

Southport Inquiry

Witness Name: Michelle Anne Warner

Exhibits: MW/01 – MW/02

Dated: 31 July 2025

THE SOUTHPORT INQUIRY

FIRST WITNESS STATEMENT OF MICHELLE WARNER

I, Michelle Anne Warner, will say as follows: -

INTRODUCTION

1. My employer at the time of my involvement with AR was Alder Hey Children's NHS Foundation Trust (the Trust). I left the Trust in January 2025. I am currently employed by Mersey Care NHS Foundation Trust as a Systemic & Family Psychotherapist and am based at Halton Children and Young People's Mental Health Service (CYPMHS).
2. At the time of working with AR and his family I was employed as a Keyworker as a qualified Youth Worker. Since leaving Alder Hey Children's NHS Foundation Trust I am currently employed as a qualified Systemic & Family Psychotherapist, I qualified in this profession in August 2024.
3. I qualified as a Joint Negotiating Committee (JNC) endorsed Youth Worker in July 2008. I was employed in a variety of roles working with young people and their families, in particular 3 years in a lottery funded project which aimed to reduce readmission to hospital with self-harm. This was a project that worked with both the local council and the local CAMHS team. I took a job with Sefton CAMHS in December 2014 as a Keyworker.

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4. Since qualifying I have taken employment as a youth worker in a lottery funded role that brought both youth work and mental health services together to provide support to children, young people and families who had accessed the hospital for support with their mental health, specifically self-harm. I left this role due to funding ending in 2012. I then worked as a pastoral manager in a local high school providing support to pupils mainly around school-based anxiety this was a fixed term contract. I worked for a year as a participation officer with a local authority to engage young people under the care of the local authority and support them in working with local commissioners and heads of children's services. I began working as a Keyworker for Sefton CAMHS in December 2014 offering supportive therapeutic support under the guidance of case managers such as supported graded exposure for young people experiencing anxiety. I remained in this role until I left the service in January 2025.
5. In January 2019 I undertook a secondment to Venus, a local charity, to complete the Improving Access to Psychological Therapies (IAPT) Systemic Family Practice (SFP) course which I completed in 2020. This qualification was a Postgraduate Diploma in Evidence-Based Psychological Therapies for Children and Young People – Systemic Family Practice Pathway. While my job plan (allocation of clinical work) allowed space to offer systemic interventions from January 2020 I was not employed as a systemic practitioner with the Trust.
6. In September 2022 I undertook, in my own time, qualifying training through an MSc in Systemic Psychotherapy. The service agreement was I could have access to families to offer a mix of lower-level systemic interventions and join the family therapy clinic in both a lead capacity and as part of the reflecting team. As a result of this any clinical notes from family therapy sessions will have me documented as a 'trainee family therapist' or similar. Again, while I was at the time offering systemic intervention I was not employed by the Trust in this capacity; I remained employed as a band 5 Keyworker throughout my employment at Sefton CAMHS and throughout my interactions with both AR and his parents.
7. This witness statement is made to assist the Southport Inquiry (the "Inquiry") with the matters set out in the Rule 9 Request dated 10 July 2025.
8. This statement is made following review of the Sefton Child and Adolescent Mental Health Service's records relating to AR, emails sent at the relevant time and my recollection of events.

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BACKGROUND

9. My role throughout my employment with Sefton CAMHS was as a CAMHS Key Worker. Within this role, due to training I was receiving in my own time, I worked in the family therapy clinic and offered systemic intervention under the supervision of qualified family therapist Samuel Coppard, as both lead clinician and reflecting team member. When I was offering this specific intervention, the notes would name me as a 'Trainee Family Therapist' however my employment was as a Keyworker.
10. The role and remit of a Key Worker in CAMHS involved me supporting AR's case manager (Sam Steed) with therapeutic intervention. I specifically supported AR regarding his named experience of struggling with anxiety through supporting him to leave the house and engaging in activities outside of the home. Within my Keyworker remit I would not commonly attend system meetings such as Team Around the Family (TAF's) as these would be attended by case managers and relevant information would be shared with me.
11. My role as a member of the family therapy clinic included supporting the lead family therapist (Samuel Coppard) by offering reflections on the sessions to the family and considering the sessions with the family in post session reflections as a team.
12. My involvement in relation to AR related to two separate episodes of care.
13. I was the Keyworker for AR between November 2021 and 22 March 2022. I had seven direct contacts with him during that time – five face to face and two over the telephone. My last contact with AR was on 15 March 2022.
14. I was also present for a number of the family therapy sessions attended by AR's parents, through the family therapy clinic where I was in the role of a reflecting team member. This can be seen in the clinical notes dated 28 March 2023, 20 February 2024 and the final family therapy session on 23 April 2024. I also note from my paper diary that there were planned family therapy sessions for 16 August 2022, 18 July 2023 and 9 January 2024. There are no entries in AR's clinical notes relating to these sessions and I cannot recall if they went ahead or if I attended. Samuel Coppard would make the entries in the clinical record rather than myself. AR did not

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attend any of the family therapy sessions. I exhibit copies of the relevant diary entries as MW/01 – AHCH000262.

Factual narrative of involvement - timeframe

15. From the records I can see that a decision to refer AR to myself as a keyworker was made in a meeting on 26 May 2021. I was not present at this meeting, and it does not appear that he was added to the keywork list at that time.
16. On 18 August 2021 I received an email from Sam Steed (Senior Mental Health Practitioner) following this up. I emailed Sam Steed on 16 November 2021 informing her that AR had come to the top of the Keywork waitlist. I noted that he was engaging with a targeted youth worker and inquired whether it was felt that Keywork was still needed for AR. Sam Steed replied on the 17 November 2021 stating that CBT (Cognitive Behavioural Therapy) from a Keyworker would be helpful. Sam Steed and I then clarified via emails the difference between a CBT intervention that Sefton CAMHS CYP CBT pathway would offer and Keywork offer. I stated *“Keywork is there to offer support to a therapeutic plan, so if CBT is being completed with a young person with a case manager, keywork can support the implementation of a graded exposure, etc. – it is a complementary therapy, so the keyworker is led by the case manager’s intervention.”* Sam Steed then indicated via email on 22 November that *“practical graded exposure would be really helpful.”*
17. On 26 November 2021 I received an email from Sam Steed which confirmed that AR was happy to accept support from me. Sam noted that AR shared *“he made it to a shop x2 walked there on his own and brought something. He really responded to the idea of tolerating the difficult thoughts and feelings. He is even up for tennis if that is something he can do with you in terms of something to focus on re graded exposure”*.
18. On 1 December 2021 I contacted AR’s dad via telephone to arrange an initial Keywork appointment and agreed to see AR at home on 14 December 2021 at 4:30 pm. My note of this telephone conversation reads:

