

Southport Inquiry

Witness Name: Samantha Jane Steed

Exhibits:

Dated: 11 August 2025

THE SOUTHPORT INQUIRY

FIRST WITNESS STATEMENT OF SAMANTHA JANE STEED

I, Samantha Jane Steed, will say as follows: -

Introductory matters

1. My full name is Samantha Jane Steed.
2. This witness statement is made to assist the Southport Inquiry (the "Inquiry") with the matters set out in the Rule 9 Request dated 10th July 2025.
3. At the time of the events that form the subject of this Inquiry, I was employed by Alder Hey Children's NHS Foundation Trust ("the Trust"). My role at that time was a Senior Mental Health Practitioner and Child and Adolescent Mental Health Services ("CAMHS") Case Manager for Sefton. I was responsible for Case Co Ordination.
4. My relevant background, qualifications and experience are as follows; I am a qualified Social Worker, (Diploma in Social Work (Dip SW), BCS Hons Health & Community Studies (Social Work Studies), Post Qualification Specialist Award in Social Work), registered with Social Work England. I am currently undertaking a Post Graduate Certificate in Clinical Supervision of Low Intensity Psychological Therapies in Education Settings. I have over 25 years' experience of working with children, young people and their families. I am experienced in offering therapeutic interventions to children, young people and their families, working systemically and holistically. My work within CAMHS is guided by the National I-Thrive framework. The I-Thrive

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framework is a needs led, system wide approach for promoting mental health and wellbeing in children and young people. It focuses on understanding and responding to individual needs rather than clinical diagnoses i-THRIVE | Implementing the THRIVE Framework.

5. Before my employment at the Trust, I worked for 5 years with Avon and Wiltshire Mental Health Partnership NHS Trust (AWP Trust) CAMHS as a Senior Mental Health Practitioner / Primary Mental Health Specialist. This role involved working with several specialist social, emotional and mental health provisions, linking in with three locality CAMHS. It also involved multi-agency working on complex cases. Prior to this I worked for 10 years with the NSPCC, 5 years in the Youth Justice Service and 5 plus years in an Education Social Work role.
6. I left the Trust in November 2022. I moved back to AWP NHS Trust to the role of CAMHS Senior Mental Health Practitioner/Primary Mental Health Specialist based in a Social Care Department from December 2022 to January 2024. I then became a Clinical Lead in the CAMHS Mental Health Support Team, at the same Trust.

Factual narrative of involvement

7. I have been asked by the Inquiry to set out in detail a chronological factual narrative of my involvement with AR in the context of my role as a Senior Mental Health Practitioner and CAMHS Case Manager at the Trust.
8. My involvement began on the 1 April 2021 when the case was re-allocated to me. AR was previously allocated to Sam Coppard, Assistant Clinical Lead and family Therapist at Sefton CAMHS and I am unsure of what prompted reallocation of AR's case to myself at the time or now. I was AR's allocated CAMHS worker until August 2022, after a request from AR's father was made for AR's case to be reallocated in late May - early June 2022. I made a request on 8 June 2022 to be removed as Case Manager for AR, based on not feeling able to practice safely in relation to a complaint that AR's father had made against me. However, following this I remained allocated as AR's Case Worker in name only and completed administrative tasks. I do not know when my name was removed as allocated case manager, but I can see in the information for review that another CAMHS case manager, Kathryn Morris was allocated to AR from September 2022.

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1st April 2021

9. On the 1 April 2021 a video appointment was offered by CAMHS and attended by AR's father and myself. AR's father had explained that AR had been encouraged to attend, but was not present. The session then continued without AR and as far as I was aware, AR was not present until towards the end of the call. This was an introductory/choice appointment in which I explained that I would be taking over as CAMHS Case Manager from Sam Coppard. I began to gather information from AR's father about AR and his family. At the start of my work with AR and his family I was mindful of the need for cultural sensitivity, and the need to consider matters of Equality, Diversity and Inclusion at all times. I was aware of AR's parents' heritage from previous clinical records and was mindful to consider this as part of his family history and background when assessing mental health need.

