

Southport Inquiry

Witness Name: Kathryn Morris

Exhibits: [KM/01 – KM/12]

Dated: 6 August 2025

THE SOUTHPORT INQUIRY

FIRST WITNESS STATEMENT OF KATHRYN MORRIS

I, Kathryn Morris, will say as follows: -

Introductory matters

1. I am Kathryn Morris, and I am a Senior Mental Health Practitioner at Alder Hey NHS Children's Foundation Trust ("the **Trust**") Eaton Road, Liverpool, L12 2AP.
2. 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.
3. I am qualified as a Social Worker to master's level. I qualified in 2012 at Lancaster University following completion of a of a master's degree in social work. Prior to my MA, I commenced a Bachelor of Arts Degree in Childhood and Youth Studies with joint Social Work Studies at Edge Hill University in 2007 and completed in 2010. I have been HCPC registered with no gaps since December 2015.
4. Following my MA, I was employed by Merseyside Fire & Rescue Service in 2012 as a part time Street Intervention Youth Engagement Worker before moving to a full time District Advocate position later in 2012 and progressing to a full time Arson Reduction

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Officer in 2013 where I remained till 2015. I moved to Knowsley Children Social Care in December 2015. I was employed as a Newly Qualified Social Worker within the Child Protection Team where I remained until January 2019 before progressing to a Multi-Systemic Therapist role within Knowsley Children Social Care till August 2022.

5. I have been employed at the Trust since 31 August 2022. At the time of my involvement with AR I was a Mental Health Practitioner for Tier 3 Sefton Child Adolescent Mental Health Service (used hereafter as “CAMHS”). The role of Mental Health Practitioner requires a core profession. The core professions for CAMHS are Mental Health Nurse (RMN/RLD), Clinical Psychologist, Occupational Therapy, Social Work or Creative Therapies. My core professional is Social Work.
6. CAMHS is divided into four Tiers. The Tiers are as follows:
 - Tier 1 – is a universal service that offers prevention and intervention through schools, health visitors and GPs.
 - Tier 2 – offers targeted services for mild to moderate emotional and mental health problems within a community setting.
 - Tier 3 – is a specialist service for severe mental health issues. Provides comprehensive assessment and intervention.
 - Tier 4 – provides intensive support as an in-patient for children and young people with the most complex needs.
7. During my involvement with AR, my responsibilities within this role were in the form of a Case Manager supporting and coordinating a multi-agency response to children, young people and their families who were experiencing mental health difficulties and required specialist mental health support to prevent an admission to our Tier 4 service. My role involved assessment of the young person’s presenting issues and creating a formulation with the young person to identify the most appropriate therapeutic intervention to support them with their recovery.
8. In May 2024, I progressed to Senior Mental Health Practitioner remaining within Sefton CAMHS Tier 3 Service. In addition to my previous role, this role required training in a

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therapeutic modality which I had obtained in 2023 for Dialectical Behavioural Therapy (DBT) and Non-Violent Resistance (NVR). The role also requires an ability to offer peer support to clinicians Band 6 and below in the form of supervision. I obtained Peer Support Training in 2023. The Band 7 role also includes more complexity in risk presenting issues within referrals that are received to the CAMHS service. I have not had any change of employment since 2022.

9. I have completed this statement from my own knowledge, emails and following a review of the records.

Factual narrative of involvement

10. AR was allocated to me as Case Manager on Monday 5 September 2022. I was reallocated AR's case from the previous Case Manager, Samantha Steed, due to AR's Father requesting a new practitioner.

11. At the time of handover, I recall a conversation with my Assistant Clinical Lead ("ACL") Samuel Coppard. This conversation related to numerous new cases I was being allocated, and I cannot recall at this time if AR was included within the cases discussed. I viewed documentation on AR's file via the Meditech system (electronic patient records ("EPR")) which, at the time, was the system used to collate all relevant information relating to AR and remains the Trust's principal EPR. I had sight of risk management and care plans that had been completed by previous colleagues involved with AR alongside clinical case notes, referrals made to CAMHS and any other historic, current or ongoing appointments within the Trust that had been recorded. My focus was drawn to the most recent presenting issues which, at the time, were anxiety and support for AR with his Autism Spectrum Disorder ("ASD") Diagnosis. Therefore, this was to be my area of discussion when meeting with AR to create a formulation of need and identify the appropriate treatment intervention.

5 September 2022

12. On 5 September 2022, I attempted to call AR's Mum to arrange an appointment for AR. Unfortunately, I was unable to speak with Mum and therefore left a voicemail on Mum's phone.

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7 September 2022

13. On 7 September 2022, I attempted to call both parents to arrange an appointment for AR. AR's Father's phone was switched off and I was unable to leave a message. I was unable to speak with Mum and as such, I left a second voicemail. I made a request to our Admin team to send an appointment via post for 19 September 2022 at the Southport Centre for Health and Wellbeing Clinic ("the **Southport Hub**") at 9:45 am.

8 September 2022

14. On 8 September 2022, a letter was sent to AR's parents to inform that a meeting on 19 September 2022 had been arranged with me.

14 September 2022

15. On 14 September 2022, a letter was sent to AR's parents informing them that a meeting had been re-arranged for 26 September 2022 at 12pm. This was due to an additional Bank Holiday for the funeral of Queen Elizabeth II.

26 September 2022

16. The appointment on 26 September at 12pm was not attended. A call was made to AR's Father to explore any barriers as to why AR was not brought to his appointment and to identify helpful interventions to engage AR with appointments. The barriers initially were unclear from AR's Father other than AR did not want to attend CAMHS sessions. However, as the call progressed, AR's Father shared that AR did not like meeting new people and meeting in an unfamiliar environment. AR was asleep in bed at the time of call, as such, his wishes and views were not captured as his Father did not want to wake him. Therefore, it was agreed that a home visit would take place at a time convenient for parents. A date was not established on the call due to AR's Father not having his diary available; he was to call back to provide availability.

17. I established at this time if any other agencies were involved with AR. AR's Father shared contact details for a Catherine Martin who was part of the Inclusion Team at the Local Authority. Consent was obtained from AR's Father to make contact with Catherine Martin and Presfield School ("**Presfield**") to discuss presenting issues and

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barriers to attending school and to request a joint home visit to AR. The reason for me wanting to request a joint home visit was due to Catherine Martin and Presfield knowing AR. As such, I felt that this would be a good way to introduce myself during a visit alongside people he was familiar with. If a joint home visit was not possible, I would then request a CAMHS colleague attend with me as per the Trust's Lone Worker Policy. As I had not visited the family home before, nor had I met with AR or family this would be a policy I would follow. I exhibit a copy of the Lone Worker Policy as **KM/01**

– **AHCH000266**

18. Following the call to AR's Father, I contacted Presfield via telephone call on Monday 26 September 2022. I left a message with reception requesting that the allocated teaching staff to AR contact me.

18 October 2022

19. On 18 October 2022, I called AR's Father to try and engage AR in an appointment. AR was not attending school at that time due to anxiety and panic. Presfield was offered to AR but due to him not attending AR's Father informed me that AR's place had been withdrawn. AR's Father was reluctant for AR to have a telephone conversation and was asking for a home visit for me to meet with AR. AR was sleeping at the time of my call due to him being awake until the early hours of the morning. I asked AR's Father to try to wake AR, but he refused informing he would not dare. AR's Father initially wanted a home visit; however, he changed the request to a video call giving no explanation as to why. We agreed for a video session to take place on 20 October 2022, 4:30 pm via Attend Anywhere. Attend Anywhere is a secure video call service for appointments between healthcare professionals and patients.

20. On the same day, I also made a telephone call to Lancashire Children's Social Care to establish their involvement with AR to date. Information could not be shared via telephone due to confidentiality. As such, my work email address was provided alongside the telephone number for CAMHS to verify my identity and I was advised by Lancashire Children's Social Care that they would make the necessary calls and would email me a form to complete to request the information. This form was not received. A subsequent telephone call was made placing a second request for information and advising I had shared my contact details as requested; the information was still not received.

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21. In addition to this, I also emailed Catherine Martin. I informed Catherine Martin that I was the Case Manager for AR and was trying to establish who was involved with him and what support he was being given. I requested that Catherine Martin provide me with a time and date that was best for her to allow us to have a case discussion. This email was not responded to and to my recollection I made a further call and left a message which was not responded to. I exhibit a copy of my email as **KM/02 – AHCH000267**

20 October 2022

22. The appointment on 20 October 2022 was attended by AR's Father and AR. AR was initially present, however, he refused to be seen on camera or engage with conversation other than to communicate with me with the camera off that he only wanted CAMHS involvement for psychiatry and medication. AR's Father acknowledged this by reporting that AR will only attend 'health related' appointments.

23. AR was in the room; however, when his Father handed the phone to him, he refused to join the call as he thought the camera was switched on. AR's Father did try to reassure AR that the camera was switched off, but AR would then not engage and left the living room and went back to his bedroom.

24. I continued the call with AR's Father. The discussion focused on how mental health is a health-related issue and AR's Father expressed a wish for AR to have a Talking Therapy. During this telephone call, AR's Father reported that AR was taking medication and that his presentation in the home was better. AR was reported to be eating and appearing happier, although he continued to struggle to leave the family home. No risk to self or others was disclosed.

25. Given what AR's Father had disclosed about AR struggling with leaving the family home, I queried if a clinic appointment was appropriate and suggested a home visit. This was declined by AR's Father and a clinic appointment requested. It was agreed that I would make a further telephone call to AR in one week to remind him of the appointment and allow him to hear my voice again.

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26. No self-harm was reported and the main issues of concern included education and AR's anxiety around leaving the home. I exhibit a copy of my handwritten notes of the session as **KM/03 – AHCH000268**.

21 October 2022

27. On 21 October 2022, a letter was sent to AR offering an appointment with me at the Southport Hub at 4pm on 7 November 2022.

25 October 2022

28. As agreed during the call on 20 October 2022, I called AR on 25 October 2022. The call was to try to engage AR with CAMHS due to his dislike for video calls.

29. AR engaged with the telephone call and spoke to me. He agreed that he would like to attend a face-to-face appointment (this was already arranged with AR's Father for 7 November 2022 at 4pm, at the Southport Hub) as he had spoken to me and had seen my face via video link. AR informed me that he was feeling okay at that time.

7 November 2022

30. AR attended the arranged clinic appointment on Monday 7 November 2022 at the Southport Hub. AR was brought by his Father but attended the session alone. We held a 30-minute face-to-face meeting. This session note was not uploaded to the system following the session; however, I have retained my handwritten session notes. This session reviewed presenting issues for AR which included school and anxiety. I exhibit a copy of my handwritten notes as **KM/04 – AHCH000269**.

31. AR initially engaged well during the session and talked about his presenting issues. During the appointment it was noted that AR did not have any suicidal ideation and had not self-harmed. Regarding education, AR's worries around school were indicative of his ASD diagnosis noting how the school environment was loud, and he did not like the crowds of peers. AR also noted how he was bullied by his peers since primary school and this continued into secondary education. AR described how peers

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would make fun of his overproduction of saliva in his mouth that he experienced when he was anxious.

32. AR offered information on how he had been expelled from the Range High School for carrying a knife and spoke of how he did not intend on hurting anyone but carried it for his own protection. AR denied at this time any thoughts around wanting to cause any harm to his peers adding that he did not feel comfortable leaving the home without his parents due to increasing anxiety.