*Spoke to [Dad] to arrange an intro session with [AR] to discuss Keywork.
Going to visit at home on Tuesday 14th Dec at 4.30 pm*

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19. On the same day at 14:01 I emailed our admin to book in and send out a letter for the above appointment.
20. Later that day (1 December 2021) at 14:48 I received an email from Sam Steed where I was informed that Dad had reported difficulties in the home the previous night and that the police had been called. I was informed that *"its family related issues which should not impact you but important for you to be aware."*
21. On 7 December 2021 there is a note of a meeting between AR and Early Help which Sam Steed attended and documented in his clinical records. I was not present for this meeting. In this note, AR expresses a willingness to work with me, with the plan for me to offer practical support and graded exposure.
22. The Keywork appointment for 14 December 2021 did not go ahead, I cannot recall if this was rearranged by myself or family. The session was rearranged for 11 January 2022 when I would be back from annual leave (I was on annual leave from 16 December 2021 - 10 January 2022).
23. On 6 January 2022 there is a note of a meeting between AR and Sam Steed. I was not present. As part of this, they discussed the plan for me to be involved. The note says that AR seems ok about this.
24. On 11 January 2022 at approximately 13:10 it is recorded in AR's clinical records that there was a TAF meeting. I was not involved in this. In that meeting, they discuss the plan for me to be involved on a 1:1 basis from that day. The clinical notes from that meeting states that AR stated he would *"not attend school unless he sees me [Sam Steed] face to face as he has something to tell me. He states it is not a safeguarding issue and does not relate to suicidal ideation self-harm or a deterioration in his mental health I told AR that it is not appropriate for him to insist that I see him face to face and threaten non-school attendance. I said that I can fit him in on Monday 17th Jan at Southport Hub. AR then said that he does not need to see me and could tell Michelle who he is seeing tonight, and she could pass details on to me."*
25. Following the above meeting (11 January 2022) there was a series of emails from Sam Steed to myself. At 14:08 I was informed that the TAF meeting had been

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difficult and that AR had stated he wanted to talk to me about something. At 15:23 I received an email from Sam Steed saying that AR wanted to go on a walk with me to tell me something. The email advised that I could take this to the MDT (multi-disciplinary team) if needed.

26. On that same day, I visited AR at his home at approximately 4.40 pm. This was my first face to face contact with AR.

- The purpose of my visit was a keywork session introduction session.
- Before I visited, I was aware that AR was understood as struggling with anxiety, specifically in leaving the house. I was aware from conversations with his case manager, Sam Steed, that AR had experienced bullying in his previous school and there was an incident where he took in a knife and was expelled. I do not recall there being a concern that AR was, at the time, a threat to others and I was not made aware of any risk in seeing AR at home or going into the community with him.
- During my visit, AR was present with his mother in the family front room. I do not recall anyone else being present in the room where the session took place.
- AR and his mother shared that he would benefit from support to manage his anxiety. I went on a walk with AR – I recall this walk being long as I had said around the block but not knowing the local area had not appreciated the length of the walk. During our discussions, AR told me about the previous racism he had experienced. He said that he was not experiencing racism at his current educational facility. AR expressed a willingness to return to sports. He did not feel he was autistic and did not understand what the label meant.
- My plan, agreed with AR, was for weekly sessions at his home to support him to leave the house more.

27. Following the meeting, I made the following note on 14 January:

Keyworker Session introduction session with [AR] at home.

Explained role of Keyworker to [AR] and his mum [AR] and [Mum] agreed that [AR] would benefit from some support to manage his anxiety.

[AR] described how when he become anxious his saliva increases so he has a need to swallow excessively which causes stomach upsets.

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[AR] recently was able to walk to the local CO-OP on his own and felt this might be due to his medication Sertraline.

Offered if [AR] wanting to go for a short walk around the block so I could see how he was out of the house. - went on a walk in local area and talked about his parents background being from Rwanda and Tutsi we talked about loss in the family from the genocide and how [AR]'s race has affected him living in first Cardiff then Southport, explore racism he had experienced at school.

[AR] does not feel he experience racism at his current educational facility.

[AR] talked about how he had previously enjoyed sports such as Tennis and Hockey but that he does not do this anymore as he is no longer in the school where these sports were offered. [AR] expressed an interest in getting back into these sports.

Discuss education, [AR] wanted to attend somewhere to support him with his education while helping with his anxiety, discussed how pinefields can support around anxiety. [AR] talked a little bit about feeling that he is not autistic and doesn't understand what the label means or why he has it.

[AR] agreed to weekly sessions at home to support him in leaving the house more.

I have recorded "Current risk identified: No"

I have recorded "Change to current Care Plan: No"

28. On 18 January 2022 at 09:55 I received an email from Sam Steed regarding my keywork session with AR later that day. Sam shared a request that the keywork session involve me going to the local shops with AR "Just wondering if you would be willing to take AR to the shops to buy some ready meals...I know this may be an odd ask but it will work towards addressing his anxiety – Dad said he will provide funds. The plan is to help AR to be able to shop for food himself."

29. On 18 January 2022, I visited AR at his home at approximately 2.30 pm to support AR with tolerating his anxiety in going to the local shops to enable him to buy his own food. During my visit to the home, AR was present with his father. During my visit, I went for a walk to the shop with AR (Dad stayed at home). During the walk AR reported that he felt ok. AR shared he was anxious that he walked funny and was worried that people driving by would look at him and think mean things. We discussed this and that it might be related to the bullying he received. I have noted

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that the session was a “*bit strange*” as AR seemed objectively fine going to the shops and both Dad and AR reported not being aware of the request to use the session to go to the shops. My plan was to talk with Sam Steed to think about how to best support AR and to speak with AR’s school to arrange a session there. I had agreed with AR that we would try and alternate the weeks of walking together and seeing AR in school, to support with his anxiety there.

30. I made the following note relating to the session on 18 January in AR’s records on 19 January 2022:

Keyword session with [AR].

