm. When she returned he let her into the house and started ranting on about Val.

'He started saying horrible stuff about my mum,' recalls Donna. 'I said, look, at least she's letting you see Ryan. There's no need to be nasty about it. And I told Ryan to get his coat on. And my Dad said No. 'He said 'Sorry' and I turned around and he just started stabbing me then.'

Hawkins had locked the door after Donna and knifed her 23 times in the body, arms, legs and face. Hawkins then said "I've got to kill him now". Donna somehow managed to lift herself up off the floor, unlock the door, get out of the house, and crawl 100 yards down the street to a friend's house where emergency first aid saved her life. She has since made a full recovery.

Ryan was stabbed nine times in his arm and chest, including two stab wounds that punctured his heart, which caused his death. The wounds to his arm were probably the result of the four-year old trying to defend himself.

### Antoine and Keniece Ogunkoya

The first sign that Ms G had mental problems came when she started to believe that strangers were staring at her on buses. She also claimed to have met famous musicians.

This behaviour led to the breakdown of her relationship with her long term partner Jimi Ogunkoya. They split up. The children lived full-time with their father during the week and visited their mother at her flat at weekends. In early 2006 Jimi's mother turned up at the flat to find the children outside with their belongings stuffed into bags. Ms G told her that the children were not hers. At times she was convinced that the children, three year old Keniece and 10 year old Antoine, had been swapped at birth her own children, who were stillborn. She had also told the school and wrote to the police that the children were not hers. She became certain that she was the daughter of God, and changed her name to 'Mother Nature' by deed poll.

Matters reached a crisis point in September 2006 when she lunged at a relative with a knife. She was sectioned under the Mental Health Act, and admitted to hospital where doctors diagnosed her as schizophrenic and prescribed antipsychotic drugs. She soon improved, was released from hospital, and was allowed to start seeing her children again. Jimi Ogunkoya raised concerns with social services about the prospect of unsupervised overnight stays. He said was worried that Ms G was not feeding the children and had cut off one side of Keniece's hair, but he was told 'That's their mum'.

On 26 January 2007, the third unsupervised visit to their mother, Ogunkoya dropped the two children off at their mother's flat, giving Antoine a mobile phone for use in an emergency. Antoine used the phone at approximately 10.20pm to chat to Jimi's mother. He told her he was fine and that his mother was bathing Keniece.

The following day Ms G made a 999 call to the police, and said she had committed a crime. The police arrived at the flat to find Keniece's body wrapped in a black bin liner on the bed. She had suffocated her little daughter with cling film. Antoine's body was discovered in a narrow space between the cupboard and the wall. He was still crouched in a defensive position. There were injuries on his hands and arms where he had tried to ward off blows from a hammer wielded by his mother, who had also strangled him with a ligature round his neck.

The serious case review following the children's deaths revealed that the children's mother had stopped taking her medication up to 10 days before the killings, without any professionals knowing.

### Romario and Dalyano Mullings-Sewell

Often it is the case that child-killers are victims too. Jael Mullings was a loving mother, devoted to her children. It is wrong to blame her for the terrible tragedy that took place last November. Again and again she issued cries for help. She knew she was losing her grip. But nobody listened to her.

Jael, a single mother in her late teens, gave birth to Romario in August 2006. She lived away from her family and suffered from post natal depression. In November 2007 she took the little boy to a doctor's surgery and left him there with a note. It began: 'Dear Sir or Madam, my name is Romario Mullings-Sewell. My mum cannot cope with me no more because she is isolated from her family and lives in a studio flat'. The note went on to say that Romario's mother planned to kill herself. It concluded: 'Sorry, I give up.'

Soon afterwards Jael returned to pick up the child. Social services were called in to help. They monitored Jael and Romario until April

2008, when her boyfriend came back on the scene and she became pregnant with her second son Dalayno. Social services were happy with the help she was receiving from health visitors, her GP and a child minder, and judged her to be a good mother who was caring well for her son. Dalayno was born in July 2008.

Following Dalayno's birth, Jael started to suffer from religious delusions. We now know that on 11 November 2008 she attempted to circumcise both her boys with a kitchen knife. Just before 9am the following day she telephoned the Cheetham Hill Medical Centre near where she lived. She was shouting and screaming. 'I can't cope,' begged Jael. 'Get social services. Come and get my kids please.' However, when the receptionist asked for her name, Mullings refused to give it.

At midday neighbours witnessed Jael outside her home throwing her children's' pushchair and pointing at strangers and shortly afterwards, at 12.40pm, Jael rang the Cheetham Hill surgery again. 'I don't have a name,' she screamed. 'My children don't have names.'