10. During this meeting, AR's father presented as a concerned and help seeking parent. He appeared to be open in sharing information. AR's presentation (mental and physical) current and past was discussed along with, his current and past education experience, and family context. AR's father reported that AR was currently experiencing anxiety adding he was afraid to go outside, which was also noted in previous CAMHS clinical notes. At this appointment, He described AR as *"shy and respectful"*. He added that *"he does not like to do things on his own, he hates learning and avoids this. He does the things which are easy and finds it hard to complete homework"*. This situation was said to have worsened since Covid-19/2020 and it was important to consider this throughout CAMHS intervention. AR's father further described the extent of AR's anxiety, saying that AR was afraid to go out into the back garden during the daytime in case anyone saw him. He added that AR's pet hamster had died of natural causes and that AR had buried him in the back garden and laid flowers. AR's father added that AR would go out at night with a torch to check the burial site was ok. It was also reported by his father that *"AR found social interaction scary"*. AR's father also told me that the family had previously paid privately for counselling sessions via Parenting 2000, remarking that *"AR opened up to the therapist"*. This counselling support was said have been in relation to AR finding it difficult to eat at school at the time. It's worth noting that details of the actual content of these sessions were not available to me during my involvement with AR and his family.

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11. It was noted that at the time of this meeting, it had been more than a year since AR had mixed with peers. In this update to me, AR's father explained that AR was currently expected to attend Acorns School for an hour a day and a 1:1 support worker was in place for him. He added that AR would like to return to mainstream school, but said that may not be possible due to previous incidents at the Range High School. AR's father shared that "*AR had experienced bullying at secondary school which resulted in his attempting to exact revenge*". He added that "*this went badly wrong when he hurt a pupil who was said not to have been involved in bullying him*". I recall acknowledging at the time that it was understandably difficult for AR's father to talk about these events. I was previously aware from clinical notes and discussion with Sam Coppard that AR had been permanently excluded from Range High School as a result of incidents that occurred whilst he was on roll there. AR's father went on to say that the police were involved and there was an outcome of no further action. I was aware of Youth Justice involvement from previous CAMHS records for AR, which had concluded by the time of my involvement. With respect to AR's future education, his father expressed that he would like AR to go to Presfied High School and Specialist College.
12. It was noted from what AR's father shared during this meeting that AR was rejecting his Autistic Spectrum Condition ("ASC") diagnosis. AR's father advised that he has requested an ADHD assessment, and he shared that AR is on a waiting list. AR's father raised the possibility of Fragile X Syndrome (a genetic neurodevelopment disorder) and shared that he had contacted AR's GP to ask for a consultation about this. Sleep for AR was also reported to be a difficulty, with AR seemingly having no routine, staying up late on devices and sleeping late into the next day. AR's father went on to describe AR as being "*extremely underweight*" adding that "*he (AR) eats very little food*". We went on to talk about this further and AR's father shared that cooking meals for AR can be difficult and that he will only eat specific foods from specific places twice daily, something which he shared he continued to accommodate and finds "*very expensive*".
13. During this appointment, AR's father also explained to me that AR could be verbally confrontational and physically violent towards him. Professional observation of some potentially challenging behaviours from AR had previously been cited in CAMHS clinical records by various professionals. He also reported to me that the family previously had seven sessions of family support from Lancashire Early Help, and added he found this helpful and the case was then closed. AR's father mentioned that

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he knew that he “*should not say certain things to AR as it will make AR angry and will cross the line with him*”.

14. He was clear at the time of this meeting that “*AR is not confrontational towards his mother - that they get on well*”. AR’s father went on to comment that he thinks that “*AR gets on better with females*”.
15. As previously mentioned, AR had been invited to attend, but at the start of the session AR’s father explained that AR was still in bed and finds it hard to meet new people. In the later stages of the call when AR did enter the room where his father was speaking with me, his father asked him to join the session, but AR declined. It is noted that at one point AR threw something at his father, which seemed to be in response to something he had said. It was also noted that AR’s father did not reprimand him in any way, and in my opinion was seen to show what seemed like embarrassment regarding at what happened. AR’s father was asked to let AR know that he could look at me on the video call while I spoke to them, and he could switch the camera video off from their end if he preferred that. AR chose not to join us.
16. I recall that I did not hear AR speak during this appointment. I was aware from reviewing previous CAMHS notes and discussion with Sam Coppard, that AR had reportedly shared that he “*did not want to engage with talking therapy*” and felt “*he does not need to improve his mental health*”.
17. The agreed plan following this initial appointment with AR’s father on the 1 April 2021 was to liaise with staff at Acorns School and the Lancashire Special Educational Needs Department (SEND). It was noted that hopefully AR would join the next video call appointment (which I offered for 8 April 2021), and an attempt would be made to gain his views about what CAMHS could do to try and help and to plan further support with AR and his family. The intention was to gain a better understanding of AR’s presentation, need, and family context through the offer of CAMHS assessment and intervention, with his and his parents’ agreement.