I had been informed by [AR] ‘s Case manger that the family wanted support with [AR]’s anxiety going to the shops and purchasing food I had been asked to go with him and do a graded exposure around this.]

When I arrive [Dad] was unaware we had a session and [AR] seemed unaware also (I had arranged this session with them during our previous session) agreed with [AR] to text him on the day of our sessions in the future to help him remember.

I was under the impression the shop exposure had been requested but [Dad] seemed unsure, He gave [AR] money to get a meal from the CO-OP which is a 5 minute walk from the house. [AR] agreed to walk with me to the CO-OP and buy a meal.

I asked how [AR] was feeling and he reported that he was ok and felt ok walking. Tried to talk about school and his week and [AR] responded with short answers and felt things were a mix of ok and not ok, he didn't want to talk about either. While walking people were also in the street walking past, ask [AR] how this was impacting his anxiety and he reported he was fine. When we arrived at the shop [AR] went straight in and we walked to the ready meal section, again [AR] reported being ok, [AR] chose a meal and walked towards the counter to pay, we waited for a while and [AR] reported not finding it anxious waiting to pay or being nervous about paying. We walked back and again [AR] said he was feeling ok. As [AR] walks fast this only took 10mins max. [AR] reported that he was not aware of any plans to go shopping and felt it was his case manager idea or dads I asked if he had wanted to come and he reported not minding - this caused me confusion and I asked [AR] wether working on shopping was something he wanted to do and he

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wasn't sure. He reported not wanting to go shopping with his dad as he didn't want to spend time with his dad.

[AR] had been given a key as his dad felt he would be out when we returned. [AR] knocked on the door on our return as his dad's car was there and we had been fast, no answer he then struggled to open the door. When inside [Dad] came to the door and expressed he had not heard the knocking. [Dad] was surprised that we were back so fast. I explained to both [Dad] and [AR] that I was not sure what support would be helpful and fit currently. I suggested I could support in school with [AR] 's fears around swallowing which he agreed to.

[Dad] then said he was leaving to attend a meeting for DR, AR's [sibling]. I was then left with just [AR] in the house due to our safeguarding policy I aimed to then either go for a walk in the community or end the session and leave the house. We talked about [AR]'s anxieties around walking and he expressed that his anxieties were that he walked funny and people that drive by would look at him and think mean things. We discussed how this might be due to the bullying he received for how he looked and walked at school. I encouraged him that I did not experience him as walking funny. Through conversation we agreed to maybe try alternate weeks of walking together and seeing him in school to support around anxiety there. Ended session and explained I would speak to his case manager and School to think through a plan. I felt as though today's session was a bit strange as [AR] seemed fine going to, being in and coming back from the shops and didn't seem aware of the reason why- maybe I did not explain it as well as I could have. Will talk things through with Case manager Sam Steed to think about the best way we can support [AR] and make sure we are all on the same page. I will speak with [AR] 's school to arrange a session there to support him and see how he is in an educational environment. When I have spoken to both and arranged the next session I will feed this date back to the family.

I have recorded "Current risk identified: No"

I have recorded "Change to current Care Plan: No (ty)" [I am not sure what the ty stands and is possibly a mistype – there was no change to the current care plan].

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31. On 19 January 2022, I had a professionals' discussion with Sam Steed. I updated her on my session with AR the previous day including my confusion around what the specific request for Keywork was as both AR and Dad had presented as not being aware of a request to go to the shops. Discussed that AR's parents had expressed concerns about me talking to AR about Pinefields (a local alternative education facility which I was used to working with in regard to young people unable to access mainstream education for a variety of needs). Due to AR not falling under Sefton local authority (first time this had been the case with a young person I was working with at Sefton CAMHS) he was unable to access Pinefields. We discussed the importance of me being there for AR. We discussed how family therapy might help in the context of difficult relationships and AR's "stuckness". We noted that the family were already on the waiting list for this. We agreed that the main focus of the keywork should be to help AR get out of the home and support him with practical strategies around managing anxiety.

32. Following this meeting, Sam Steed made the following entry in AR's records:

Michelle described last contact with [AR] in brief saying that when she arrived she spoke with Dad and [AR] about going to the shops with him to support him in being able to do this and to look at buying meals and the whole process. This followed my discussions with [AR] and dad about Key worker support around this - getting out and going to the shop managing anxieties whilst improving confidence and self esteem. Michelle said that Dad and [AR] presented as not aware of this plan but [AR] agreed to go. Michelle described him as walking to the shop very quickly and then back again to the home. Michelle checked in with him as to whether he was feeling anxious at points and [AR] said no. Michelle shared that she observed some anxiety when [AR] opened the door on returning home to an empty home/ or home when dad was about to leave.

Michelle has identified another aspect of difficulty for [AR] regarding anxiety he says manifests when he is at school re increased saliva which leads him to not feel able to stay at school. Michelle agreed to speak with School re her going to see [AR] and observe him there, possibly for alternate sessions. Michelle stated that [AR] has agreed to this.

Parents had expressed concern re Michelle speaking with [AR] about Pinefields - [AR] takes things on literally and hooked into Pinefields being a better provision for him despite not being able to access it due to home

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address and also being near to being offered a special school placement which is more of a long term option. Michelle now understands this and so does [AR] following my face to face appointment with him.

I agreed to contact Dad to make him aware.

Talked about the importance of Michelle being for [AR] and separating out the other issues.

Talked about how Family therapy could help in context of difficult relationships and [AR] 's stuckness - Family are on the list.

Safeguarding issues re [AR] stating dad put [sibling] in a wheelchair - made him be in a wheel chair are said to be resolved and current Early Help intervention reiterated there is no evidence to suggest this - this clearly impacts [AR]'s wellbeing. and thoughts of feeling unheard.

Current Plan

Agreed main focus of Key work is to help [AR] out of the home and support him re practical strategies re managing anxiety in turn this practical support will hopefully increase his self esteem. Continuous check in with [AR] and parents re this in terms of trying to ensure themes for support are accurate and agreed.

I have already spoken with Dad about Advance Solutions, post diagnostic support and gave him the details - Dad/parents on the list for riding the rapids which was unfortunately cancelled and parents will be contacted once course details of course confirmed.

Case management role involves liaison with CAMHS Key Worker, SEN, Acorns, Parents, Early Help West Lancs, Psychiatry, and importantly check in's/reviews with Ax[AR] el.

Risk remains low in terms of self harm suicidal ideation of which there are consistent nil reports.