This time the surgery staff worked out it was Jael calling. They rang her back to make an appointment, but she refused. So they informed the police while a GP set off to Jael's home. He arrived at 1.15pm but Jael, with Dalayno at her shoulder, slammed the door in his face. The GP then called the police to warn about Jael's state of mind.

However, a further hour elapsed before police officers arrived at Jael's home. Encountering no response, they then left without entering the home. At 3.30pm Jael arrived in a very disturbed state at a relative's house. 'I'm a child of Israel,' she said. 'I'm a mother and brought life into the world. I'm also a devil so I can take life away. They are at peace now.' Jael's mother and brother rushed to her house and found the bodies of little Romario and Dalayno on

their mother's bed. She had bathed them first before taking their lives by stabbing them through the heart. Jael has since been sentenced to indefinite detention at a psychiatric hospital, after the judge said she was suffering from paranoid schizophrenia.

All these stories have one thing in common: they had warning signs that, if they had been picked up, might have prevented these deaths. If only health visitors had decided to find out why Amy Howson's parents never came to the door. If only the family courts had decided to stop the contact between Brian Philcox and his children given the evidence of emotional harm to Amy. If only the social services had warned Ms G that separation is also a dangerous time for children, and placed the children on protection plans, while their father was on bail for raping their mother. If only mental health workers had made sure that Antoine and Keneice's mother was taking her medication, before she was allowed unsupervised access to the children. If only Jael Mullings' serious mental health deterioration had been picked up sooner – and acted upon.

Set out here are ways of ensuring that at least some of these terrible tragedies never get repeated. In order to do this, we found it necessary to take one step back and to establish the basic facts about child murder and homicide in Britain.

### 2. SOME BASIC FACTS ABOUT CHILD KILLING IN BRITAIN

In order to discover how child killing could be prevented, we needed to know how often child murder and homicide occurs, who carries it out, and why it happens. This was not a simple task – and was far more time consuming than anticipated.

The full results of this study are to be found as Appendix One.

We set ourselves to identify every child homicide that has taken place over the last five years. Our date extends from January 2004 up till December 2008. The data refers only to children killed by parents and carers (including current or new partners and ex partners of the biological parent). We deal only with child deaths where at least one parent, carer or partner was charged or convicted of murder or manslaughter.

We made use of as many sources as we could. These included detailed court reporting to be found in local and national press coverage, from attending court ourselves, notes from attending inquests into child deaths, personal phone conversations and direct meetings with families involved in these tragedies. In one case (Baby Peter) we used Crown Prosecution Service notes. In total, we gathered information on 183 child homicides – with detailed information on the backgrounds to the deaths of 163 children.

The data on child deaths in 2008 is necessarily incomplete, both on the numbers and the details of the deaths. This is because many child homicides from 2008 have not yet come to court, and the publicly available executive summaries of the serious case reviews are not published until after the trials, so as not to prejudice the outcome

A major source of information was serious case reviews (SCRs). Local authorities are required to carry these out when children die unexpectedly and abuse or neglect is suspected. The purpose of these reviews, carried out for local safeguarding children's boards, is to learn the lessons from the deaths. However, as we were to discover, not all child deaths resulted in case reviews. In addition, only a tiny proportion of executive summaries – the public documents – were accessible to the public. When we first started our research, fewer than 20% of executive summaries were published on websites. We had to write to every local authority in the UK using Freedom of Information requests. In the end, we managed to get 82 executive summaries.

Even once obtained these SCRs can be very hard to read. Names are withheld, not merely of the family members but also of the professionals from the various agencies involved. The details provided are often sketchy. Most SCRs seem very reluctant to apportion blame, and some are therefore a surprisingly inadequate guide into the failings by agencies, individuals and other outside bodies. Almost invariably they conclude that the child death was impossible to predict – and therefore impossible to prevent – a logical *non sequitur*. For example the SCR into the death of Amy Howson – published 25 June 2009 – states:

"The tragic murder of Child B was therefore not predictable or preventable on the basis of the evidence presented to the Serious Case Review."

However, then it goes on to say:

"This review has found that, on balance, it was predictable that on the basis of his previous known behaviour and background, Y constituted a very high risk of significant harm. Therefore, on this basis the Review found that some agencies within the Doncaster multi-agency safeguarding system palpably failed to safeguard and promote the welfare of .....(Child B)."