33. During the appointment, AR spoke about how his Father made him feel angry as he would make comments to AR that he belonged in prison and would threaten to call Merseyside Police when AR answered his Father back. AR shared how Police had been previously called to the family home five times within a twelve-month period. AR would not elaborate on this any further despite encouragement that AR was in a safe area within the therapy room.

34. AR disclosed previous physical chastisement from his Father to him as a child and shared his anger towards his Mum for not stopping his Father. AR added that physical chastisement stopped when he was twelve years old and he felt confident now in fighting back which his Father did not agree with, according to AR. When I attempted to return the conversation to Police calls to the property, AR disengaged with conversation and repeatedly asked for the session to end. AR refused to speak any further with me during the session and exited the therapy room.

8 November 2022

35. On 8 November 2022, a letter was sent to AR offering an appointment with me on 28 November 2022, 4pm at the Southport Hub.

28 November 2022

36. On 28 November 2022, a meeting with AR was planned; however, he did not attend.

5 December 2022

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37. On 5 December 2022, I received an email from Sally Williams, Specialist Practitioner for Sefton CAMHS. She stated that she was able to take another case off the Cognitive Behaviour Therapy (“CBT”) waiting list and may be able to offer CBT to AR. Sally Williams explained that she had checked back through the notes and could see that attendance was an issue for AR. She noted that she could offer him a face-to-face appointment at the Southport Hub and asked for confirmation as to whether AR was still awaiting CBT.

12 December 2022

38. On 12 December 2022, I received a further email from Sally Williams. She chased a response from me in relation to the offer of a CBT appointment for AR. Sally Williams explained that she was able to offer AR an appointment on 9 January 2023 at 11 am at the Southport Hub. She stated that she was happy to go ahead and offer this; however, if AR did not attend then she would close him to the CBT list, and he would have to be re-referred.

39. On 12 December 2022, Julia Dunn, ACL at the Trust, responded to Sally Williams requesting that an ‘opt in’ letter was sent first before appointment was booked. Julia Dunn requested I contact the family and confirm to Sally Williams by 16 December 2022. If confirmation was not given, Julia Dunn advised that the next young person on the waiting list would be offered the appointment on 9 January 2023 suggesting that CBT may no longer be required for AR as he had been on the waitlist for some time and that reports from Samantha Steed suggested concerns around AR not wanting to engage with individual therapy.

40. Sally Williams replied sharing that she would change the appointment letter to an ‘opt in’ letter and a request was sent via email to admin team. A copy of the email correspondence is exhibited as **KM/05 – AHCH000270**

41. I received a subsequent email from Julia Dunn on 12 December 2022 asking if a recent review had taken place with AR to establish if CBT was still an appropriate intervention and if he could commit to weekly sessions. A copy of the email correspondence is exhibited as **KM/06 – AHCH000271**

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13 December 2022

42. On 13 December 2022, I replied to Sally Williams' email dated 12 December 2022 informing her that I was struggling to engage AR with CAMHS sessions and that I had met with him once to date as AR did not attend a lot of appointments. I explained that I was waiting to hear from AR's Father to see if I could arrange a home visit in the hope I could start to build engagement with AR. I noted that I would make contact with AR's Father that week and discuss CBT; however, I was not hopeful that AR would engage.

43. Julia Dunn responded to my email to request that I email her by Friday to let her know if they could book someone else in for CBT if AR was to come off the list. I exhibit a copy of this email correspondence as **KM/06 – AHCH000271**

14 December 2022

44. I made a telephone call to AR's Father on 14 December 2022 to discuss CBT. AR's Father agreed to CBT for AR. AR's consent was not given at the time of the call as he did not wish to speak with me on the telephone. Unfortunately, I did not document my call to AR's Father.

45. Following my call with AR's Father, I emailed Julia Dunn and Sally Williams to explain that I had spoken with AR's Father and that he was still wanting CBT for AR. I highlighted that I was not able to speak with AR on the telephone to obtain his views and stated that I was next seeing AR at the Southport Hub on 16 January 2023.

46. Julia Dunn responded to my email requesting I gain AR's wishes about CBT. Julia Dunn noted that based on Samatha Steed's report and from what I had shared, there were significant concerns about AR's engagement with the service. Julia Dunn asked me what AR's Father had said about his ability to support AR to attend face-to-face sessions weekly. Julia Dunn highlighted that if appointments were offered and then cancelled or engaged with sporadically, it would cause a significant delay in offering CBT to another young person.

47. My response to Julia Dunn noted that I had not been able to speak with AR on 14 December 2022 and would try again next week due to diary commitments. I shared that I agreed with the concerns around engagement as I had found engagement difficult. I expressed that I had reservations as to whether AR's Father would be able

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to engage AR with attending weekly sessions, especially if they were morning sessions as AR's sleep was problematic as he had a reversed sleep pattern. I exhibit a copy of the email correspondence as **KM/06 – AHCH000271**

15 December 2022

48. On 15 December 2022, Julia Dunn responded to my email on 14 December (please see paragraph 47) to thank me for my update and extra time given to support the right choice for AR and help to manage CBT resource for others. I exhibit a copy of the email as **KM/06 – AHCH000271**

19 December 2022

49. On 19 December 2022 Sally Williams emailed to share that she was on annual leave from 19 December to 9 January 2023 but would check her emails for the family's response to the 'opt in' letter and if confirmed, an appointment could be arranged for 9 January 2023 or 16 January 2023. Sally Williams explained that the appointment time she had available was 11 am but noted that she could alternate this with another time. I exhibit a copy of the email correspondence as **KM/06 – AHCH000271**

9 January 2023

50. On 9 January 2023 Julia Dunn and I received an email from Sally Williams informing us that she had not had any messages to say that AR and his Father had opted into CBT. As such, she explained that she would not be offering an appointment to them. Sally Williams' questioned whether AR's Father and AR needed to be removed from the CBT waiting list.

51. Later that afternoon, Julia Dunn responded to Sally Williams' email stating that, based on my update a few weeks earlier, she took it that I would not be recommending AR for weekly CBT due to him not attending clinic or engaging with my sessions. I understand that the update Julia Dunn was referring to is my email response to Sally Williams on 13 December 2022 (please see paragraph 42). Julia Dunn also noted that no direct consent from AR was received when recent contact was made. As such, she stated she would ask admin to take AR off the list for CBT. Julia Dunn

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subsequently emailed admin to request AR be remove from the CBT waiting list. I exhibit a copy of this email correspondence as **KM/07 – AHCH000272**

11 January 2023

52. On 11 January 2023 I responded to both Sally Williams' and Julia Dunn's emails from 9 January 2023 (please see paragraphs 50 and 51). I explained that I had not had any contact from AR's Father or AR since my last attempts and that I was due to see AR in clinic on 16 January 2023. I updated that Dr Anthony Molyneux's, Consultant Psychiatrist at the Trust, clinic session on 29 December 2022 was positive, and AR had started Sertraline medication. I shared that I was hopeful that that the medication would reduce AR's anxieties and allow for me to engage him in sessions. I agreed with Julia Dunn that AR should be removed from the CBT waiting list and noted we could add him again at a later date if required. I exhibit a copy of this email correspondence as **KM/07 – AHCH000272**

16 January 2023

53. On 16 January 2023 I had a face-to-face appointment with AR. AR was late for his session and apologised when he arrived. The session lasted for 30 minutes.

54. For the duration of the time I spoke with AR, he kept his head down and played with his hands. He repeatedly stated that he only wanted to be open to CAMHS for medication and did not want any further involvement. I attempted to engage AR with general conversation, to no avail.

55. During conversation, I managed to collate information on AR's sleep pattern. AR reported that he was getting eight hours of sleep per night but then he informed me that he often fell asleep around 12 am – 1 am, waking up around 12 pm – 1 pm. His appetite had not changed, and he continued to eat fast foods. Regarding his mood, there was also no change. He explained that he felt unmotivated some days and hoped that the Sertraline medication would support.

56. Regarding risk, I directly asked AR whether he had any intention to deliberately self-harm, urges to self-harm, suicidal ideation or intention harm to others. AR did not disclose any deliberate self-harm or urges to self-harm and did not share any suicidal

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ideation towards self or harm to others. AR was 16 years old and was able to withdraw consent as he was not deemed to be lacking capacity at the time. He was not presenting as high risk i.e. active self-harm and/or suicidal ideation with intent and there was no evidence of risk to others being present. His presenting issues were anxiety and reluctance to engage with education. AR was not offered any further appointments with CAMHS.

57. A Revised Child Anxiety and Depression Scale (“**RCADS**”) was completed with AR. RCADS is a questionnaire used to assess symptoms of anxiety and depression in children and young people. There are two questionnaire’s which are to be completed, one for the young person and the other for their parents/carer/guardian. The RCADS is typically completed within the first couple of sessions. AR’s Father had left the Southport Hub and when he returned, I asked him to complete the parent RCADS. AR’s Father complained that the RCADS would take too long. I asked if there were any barriers to completing the form and if I could support him in any way. AR’s Father left with the RCADS to fill in at home; he did not return the completed forms to me. I cannot recall if I followed up with AR’s Father regarding the completion of the forms.

58. Sally Williams also emailed Julia Dunn and myself on 16 January 2023 to respond to my email from 11 January 2023 (please see paragraph 52). Sally Williams explained that she agreed with me in relation to the medication and hoped that it would be a good fit for AR and I would be able to start some helpful and therapeutic work with him. Sally Williams noted that she spoke to Julia Dunn about AR the previous week and understood that Julia Dunn was going to remove AR from the CBT list. She stated that if I thought that AR may benefit from CBT in the future, AR could always be re-presented at the Multi-Disciplinary Meeting (“**MDT**”) and put back on the list. I exhibit a copy of this email as **KM/07 – AHCH000272**

13 February 2023

59. On 13 February 2023, a letter was sent to AR’s parents. The letter stated that I was not available and would not be offering appointments at that time. I was off work from 21 January 2022 until 16 February 2022 **I&S**
Details of who AR’s parents could contact were provided in the event they needed to speak with a duty clinician and that when I was available, I would contact them to arrange a further date for their next appointment.

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16 February 2023

60. On 16 February 2023, I received a call from AR's Father to request support to complete an Educational Health Care Plan ("EHCP") with AR. AR's Father requested a session with me to complete AR's wishes and views to support the EHCP application. Whilst it was noted that AR had refused further intervention from CAMHS in the form of Case Management via withdrawal of his consent, I agreed with AR's Father that I would offer a further appointment to AR to support him and ensure that his voice was heard within the EHCP application. It was advised at the time to AR's Father that should AR not attend, I would discuss AR's not attended appointments in CAMHS MDT and request his discharge from CAMHS service. AR's Father was happy with this.

61. I was informed by AR's Father that there had been a medication discussion with Dr Molyneux as he was concerned about the side effects for AR. AR was experiencing loss of appetite, negative mindset and a strong dislike towards his Father. A reduction in the medication was started but AR was not taking it regularly and as a result his appetite was coming back and AR started talking more to his Father.

27 February 2023

62. On 27 February 2023, Dr Molyneux met with AR and his Father at the Southport Hub. Following this, Dr Molyneux sent a letter to AR's GP to provide an update. A copy of this letter was sent to me. The letter was dictated on 28 February 2023 and typed on 9 March 2023. Dr Molyneux noted that he was going to ask me to check AR's weight during my scheduled face-to-face appointment with AR later that week. I cannot recall whether Dr Molyneux requested that I check AR's weight.