33. On 21 January 2022 at 09:39 I received an email from Sam Steed with the subject heading 'AR plan re keywork' to discuss the key work plan for AR. *"I wanted to ask if we could keep it simple in the sense that your role is to help him to get out of the home practice talking conversations building his self-esteem."* The plan set out in the email was that I would focus on working with AR and Sam Steed would focus on school and social care issues. *"I would say to keep your work separate with AR – in that I will case work re school issue and social care and you are there from him alone."*

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34. On 24 January 2022, I tried to return telephone calls that the parents had left for me. I did not get through and did not leave a message as it was a generic answer phone.
35. On 25 January 2022, I had a telephone call with AR and his dad. The purpose of this call was to return Dad's call and update them on the keywork offer that had been agreed with AR's case manager and myself.
36. During the call, we discussed the keywork that had been agreed with Sam Steed. I offered five sessions in the community to focus on anxiety whilst walking and five sessions in school to focus on anxiety. Dad said he would give AR a key as he (Dad) would not be home. However, I explained that because of the safeguarding policy, I would not be able to have a session with AR at his home without his parents being present, so the sessions would be in the local community. I agreed I would chase up the school regarding the offer of a session there.
37. Following this call, I made a note in the clinical records as follows:

Rang [Dad] to return his call and to share Keywork offer that had been agreed with case manager Sam Steed.

Keywork offer 5 session in community to focus on anxiety while walking and 5 session in school to focus on school anxiety with an aim to review with case manager after. The sessions will ideally being alternating weekly with one week in school the next at home.

Informed that I had contacted Acorns school to offer 5 sessions in school to focus on helping [AR] manage his anxiety in school with the aim of being able to stay in school for longer periods of time.

I was going to wait until I heard back from school but as I haven't and don't want AR] to wait I have arranged to book in 5 dates for weekly sessions in the community on a Tuesday 2.30-3.30pm. [Dad] confirmed that he would give AR] a key as he would not be home - we discussed that due to our safeguarding policy I would not be able to have sessions in the home without parents present so our sessions will be in the local community due to Dad having to pick up his other son at that time.

Dad suggested we go to parks in Southport and I said I will discussed this with [AR] in our next session.

spoke to [AR] to check he was ok with the offer and he confirmed he was.

I will chase up the school regarding the offer of session there.

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38. Although the plan was to carry out five keywork sessions (not including the two already attended), I saw AR for a total of three out of the five offered. One was cancelled due to AR being sick and the last session was cancelled as AR had decided he no longer wanted the intervention. Some of the sessions were rearranged due to personal leave and confirming health and safety policies regarding transporting you people in cars. The keywork sessions took place on 15 February 2022, 1 March 2022 and 15 March 2022.
39. On 25 and 26 January 2022 there were a series of emails between myself and Sam Steed discussing the keyworking plan. Sam Steed said she would share the plan with multi-agency partners in Lancashire. In another email on the same day, Sam Steed offered to also chase up Acorns regarding the offer of sessions within school. Due to my hours of work being 10 am - 6 pm and Acorns not being close to my work base I was unable to offer a school appointment before 10:30 am.
40. On 26 January 2022 at 15:26 I received an email from Sam Steed which stated that *"Acorns said they were getting around to responding to you – they could have accommodated you visiting AR to work through anxiety with him if you could get there for 10am and the taxi could take him home at 11:30am. I explained again that the earliest you could make it there was 10:30am but they stated they can't supervise AR."* Sam went on to state she had *"a good chat with his teacher and there seems to have been a huge shift in how he is in class over the past week or so – I think this coincides with Presfields visiting him and him now having some real hope for the future#. He is talking more and moving differently in class which is really good news. Dad and AR are happy to stick with the plan re picking up from home on tues if that's ok with you."*
41. From my recollection, I was off work on compassionate leave due to a family bereavement from approximately 31 January to the week commencing 7 February 2022, meaning the planned keywork session for 1 February 2022 did not go ahead. This session was rebooked for 15 February 2022.
42. On 15 February 2022 I visited AR at his home at approximately 2.30 pm.

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- The purpose of my visit was the planned keyworker visit to support AR with his anxiety by walking around the local area.
- During the session, I went for a walk in the local area with AR with the aim of helping with his anxiety. Upon returning to the house Mum told me that AR had been going to Meols Cop Youth Club and that she felt he was enjoying this.
- My plan was to continue to offer the allocated number of keywork sessions and then review with AR and case manager.
- During my visit, I saw both of AR's parents and was able to discuss the plan with them.
- My overall assessment of his presentation was that he was self-conscious about his eating and walking and this was causing him to be anxious in situations where others might notice him. This is common for someone experiencing social anxiety.

43. Following the session, I made a note on the same day which reads as follows:

Keywork sessions with [AR]

AS discussed previously we went for a walk in the local area to help work with [AR] on his anxiety.

During the walk [AR] reported feeling ok and felt that he is able to walk in the area as long as its not really busy.

[AR] reported that he more gerts anxious before doing something but said he experienced no anxiety about our session as he forgot about it.

[AR] felt his anxiety levels were the same before our session - beginning of session - midway in session and end of sessions but was happy we had done the walk.

Talked about Keywork being their to support him in the best way for him and thought together about what this would look like.

Planed for next session to be at McDonalds to order food and sit down to eat to help [AR] tolerate the business and noise - also to support [AR]'s thoughts that people stare at him while he eats and think he eats 'weirdly'

Tried to plan future sessions but [AR] felt he finds it hard to come up with ideas - he was interested in support being in the cinema foyer. Following this agreed after each session we will plan the next session based on how helpful the session way and future goals.

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Returned home and [AR]'s parents were both home, explained the plan to them and they agreed it would be helpful.

Mum informed me that [AR] has begun going to the Meals Cop Youth Club on a Tuesday and felt he was enjoying it - [AR] agreed it was fun, when asked how he gets there he replied that dad drives him.

I have recorded "Current risk identified: No"

I have recorded "Change to current Care Plan: No"

44. On 22 February 2022 there was a call between myself and AR's dad. I explained that I had had a plan to drive to McDonalds with AR, but I had not yet heard back about the Covid-19 risk plans of doing so. The plan was to move the session until I had heard back. I rang AR at the time of the original appointment to see if he wanted to talk, but he did not feel this would be helpful to him.