8th April 2021

18. On the 8 April 2021, I had a second video appointment with AR’s father and AR. AR’s father came onto the video call first. AR was in the room, but was not visible on camera. AR engaged well. He spoke confidently, in what could be described, in my opinion, as a matter of fact and monotone manner, speaking calmly and clearly, whilst sharing

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what, in his opinion he felt he needed help with, what wasn't helpful and what could help. AR's father (who AR was noted to refer to by his first name consistently throughout the whole of my involvement with him) tried to encourage AR to have the camera on, but AR wasn't ready to, which I said was fine. We recapped on CAMHS involvement to date, and AR told me that he remembered speaking with Sam Coppard, the previous CAMHS Clinician involved.

19. AR initially told me that he was not struggling. When asked about any anxiety he might be feeling, he shared that he *"wants to be able to go out"*. AR shared that he was able to go to Acorns School for an hour a day. He described this as being *"easy to do"* because he just goes in a taxi for one to one teaching for an hour and then gets in a taxi back home. AR shared he can *"feel anxious when he goes to Acorns if there are lots of people around and it is noisy and busy"*. AR was able to share that he thought that the *"autism diagnosis for him is wrong"* and that *"some of his symptoms and ways are because of the anxiety he feels"*. AR shared he was also of the opinion that medication could help him, as he already had Cognitive Behaviour Therapy privately in relation to him feeling self-conscious about eating at school. In his opinion counselling/talking therapy did not help him as feeling self-conscious when eating (in front of others) was reported to remain an issue for AR.

20. AR was able to talk about food in some detail regarding his likes and dislikes and the current situation regarding food and mealtimes at home. AR shared that sometimes he *"doesn't eat"* - he described his father's cooking as *"terrible"*. When asked if he had ever cooked anything for himself he said no, but then added he had previously done some cooking at school. AR shared that he usually has takeaway or ready meals at home. He also shared that he worries about the health risk related to this and would like it to be different. AR told me in contrast to his father's concerns, that he himself had *"no concerns at the time regarding weight loss"* adding that he *"has always been of slim build"*. AR described *"never feeling excited about eating"*. He said his parents' don't cook what he enjoys and referenced *"other people looking forward to a meal"* and added *"I never have that feeling"*. AR engaged really well in conversation and said that the only food that he can truly say he dislikes is nuts and added *"I've never had the opportunity to try different foods and so that is why my food intake is so limited, not because I am restricting it"*. He also shared that he *"likes spaghetti bolognese and pizza"* and that he *"already has this a lot"*. He shared that he *"finds the whole eating thing stressful"*.