SCRs often fail to interview key witnesses, and sometimes show something close to a systematic reluctance to talk to the those best placed to cast light on the tragedy – namely surviving family members, above all the children. To give one example, Ms G and her two daughters were not interviewed as part of the SCR process. Indeed they were not even told when the SCR was published. This arrogant failure to consult those most intimately involved in child homicide cases is all too frequent. In our study we have tried remedy this aloofness, and to give a public voice to the survivors of these terrible tragedies that take place in Britain on a weekly basis.

In all we have identified 183 homicides between 2004 and 2008. They show that the number of child deaths as a result of parent or carer homicide has been increasing, year by year. The figure stood at 28 in 2004, rising to 33 in 2005, 41 in 2006 and 56 in 2007. For reasons explained above, we do not have the completed statistics for 2008.

Some 15 of these 183 homicides also involved the death of the mother. There were also a number of multiple homicides. Two children were killed in two cases. In four cases three or more children lost their lives. On 22 occasions (14% of all cases) the killer committed suicide.

Very young children are the ones overwhelmingly at risk. Some 62 out of the 183 victims of child homicide we identified were less than one year old, with a further 61 under four years. Just 15 homicides were of children between 12 and 17 years old.

No less than 75 children – some 41% of the total – were beaten or punched to death. Twenty were stabbed, while 18 were suffocated or smothered. Eighteen died in fires while seven were strangled, five were drowned and four died of starvation or dehydration. A single act of physical violence was the cause of death in 47% of cases. An ongoing programme of physical abuse was the cause in 55% of killings. Neglect, including child-drug taking, accounted for a further 36% of deaths. (These figures for cause of death do not add up to 100% because some deaths fall into more than one category).

Men were twice as likely to kill as women. In 67 cases (44%) the biological father carried out the killing, while on 45 occasions the mother was responsible. On a significant 34 occasions the mother's boyfriend or new partner was the murderer. In five cases the mother was jointly responsible, along with her boyfriend. On 89 occasions (59% of the total) the killer was male. On 45 occasions it was a female killer acting alone. Eighteen times in our five year period the male and female killer acted together. Women killers were more likely than men to be diagnosed as suffering from a mental illness at the time of the killing.

There was evidence of pre-planning in 23 incidents, accounting for some 15% of total cases. Homicide/suicides or attempted suicides form a very large proportion of these pre-planned cases, accounting for 17 out of the 23 incidents. In 52% of pre-planned cases, and some 8% of total cases, perpetrators had warned of their intentions in advance.

In all child homicides were committed in a very wide variety of locations from the north of Scotland to the South of England. In all they took place in around 100 different local authority areas.

# 3. WHY THE BABY PETER CASE IS A DISTRACTION

The great majority of the deaths analysed in our statistical survey were silent tragedies. They went unnoticed and unreported except by local press. Indeed only one of the cases we studied truly gripped the national imagination – the murder of Baby Peter in Haringey. True, the circumstances surrounding Baby Peter's death were horrifying, perhaps magnified by the fact it took place in an area of North London close to where many members of the national media tend to congregate. But the circumstances surrounding the torture of Amy Howson at the hands of her father were also horrifying, and so were scores of other cases which were largely ignored.

Our national obsession with the Baby Peter murder has prevented a full understanding of the problem of child killing in Britain. There have been two reasons for this, one connected with the popular perception of child killing, and the one connected with the national policy response.

At a perception level, the onslaught of Baby Peter headlines has had the perverse consequence of making the problem of child killing seem much less grave than it really is. This is because the overwhelming concentration on one case has created the impression to the casual newspaper reader that Baby Peter was a one-off, just as the murder of Victoria Climbié ten years ago by her aunt and her aunt's boyfriend may also have seemed a one off case. Nothing could be further from the truth. In fact, as we have shown in Chapter Two above, deaths as terrible as Victoria Climbié and Baby Peter take place nearly once a week in Britain.

There is nothing out of the ordinary about Baby P or Victoria Climbié. They are part of everyday life – so normal indeed that many of them go unreported in the newspapers and on TV.

The second, and more important, reason why our national obsession with Baby Peter has proved unhelpful is that it has distracted policy-makers from asking the right questions. Though Baby Peter has numerous gruesome features in common with other child killings, there was one very significant difference. Baby P was on a child protection register.