45. Following this call I made a note. My note reads as follows:

I phoned [Dad] first thing in the morning as I had not heard back regarding COVID risk plans around having a young person in the car and our session was to drive to McDonalds. Explained that until I heard back I would have to move this session - agreed to move to next week hoping I would have an answer by then.

I offered to ring [AR] at our session time to see if he wanted to use the space to talk [Dad] felt this would be a good idea and gave me [AR]'s mums mobile number - [DPA] - I rang at 2.30pm and spoke to [AR] how inform me that his dad had not explain about our session being moved. I asked if he wanted to use the time to talk with me on the phone and he expressed that he didn't feel this would be helpful for him, I explained that hopefully the risk assessment would be back by next week.

46. On 23 February 2022 I was part of an email chain in which Dad expressed concerns regarding the delays in Lancashire Council providing information to AR's school. As a keyworker it was outside my remit to respond to this.

47. Due to still being under COVID restrictions I had asked for advice regarding having a young person in my car – as my management were unaware of the policy, due to

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other staff not having to consider this due to being clinic based, it was decided it was best to contact Alder Hey Health and Safety team for advice. I emailed Health and Safety and asked if I could transport a young person I was working with in “*my car with us both wearing masks under the current COVID risk assessments?*” I got a reply on 28 February 2022 asking if I had business insurance and whether manager had approved it – guidelines around PPE was that masks must be worn at all times. I replied that I had the relevant insurance, and manager had signed off and explained the query as our current guidance was with regards to community clinic rooms not cars and transporting young people. Health and Safety then confirmed the current guidance was 1m plus and well ventilated. Following this it was decided, with my manager, that AR could sit in the back behind the passenger’s seat in the car with us both wearing masks and the windows open.

48. On 1 March 2022 I visited AR at his home at approximately 15:00.

- The purpose of the visit was the planned keyworker visit. I had planned to take AR to McDonalds.
- During the visit – I picked AR up from the home. I cannot recall whether his parents were in the house when I picked him up as I did not go into the house. Upon returning AR home his mum was home.
- Whilst I had planned to take AR to McDonalds, he did not want to go because he felt anxious. We therefore agreed to go for a walk instead. During this walk AR reflected he had done better than he thought he would and agreed to a drive to McDonalds. AR reported he was bored and sleeping a lot – and that this made him more tired.
- My plan was to encourage AR to challenge himself in tolerating anxiety in order to manage being out of the house more and engaging in more activities.
- My overall assessment of his presentation was of an anxious young man.

49. Following this meeting, I made a note. My note reads as follows:

Keywork session with [AR]

We had arranged to go to McDonads for graded exposure around people with people and eating around people. This was agreed as [AR] had dont so well with buying food at the coop and walking around his local area.

When I arrived [AR] stated he didn't want to go and when we talked about it it was due to feeling anxious. Did some phyco ed around how anxiety and avoidance work.

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We graded from 1-10 his anxiety and [AR] graded walking to the Coop and buying stuff as a 1/2 and the same grade for Walking around local area. He graded MacDonalds as a 7 and we agreed to think of something between the two as a bridging exposure, [AR] felt this would be walking around the busy roundabout a short drive from the house he agreed to coming in the car with me and trying this.

When we got to the area and walked around [AR] reported feeling better than he thought he would but his mind was on how he was walking feeling like he was walking 'odd' I reflected that he appeared to be walking fine to me and talked about what [AR] define as walking 'normally' which included walking in a straight line, he feels he moves to the side at times, we talked about how hard it can be to walk in a dead straight line and I again reflected that my experience of of him walking seemed the same as most people.

[AR] reflected that he had been surprised that he found it easier than he had fear - I offered to drive to McDonalds but not go in and [AR] agreed to this. Talked in the car about family and things [AR] enjoys doing such as reading about international politics and watching youtube. He talked about sleeping allot due to being bored and reflected that this can make him more tired. [AR] feels he will be less bored in Presfield due to them having more subjects and peers in his class.

When we parked at MacD's [AR] noted that he felt anxious about leaving the car we agreed to walk near to MacD's but still far away enough that he couldn't see inside. [AR] then graded walking around the outside of MD's as a 4 Walking inside 5/6 and to sit and eat a 7. Agreed to try our next session walking around - and if he feel ok to try going inside and then working up to next session eating inside.

On the drive back home [AR] reflected that he had done well and was surprised/proud that he had managed better than he feared linked this back to the phyco ed around avoidance.

Feedback to Mum how well [AR] had done and agreed to try walking around MD's next week.

I have recorded "Current risk identified: No"

I have recorded "Change to current Care Plan: No"

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50. AR's next planned keywork appointment for 8 March 2022 was cancelled due to AR being sick. I exhibit a copy of my diary entry as MW/02 – AHCH000263.

51. On 15 March 2022 I visited AR at his home address at approximately 2.30 pm.

- The purpose of the visit was the planned keyworker visit.
- During the visit I picked up AR from his house and dropped him back to his house.
- In this visit, I drove to McDonalds with AR to support AR in practising to do things that may make him anxious. AR said that lunch time at school was difficult because he felt anxious eating in front of other people.
- We discussed the cycle of anxiety and avoidance. He reported not feeling his medication was helpful as he still felt anxious.
- AR said he did not want to go to into McDonalds and that this was not a goal he wanted to work towards. He did not want to do more work about eating out in public and said he would prefer support from his school about eating there.
- The plan was that if things changed in the future and he felt ready to engage then he could be referred back to keywork.
- His parents were not present on this occasion.
- My overall assessment of his presentation was a young man who experienced anxiety but was no longer consenting to an intervention which focused on tolerating his anxiety therefore there was not a therapeutic goal that keywork could assist with.

52. This was the last time I saw AR.

53. Following the visit, I made a note in AR's clinical record. My note reads as follows:

Keywork session with [AR]

As arranged previously we drove to McDonalds to attempt support [AR] to practice doing things that make him feel anxious.

During the drive there discussed how things were with [AR], he spoke about attending Presfield for a few hours and that he will be starting there in a few weeks. [AR] said that lunch was difficult as he feels anxious eating in front of other people as he feels they can hear him eating. Talked about the sensory sensations of hearing yourself eating and wondering if that is what others

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hear - explored that it was unlikely others could hear him. [AR] stated that he preferred Presfield and was looking forward to being able to access more lessons.