1 March 2023

63. On 1 March 2023, an appointment was arranged with AR to complete the EHCP forms. AR did not attend his appointment with me.

64. AR was not seen again for CAMHS case management sessions; however he remained open to me as his parents were undergoing family therapy at the time therefore this required a Case Manager to be allocated to AR. My role at this time was to engage with professionals involved. AR's engagement and attendance in case management

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sessions during his allocation to myself as case manager had been sporadic. AR repeatedly shared that he did not want intervention from CAMHS other than medication. Despite AR not wanting to engage with sessions, I continued to attempt to engage AR and co-ordinated multi-agency professional meetings to ensure that AR's needs were being met. As part of CAMHS Was Not Brought Policy any young person who does not attend or withdraws consent is discussed at MDT and if there are no risk presenting behaviours or social care involvement, the young person is discharged. I exhibit a copy of the policy as **KM/08 – AHCH000273**

2 March 2023

65. On 2 March 2023, I attended Professional Review Meeting for AR with the following people:

- Liz Walker – Inclusion Services;
- Sharon Rowland – Lancashire Inclusion Case Manager for AR;
- Father;
- Mum;
- Hayley Dawson and Cheryl Smith – Presfield.

66. An update was given by all those in attendance.

67. Liz Walker stated that she has spoken with Presfield to move things forward for AR. A package was being looked at to re-engage AR with well-being and how AR could feel better coming into Presfield. Liz Walker asked AR's parents if he would engage with online education. AR's Father declined as AR did not like to be seen online. AR's Father requested one-to-one support for AR to have sessions at home and build trust.

68. Sharon Rowland explained that the EHCP suggested small groups, for relationships to be built and for AR to feel safe and comfortable with staff working with him. She felt that there had been a breakdown in communication and contact from Presfield noting that it was a Lancashire School with a Southport address which made it difficult to get

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services. Jill Brown, from Careers Connect, suggested to contact The Key (I assume this to mean the Key Worker). Sharon Rowland stated that a Mental Health Worker was allocated to Presfield and requested that this support was given to AR and his family to reintegrate back to school. She suggested a referral to the Early Help for Team Around the Family (“TAF”). In my own words, Early Help is a service within Children’s Social Care (“CSC”) that supports families when problems arise. The aim is to intervene early to address needs to prevent family difficulties escalating. TAF supports and coordinates agencies involved with families to work together with a plan of need to ensure that outcomes are achieved.

69. AR’s Father stated that he disagreed with the option to deliver support at home – nothing had been offered, and the family were only visited for Safeguarding reasons and for attempts to be made to get AR to school. AR’s Father wanted CAMHS to remain as bridging a gap. AR’s Father explained that AR needed to build a rapport with a professional first before he returned to Presfield. He wanted AR to engage with a therapist, not a teacher or teaching assistant.

70. I stated that there was no engagement from AR. I highlighted that AR did not attend several sessions and was struggling to engage. I explained that AR was expressing a wish that he did not want CAMHS involvement, other than for medication, and that he was refusing to engage with the service. I noted that I struggled to engage parents with supporting AR to attend sessions, despite calls being made to remind them of dates and times. Sessions were often not attended or were being cancelled by AR’s Father on the day. I recommended that basic well-being, i.e. a structured sleep pattern, anxiety at a level that would allow AR to leave home and a structured day, was required before a plan was put in place for AR to return to Presfield. I hoped that by working on AR’s basic well-being, it would make the transition back to Presfield easier for him. I highlighted that AR had a dysregulated sleep pattern with him being awake all night and sleeping all day. I explained that I was unsure what, if any, boundaries/structure, looked like in the home. I queried support for AR’s parents and a referral to Early Help; however, AR’s parents rejected this. I suggested a referral to Early Help as I thought AR’s parents could have been supported by them as they could help with routine and structure in the home and offer parenting advice.

71. Mum highlighted that she disagreed with Presfield in their offer of education at home. Mum also disagreed with me that AR discussed not wanting to go to school and did

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not feel that this should be shared with Presfield as she was of the view Presfield could use this against them to remove AR's place.

72. Hayley Dawson and Cheryl Smith explained that Presfield did not feel that they were meeting AR's needs, and he was not being seen in School. They shared that all options for AR had been exhausted: home visits had been attempted, online learning and/or sessions completed at home and Occupational Therapy and Speech and Language Therapy had been offered. As a result of this, it was noted that Presfield were now considering a different placement, Peter House. Peter House is a specialist school offering tailored support and a nurturing environment to children with autism.
73. Presfield noted that AR's Father had explained to them that AR could attack staff and that different staff were attending the home, which AR did not like. Presfield explained that they struggled to interact and engage with AR which was impacting on what support could be achieved. It was raised that the support package offered by Presfield included a Mental Health Worker which could raise a conflict as AR was already open to CAMHS. It was queried whether this was a barrier to the plan for AR to build a rapport with Presfield and it was considered whether CAMHS should take a step back. A step back by CAMHS was refused by AR's Father as he wanted CAMHS involved. A plan was agreed for Presfield to continue with home visits, and it was noted that this would require support from AR's parents to allow access to the home.

8 March 2023

74. On 8 March 2023, an MDT took place which I attended. As noted to AR's Father on 16 February 2023, I discussed AR's case (please see paragraph 60). I described AR as being a 'stuck' case. I explained that AR had been open to CAMHS for a few years and had come through to me as a reallocation. It was noted that AR presented with aggressive behaviour at school and home and that he struggled to engage in sessions. It was also highlighted that the family dynamic was strained with parents struggling to set boundaries. No self-harm was reported.
75. It was noted that AR struggled to sleep and that he was under psychiatry being prescribed Sertraline. A lot of professionals were involved. It was highlighted that AR's parents had been offered several interventions but that it had been a struggle to engage them, and they would cancel appointments offered. There was a general feeling that AR's needs were not being met. An action following the MDT was for me

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to liaise with Presfield to see what other support could be put in place and I would bring AR's case back to the MDT if needed. I recall making a call to Presfield to explore what support was being offered. I was informed by Presfield that the support package remained the same in that Presfield were trying to engage AR with education and that his parents were not consenting to Early Help intervention. Unfortunately, I did not make a record of the call to Presfield.

21 March 2023

76. On 21 March 2023, I sent a Microsoft Teams invite to Sharon Rowland for as case discussion regarding AR on 23 March 2023. Sharon Rowland accepted the invite. I can recall that the meeting took place; however, I did not document the discussion. I exhibit a copy of the accepted invite as **KM/09 – AHCH000274**

10 April 2023

77. On 10 April 2023, I received an email from Dr Molyneux. Dr Molyneux asked whether it would be good to have a joint catch-up with myself and Samuel Coppard. Dr Molyneux explained that he was supposed to see AR at the Southport Hub on 27 March 2023 but unfortunately had to postpone the appointment to later that week, 30 March 2023, which AR then did not attend. Dr Molyneux highlighted that he felt as though he was not getting anywhere with this case noting that it felt AR, to the extent that he did engage, had unrealistic expectations regarding the solution medication could provide. Dr Molyneux explained that he was not sure what the solution was. Dr Molyneux also flagged concerns about the reliability of the medication monitoring and consistency of the dose given the extent of parental over-accommodation regarding leaving AR to his own devices on demand.

11 April 2023

78. On 11 April 2023 I was included in an email from AR's Father to a number of professionals whereby he introduced Sharon Barrett from Lancashire Family and Wellbeing.

10 May 2023

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79. On 10 May 2023 I emailed the following people to try and arrange a review meeting of AR on 25 May 2023, 4pm, via Microsoft Teams, to follow up from our previous meeting on 2 March 2023:

- Father;
- Sharon Bennett – Lancashire Family and Wellbeing;
- Ashleigh Williams – Family Support Worker at Lancashire County Council;
- Dr Molyneux;
- Sharon Rowland;
- Hayley Dawson; and
- Mum.

80. Ashleigh Williams responded the same day to inform that she was able to make a meeting on 25 May 2023 and that a TAF needed to be completed.

81. Later that day, AR's Father and Sharon Rowland responded to inform that they could make a meeting on 25 May 2023. Hayley Dawson also responded on the same day to thank me for the inviting her to the meeting.

11 May 2023

82. On 11 May 2023, I received an email from Ashleigh Williams. She stated that she was completing an Early Help assessment for AR and asked me to provide a report to add to the assessment so that she could include the level of support being offered and AR's engagement.

14 May 2023

83. On 14 May 2023, I was copied into an email from AR's Father. AR's Father explained that AR had told him that he wanted another teacher, not the one he had the last time

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he attended. AR's Father explained that AR had said that he would go back to school when he had a new teacher.

84. Also on 14 May 2023, I responded to Ashleigh Williams' email from 11 May 2023. I stated that it was great that an assessment was being completed by Early Help. I explained that I did not have much to write in a report but that I would provide a chronology of AR's involvement with CAMHS, including referrals made, assessments and intervention offered/completed. I highlighted that there were a lot of did not attend appointments on AR's file and communication with parents could be challenging. I did not provide a report as it was agreed, via a telephone call with Ashleigh Williams, that she would attend the meeting on 25 May 2023 and collate background information from all agencies during the meeting. Unfortunately, I did not make a note of the telephone call with Ashleigh Williams.

15 May 2023

85. On 15 May 2023, there was an email exchange between me and Dr Molyneux following receipt of Father's email on 14 May 2023 regarding a change in AR's teacher. I explained that I felt AR's case was more systemic than mental health. I felt that the parents were not clear on how to manage AR's ASD. I informed Dr Molyneux that everyone had accepted the invite for the review meeting on 25 May 2023. I noted that Dr Molyneux could not make the review meeting but that I had hoped we could have a catch up beforehand so that I could relay his views during the review meeting.

86. Dr Molyneux responded the same day to inform that he was not sure whether it was a case of overaccommodation, safeguarding, gaslighting or all three. He agreed it was clear that it was systemic. Dr Molyneux asked for clarification as to the time of the review meeting on 25 May 2023 as he wanted to attend and was going to see if he could re-arrange things to enable him to attend. He confirmed that if he was still unable to attend the review meeting, he would catch up with me beforehand.

87. I responded later that day to inform Dr Molyneux that I was of the view that it was all three: overaccommodation, safeguarding and gaslighting. I also confirmed in this email that the meeting was going to take place at 4pm on Microsoft Teams and asked Dr Molyneux if he would like me to send him the link.

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88. Dr Molyneux subsequently confirmed that he would like me to share the link and noted that he had a patient at 4pm but could make that earlier.

89. I replied to Dr Molyneux stating that the Social Worker would be attending and using it as a TAF meeting and we would hopefully be able to start progressing support for AR.

16 May 2023

90. On 16 May 2023 I completed a CAMHS CYP Current View form. I completed this review as AR was open on my case load. It should have been completed at the point of reallocation to reflect the change in situation. CAMHS CYP Current Views should be updated every three months; however I was behind on this (please see my response to paragraph 218).