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21. In relation to sleep, AR explained that he goes to bed around 2:30am, as he spends time on his computer or phone watching YouTube videos. It was noted during this part of the meeting that there appeared to be no boundaries regarding bedtime routine for AR.
22. I agreed to ask if AR can speak to a CAMHS consultant psychiatrist for medical assessment and in relation to the duration of the difficulties he had been experiencing and previous attempts at talking therapy which he had reported today as being unhelpful. AR felt that medication would be a better treatment option regarding anxiety but was also noted to be open to considering other options of support. AR agreed during this appointment to consider having 'mentor type' support. The agreed goals at the end of this meeting were for AR and his father to leave home on a walk each day and for AR to turn off his devices around 11pm. Further liaison with staff at Acorns school was also agreed.
23. In relation to assessment of safety/risk, no risk to self, regarding self-harm, suicidal ideation, risk from others, OCD, visual or auditory disturbance was noted on 8 April 2021 for AR. Risk to others was noted in the previous CAMHS meeting on 1 April 2021 with AR's father, in relation to him sharing information that AR could be physically and verbally aggressive towards him. However, this is not evident (in the information provided to me for review) in relation to a risk assessment & management tool being completed at the time. Due to the nature of AR's presentation and complexity of need, there was a requirement for me to constantly assess risk for AR and his family, considering:
- a. Risk to self, in relation to self-harm and suicidal ideation considering thoughts plans and/or actions. Risk to self was also considered in relation to AR's education status, family context and social development. Self-care would also be included in this aspect of assessment of risk/safety and care planning.
 - b. Risk to others/property, including current and past risks and considering thoughts plans and/or actions.
 - c. Risk from others, including current and past reports.
24. These risks should be and were considered alongside protective factors, for example that AR and his parents were seeking help, AR was sharing his thoughts about what he thought could help and was willing to consider other support options. I am aware that risk is dynamic, and that the clinical risk assessment and management tool would

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need to be updated with further changes/risk updates as they occurred. It is worth noting that the risk assessment and management tools used are a rolling record of assessment of risk/safety. For example, all risk assessments completed would be visible as one rolling document. When I updated this document I added 'note made by Sam Steed' so that it was clear who made the note. My current practice when advising on completion of / or completing risk assessment records for myself is to add in the word 'update' and the 'actual date of the entry' with the information recorded underneath on each occasion the risk and assessment record is updated.

25. Whenever safety or safeguarding concerns are shared by other agencies or individuals, there is a requirement to add this information to clinical records. This would usually be added to a clinical case note documenting the information shared, and the clinical risk assessment and management tool to provide an update and note any changes to care planning would have been made when needed.

26. From review of the notes provided, I note that a clinical risk management assessment for AR was completed by Skott Morgan on 8 January 2020 and that I updated the risk assessment on 12 August 2021 following concerns for AR and his family and a further referral of AR to PREVENT made by Acorns School. I am aware that further risk assessment and management tools were completed for AR on 22 February 2024, and in 23 July 2024 by Kathryn Morris. It is worth noting that some of my previous comments regarding risk and AR, and those of Skott Morgan appear in those risk and assessment management tool updates.

27. Overall recording of risk is the Case Manager's responsibility; however it is my understanding that CAMHS professionals involved in a patient's care would have a duty to share and record in the clinical records, any risk that they have become aware of and/or assessed and follow up accordingly.

16th April 2021

28. In a video appointment on the **16 April 2021** with AR, his father and myself, AR's father reported to me that AR had "*had a good week*" and that AR had "*managed to come off his phone around 12:00am and had been for a walk*". A sense of pride regarding this can be recalled for both, and I acknowledged this good progress. AR chose not to appear on camera and again spoke confidently about his thoughts. He wanted to think about increasing his attendance at Acorns School and was happy for me to contact the school to discuss plans and options available for him.

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29. AR reported in this meeting that he and his father's relationship was "*the same*" and he explained this saying they had argued about AR's father wanting AR to go to school more. It was noted that AR needed to feel in control of this and did not like to be told what to do. It was also noted this related to things seeming to need to be on his terms. I decided that I would talk to AR's father about this and the need for AR to get a sense that he is leading on changes for him, possibly in relation to a characteristic of AR's neurodivergence and/ or his past experiences (i.e. his reported bullying at school).

30. Actions agreed following this appointment were for:

- a. Me to contact Acorns School again in relation to AR increasing his time there.
- b. AR to keep up the sleep routine and bring it half an hour earlier over the next fortnight, if possible.
- c. AR to keep venturing out and going on walks with his father and for them to try cooking some recipes together. It was thought that this would act as a 'behaviour activation type activity' in the context of current Covid-19 regulations and guidance, and in relation to AR's desired goal of leaving the family home and engaging in activities that could be enjoyable and mind-boosting.

