

Wednesday 27th May 2015
Publication of Serious Case Review

Enfield and Haringey Safeguarding Children Boards (the LSCBs) are jointly publishing the Overview Report of a Serious Case Review (SCR) for 'Child CH' undertaken in 2012/13 and completed in 2014.

Publication of the report has been delayed by the criminal proceedings which led to the conviction of CH for murder. Events that led to this report took place over three years ago, and the report covers a period of over a decade. Agencies have not awaited the completion and publication of this review before tackling the issues arising from these events and many of the recommendations have been identified and addressed already.

The Serious Case Review concerned the murder by CH then aged 15, of a young man (Mr Z) who was unknown to him, in a residential street. The Overview Report states that the circumstance of the death of Mr Z, and CH's involvement, could not have been predicted. However, through looking at the work of all agencies involved with CH and his family, the report does recognise that there are a number of areas of learning and improvement for partner agencies as well as evidence of good and effective practice. Agencies could, and should, have responded differently at key points.

The key areas of learning arise from the need to address the following issues:

- The failure of Children's Social Care to respond to the requests by a social worker and others for intervention with CH and his family
- The failure of Children's Social Care to follow safeguarding procedures and to ensure the safety of CH's nephew, after he was found to have suffered a large number of non-accidental injuries.
- The need to ensure Social Work assessments are used effectively to inform decisive action.
- The apparent normalisation and toleration by agencies of high levels of violence in CH's household, and failure to act on opportunities to remove CH from the household some time prior to Mr Z's death.
- The weaknesses in the processes of transferring case responsibility between the neighbouring boroughs.

The LSCBs recognise these areas of weakness and are assured that much has already been done to rectify them. Recommendations from the review are complemented by more detailed recommendations, specific to each agency, contained in the Individual Management Reviews from those agencies which have been incorporated into detailed action plans.

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