91. As part of this assessment, I assessed AR as having moderate anxiety/presentation in relation to the following:

- i. Being away from caregivers
- ii. In social situations
- iii. Anxiety generally
- iv. Compelled to do or think things
- v. Panics

92. For the following areas, I assessed AR as severe, in respect of avoidant or repetitive behaviours as well as emotional presentation:

- i. Avoids going out
- ii. Avoids specific things
- iii. Repetitive problematic behaviours
- iv. Depression/low mood

93. Question 10 relates to self-harm. AR did not self-harm at the time of the assessment and so I assessed this as 'none'. In respect of risk to others, I recorded this as "not known". I should have recorded this as "none" and anticipate that I clicked the wrong box as they are next to each other on the form. There was no evidence to suggest that, at that time, AR was a risk to others. When completing the Current View form, the risk is the present risk not the previous risk.

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25 May 2023

94. On 25 May 2023, I attended a review/TAF meeting with the following people:

- Dr Molyneux, CAMHS Consultant Psychiatrist;
- Hayley Dawson, Presfield;
- Father;
- Mum; and
- Ashleigh Williams, Family Support Worker.

95. AR and Sharon Rowland were both invited but did not attend.

96. From my notes of the meeting, AR's parents provided a positive update that AR was doing well and had made the decision himself to attend school, although he had not attended that week. The reasons for this were not known, other than refusal. They also updated that AR had been taking Sertraline and Melatonin of a night with no issues. AR's Father reported that AR had been talking more, more so of a night.

97. AR's parents requested an earlier appointment with Dr Molyneux before his existing appointment on 3 July 2023. AR's Father also requested a call on 25 May 2023 following the meeting.

98. Presfield updated that following the last meeting in March, the family had contacted the school via email with AR's wishes that he had shared with them. The school reported that AR had attended school, at most, two or three times in one week. The school had offered a bespoke timetable, which at the time of the meeting, consisted of AR attending for one hour per day from 2 pm until 3 pm which was constantly reviewed.

99. AR expressed a wish to study German as a language, and as such Presfield had brought in a specialist teacher to complete the work with AR. A number of staff were offered as per AR's wish.

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100. A plan was made for core subjects to be introduced to AR with Presfield making AR's parents aware of the guided learning hours and how this was not achievable with AR's timetable. AR's timetable was to be increased as and when he was ready.
101. AR also had access to an Occupational Therapist, which was offered by Presfield. I do not know why this was offered to AR, but he had not accessed the service at the time of the meeting. The Speech and Language team were also available with appointments having been made for the week of the meeting, but AR had not attended Presfield to access the support. AR's Father, however, was attending coffee mornings at Presfield to access support.
102. Ashleigh Williams confirmed that she had finalised her assessment which was heavily led by AR. Work had been identified for AR to complete around anxiety, coping skills and wanting to get out in the community. Ashleigh Williams confirmed a number of positive developments including that AR had left the house for a brief walk in the community and that he was maintaining a lot of eye contact with her during sessions.
103. Ashleigh Williams noted that some appointments had been missed due to AR having other appointments and reporting that he was tired. Ashleigh Williams stated that she was the allocated worker for AR and confirmed that direct work relating to anxiety would continue, with AR also requesting short and work-specific sessions. Ashleigh Williams also highlighted that she had made a referral to the Youth Team to support AR to re-integrate into the community by group working and building on confidence and independence.
104. Dr Molyneux provided a psychiatry update at this meeting. He confirmed that AR's engagement had been patchy for a few months and that AR had not been seen in clinic. This was concerning to Dr Molyneux as AR had not expressed his wishes regarding medication, with this information still being relayed by AR's parents.
105. AR had also been prescribed 75mg of Sertraline and Melatonin due to sleep reversal. Based on information provided by AR's parents that AR was taking Sertraline of a night, and that he was becoming more active and talking more of an evening, Dr Molyneux suggested that the medication should be taken in the morning instead.

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106. Following AR's parents request for an earlier appointment for AR, Dr Molyneux confirmed that he was happy to arrange this but noted his concerns about the barrier to AR's engagement and that he would often not attend on the day. Dr Molyneux explained that he was not able to speak to AR on the day of the meeting due to diary commitments and clinic arrangements. However, he offered an earlier appointment and stated that he would ask the admin team to send this out.

107. As part of the CAMHS update I firstly stated that it was great to hear that AR had re-engaged with education, and that although his attendance was sporadic, it was a massive step forward for AR to reach out to Presfield, share his wishes and then to attend Presfield. It appeared that since the last meeting with Presfield, a lot of support had been offered to AR which was positive, and he also appeared to be reacting well to the medication prescribed. I noted that it would be more beneficial if AR took medication of a morning as per Dr Molyneux's advice. I also confirmed that AR's parents continued to engage with family therapy, which was positive.

108. I reiterated that AR had been receiving support from Ashleigh Williams around anxiety and reintegration into the community, as a well as a referral having been made to the Youth Team for further intervention and one-to-one and group work.

109. I then confirmed that AR had not engaged with me at the CAMHS Case Manager sessions and that he had previously stated that he did not want any intervention. However, as AR had been presenting as more engaging with services, it would be beneficial to arrange an appointment for AR to attend the Southport Hub to enable him to share what support he would like from CAMHS, if any. I was mindful however of Ashleigh Williams' work to support AR with anxiety and re-engagement into the community. As such, I would assess what support could be offered to AR.

110. The actions following the meeting were as follows:

- I was to offer a clinic appointment to AR to ascertain his wishes for CAMHS involvement. The clinic appointment would also be used so that AR and I could review his original referral/presenting problems;
- Following the clinic appointment, I was to take his case to an MDT meeting to update on review and current agency intervention with AR and assess the role of the Case Manager;

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- I was to liaise with Sharon Rowland regarding her non-attendance at the meeting and update on a discussion held with Dr Molyneux to offer an earlier appointment for AR in relation to his Sertraline medication and taking it of a morning; and
- Presfield were to continue to review AR's timetable with him and his family.

111. After the meeting, there was an email exchange between Sharon Rowland, Hayley Dawson, Lucy McLoughlin, AR's Father and myself. Sharon Rowland apologised for not attending the review/TAF meeting as planned and confirmed that this was due to unforeseen circumstances. She also asked that any actions that she was allocated were shared.

112. I responded to Sharon Rowland and confirmed that it was a very positive meeting for AR, that there were no actions for her and that Ashleigh Williams would arrange a TAF meeting in the next four to six weeks. I also suggested that it would be useful to have a meeting to share what was discussed and asked Sharon Rowland to provide her availability.

26 May 2023

113. On 26 May 2023, a letter was sent to AR's home address confirming that an appointment had been arranged between AR and myself on Tuesday 13 June 2023 at 2:30 pm at the Southport Hub.

31 May 2023

114. On 31 May 2023, there was a MDT meeting to discuss AR. AR's case had previously been brought to MDT on 8 March 2023.

115. It was confirmed at the meeting AR had returned to Presfield on a reduced timetable and had been allocated a Children and Families Wellbeing Support Worker ("CFW") to help him get out of the home. It was noted that the support worker was working with AR on his anxiety and coping skills and had made a referral to the youth team for support around confidence, independence and reintegration into the community.

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116. It was noted in the meeting that AR's engagement with me was very poor.
117. In addition, it was noted that AR was under Dr Molyneux who had prescribed him Sertraline and Melatonin, and that AR and his parents were also having family therapy sessions with Samuel Coppard.
118. I had the only action following the meeting which was to discuss having a joint review with Dr Molyneux to decide what my role should be (possibly checking in on AR periodically). I recall having a discussion with Dr Molyneux and Samuel Coppard in relation to this, but I have not recorded it. The discussion will have likely been verbal and to have happened when discussing other cases. The discussion will have echoed earlier discussions regarding what we were doing with AR's case. If I recall, this conversation will have been for me to case hold until family therapy was finished and then to discharge. I have reflected on my recording of verbal discussions and have adapted my practice to ensure that conversations are recorded as case discussions on young people's case files.

5 June 2023

119. On 5 June 2023, I completed a standard care plan in relation to AR on Meditech. In the history/presenting problems section, I recorded that AR was referred to CAMHS due to low mood, radicalisation, bringing a knife to school, attacks on peers and police involvement.
120. I noted that the current problem was that AR had not attended several CAMHS sessions appointments. As such, at that time, I was unable to formulate a plan of support for AR. I recorded that AR had recently returned to education on a bespoke reduced timetable and was accessing support from a CFW via CSC. I explained that this involvement was to support AR with anxiety and reintegration back into the community.
121. I also provided a summary of my involvement. I recorded that I was allocated as AR's Case Manager in September 2022 following his reallocation. I highlighted that throughout CAMHS' involvement there was poor engagement from AR and his family and that due to the lack of engagement from the family, no clear plan of support had

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been formulated. I noted that AR expressed a wish that he did not want Case Manager involvement with CAMHS but that he wanted to remain open to psychiatry.

122. I noted that AR was open to Dr Molyneux and had been prescribed Sertraline and Circadin, and that the family were open to Samuel Coppard for family therapy.

7 June 2023

123. On 7 June 2023, I attended a MDT. AR's case was brought to the MDT as a way to highlight that a Dynamic Support Database ("DSD") Rating Tool needed to be completed for AR. A DSD is a clinical support tool used to assess and categorise the risk of individuals with learning disabilities or autism. The rating is automatically generated based on a series of questions that require a "yes", "no" or "N/A" answer. The relevant extract from the Minutes (which relate to a number of patients) is as follows:

MDT 3 – Wednesday 7th June 2023

PRESENT: Sam Coppard, Katrin Russell, Coleen Lunt, Katie Poskitt, Rebecca Evans, Lucy Gambles, Lindsey Fooks, Kostas Batzios, Linn Rowley, Katie Jamieson, Jai Kumar, Kate Morris

APOLOGIES: Tracey Hayes

ADMIN: Marie Disley

DYNAMIC SUPPORT DATABASE (DSD)	Case Manager	RED / AMBER / GREEN / ENQUIRY
AR DPA	Sam Coppard Kate Morris	

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124. Following the MDT, I completed a DSD on 7 June 2023. AR had a rating of 4 which means that he was a child/young person with mental health behaviours that challenged or had forensic needs that required input from CAMHS Learning Disabilities (“**LD-CAMHS**”) and CAMHS. As AR had an ASD diagnosis and not a learning disabilities diagnosis, LD-CAMHS was not required. A rating of 4 is green on the red, amber, green scale which implies low risk and that the child/young person can be managed in the community and does not require additional support services.

125. A child/young person’s quality of life with a rating of 4/green can be maintained through standard care (from the CAMHS team) or Care Programme Approach (“**CPA**”) frameworks. A CPA is a framework that is used in the UK to provide structured care for individuals with mental health needs, particularly those with complex needs requiring multiple services. The CPA has key elements including assessment, care coordination, care planning and monitoring.

8 June 2023

126. On 8 June 2023, I emailed Samuel Coppard. I noted that in the MDT the previous day we spoke about AR and completing the DSD. I explained that I had not completed a DSD before and asked him to review and check I had done it right. I highlighted that I had only completed updates of DSD’s when requested and as such it was new for me to complete one from the start. I asked Samuel Coppard whether I needed to share the DSD with anyone else. I did not receive a response from Samuel Coppard. I exhibit a copy of the email as **KM/10 – AHCH000274**

13 June 2023

127. AR had an appointment booked with me on 13 June 2023. As per paragraph 110, this appointment was offered following the review meeting on 25 May 2023 as I felt that an appointment should be offered to attempt to re-engage AR in light of him appearing to be engaging with other agencies. However, an email and text were received from AR’s Father to say that AR would not be attending.