22nd April 2021

31. On the 22 April 2021, in our next video appointment, AR's father reported further positive progress made by AR regarding sleep and going for walks. AR's father is recalled as having been visibly pleased with AR's progress. AR was also present throughout this meeting; he presented again as clearly spoken and expressed himself well. AR chose again not to be seen on camera, although it was possible to get some glimpses of him at points during the call, because of the camera being moved. It was noted in this appointment that AR was seemingly cross with his father which seemed to be related to having been seen by me on camera.

32. AR reported his anxiety was less saying that he could leave home for more things than just school now. I asked AR what had changed, and he said that he has overcome the fear that something (bad) will happen if he goes outside for walks or to the shop, and by doing it more and more and he was noticing that he actually liked it. We talked about the fact that he wasn't at the point where he could leave the home alone but had made good progress. We discussed that the back garden could be used to practice venturing out alone, and if he were to try and entice birds into the garden as he has previously

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shared he had tried to do with bird feed, this could act as an interest to encourage him outside.

33. AR was also reported to be making good progress with sleep saying that he was now *“going to bed earlier and coming off his phone at 12 am”*. Again, we discussed gradually bringing this back gradually by an hour to 11pm. AR had shared that he had spoken with his father about cooking meals that he enjoys. AR shared his father made Chow Mein from a recipe found online, but forgot to buy the sauce, so they ended up using tomato sauce, which it could be heard that AR was not impressed by. We agreed that with practice comes improvement. There was an agreement from AR to cook with his father, so that cooking became a shared activity. We talked about reducing takeaway meals gradually, starting with introducing two cooking at home days.

34. We focussed on AR’s thoughts, feelings and behaviours. AR talked openly about his autism diagnosis and his rejection of it. There were also discussions about AR attending a special school for his next education placement. He was cross with his father for wanting this. AR was able to share that *“he does not want a special school as he is not disabled”*. AR added that there would be a broad spectrum of disabilities at the special school, which I took to mean he was feeling that he may not fit in. We talked more about AR’s autism diagnosis, how no two autism diagnosis are the same, and how autism can lead people to think differently. AR came around to the idea and seemed to be willing to consider looking at Presfield High School & College (Presfield), although it was still apparent he would ideally prefer to attend another mainstream school.

35. It was noted that AR would need to focus on himself and not on others, as focussing on others could hinder his progress. I was aware that he would likely need support to be able to do this. AR appeared to do well when he felt in control of or involved in decision making in terms of choices he may have and I spoke with his father about trying to reduce confrontation around this. AR continued to express that he thought he may be able to attend Acorns School for a longer period. I agreed I would contact the school again in relation to this and the Education, Health and Care Plan (‘EHCP’) meeting that his father informed me would be taking place the day after this meeting. It was my understanding that AR and his father would be attending the EHCP meeting together.

29th April 2021

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36. On the **29 April 2021** in a further telephone appointment with AR and his father, I was made aware of an email chain his father had forwarded making several allegations against Acorns school that I became aware was considered by them at the time to be threatening/confrontational. AR had been referred to PREVENT by staff at Acorns due to him being said to have looked up the London Bombings in the news online and then tried to engaged in a conversation with a teacher about Israel and Palestine. AR's father shared he himself was *"upset that a referral had been made"* and said that school had not taken into consideration the context of how AR knew this information as he had an interest in the news. I explained that CAMHS could not get involved in conversations about Acorns School and that there may be ways of communicating concerns without wording it in a way that might be perceived as 'threatening or confrontational'.

37. In this telephone appointment on 29 April 2021, I had a 15-minute conversation with AR. AR was calm and well-spoken throughout. I was informed that AR had been going to bed early, had woken in time for this session (start time 10.30am) and that he had been going out for walks with his father. It was noted that AR was not sure why his father was annoyed with staff at Acorns School, and that he was noted to be curious about this. AR also didn't seem to be aware that he had been referred again to PREVENT on this occasion. AR said that he was happy to increase his time at school. I explained to AR that I had spoken to Mrs Hudson at Acorns School, and she was positive about him increasing his time and would be happy to offer extra time. It was noted at this time that AR's father wanted the EHCP changed to name a special school for AR, which was still in opposition to AR's wishes. AR was due to visit Presfield on 4 May 2021.