Talked about the cycle of anxiety and avoidance of things that cause us anxiety. [AR] felt that his anxiety around producing too much saliva and not being able to speak cause his saliva production and was able to see the link. [AR] reported feeling his medication was not helpful or making a difference as he was still anxious, we talked about anxiety getting less the more we practice the things we think are scary and that we cant cope with. Explored consent and that [AR] would not be forced into graded exposure but that I was happy to support him in trying to push back against his anxious thoughts. When we arrived at MacDonalds [AR] appeared anxious and stated he didn't want to go in, he began to use his key to make scratches on his finger nail and when asked what he was doing he explained he hadnt done it before but was feeling anxious and decided that he didnt want to go in and felt that McDonalds was not a goal he wanted to work on. We talked again about how [AR] had found our sessions and he stated that he had found them helpful as he had begun leaving the house more but felt he did not want to do any more work towards trying to eat out in public and would prefer support from Presfield around working towards eating his lunch in the school. Explained that if in the future if things changed and he felt ready to engage in community work to support the therapeutic sessions with his casemanager he could be rerefered to Keywork.

I have recorded "Current risk identified: No"

I have recorded "Change to current Care Plan: No"

54. On 16 March 2022 20:48 I updated Sam Steed via email as to AR's decision that he did not want to engage with keywork. *"Hi Sam I met with AR yesterday and he decided to stop keywork. He stated he has found the sessions helpful as he leaves the house more but doesn't at this time want support with eating in public, He seems to be looking forward to being in education at Presfields and enjoyed the hours spent there recently. I will write a closing letter and speak to his parents (they were not home when I dropped him back) when I am in next week but wanted to keep you updated."*

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55. Over the next few days, we had an email chain discussing this and the current situation. The emails confirmed that AR had *“been clear that he wants sessions to end with you as you have described due to him feeling that he is ok re leaving the home as such now (as evidenced by him going missing on Friday) - I have no issues regarding, as engagement needs to be on the young persons terms.”* It was noted that AR was starting at Presfield school on 19 April 2022 and that he had gone missing from home on 17 March (but was found later the same day). The plan was to discuss AR in the MDT to consider discharge planning from CAMHS given that AR was reintegrating into school.
56. I am aware from AR’s clinical records that a meeting took place with Sam Steed, AR and Mum on 18 March 2022, but was I was not present for this. I am aware that in that meeting, AR re-confirmed he no longer wanted to work with me anymore as he did not think he needed help with eating in public and that he did not need help leaving the house.
57. On 22 March 2022 there was a telephone call between myself and AR’s Dad. I told Dad that AR had asked for keyworker involvement to end. Given AR had completed his original goals of being able to leave the house and no longer wanted to work on a new one, the decision was made to close AR to the keywork team. I reassured Dad that AR remained open to CAMHS and could be re-referred to keywork if needed in the future.
58. Following this call, I made a note. My note reads as follows:

Rang [Dad] to recap the work done with [AR] and reason for closure to Keywork.

Explained that it has been a pleasure to work with [AR] helping him to meet his goals of feeling more able to leave the house, however during our last session [AR] had expressed that he no longer wanted to work on the goal of eating out in public so he decided to end keywork. I stated that due to [AR] having completed his original Keywork goals and no longer wanting to work on a new one the decision was made to close at this time. I reassured Dad that [AR] was still open to CAMHS and his case manager Sam Steed, and if things were to change in the future he could be re-referred the Keywork.

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I wished both of them all the best for the future and thanks [AR] for being engaging with sessions.

59. I am aware that AR then remained under CAMHS, but he was no longer part of my caseload and I had no further direct involvement with him.

Factual narrative of involvement – family therapy

60. My next involvement was indirect whilst attending a number of the family therapy sessions with colleagues and the parent/s of AR. As explained above, there is no entry in AR's clinical records for 16 August 2022, although I have a diary note for that date. I cannot recall if I attended the session or not.

61. On 28 March 2023 I attended an online family therapy session.

- The reason I was attending this session was as a member of the family therapy clinic and for this family I was in a reflecting team role.
- The people in this session were AR's Mum and Dad, Sam Coppard (family therapist) and myself (employed as a keyworker using my skills as a trainee family therapist). AR was not present.
- The information I had in advance of this session was that the family were accessing systemic support from the family therapy clinic to consider relationships in the home.
- In this session, AR's Mum expressed that she felt family therapy was pointless and that she did not trust CAMHS. Both parents explained how they felt previous reports were prejudiced against them and their unhappiness with CAMHS prior to coming into family therapy. AR's father was wanting to contribute to and continue with family therapy.
- A further appointment for family therapy was made for 25 April 2023.

62. Sam Coppard has made the following entry relating to the family therapy on 28 March in AR's clinical records on 29 March 2023:

Family Therapy Appointment (online - MS Teams)

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Parents [Dad and Mum] attended online. There were some challenges to the connection for [Mum] and [Dad] was driving which meant there was a delay in the meeting starting.

[Mum] expressed that she felt the family therapy was pointless and that she did not trust camhs. [Mum] and [Dad] stated their experience of what had been written about them by the ASC Pathway and CAMHS had led to them feel that reports were prejudiced against them and that camhs was very powerful, having the power to remove children.

[Mum] spoke about being offended and wounded by comments made to them about 'not feeding their child' in the context of concerns about weight loss and dietary intake. [Dad] and [Mum] said that these comments were not in family therapy but prior to coming to family therapy. [Mum] spoke about being referred to family therapy and not being in agreement with this. I shared that we had spoken at length during our first meeting (after being referred) about family therapy and that it was started through agreement and consent. [Mum] and [Dad] queried why we would need to talk about aspects of their history or relationships within the family. I shared my thoughts about the nature of family therapy exploring the connection and understanding between people in different contexts across time. [Dad] said that he anticipated meeting each month to share what had happened over the month and we would offer practical suggestions about what to do. I shared my concern about trying to offer family therapy when family members were saying they did not trust camhs and didn't want to talk. I suggested we establish how trust can be established and maybe that would be through talking despite their hesitation. However, if they felt so strongly that it wasn't possible to talk and meet due to feeling so mistrustful then maybe we reconsider whether family therapy is the right intervention at this time and we undertake a review with the case manager about different options that felt more possible and more useful to them. [Dad] and [Mum] spoke about observing the frustration of professionals working with them and how they felt that in a recent meeting the camhs case manager had 'thrown [AR] under the bus' when speaking about [AR's]

[Dad] expressed his concern that because we had focused a lot on the above issues he hadn't been able to talk about what he wanted to talk about over the month. I acknowledged that what [Dad] wanted to contribute was also

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important but difficult to attend to when we had started late and [Mum] had expressed such strong views on family therapy being pointless and that she didn't think it would be useful. [Dad] did have other ideas about how family therapy could be useful to him and that he would have a conversation with [Mum] outside of this meeting.