128. I recorded a “*Did not attend*” outcome in the notes and noted “*No further appointments with me for this patient*” meaning that no further appointments were to be arranged with me at that time. Whilst I recorded this, I did intend to arrange another appointment with AR to again try to engage him with CAMHS.

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16 August 2023

129. An appointment letter was sent to AR on 16 August 2023 offering an appointment with me at 1 pm on 29 August 2023 at Southport Hub. This appointment was offered to again try to engage AR.

29 August 2023

130. AR was due to attend an appointment with me on 29 August 2023, but did not attend. I again recorded "*no further appointments with me for this patient*". As noted, this appointment was arranged as an attempt to engage AR again. As he did not attend, it was evident that he still did not want to engage with CAMHS and as such I stated that there were to be no further appointments.

13 September 2023

131. On 13 September 2023, I attended a TAF meeting which was held via Microsoft Teams. The following notes are taken from Lancashire County Council TAF Meeting Outcomes document.

132. The attendees, including myself, were as follows:

- Presfield School;
- Mum;
- Father;
- Sharon Rowland; and
- Sharon Barrett.

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133. Ashleigh Williams was invited but did not attend. AR also did not attend. I cannot recall whether Dr Molyneux and Carl Coughlan, Youth Worker (Professional Range), were invited and/or attended the meeting.
134. It was noted in the meeting that AR had made it very clear to several professionals that he did not want support. However, AR's parents expressed the wish for the support to remain in place at level 3 (this is in relation to CSC levels) as they felt that AR needed to be made to go to school.
135. Sharon Barrett gave apologies for Ashleigh Williams who was not available for work at the time of the meeting. Sharon Barrett stated that there had been no progress in relation to the CFW section of the plan as AR had voiced that he did not want the support, and did not feel that he needed help at the time. He had also refused to see his Key Worker and Targeted Youth Support worker who were allocated to him. Sharon Barrett stated that due to AR's age, CFW were not able to continue to support him. If attempts were to continue to be made to work with him, the service would not be listening to his voice which had been made very clear. She confirmed that AR was aware of how to contact the CFW service should he need support moving forward.
136. Sharon Barrett updated attendees that AR's parents had been offered parenting support through CFW but had declined. As such, there were no actions for CFW. There was also seen to be no high risk to AR and as his parents were a protective factor, the support plan would have to close to level 2 (I understand that this is a step down from CSC's level 3 meaning AR would be managed by Presfield as opposed to Early Help).
137. AR's Father stated that he wanted Sharon Barrett to be AR's Key Worker as AR listened to her. However, AR's Father was reminded that this was not Sharon Barrett's role and that AR was very clear in what he was asking for at that time and it was for the support from CFW to close. To my recollection, AR's parents asked for professionals to have a discussion with AR regarding Sharon Barrett not being able to be his Key Worker and explain the reasons why to him. It was apparent that AR's parents wanted professionals to have this conversation with AR as opposed to themselves. Support was offered to AR's parents on how to conduct a conversation with AR to inform him of this; however, this was declined.

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138. I reported at the meeting that AR was also not engaging with me and that his appointments were being arranged and cancelled, sometimes at the very last minute. I also confirmed that AR had said to me that that he did not want the support and therefore the one-to-one sessions would be closed. I did inform that family therapy and psychiatry would remain open, and that I would remain as Case Manager overseeing these services.
139. I also stated that I had received an update from Samuel Coppard, who conducted the family therapy sessions, raising concerns as to the appropriateness of the family therapy sessions as they had been seen to be held in the car. AR's Father stated that this was their only option at times and that the appropriateness of the sessions being held in the car had not been raised with them before. AR's parents confirmed that they felt the family therapy sessions were going well.
140. AR's parents were also reminded that AR needed to be seen in person for medication to continue to be prescribed.
141. Sharon Rowland reported that she had no updates at the time of the meeting.
142. Presfield reported that AR had not yet been to school in the new academic year, and that they had tried to visit to deliver the education, but AR had refused to see them.
143. The school also confirmed that they had attended a safeguarding visit with Police as standard practice for children who have not been seen. AR was seen on this visit and spoke to PC Barker. AR's parents asked if the Police could do some one-to-one work with AR about his non-attendance at school but were informed that this was not a police role and that he could not be forced into school as he had a choice of whether to attend or not at his age. Sharon Rowland explained that as AR was in Year 13 of his education, school attendance could not be enforced. She also stated that if he was not in education, he would be at risk of losing his school place and EHCP. Sharon Rowland suggested that maybe AR needed to consider some vocational learning again which she could support with, but services could not force him into education.
144. AR's Father stated that he felt that Presfield needed to do more to engage AR as they as parents were trying their best. Hayley Dawson reported that AR had not been into school since 17 May 2023 and that the school had changed AR's timetable, the length

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of the school day and the lessons to meet AR's parents' requests, as well as bringing in specialist provisions to allow AR to learn German on a one-to-one basis. Presfield confirmed that they were willing to go back to basics and look at some relationship building again but that they could not do this indefinitely. It was noted that AR would be expected to come into Presfield or be at risk of losing his placement as Presfield would be seen to be unable to meet his needs.

145. Presfield agreed to take on the Lead Professional role while they continued the plan but stated that if AR was not in school by the next TAF meeting, they would be looking to gain advice from the Local Authority about reallocating his place to another pupil. The Lead Professional is to be responsible for the plan and is to be the single point of contact for family and professionals involved. They coordinate, facilitate and complete minutes of meetings with all professionals involved, including the family and young person to ensure the needs of the family are being met as per the agreed plan. The Lead Professional also notes progress or delay with the plan and will share this with all involved. They will identify and assess any risk and share accordingly and will offer updates in-between meetings.

146. Those in attendance at the TAF meeting all agreed that there were no safeguarding risks to AR at this point so the family would be stepped across to level 2 to try and engage AR with Presfield, and for CAMHS to continue family therapy.

25 September 2023

147. On 25 September 2023, Dr Molyneux sent me an email asking for a meeting following his home visit to AR as he was struggling to see if there was any further role for psychiatry or CAMHS as a whole.

148. Dr Molyneux informed me that the home visit was triggered as AR had refused to attend his medication reviews with Dr Molyneux having not seen AR for over six months. When Dr Molyneux arrived, he spoke with AR's Father who confirmed that AR had not been taking his medication for approximately two months.

149. Dr Molyneux explained that AR had gone up to his bedroom prior to his arrival and remained there throughout his visit. AR's Father informed Dr Molyneux that he could not make AR do something he did not want to do. Dr Molyneux noted that it seemed

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that AR tended to get aggressive if his Father suggested he should do something that he did not want to do. As such, AR's Father avoided telling AR what to do.

150. It was also noted in Dr Molyneux's email that AR had apparently not attended college that term and had only attended a couple of times in the previous term. It appeared that he would attend if all he had to do was have a chat with teachers but would disengage as soon as they tried to introduce Maths or English tuition.
151. Further, Dr Molyneux noted that AR had reportedly not left the house for months, nor had he had a shower or bath for approximately a month. AR's Father thought that this was because AR was trying to avoid the limescale in the bath but reported that AR did brush his teeth.
152. Dr Molyneux also stated that Early Help were reportedly closing the case, and it seemed as though a Social Worker was involved, with a plan for AR to be under a transition team apparently covering the ages of 17 to 19.
153. AR's Father stated that AR was eating well and gaining weight since stopping Sertraline. Dr Molyneux noted that this appeared evident from his visit as on the couch in the living there were foodstuffs, crockery and cutlery from where AR had been eating prior to his arrival. AR's Father also noted that AR seemed happy just doing what he wanted to do. This included learning the family's native African language and watching videos online, including late into the night. AR's Father could often hear him laughing at the same.
154. Dr Molyneux stated that AR's parents still reportedly saw Samuel Coppard for online family therapy, but he noted that he seemed to recall AR's Father saying that an appointment was not booked for October.
155. The end of Dr Molyneux's email confirmed that he would welcome my input on how best to proceed as he felt that this was more for social care and probably not the CAMHS or psychiatry teams, especially after the amount of time that had passed.
156. A formal case discussion was not held and recorded between Dr Molyneux and me. However, I do recall a verbal exchange with Dr Molyneux whereby we discussed the outcomes of the meeting held on 13 September 2023 and that I was case holding whilst family therapy was ongoing. I have reflected on my practice in relation to

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recording verbal conversations and have made changes to ensure that verbal discussions are recorded on the system.

27 September 2023

157. On 27 September 2023, Dr Molyneux forwarded a chain of emails between him and AR's Father between 18 September 2023 and 27 September 2023 just for my information. In summary, these emails discussed AR attending appointments and his progress.

4 October 2023

158. I understand that on 4 October 2023, a CAMHS Professional discussion regarding AR was held. The note states that Samuel Coppard was the clinician present, but it is unclear from the note who else was in attendance at the MDT. It was noted that the family had not engaged well in family therapy with Samuel Coppard and that AR had stated that he did not want to work with CAMHS. It was recorded that social care had also closed with the family.

159. The action from this discussion was for Samuel Coppard to have a discussion with myself, Dr Molyneux and the family. If I recall, Samuel Coppard discussed AR's case with me during supervision in November 2023. The discussion will have been in relation to AR's continued non-engagement and the progress of family therapy. Unfortunately, I do not have any documentation of this supervision. Supervision is between clinician and ACL. In the session, we discuss case load and in particular red rated cases, discharges to be completed and mandatory training, for example.

11 December 2023

160. On 11 December 2023, AR's Father sent Dr Molyneux an email stating that AR was struggling with sleep and that AR had asked if Dr Molyneux could prescribe a repeat prescription of Melatonin. AR's Father informed Dr Molyneux that it was an urgent request and asked for the prescription slip to be left at the Southport Hub, if the prescription was provided.

161. Dr Molyneux subsequently forwarded this email to me shortly after receipt to ask where the case was up to, and whether AR had been discharged or not.

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162. I responded to confirm that AR was still open to me for review but that I was looking to close the file as soon as family therapy had finished. I added that I would take it to the MDT on the Wednesday of that week to speak with Samuel Coppard to check were things were up to in relation to family therapy as we had previously discussed closure in December 2023.

10 January 2024

163. On 10 January 2024, a Professionals discussion/MDT took place. I was the clinician present. It was raised during the MDT that AR's Father wanted AR to remain with CAMHS until he turned 18 so that he could transition to adult services. It is noted that AR did not engage with CAMHS and that he did not attend Presfield.

164. An action was for me to consult with Jenny Balmer, CAMHS Adult Mental Health Transition Lead at the Trust. Whilst it is not formally recorded, I did consult with Jenny Balmer whilst discussing other cases. It was agreed that there was not a need for adult transition services for AR as his presenting issues were anxiety and ASD. This would usually fall under general adult services and not require a referral to adult transition services as this would be more for a specific therapy which AR did not require. In addition, AR was not engaging, and no clear formulation was collated to evidence that AR needed to be transitioned to adult services.

22 February 2024

165. On 22 February 2024 I completed a review of AR's CAMHS Risk and Care Plan, CAMHS – Key CAMHS Data and CAMHS CYP Current View. I will detail each of these documents below.