6th May 2021

38. On **6 May 2021** I first interacted via video call with AR's mother, during a further video appointment with AR and both his parents. AR's mother joined his father and him towards the end of the session. AR engaged fully throughout in his usual calm and confident manner for the most part. We discussed that AR had been walking with his father, and AR reported he still felt quite anxious about going out if it was busy. It was also mentioned that AR had been attending Acorns School and had attended a class with five other pupils/people. He shared that he *"felt like people were looking (at him)"* and he felt too uncomfortable in that setting, having had 1:1 support for so long. AR was willing to break down his thoughts and feelings. He felt that being sat in the middle of the class was not helpful, adding again that he felt others were looking at him.

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39. His father reported seeing a noticeable (positive) difference in AR. AR shared that he didn't like walking, then said "*it's fine, but I wouldn't want to walk in Lord Street if it's busy*". AR reported still feeling quite anxious about going out in busy places due to thinking other people were looking at him. AR shared that when nervous, he felt that he produced more saliva, which he felt made the situation worse for him. This was likely reinforcing thoughts of not going out at times.
40. AR described feeling "*too uncomfortable at Acorns*" and things being "*really bad there*", as at one point he was in a small room and there were 8 people including pupils and adults. I discussed this with AR asking what he thought others might be thinking about him, but he shared that he didn't at the time think too deeply into what they might be thinking. I shared that we needed to think about how we can support AR to manage his anxiety and maintain additional hours at Acorns School. AR had told his 1:1 support that he 'could not go back to Acorns'. I reminded AR of the importance of sticking with it and thinking about the bigger picture in terms of moving on to another school.
41. AR had recently visited Presfield. He shared with me that he was conscious "*you could tell that there were people with autism*". AR talked about observing a 6th form class and a pupil speaking to him. AR was able to share that he didn't feel comfortable speaking back and said he did not say much throughout the visit. I asked AR to think about the positives i.e. that another pupil had attempted to speak with him and AR was able to name other positives in that there were small class sizes, there is support for social and emotional issues and there is a German Language Teacher (German language was something AR was keen to learn).
42. We reached a point where there was an agreement from AR that he would consider going to Presfield, if there was a place for him. It was noted that there were currently no places available, and his father was requesting SEN support to find another special school. It was also noted that the EHCP paperwork had been completed, but I think on reflection I believe this was only partially completed in relation to the parent view feedback. However, his father would not let AR see the current paperwork as he wanted to protect him from seeing what was written. It was discussed that AR had shared previously with his father that he wanted to see the paperwork, as he was curious about what was being said about him. His father then agreed he would share the EHCP feedback Parent/Carer view with him.

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43. AR became agitated at one point in the meeting and shared that his father had not been following what was agreed in terms of going shopping and getting ingredients for home cooking. I had previously suggested that AR cook with his father. AR was very disparaging of his father, calling him a “*liar*”. AR shared that in his opinion “*his father should learn to cook these things himself*” stating that “*children do not learn to drive at the same time as their parents*”. His father agreed to go shopping for ingredients and AR eventually agreed to help him to cook.
44. It was at this point towards the end of the appointment when AR’s mother came on to the call. I introduced myself to her. However, AR looked at the camera and his face was visible to me on the video call. I invited him to sit with his parents for our conversation, but he declined saying that he did not feel comfortable. AR then got angry and he voiced this, which it appeared to be because the camera went on him when he was stood up. The call then ended, and it seemed that the phone was thrown or pushed. I noted AR’s verbal confrontation towards his father during the call and his reaction to being seen by me on camera was concerning. It felt that AR’s responses were likely in the context of a mixture of him not knowing what had been written about him, his anxiety, ASC diagnosis, and teenage hood. It was apparent that this was likely challenging for everyone. It felt like it could be helpful to try and better understand his presentation and responses and secure some additional support.
45. I texted AR’s father straight after this video call appointment to ask if they were all ok and to apologise that I could not return to the call as I had another session. I acknowledged that AR was upset at being on camera. His father texted back to explain that ‘AR had calmed quickly’ and asked if I ‘could return to the call’. I explained again that I had another session and so was unable to join the call again and added that I would contact him to share a date for our next session.
46. The determined actions from this appointment were for:
- a. Me to contact Acorns School to ask how AR can be supported to maintain increased hours, as he has stated that he struggled in a lesson/being at Acorns when there were too many people in class.
 - b. Me to speak to AR’s parents and ask if they require additional support regarding family relationships/dynamics.