The theme of the meeting focused on engagement (establishing trust) and contracting. I agreed to send a date and time to meet again in the future as we didn't have time to arrange this during the meeting. I subsequently sent an appointment offer for 18th April 4pm Online but [Dad] responded and requested an appointment week commencing 24th April. I therefore offered an appointment on 25th April 12.45 MS Teams.

Current Risk Identified: No

Change to current Care Plan: No

63. As explained above, there are no entries in AR's clinical records for the subsequent planned sessions that I expected to be involved in from my diary until 20 February 2024. I cannot recall if I attended any other sessions or not.

64. On 20 February 2024 I attended an online family therapy session.

- The reason I was attending this session was I was a member of the family therapy clinic and for this family I was in a reflecting team role.
- The people in this session were AR's Mum and Dad, Sam Coppard (family therapist) and myself. AR was not present. This was not unusual as he had not joined any of the family therapy sessions.
- The information I had in advance of this session was that the family were accessing systemic support from the family therapy clinic to consider relationships in the home.
- In this session, Mum had to leave briefly to take a call in relation to AR's sibling. Dad reported that there had been improvements noted in AR's outbursts since starting family therapy. Dad said Mum was not available for the March session. Mum overheard this when she came back into the room and accused Sam Coppard of trying to split the family up. Mum said she did not think family therapy could support her or AR in any event.

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- Following these discussions, the plan was to skip the March appointment and meet jointly in April 2024.

65. The note of this meeting was written by Sam Coppard. It reads as follows:

Family Therapy Appointment (online - MS Teams)

Parents ([Dad] and [Mum]) attended online. There were some challenges to the connection for [Mum] and [Dad] was driving which meant there was a delay in the meeting starting.

[Mum] expressed that she felt the family therapy was pointless and that she did not trust camhs. [Mum] and [Dad] stated their experience of what had been written about them by the ASC Pathway and CAMHS had led to them feel that reports were prejudiced against them and that camhs was very powerful, having the power to remove children. [Mum] spoke about being offended and wounded by comments made to them about 'not feeding their child' in the context of concerns about weight loss and dietary intake. [Dad] and [Mum] said that these comments were not in family therapy but prior to coming to family therapy.

[Mum] spoke about being referred to family therapy and not being in agreement with this. I shared that we had spoken at length during our first meeting (after being referred) about family therapy and that it was started through agreement and consent. [Mum] and [Dad] queried why we would need to talk about aspects of their history or relationships within the family. I shared my thoughts about the nature of family therapy exploring the connection and understanding between people in different contexts across time. [Dad] said that he anticipated meeting each month to share what had happened over the month and we would offer practical suggestions about what to do. I shared my concern about trying to offer family therapy when family members were saying they did not trust camhs and didn't want to talk. I suggested we establish how trust can be established and maybe that would be through talking despite their hesitation. However, if they felt so strongly that it wasn't possible to talk and meet due to feeling so mistrustful then maybe we reconsider whether family therapy is the right intervention at this time and we undertake a review with the case manager about different options that felt more possible and more useful to them. [Daand [Mum] spoke about observing the frustration of professionals working with them and how they felt that in a recent meeting the camhs case manager had 'thrown [AR] under the bus' when speaking about [AR]

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[Dad] expressed his concern that because we had focused a lot on the above issues he hadn't been able to talk about what he wanted to talk about over the month. I acknowledged that what [Dad] wanted to contribute was also important but difficult to attend to when we had started late and [Mum] had expressed such strong views on family therapy being pointless and that she didn't think it would be useful. [Dad] did have other ideas about how family therapy could be useful to him and that he would have a conversation with [Mum] outside of this meeting.

The theme of the meeting focused on engagement (establishing trust) and contracting. I agreed to send a date and time to meet again in the future as we didn't have time to arrange this during the meeting. I subsequently sent an appointment offer for 18th April 4pm Online but [Dad] responded and requested an appointment week commencing 24th April. I therefore offered an appointment on 25th April 12.45 MS Teams

66. On 23 April 2024 I attended an online family therapy session in the same capacity as previously.

- The people in this session were AR's Mum and Dad, Sam Coppard (family therapist), Joan Bulgar (lead family therapist) and myself. AR did not attend.
- The information I had in advance of this session was AR was coming up to 18 and would be leaving the CAHMS service. Mum was not finding family therapy helpful and this session was to be an ending to family therapy for both Mum and Dad.
- In the session, the parents discussed their experience of family therapy and CAMHS. They reflected on how difficult the journey had been and that they struggled to trust mental health professionals.
- It was agreed that family therapy could come to an end, but that AR would continue to be under the care of Kate Morris (case manager) who would review the overall plan and determine next steps with them, as AR was due to turn 18 soon.
- The outcome of the meeting was that the discharge letter was to be completed and that AR (and his family) were then closed to family therapy with no further appointments offered.

67. Following this meeting, a note was made. This note reads as follows:

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Parents attended for final family therapy meeting. We discussed their experience of family therapy and CAMHS. They reflected on how it had been a difficult journey at times with professionals. I gave feedback about their commitment to family therapy despite their struggle to trust mental health service. We agreed that the family therapy could come to an end and will continue under the care of the case manager Kate Morris who will review the overall plan and decide next steps with them as [AR] is soon 18 years old.

Outcome:

I agreed to complete a discharge letter and share it with them. Closed to family therapy - no further appointments to be offered

Current Risk Identified: No

Change to current Care Plan: No

68. This concluded my involvement in AR's wider care.

69. I did not have any particular concerns about AR as a result of the family therapy sessions.

70. I did not have any particular concerns about AR's family as a result of the family therapy sessions and the last session ended on a positive note.