Key CAMHS Data

166. The key CAMHS data document covers general information relating to AR. For example, his ethnicity, UK residency status, language, whether he has a disability, household composition, accommodation status and education type.

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167. I have recorded that AR does not have a disability and that AR did not think that his disability limited day-to-day activities. This is an error and should have been recorded as “yes” for both.

Risk and Care Plan

168. The risk and care plan was a working document which had been contributed to by Skott Morgan, Samantha Steed and myself. I updated this on the 22 February 2024. I noted that AR was referred to CAMHS due to low mood, radicalisation, bringing a knife to school, attacks on peers and Police involvement. I recorded that the understanding of the problem at that time was that AR struggled with anxiety that prevented him from leaving the home to attend school and appointments. AR had frequently expressed that he was happy with his life and that he did not want any support other than medication.

169. I noted that there had been CAMHS session appointments which AR did not attend. Therefore, as AR was not consenting to CAMHS sessions, I agreed with his parents and professionals involved that he would remain open only the family therapy for parental support.

170. I set out my involvement highlighting that I was allocated as Case Manager in September 2022, following reallocation, and that throughout CAMHS involvement there had been poor engagement from AR and family. I noted that no clear formulation had been attained due to poor engagement and that AR had expressed a wish that he did not want Case Manager involvement with CAMHS but that he wanted to remain open to psychiatry. It is recorded that AR was open to Dr Molyneux and prescribed at that time Sertraline and Circadin as well as the family being open to Samuel Coppard for family therapy. For the avoidance of doubt, Circadin is the brand name for Melatonin.

CAMHS CYP Current View

171. I also completed a CAMHS CYP Current View form as part of my review of AR's case on 22 February 2024. I completed this to provide an update on the presenting issues.

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172. In summary I rated AR, in relation to anxiety and panic disorder, as a mixture of mild and moderate. Regarding AR going out, I rated this as severe. In terms of him avoiding specific things, I rated this as moderate and rated depression/low mood as mild. Regarding any risk AR posed to others, I rated this as “none”. I rated the responses to questions which looked at relationships within AR’s life as mild. In terms of contextual problems which included home, school/work/training and community I marked these as mild and marked service engagement as moderate. Education/employment/training were also separately assessed as severe.

16 April 2024

173. On 16 April 2024, a letter was sent to AR’s GP from Dr Molyneux, with a copy sent to Samuel Coppard and myself. The letter advised that AR had been discharged from CAMHS psychiatry and remained open to CAMHS ACL/family therapy under Samuel Coppard, but that this would also be shortly concluding.

174. Dr Molyneux confirmed that it had been very challenging to get AR to engage with the service, although his parents had been much more open to engaging with family therapy.

175. Dr Molyneux noted that Sertraline had been tried for AR, but there was a lack of consistency in AR taking the medication as well as lack of consistent engagement with follow-up appointments. As such, Dr Molyneux felt that he could not prescribe this safely and so the prescription was stopped.

176. Dr Molyneux did state that AR had responded well to Melatonin, and as this was a safer and uncomplicated medication, he was happy for this prescription to continue provided that there would be 6 to 12 monthly follow up appointments. Dr Molyneux then provided some general advice to AR’s GP about prescribing Melatonin and “melatonin holidays” (periodic breaks from taking melatonin).

23 April 2024

177. On 23 April 2024, the final family therapy meeting was held, with AR’s parents, Samuel Coppard, Joan Bolger, Lead Family Therapist at the Trust and Michelle Warner, Trainee Family Therapist attending at the Trust.

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178. During the meeting, AR's parents' experience of family therapy and CAMHS was discussed, and they reflected on how it had been a difficult journey at times with professionals. Feedback was provided about their commitment to family therapy despite their struggle to trust mental health services. It was agreed that family therapy could come to an end but that I would continue as Case Manager to review the overall plan and decide the next steps as soon as AR turned 18 years old. Following this, a discharge from family therapy letter was to be prepared with no further appointments to be offered.

23 July 2024

179. On 23 July 2024, I completed the CAMHS closure documentation for AR. I noted the reason for closure as treatment completed.

180. In the summary of AR's referral to CAMHS, I noted that it was as a result of low mood, radicalisation, bringing a knife to school, attacks on peers and Police involvement.

181. I provided a summary of AR's care noting that he:

- Struggled with anxiety which prevented him from leaving the house to attend school and appointments;
- AR had frequently expressed that he was happy with his life and did not want any support other than medication; and
- He was open to Dr Molyneux for medication but had been discharged as of 25 April 2024.

182. I included information about AR not attending several appointments as part of the case management CAMHS sessions. As a result, it was determined that he did not consent to these sessions and as such, it was agreed with his parents and professionals that AR would remain open only to family therapy for parental support. I noted that the final family therapy session took place on 26 June 2024 and AR had subsequently been discharged. The reference to the family therapy session taking

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place in June 2024 is an error, I now understand that the final sessions took place on 23 April 2024, and the note of the session was uploaded on 26 June 2024.

183. As with my previous reviews, I completed a CAMHS CYP Current View form. I rated AR the same as I did in my previous review on 22 February 2024.

184. I also updated AR's risk and care plan. I added that AR had had sporadic engagement with the Case Manager sessions before withdrawing consent. I recorded that case management had remained open whilst the family received support from Samuel Coppard for family therapy noting that the last session was June 2024 and that the family was now discharged from the service. I also added that AR had been discharged from psychiatry.

Summary of observations

185. My observations of AR and his family throughout my engagement are that AR expressed no wish to engage with intervention offered to him and it was difficult to engage him on the telephone to collate his wishes and views to attend CAMHS sessions. AR would refuse to elaborate on statements made requesting sessions end earlier and often only attended for 30-minutes out of the 60-minute time allocation. AR had minimal eye contact in sessions, kept his head down and at times refused to speak, whilst this could be interpreted as no engagement, it was also acknowledged that AR struggled with anxiety and had a diagnosis of ASD, and his behaviours could be seen as indicative of this. However, it would appear that AR had a set narrative that he wanted only to have medication to support his anxiety and was avoidant of addressing the evidence of successful recovery via mediation and specific therapies such as CBT which were offered.

186. It became evident that his parents often accommodated AR's avoidance of attending sessions and at times acted themselves as barriers to engaging AR, noting frequent changes in how they wanted sessions to take place and when. My main communication was with AR's Father, and it was evident that he fulfilled AR's ideology that Case Manager sessions were not part of health appointments and would share that AR was too anxious to engage even given that professionals attempted to support parents with how therapeutic intervention offered was to support AR with presenting difficulties (including anxiety). When challenged on this point, AR's

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parents would become defensive and deflect to myself as Case Manager or other agencies, that not enough was being done to support AR. For example, when I shared AR's views on education within a multi-agency meeting dated 2 March 2023, AR's Mum became increasingly abrupt and perplexed that I had shared AR's wish to not return to education. She expressed her annoyance that this would impact on Presfield's approach to AR.

Issues relevant to my involvement

Record that “AR does not want to work with CAMHS”

187. In relation to the CAMHS record indicating that “AR does not want to work with CAMHS” and that Samuel Coppard was to have a review with family, it is noted that the date of this entry was 4 October 2023. AR's case was discussed verbally with Samuel Coppard and unfortunately this was not recorded at the time. On reflection this case discussion should have been recorded. To my recollection the discussion focused on the attempts that had been made to engage AR with Case Manager sessions, (noted earlier within the chronology). Given the fact AR had withdrawn consent and there was no evidence of risk to self or others, it was agreed that my role would be to support professionals during invited meetings and parents would be encouraged via family therapy sessions to support AR to engage and if any risk was identified, a Case Manager session would be offered.

Email dated 15/05/23 to Dr Molyneux

188. In an email chain on 15 May 2023, Dr Molyneux and I discussed AR. In relation to the comment I made stating “*This is more systemic than mental health*”, my thinking at this time was that AR's parents were accommodating AR's behaviours. This was based on evidence provided earlier on the changing of AR's appointments and parents not identifying CAMHS sessions as health related. By this I mean that AR's parents did not understand that CAMHS sessions fell under the same umbrella as other health appointments such as psychiatry and GP. I felt that the presenting issues of anxiety and refusal to attend Presfield could have been more complex in the form of systemic issues within the family, notably around AR's relationship with his Father which was shared during my first session with AR. Unfortunately, I could not gather any further evidence from AR regarding his relationship with his Father due to him disengaging from CAMHS sessions. The family were receiving

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intervention in the form of family therapy via Tier 3 Sefton CAMHS Services, and Early Help were involved at this time. Therefore I did not feel that it was necessary to offer any further interventions as family therapy was the most appropriate intervention at that time and Early Help were offering support to AR and family.

189. Regarding my comment in the email that “*parents aren’t clear on how to manage AR’s ASD*”, I took steps to try and have conversations with AR’s Father in relation to the concern; however, this was met with challenge with AR’s Father taking this as a criticism to his parenting. AR’s Parents had been referred to Riding the Rapids by Samantha Steed, this was declined by parents. Riding the Rapids is a course for parents of children who have a diagnosis of Autism and exhibit challenging behaviours. As the family were involved in family therapy this would be explored within these settings as a form of support.

190. In the email chain, Dr Molyneux stated that he did not know whether the concerns were a result of “*overaccommodation*”, “*safeguarding*” or “*gaslighting*”. I responded to explain that I felt it was all three. The reason I felt this was because I was unclear of the function of AR’s presenting issues as I was unable to ascertain a clear formulation due to AR not engaging with CAMHS sessions. I believed that parents were overaccommodating with AR. I did not believe that AR was at risk of suffering or likely to suffer significant harm as a result of this overaccommodation. However, I did query AR’s Father’s approach to professionals, i.e. not bringing AR to sessions or encouraging him to engage, as this often obstructed our role in engaging AR with CAMHS sessions.

Multi-Agency meeting with the Lancashire Safeguarding Children Board on 25/05/23

191. A multi-agency meeting with the Lancashire Safeguarding Board took place on 25 May 2023. The record of the meeting by Lancashire Safeguarding Children’s Board indicates that I was unclear about my role and that I had not met with AR at that time. This is recorded incorrectly and is not an accurate reflection of my update during this meeting. Upon reading the minutes when they were made available, I requested that this was changed. This request was made during a telephone call with Ashleigh Williams, whereby I noted that I had met with AR on 7 November 2022. I did not receive updated minutes to reflect the change. Unfortunately, I cannot recall that date of my telephone call to Ashleigh Williams and I did not make a note of the call. For

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completeness, I note that I had meet with AR on two occasions prior to this meeting on both 7 November 2022 and 16 January 2023.

192. During the meeting, I expressed my uncertainty as CSC had allocated a worker to AR to complete anxiety work. Therefore I questioned the role of CAMHS as AR had been referred to us for anxiety intervention. I queried if AR was engaging with support from the CSC allocated worker as I did not want to overlap any intervention that was currently ongoing. I shared within the multi-agency meeting that I was unclear on a formulation with AR as at the time of the multi-agency meeting, I had met with AR on only two occasions, therefore a thorough formulation had not been achieved.

193. A recorded action by Lancashire Safeguarding Children's Board following the meeting was for me to establish my role in supporting AR's mental health and the best course of action for AR. In order to progress my recorded action, I offered AR a CAMHS session appointment for both 13 June 2023 and 29 August 2023 to try and engage AR. I also requested a case discussion Sharon Rowland to discuss AR's needs. This was not accepted at the time. I took AR's case to MDT on 31 May 2023 and requested a case discussion with psychiatry to outline what Case Management could offer in addition to support already offered.