11th May 2021

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47. On **11 May 2021** at the start of a video call appointment with AR and his father, AR remained off camera. I reflected on the abrupt ending of our last appointment on 6 May due to AR being seen on camera. AR's father explained to me again that AR had calmed down quickly after the call ended. AR communicated clearly and expressed his views well during this appointment. He sounded disappointed when he reported that his father had not taken him for walks and his father acknowledged that he had had less time. It was not clear at this point why AR's father had less time. AR's sleep was reported to have improved, and he reported *"feeling better/different in himself"*. Eating was reported to be ok by AR. AR's father shared he had made spaghetti bolognese and reported that AR was looking healthier.

48. During this call we also discussed AR and school in detail, with his father updating me that Acorns School had asked for an urgent face to face meeting, that he would prefer it to be via video call and he was not sure what the meeting was about. He shared he had left a message for school to get back to him about this and that AR was spending more time in school again on a 1:1 basis since our last CAMHS appointment. It was also noted that AR had read the parent view feedback for his EHCP and disagreed with some of the information written by his father/parents. AR shared that he felt that his father's comments about his short-term memory were incorrect. His father shared that AR had said to him that *"what he had written about him made it sound like he has dementia"*. His father added that in his opinion, *"AR had been asking for help to remember things this last year"*.

49. AR shared that he hadn't been out for the last week and that his father usually asked him about going out. AR said that his father had written *"bad stuff"* about him for the EHCP and had made things up i.e. about his memory so that he has to go to a Special School. AR sounded worried and expressed concern that *"no one will hear his voice"* in the EHCP. I explained that he should have input into the EHCP review in the spirit of equity of opportunity and inclusion. I was aware that AR would likely need some support with this.

50. AR shared that he still wanted to address what he referred to as his poor diet and he insisted he needed his parents help (mainly his father's help, as his mother works). He reported that he had been eating McDonalds meals and Greggs sausage rolls. Things got a little heated at this point as AR expressed his opinions. AR said that his father was *"lazy and doesn't want to cook fresh food"*. AR informed me that he *"had not been going on walks"* and his father *"had not been cooking fresh food"*, to which his father

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responded that he/they had recently had “*less time to go on walks*”. I explained that even a walk around the block, which could take less than five minutes would be helpful for AR. AR’s father said he had not realised that walking was expected each day and agreed to put this in place from the date of this call. I agreed to speak with Maggie Allred (Support Teacher at Acorns School) and to write to AR and both his parents to summarise CAMHS involvement to date.

20th May 2021

51. On **20 May 2021** there was a CAMHS video appointment booked for a professional consultation meeting with Acorns School. Unfortunately, there appears to be no notes to review in the information provided. My usual and current practice would be to write clinical notes after appointments/meetings detailing the contents of the discussion and actions. For this consultation, I note that I have recorded that the session had occurred for the duration of 1 hour 40 minutes, however, there appear to be no clinical notes and I no longer have access to Alder Hey Trust’s records. The official notes for this may have been saved to Meditech under documents. Notes regarding this meeting may have been taken by Acorns staff, so may be available from them. The meeting did go ahead as it is referred to in clinical notes entered for the next session held with AR and his father dated 25 May 2021.

25th May 2021

52. During a video appointment on 25 May 2021 with AR and his father, his father shared that things had been OK. I referred to our last contact after the EHCP meeting on 20 May 2021 and asked how things have been in response to AR saying that his father had threatened to call the police after he and AR had disagreed and AR had “thrown smoothie over him (his father)”. AR’s father said that there had been a few days of silence in relation to the incident. He shared that he and AR were communicating at the time of this meeting. We talked about the importance of respecting each other. AR’s father said that “*these things happen with children with neuro development issues*”.