Once a child is placed on a child protection plan, social services have a heavy legal duty to look after his or her welfare. The fact that Haringey social services failed so spectacularly in this task led to the outpouring of national anger and recrimination. However our study showed that this kind of failure by the social services was actually extremely unusual. Indeed we discovered that while there are around 30,000 children in the United Kingdom on child protection plans, only around two children on such plans are killed each year by parents or carers. In other words, contrary to public perception, social workers appear on the whole remarkably good at safeguarding children – once they are on child protection registers. Indeed only 11 of the 163 children were on social services protection registers at the time of their deaths. That is just 7% of those killed in our study sample.

In other words the vast majority of child killings – some 93% of the cases we examined – involved children who were not on child protection registers. The policy consequences of this finding are dramatic.

It means that the pledge made by Ed Balls, the Secretary of State for Children Schools and Families is misguided.

> "I'm sorry, I should think everyone in Haringey is sorry, everyone across the country is sorry.. but being sorry isn't enough, we have to learn lessons and it should never happen again, that's my determination, that's my responsibility."

However admirable the sentiments, it does not even begin to address the problem. Even if we successfully ensure that social workers don't fail those on child protection registers ever again, then we'll only ever save three lives a year.

The biggest problem lies among those thousands of children who live in deadly peril but have not yet been identified as at risk. The only way we can address the terrible and growing menace of child killing and murder in this country is to understand the contexts in which children are dying, search out and identify more children at potential risk, and ensure we have adequate protection plans for these children.

According to the official doctrine, this task is completely impossible. Many SCRs declare that the child death under review was impossible to predict, and therefore impossible to prevent. The implication of these judgments is that child killing is random. It might happen to anyone, anywhere and at any time.

We strongly challenge this view. Our research has shown that the vast majority of child deaths, far from being random events, fall into a number of clear categories – and that deaths very rarely come

'out of the blue'. Almost all the child deaths we examined have clear lessons for prevention.

#### **Children of Violent Parents**

Our analysis of 163 child killings revealed that 75 children – a massive 46% of the total – were killed by parents who had been violent to adult partners in the past. Most were known to the authorities – e.g. police, health visitors, or social workers – yet only two of these children had been put on child protection registers.

One of those 75 children was four year old Ryan Hawkins and his case vividly demonstrates the weaknesses of the present system. When we talked to Hawkins' elder children (something that, apart from one brief phone call, social services never did) we discovered repeated warning signs that Ryan's father could be a danger to children. It was not simply his violence towards his wife Val. He'd once assaulted his daughter Natalie, putting his hands round her throat after she had been rude to him. Natalie told us: 'My body was in shock and I didn't know that my Dad could have been capable of doing that,' Donna told us. 'I was crying and just didn't know what to do and I didn't know what to expect.'

Social services knew about Donna's ill-treatment by her father. After her mother was raped, Social Services were alerted to the problem after Donna confided to a school nurse that she was suffering from suicidal thoughts prompted by her fear of her father and that he'd hit her. The school informed social services. When referrals are made, social services ought to make an assessment. The social services did no more than make a single telephone call to Donna.

Neither the police nor the social services carried out a risk assessment – no more than good practice where children are living in homes with domestic violence. Furthermore, the Social Services never warned Donna's mother, Val, that the point of separation between parents when domestic violence is a feature is a time of risk to children's safety. She says that this failure 'makes me a bit mad now because they should have told me. And it would have made me more aware and probably I wouldn't have given in for Ryan to go and see his Dad.'

All agencies, not merely the Social Services, can be guilty of this failure to connect domestic violence with child protection. The most common complaint made against the police in the SCRs we examined concerned a failure to recognise that children might be at risk when attending domestic violence incidents.

The Time of Separation is the Time of Maximum Danger In our study of 163 child deaths, no fewer than 43 children were killed soon after separating or parents' announcing separation. In two out of three of these cases there was a prior history of domestic violence.

Just because violent parents are no longer living in the family home does not mean that children are safe. Twenty children were killed on access visits following divorce or separation. Four, including Amy and Owen Philcox were killed on unsupervised access visits that were ordered by the courts.

In 10 out of 29 cases where separation was a key background factor, there was a dispute over child access prior to the killing of the children. Another 16 children were killed when violent parents or ex-partners returned to the former family home to carry out revenge attacks.

Parents with serious Mental Health Problems

One in four child homicide cases involved a parent or carer with a pre-diagnosed mental illness – that's 38 cases (or killers) out of 133 cases where detailed information is known. Furthermore,

these 38 killers were responsible for a disproportionate number of children – 50 in total or about one third of our study.

### Drug Addicted and Alcoholic Parents

Around one in five children killed in our survey died at the hands of drug addicted parents. Many of them were receiving treatment. Indeed eight children died after ingesting methadone, the heroin substitute offered to addicts.