Steps that can be taken in respect of an individual that disengages generally and with respect to AR specifically

194. If a young person is not engaging with CAMHS intervention within a community clinic setting, other methods are explored in the form of video calls, telephone calls, home visits and within their community. If a young person is open to other agencies and if safeguarding alerts are noted on the young person's case record, contact is made with the allocated worker. If a risk is identified, a Case Manager can remain involved to support agencies with the formulation of risk planning around mental health.

195. All options described above were explored with AR and parents to no avail. Therefore, as AR had ceased consent for CAMHS intervention, it was agreed that support would be offered only to parents in the form of family therapy and psychiatry input to AR. In relation to AR not taking medication, I am not a prescriber therefore this would not fall under my remit but that of CAMHS psychiatry. If and when I was notified directly that

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AR was not taking medication, this information would be shared with the psychiatrist allocated to AR at the time.

196. In AR's case, agencies i.e. Presfield and CSC had withdrawn their offer of support based on need. Therefore, there were no agencies to co-ordinate other than internal CAMHS services i.e. family therapy and psychiatry. It was agreed that should AR express a wish to continue case management sessions with CAMHS that an appointment would be offered. A wish to continue was never expressed by AR or parents.

197. The only other option would be detention/hospital admission via Tier 4 services, potentially under the Mental Health Act 1983. Tier 4 services would only be considered if the young person presented with a mental health disorder, they were at significant risk to self and/or others and their treatment could not be managed in the community. This was not a consideration for AR as he did not present with a mental health disorder, nor did he pose a significant risk to self and/or others during the time of my involvement.

198. On reflection of this case, I do not feel that anything more could have been done to engage AR with the therapeutic intervention that was offered by Tier 3 Sefton CAMHS specialist service. As a Mental Health Practitioner, I was unable to conduct unannounced home visits due to CAMHS being a voluntary and consensual service. If I was able to have conducted unannounced home visits, I would have hoped that this could have been a way to engage AR with therapeutic intervention.

References to “no further appointments with me for this patient” within the records on 01/03/23 and 29/08/23

199. AR stated during our session on 16 January 2023 that he did not consent to CAMHS Case Manager sessions and only wanted support via psychiatry for medication. AR was 16 years old and was able to withdraw consent as he was not deemed to be lacking capacity at the time, he was not presenting as high risk i.e. active self-harm and/or suicidal ideation with intent and there was no evidence of risk to others being present with his presenting issues being anxiety and reluctance to engage with education. As such, AR was not offered any further appointments with Sefton CAMHS.

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200. A telephone call was received from AR's Father on 16 February 2023 requesting support for EHCP. He requested a Case Manager session with AR to complete his views for EHCP application. I discussed with AR's Father that AR had refused further intervention from CAMHS and that each time we had met, AR had not wanted to engage. Nevertheless, I explained that I was happy to offer a further appointment to support with the EHCP application to ensure that AR's needs and voice would be expressed within the EHCP application. I also advised AR's Father that as there was no engagement for AR, I would discuss him in the MDT. AR's Father was happy with this advice.
201. An appointment was offered for 1 March 2023; however, AR did not attend the appointment. I discussed AR at the MDT on 8 March 2023 where it was shared that AR was not engaging with CAMHS support and appointments were being cancelled or not attended.
202. As explained earlier in my statement, following the review meeting on 25 May 2023, I offered AR an appointment for 13 June 2023 to try and engage him with CAMHS. The appointment on 13 June 2023 was not attended and I therefore offered a further appointment on 29 August 2023 to once again attempt to engage AR. AR did not attend this appointment. As such, I recorded no further appointments with me in line with the Was Not Brought Policy (please see exhibit **KM/08 – AHCH000273**) and given it was evident, by AR's non-attendance at the two appointments offered, that he did not want to engage.
203. At the time, it was not felt that AR was at risk of suffering from or likely to suffer significant harm, and CSC were involved. However, on reflection of the event that has occurred and through my learning at CAMHS, a safeguarding consultation could have been considered. Having reviewed all of the information available to me at the time, even with hindsight I cannot see a clear reason for a safeguarding consultation based on the presenting risks. A safeguarding consultation is a discussion with a CAMHS practitioner and the Trust's safeguarding team. The consultation looks at the presenting issues of the care, if the child is open to CSC already/previously and any risk.

Reference to AR being a “*stuck case*”

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204. At the MDT meeting on 8 March 2023, I deemed AR's case to be 'stuck' as I had not been able to complete a clear formulation of AR's presenting difficulties due to meeting with AR only on two occasions and AR withdrawing consent. I therefore required support from MDT.

205. In order to address this, it was recommended in the MDT that I would have a discussion with Presfield to see what support could be put in place for AR as he had withdrawn consent from Case Management. A meeting was held with all professionals involved on 25 May 2023 to discuss the areas of need. Please see paragraphs 94 - 112 for more information regarding the discussion.

Email from Dr Molyneux to me dated 25/09/23 at 19:03

206. On 25 September 2023, I received an email from Dr Molyneux informing that he was struggling to see a role for psychiatry or CAMHS as a whole in AR's case. I agreed with Dr Molyneux's view as AR had not been taking medication as per the terms of his prescription. This was evident within Dr Molyneux's email that reported that AR had not been taking his medication for the past two months and AR's Father had reported that since stopping the medication, AR had been eating better and gaining weight.

207. Following receipt of this email I had a discussion with Samuel Coppard in relation to CAMHS' role and involvement. Unfortunately, I did not document this discussion. There was a general agreement that we needed to close based on limited risk presented by AR and AR's reluctance to engage with case management and psychiatry. Consideration was given to step down AR to Talent Match Service to support. Talent Match is a service that supports young people aged 16 – 24 who are not in education, employment or training. It strives to break down barriers through one-to-one mentoring support to build skills and gain employment. However, this option was not taken forward with AR. An MDT discussion was held 4 October 2023 informing that AR refused to engage with Case Management and consideration was to be given for closure.

208. Dr Molyneux made an entry in the CAMHS record in relation to the email on 25 September 2023 which notes "*potential social care/safeguarding type risk in relation to AR not evidently engaging with any education or other similar life*

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functioning...unclear that there is any specific mental health related risk however, and AR continues evidently to be clear by his actions and what we know of his statements that he does not wish to engage with CAMHS."

209. My impression, at the time, was that Dr Molyneux was expressing his thoughts and that he did not portray the potential social care/safeguarding risk in relation to missed educational and life opportunities to be significant to warrant social care intervention. More so, it was in relation to the most appropriate service for intervention for AR and family notably around education.

210. As per my observation at paragraph 203, at the time it was not felt that AR was at risk of suffering from or likely to suffer significant harm, and CSC were involved. Having reviewed all of the information available to me at the time, even with hindsight I cannot see a clear reason for a safeguarding consultation based on the presenting risks.

Risk assessment

211. Generally at the Trust, risks are assessed at the first point of contact received which is via a referral being received to CAMHS from self, parent/carer or agency. A triage form is completed based on the information of presenting issues within the referral. The referral will be assessed as either routine or urgent partnership. Routine cases are based on clinical need and complexity. Urgent is for young people who are at risk of harm to self or others. Routine and urgent have different wait times. Whilst a young person is waiting for a Choice Assessment, they/parent/carer will receive duty calls from CAMHS duty clinicians. During the duty call, a risk assessment is completed noting difference in presenting issues and risk to self or others.

212. During a Choice Assessment, a young person's risk is assessed looking at presenting issues, risk to self or others and any safeguarding concerns. Following this, a consultant led MDT is completed termed as "Post Choice" and this is where the referral and Choice Assessment are discussed, and recommendations made. A decision will be made to either place the young person on the routine or urgent partnership wait list or to signpost them to other agencies for support.

213. If a decision is made for the young person to be put on the routine or urgent partnership wait list, the young person/parent/carer will receive duty calls again assessing risk. If a risk is identified during duty calls, it will be reviewed to consider

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whether the child needs to be seen sooner. If a child is on the routine wait list and a risk is identified, their position on the wait list can be changed to urgent which means the child is seen sooner.

214. Once the young person is allocated to a CAMHS Case Manager, a CAMHS session will take place and risk will be assessed. Risk continues to be assessed throughout the duration of the time the child is open to CAMHS. This is completed by monitoring and review at each session, reports from young person/parent/carer or agency and completion of risk and care plan.
215. At all points, young person/parent/carer has access to CAMHS Crisis Care Line who offer support 24-hours a day 7-days a week. If they are contacted, the Crisis Care Team clinician will notify CAMHS and if risk is identified, a telephone call will be completed. As Case Managers, we dynamic risk assess at each point.
216. In AR's case specifically, risk was assessed through face-to-face sessions, telephone contact with his Father, and discussions with agencies. During my involvement, AR's parents did not contact CAMHS Crisis Care Line for support or indicate that AR was struggling.
217. During my involvement, AR presented with no risk to self or others. Whilst prior risk was noted, during my time as Case Manager, there was no evidence that this risk continued with AR, and he was not deemed to be a risk to self or others.
218. It is the responsibility of the allocated clinicians involved to update the risk and care plan with any new risk identified via the young person or third party i.e. family or agency involved or every three months. I note that I did not update the risk and care plan for AR every three months. The delay will have been due to the high-risk case load I had at the time and prioritising their tasks based on the high level of need. For example, I had young people in Tier 4 services that required a lot of case management tasks, including visits to in-patient hospitals in Chester, reports and multi-agency meetings.
219. When AR was allocated to me, I reviewed the risk and care plan that was created and updated by previous Case Managers. I made notes for my own reference to understand the background and noted any current risk to me prior to meeting with

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AR. I reviewed the risk management tool and the CAMHS Care Plan on the following occasions:

- 5 June 2023 - Risk and Care plan reviewed. Update highlighted that AR was not engaging with Case Manager sessions and has requested only Psychiatry for medication.
- 22 February 2024 - Risk and Care plan reviewed. Update noted that AR continued to not engage with sessions from case management and had withdrawn consent. Noted AR would remain open to Psychiatry for medication and Family Therapy for intervention for parents.
- 23 July 2024 - Risk and Care Plan update on discharge from CAMHS.

220. More details of the contents of these assessments is provided at paragraphs 119 – 122, 168 – 170 and 184.

CAMHS Care Plan dated 22/02/24

221. In the CAMHS Care Plan dated 22 February 2024, it is recorded that “*AR would remain open only to Family Therapy for parental support*”. This was concluded due to AR withdrawing consent and not engaging with case management intervention. As such, it was agreed that family therapy would remain as the sole intervention package offered by CAMHS alongside Psychiatry for medication review.

CAMHS – CYP Current View” entries dated 22/02/24 at 16:21 and 23/07/24 at 10:07

222. On 22 February 2024 at 4:21 pm and 23 July 2024 at 10:07 am a CAMHS – CYP Current View form was completed. I can confirm that these were completed by me.

223. The CAMHS – CYP Current View form is completed based on the presenting behaviours and risks at the time of completion. At the time of completing the CAMHS – CYP Current View form for AR, as there was no evidence to suggest that he posed a risk to others I recorded this as “*Poses risk to others: none*”.