71. I did not have any involvement in AR's assessment, diagnosis or treatment other than as detailed above.

Risk Assessment

72. In relation to risk assessment, within my role of Keyworker, I would assess risk with the young people I worked with if I was made aware of risk – commonly risk of them harming themselves. I had no concerns regarding AR's risk of harm to himself during our sessions. If I had, I would have both documented this in the clinical notes and made the case manager aware. I was not made aware that AR might have posed a risk of harming others during the period of my involvement. It was seen as safe to enter his home, be with him in the local community, including shops, and to transport him in my car. During my interactions with AR I never felt unsafe or that he might cause harm to another person in the community. The responsibility of care plans/risk

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management overall stays with the case manager who did not report any concerns to me regarding being alone with AR, being in his home or being in community settings with him.

73. I would have spoken to his case manager regarding risk – none was raised with me in regard to engaging him in the home and community. AR was not a young person where it was deemed that two staff needed to attend the house or work with him due to safety concerns. I was aware of the incident where he had taken a knife to school historically and not used it, resulting in his exclusion from the school.

AR's engagement

74. My experience of AR was that he was presented as a young man who did not speak much but would reply to questions asked and engaged in our sessions. I was unsure of whether he wanted to work on his anxiety with me in a keywork role so during our sessions we discussed consent, and I aimed to elicit whether he indeed wanted to engage with me in a keyworker capacity. I spoke to his case manager regarding my concerns whether keywork was the right intervention and worked to include AR in these discussions.

Concerns regarding AR's father/safeguarding

75. In my interactions with AR's Dad he was pleasant and engaging. I felt comfortable talking both with AR's Dad and on occasion his Mum.

76. I had been made aware that AR had made allegations regarding his father being physical harmful to both AR and his brother but I understood that this had been dealt with by social care and they were no current concerns regarding this. I was aware through conversations that AR's Dad presented in different ways with some of my colleagues and he could be experienced as challenging, however this was not my direct experience. I was aware through conversations and emails that AR had a difficult relationship with his Dad and could become aggressive towards him and believed both the case manager and social care to be monitoring this.

77. I had no concerns regarding AR's safety or the safety of others during the periods of my involvement and so there were no further actions required.

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Particular issues relating to my involvement – risk assessment

78. The way that risks are assessed at Sefton CAMHS is risk assessment is conducted at initial assessment and updated through work with the young person. If an incident occurs in relation to risk, the risk assessment is then updated by the individual who gained the information. Risk assessments are ongoing and are live documents.
79. I was involved in the risk assessment of AR in that if I had experienced any concerns I would have updated the risk assessment and discussed with case manager and within supervision. Within my entries in AR's clinical records I have addressed the specific question regarding current risk and always answered no. I believed I would have been informed if AR posed any risk to myself or those in the community by others in the team if any such risk presented.
80. My assessment of his risks was I had no reason to believe he was at risk of harming himself or others from my interactions with him during the brief keywork intervention. I was with AR in his family home, the local community and transported him in my car multiple times, I never felt unsafe or concerned he would cause harm to himself or another individual.

Particular issues relating to my involvement – phone call 22 March 2022

81. I have set out the factual narrative of my call with Dad in paragraph 58 above.
82. The reason that my involvement with AR as his keyworker came to an end was he reported and evidenced his original therapeutic goal of wanting to leave the house more and no longer wanted to work on a different therapeutic goal.
83. If a child requests to be discharged from keywork, it is not appropriate to continue with keywork. It is a supportive offer to a tier 3 therapeutic intervention and it would be unethical to force a child/young person into a therapeutic treatment that they were clearly stating they were not consenting to. Tier 3 in the NHS refers to specialised intensive services for specific health conditions. In relation to CAMHS this refers to out-patient services and input that is over and above what can be provided in primary care. There are no powers of compulsion that can be used within this service. Tier 4 is the highest level in CAMHS and relates to in-patient care.

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84. It was not considered appropriate to continue with keywork with AR because he had achieved his original therapeutic goal and clearly stated that he no longer wanted to engage with a keywork intervention.

Particular issues relating to my involvement – CAMHS record 23 April 2024

85. I have set out the factual narrative of my attendance on 23 April 2024 in paragraph 66 above.

86. The rationale for ending family therapy with AR's family on 23 April 2024 was that AR was coming up to the age of 18 (so they sessions would have ended soon in any event) and that Sam Coppard was leaving the service so would no longer be working with the family. The family requested that the sessions stop on the 23 April 2024 via email due to the above reasons.

87. I was only a Keyworker at this time as was in my own time training in family therapy. However, I think it was appropriate for family therapy to come to an end at that time because the family had requested it and the young person was soon to be closed to the service.

88. I was aware that AR did not attend the three family therapy sessions where I was present, and that this was not unusual for him. The steps taken in relation to AR's non-attendance were that the offer was open and he was welcome to attend anytime. However, a young person cannot be forced into attending an additional tier 3 therapeutic intervention.

89. I have reflected as to whether anything could have been done differently to try and secure his attendance. My view is that AR expressed he did not want to attend sessions – they were delivered online so he would not have had to leave his home and attend a community clinic. I do not believe more could have been done to secure his attendance.

Involvement with other agencies

90. I did not have any involvement with other agencies in relation to AR. This would have been in the remit of the case manager

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91. In terms of joint working arrangements, I wonder if there was an additional complication in regard to joined up working due to AR being under a Sefton GP and CAMHS but a Lancashire Local Education Authority and Social Care team.
92. In terms of information sharing, I was only involved with sharing information with the case manager and family therapy team so I cannot speak to sharing information with external agencies.
93. In terms of the degree of openness between agencies, I was unaware of AR's accessing of violent material. This might have been useful to consider in my interactions with AR, specifically when he shared his interest in international politics – in hindsight had I been made aware of this information as a concern I may have asked more questions in relation to this.

Reflection on events

94. I have reflected on my own practice, and I do not believe I would have done anything differently as AR engaged to a point and then chose not to engage anymore. My knowledge at the time was that he was not at risk or harming himself and was not a risk to others.
95. In terms of what the organisation could have done differently, it might be useful for internal additional therapies to be given a clearer chronology and formulation when beginning a piece of work alongside a case manager in order to have a wider holistic knowledge to inform their intervention.

Improvements

96. I no longer work at the Trust so I am unable to comment on the current processes in place.

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Other matters

97. I am aware of the Inquiry's Terms of Reference and I do not have anything to add to the above.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signature:

Signature

Date: 31 July 2025

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Annex 1

Index to the Witness Statement of Michelle Warner:

Exhibit No.	Inquiry reference No.	Document description
1	INQ- AHCH000262	Family Therapy Diary Entries - various
2	INQ- AHCH000263	Keyword Diary Entry – 8 March 2022