### The Parent who Threatens to Kill

These threats need to be taken seriously, however loving a parent may appear to be. On 11 occasions (some 8% of total cases) perpetrators had warned people in advance that they intended to kill the children and themselves, or were considering this. The people they told included relatives, friends, colleagues, GPs and psychiatrists. In no less than nine of these pre-planned cases, the killer was later described by people close to them as a 'devoted' parents.

#### **Pre-meditated Killers**

Around one in five of the killers planned the killing – 25 killers responsible for the deaths of 34 children. This suggests that the key characteristics of such 'cold blooded' killers is a jealous, obsessive, or over-controlling personality. These were also parents who were often obsessive and over-controlling in relation to their children. In 17 of the 25 cases, the pre-planned killing happened soon after separation and frequently 'revenge' killings – ways of punishing their former partners.

### **Missed Appointments**

Failure to attend routine medical check-ups on more than one occasion featured in 20 of the 82 serious case reviews that we analysed. It was a 'lesson to be learned' in all these cases. As it is

not compulsory for babies and young children to attend medical check ups, there is no legal requirement for health workers to follow up on missed appointments – unless the child is subject to a protection plan (equivalent to formerly being 'on the social services at risk register').

### New Partner

Our study revealed that – just as separation can be a high risk time for children – so can the arrival of a new partner into the household. 23 children were killed by the mothers new boyfriend<sup>\*1</sup> – usually within three months of moving in to the marital home. To call these men stepfathers would be a misnomer; most of these men had known the mother for less than six months. There is also a link with domestic violence. Most of these men had been violent to other female partners in the past and also – in around 10% of cases – to children.

### Children under Five Years Old

More than two thirds of the children who died were under five years old - with children under the age of three months being statistically at highest risk. Many of these children were pre-verbal – reason for more un-announced health visits – if we are to detect more hidden children who may be at risk in the community and also to pick up on any new partners who may be cohabiting with the mother who may pose a risk to the children – e.g. those with a record of violence or child harm.

<sup>&</sup>lt;sup>1</sup> One child was killed by the father's new cohabitee.

### 4. THE WAY FORWARD

Six years have now passed since Lord Laming's very thorough report into the murder of Victoria Climbié and its 108 recommendations. The 'progress report' following Baby Peter's death made another 50 or so recommendations in March 2009. The purpose of this pamphlet is not to repeat the same points as Lord Laming. It is hard not to concur with his words: "Just do it".

Instead our contribution – when all the key agencies are saying, well they would do it, if only they had sufficient resources – is to say loud and clear that resources are not the key issue.

Essentially those responsible for child protection – and that means not just social workers, but health visitors, police, GPs, the probation service, school teachers and members of the public – need to understand what children are currently slipping through the child protection net – and most importantly *why*.

The following are the main findings from our study of 163 homicides – and our own views on what could best help prevent more children from dying:

**Firstly, the vast majority of children who are dying in this country are living in homes with domestic violence**. Most are known to the authorities – yet do not qualify for child protection. This is a scandal. It's time we treated domestic violence with the seriousness that it deserves – and offer far more protection to children and their non abusive parents in the community.

Furthermore, **just because violent parents are no longer living in the family home does not mean that children are safe.** Separation is the most dangerous time for children – they require protection plans when mothers leave violent or obsessively controlling partners; particularly if that partner is unwilling or unable to accept the break-up.

Secondly, the vast majority of children are killed by their parents a) behind closed doors and b) are under five years old. Perhaps it's time that we got behind many more of these doors. Perhaps it's time we made it compulsory for all children to be seen in their homes by health visitors at least once a year. And also – how's this for a radical idea – to be required to actually talk to the children, in private, to find out what they've got to say. This will mean many more professionals being trained in communicating with very young children. This job could also be carried out – and probably more effectively – by independent child advocates.

Thirdly, relatives of the deceased children are often the people in the best position to advise on the lessons for prevention. Case reviewers should spend far more time with the relatives of the deceased children and listen hard to what they have to say – including surviving children in the family. From our own investigation, it is clear not only that relatives are not consulted often enough, but when they are consulted it is frequently only superficially. More lessons could be learned if families were involved in the serious case review process. It is also our experience that families will need the support of independent advocates – if they are fully to participate and feel comfortable about participating – in that process.

Fourthly, national and local guidelines for child protection are just that – guidelines. They are not mandatory and there are no sanctions for failing to follow them. Unless and until many more of the best practice guidelines and directives become statutory responsibilities, easily preventable deaths will continue to happen in significant numbers.

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