Discharge of AR from CAMHS

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224. AR was discharged from CAMHS Case Management on 23 July 2024.
225. With all discharges at CAMHS, an MDT discussion is held to discuss presenting issues. It is agreed within an MDT that discharge is appropriate.
226. In AR's case, discharge was discussed throughout all noted MDT discussions. Agreement to discharge him was following the completion of family therapy. I contacted Samuel Coppard on 21 May 2024 to check whether the final family therapy session had taken place. I also discussed the possibility of discharge during my supervision with Coleen Lunt, ACL at the Trust, on 23 May 2024 whereby we agreed for me to keep a check on when family therapy ended and to then discharge with Samuel Coppard. Unfortunately, I do not have a copy of notes from my supervision with Coleen Lunt.
227. On 23 July 2024, I sent an email to Samuel Coppard noting that I had seen on the case file that the final therapy session had been held and asked if a joint discharge letter would be appropriate. I explained that I did not have much to put in my discharge letter and did not want to come across as negative to AR's parents as there had been no engagement. I asked Samuel Coppard for his thoughts and noted that I would update the care plan, risk and current view.
228. Samuel Coppard responded to me on 23 July 2024 agreeing to a joint discharge letter. He noted that he would summarise his involvement within the letter and that it could be an end of CAMHS letter.
229. I responded to Samuel Coppard on 24 July 2024 to note that I had closed AR on the system and asked him to send over his information and I would do the discharge letter. The discharge letter was never sent out due to the catastrophic incident on 29 July 2024. I exhibit the emails as **KM/11 – AHCH000276**
230. Upon reflection, I do not believe that anything could have been done differently in relation to discharge. The decision to discharge AR was ultimately reached on the basis that AR had withdrawn consent, there was no evidence to suggest that AR was struggling with his anxiety and required intervention, including that his parents had not contacted the CAMHS Crisis Care Team for support. In addition to this, at the point of discharge, AR had been discharged from psychiatry and the family were discharged from family therapy. As such, AR did not need to remain open to CAMHS

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and was ready for discharge. When a young person in our services approaches their 18th birthday, we consider whether it is appropriate to transition their care to Adult Mental Health Services. I was aware that AR was approaching his 18th birthday; however in his case, there was no ongoing intervention that I felt was necessary from mental health services.

Involvement with other agencies

231. Upon reflection of my involvement with other agencies, I found the communication to be inconsistent. For example, I would not receive responses to my telephone calls and emails, and I was not invited to any meetings by Presfield once they took over as Lead Professional. In terms of information sharing, at times, as noted earlier in my statement, I struggled to get information to be shared with me. I also had to highlight that information had been recorded incorrectly in meeting notes and as noted I did not receive updated minutes. I found it difficult at times to coordinate professional meetings.

Reflection on events

232. As mentioned in paragraphs 118 and 156, I have reflected on my practice in relation to recording verbal conversations with colleagues. I have made changes to ensure that verbal interactions are recorded on the system as a case discussion to reflect the current position.

233. Since the incident on 29 July 2024, I continually reflect on my practice with AR and the policies, procedures and guidelines that the Trust has in place, both at the time and now. I have reflected on multi-agency working and how I could have continued to follow up my requests for information, hold more frequent professional meetings and try harder to engage AR with sessions. However, in all honesty, I do not know what more I could have done to engage someone who had their own narrative whilst working within the remit of consent.

234. During my allocation to AR as his Case Manager, he never displayed any risk to self or others and there was no evidence to suggest that he had any intent on doing what he did on 29 July 2024. It is difficult to navigate when a risk remains consistently low and working within the Was Not Brought Policy (please see exhibit **KM/08** –

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AHCH000273) that if a young person removes consent or is not engaging, they are to be discharged from the service.

235. The incident that occurred is unprecedented within our communities, I have felt deep sympathy for the children and the families of Elsie Dot Stancombe (age 7 years old), Bebe King (age 6 years old) and Alice da Silva Aguiar (ages 9 years old) who sadly lost their young lives that day and their families that suffered the unimaginable experiences and trauma it brought and they continue to suffer with.

236. In my professional opinion, even with the benefit of hindsight, there was nothing in the circumstances that prevailed at the time of the care provided by AR and his family that indicated a capacity for extreme harm to others. However, I truly wish that I could change the outcome for the young children who lost their lives, the children and adults who suffered the traumatic experience of that day, the families who are left broken by their children's experiences, the emergency responders that endured that catastrophic event and the community that suffered the aftermath of the despicable events that followed. My deepest sympathy and thoughts are constantly with all that were involved.

237. At the time, and upon reflection, I consider that the guidance, training and resources available to me were adequate. However, I recognise that I was newly in post at the Trust at the time AR was allocated to me and I was still undergoing learning on policies and procedures. Whilst I underwent the Trust's corporate induction which provides an overview of the organisation, the induction locally was not perfect and on occasion I needed to seek out information from colleagues. I have since been with the Trust for nearly three years and my own understanding has greatly improved. In addition, I am aware that a more robust local induction programme has been put in place. Whilst the local induction programme has improved, I do not feel that this would have changed the way in which I managed AR's case.

Improvements

238. Since the events, I am aware of the following changes:

- Improvements within the referral and triage process. When a referral is received from self or parent, a telephone call to the parent or young person,

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depending on who made the referral, is now made by the referral and triage team to either gather further information on risk if it is not clearly identified within the referral and/or notify outcome of triage.

- The referral and triage documentation forms have been revised to include the scoring of risk from low – high with a mandatory comment box to allow for free text to be included highlighting the known risk. The risk rating will then be pre-populated within the risk management tool which can be changed at each point of assessment. The risk at the point of triage remains within the document to allow for reflection of risk at the point of referral.
- We complete regular audits on referrals and triage, which I am now part of. The audit information is fed back during a referral triage meeting which includes all clinicians involved with the referral and triage process. The referral triage meeting takes place every three months. This allows for best practice to be shared and areas of improvement to be highlighted. Feedback from myself and other referral and triage colleagues is that the telephone calls to parents and young people have been beneficial as it allows us to gather further information that may not have been included within the referral. As a team we have looked at what referrals have been accepted and ones that have been declined and signposted. We then take a sample to reflect on whether an alternative decision could have been made.
- The documentation for risk and care plans has been changed from a stand-alone tick box and one summary box to each risk having a tick box and mandatory comment box for notes to be made on each risk point. Access to the document is now more easily available to practitioners as it is highlighted on the main summary screen of the young person's case file. It is also date stamped which allows for identification of the last time it was updated and by who.
- The introduction of Power Business Intelligence ("**Power BI**"). Power BI is a tool that is now used by practitioners and management to highlight when risk and care plans are due to be updated and when they were last reviewed.

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- The introduction of a more robust monitoring system of case notes and timescale for completion. Case notes must be uploaded within 24-hours of a CAMHS intervention. A weekly task for management is to run a report to ensure case notes have been uploaded. If the report shows that case notes have not been uploaded, management will send the report to the individual practitioner to highlight that this has not been completed together with a request for it to be completed immediately.
- Within MDT's a discussion point for "escalation cases" has been added within the standardised form. This allows for practitioner to bring "stuck" and "increased risk" cases for discuss.

239. The improvements made have been beneficial to the service. We continue to review and reflect on best practice. The document changes and improvements within referral and triage and the introduction of Power BI have been of particular benefit to me. The reason the document changes have been beneficial is due to it now bringing through the risk rating from referral and triage into the risk management plan which is a prompt to review if risk has increased or reduced. Power BI is helpful if a case note or document is delayed due to other pressing priorities that week as it is a prompt to complete the risk and care plans.

240. Since the event, the Trust's internal EPR system Meditech, now called Meditech Expanse, has been updated. I have received training on the updates as described above.

241. I am now part of the review of Care Planning procedures for staff within CAMHS. As part of this process, care planning documentation is under review. This entails looking at the document form layout, information included and how this is inputted on the system. The plans for improvement include our youth participation and parent carer group being involved to make changes and have their voice heard on what they want from our service. CAMHS staff will also be part of the process so we can obtain their feedback. We aim to have this task completed by October 2025.

242. As within all NHS service provision, mental health services are inundated with referrals for children, young people and families requiring support. Within the service we offer, whilst we strive to ensure those needs are met, we are consistently faced with a lack of funding to provide adequate support to those in need. The services we

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currently offer are not enough for young people suffering; notably around Autism and ADHD which we have a high rate of referrals for resulting in significant waiting times.

243. In respect of AR, the service PREVENT was, at the time, not equipped to manage the behaviours he presented with due to AR not meeting their criteria. Following a PREVENT assessment, AR was referred to agencies to support with his anxiety and ASD diagnosis and work had been completed in relation to his previous knife offence with the Youth Offending Service. AR did not have a diagnosed mental health disorder and consistently throughout my involvement, he remained low risk to self and others and never presented as lacking capacity to make decisions.

244. There is currently no mandatory service that is offered that can manage/have oversight/surveillance of the young people that do not want to engage with professional services. However, this raises the question as to how this can be done when a person has capacity. In my professional opinion, the dilemma we face is what service can be offered to a young person who is not currently presenting with risk but has had previous involvement with agencies and threats to others. For example, AR did not present with a mental health condition to CAMHS services and even following the incident on 29 July 2024 whereby a mental health act assessment was conducted, AR was not deemed to be detainable under the Mental Health Act 1983. I exhibit a copy of the note of the call received from Dr Malik, Child and Adolescent Psychiatrist, to CAMHS Crisis Team informing AR had been assessed and was not detained under the Mental Health Act 1983 as **KM/12 – AHCH000277**

Other matters

245. I confirm that I have no other matters in relation to the inquiry to raise within my statement at this time.

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.

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Signed: **SIGNATURE**

Dated: 6 August 2025

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Annex 1

Index to the Witness Statement of Kathryn Morris:

Exhibit No.	Inquiry reference No.	Document description
1	KM/01 – AHCH000266	Lone Worker Policy dated 17.12.19
2	KM/02 – AHCH000267	Email from Kathryn Morris to Catherine Martin dated 18.10.22
3	KM/03 – AHCH000268	Kathryn Morris Handwritten Notes of Session on 20.10.22
4	KM/04 – AHCH000269	Kathryn Morris Handwritten Notes of Session on 07.11.22
5	KM/05 – AHCH000270	Emails between Sally Williams and Julia Dunn, including Kathryn Morris in correspondence dated 12.12.22
6	KM/06 – AHCH000271	Emails between Sally Williams, Julia Dunn and Kathryn Morris between 05.12.22 – 19.12.22
7	KM/07 – AHCH000272	Emails between Sally Williams, Julia Dunn and Kathryn Morris between 09.01.23 – 16.01.23
8	KM/08 – AHCH000273	Was Not Brought Policy dated June 2019
9	KM/09 – AHCH000274	Microsoft Teams invite from Kathryn Morris to Sharon Rowland for Case Discussion dated 21.03.23
10	KM/10 – AHCH000274	Email from Kathryn Morris to Samuel Coppard dated 08.06.23
11	KM/11 – AHCH000276	Emails between Kathryn Morris and Samuel Coppard between 21.05.24 – 24.07.24
12	KM/12 – AHCH000277	Note of call from Dr Malik to CAMHS Crisis Team regarding outcome of AR Mental Health Act Assessment dated 29.07.24