53. AR’s father added that they hadn’t been walking this week, due to (him) having a bad foot, which he said was painful. He also shared he had cooked a meal and it went well. AR was positive about it saying that the chow mein his father had cooked tasted ok. However, AR criticized his father calling him a “liar” and saying that there was nothing wrong with his foot and he had not cooked. AR sounded frustrated. He shared that he was ‘*annoyed*’ with his father because “*he does not follow through on anything*”. AR

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was really frustrated regarding cooking and meals and stated that his “*father makes no effort and the food that he and mum cook/eat is awful*”. I recall that it was apparent that AR’s father found AR’s comments hurtful, but also likely understood them in the ‘context of neurodivergence’ based on his earlier comment.

54. Also, in this appointment we reviewed AR’s goals in relation to school, addressing AR’s anxiety and continuing to feel able to leave the home and improving sleep. AR shared with me that his sleep was at that time “okay”, and that he wasn’t currently implementing going to sleep any earlier than 12am. He reported no self-harm or suicidal ideation but mentioned a presence of “*feeling anxious*”. We discussed how AR would be up for going into school for lunch, if he was able to eat alone, that AR would ‘consider engaging’ if mentor support was available and that he would not mind support from someone who knows about autism. AR raised with me that he felt he needed medication “*to help improve the quality of his life*”. I updated him that an opinion from CAMHS Consultant Psychiatry was being considered on this. It was noted that AR had been engaging well with myself, and a CAMHS Psychiatry Consultation may be able to offer medical assessment and advice as to whether anything else medication wise could be helpful in addressing AR’s feelings of anxiety.

55. It was agreed that I would:

- a. Email Acorns School about AR staying for lunch and his request to eat alone.
- b. Investigate mentoring support in line with what we had discussed.
- c. Request for Psychiatry Consultation for AR, regarding assessment and consideration of medication to be made at the next CAMHS Multi-Disciplinary Team (MDT) meeting.

26th May 2021

56. On **26 May 2021** I first discussed AR’s presentation at a CAMHS MDT meeting outlining all current concerns. These meetings were usually attended by a CAMHS multi-disciplinary team including a Consultant Psychiatrist, however I note that on review of this clinical record it states that I was the only clinician present which was incorrect and only in relation to me having saved the notes from the meeting that were taken by a CAMHS Administrator for AR. It is likely that the Administrator who took the notes at the meeting recorded attendees in the main notes. Other support options available were considered. At the time Sefton CAMHS ran Non-Violent Resistance and

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Supporting Parenting for Anxious Childhood Emotions (“SPACE”) parenting courses which were considered, along with the possibility of CAMHS Systemic Family Practitioner intervention and a referral for Early Help support. It was noted that at this time I had already contacted a mentoring support service advertised as offering support around Autism in the Lancashire area, to see if AR and their family could access support. I was awaiting a response. Agreed outcomes from this CAMHS MDT discussion were for me to speak with AR’s GP around support for excess salivation, for me to make a referral for CAMHS key worker support from Michelle Warner, for me to follow up with the mentoring service and for AR to be added to the Consultant Psychiatry routine medication waiting list by Dr Aseri. At the time Psychiatry Consultation was noted to be planned with Dr Katrin Russell, however Dr Lakshmi Ramasubramanian would become the first allocated consultant psychiatrist for AR. Additionally, AR’s parents were to be advised to attend post-diagnostic support groups if they had not already done so to help them access support to be able to respond more appropriately to situations.

11th June 2021

57. On **11 June 2021** I held a telephone appointment which lasted around an hour, with AR’s parents. AR’s mother came on the call first but is noted to have not had anything to say. She then tried to get AR to attend, but he was noted as telling her that he would not be taking the call. I asked if AR was ok and advised his mother to stop calling him as he had already responded to her about his decision not to engage today. This was with a view to seeing if he might join at some point of his own accord. I did not see, speak to AR or hear him throughout this appointment. His mother sought help with trying to get the camera to work on her phone without success, so she was not seen during the call.

58. AR’s mother shared during this video consultation that AR was struggling with his anxiety more and had taken steps backwards. AR was noted from information shared by his mother to be experiencing increased paranoia, in that AR believed that everyone was looking at him when he went out. AR’s mother shared that AR felt medication was needed as talking was not helping. She also shared that she was not happy about AR’s wish for medication, as she was worried about side effects; she was however keen to see a psychiatrist to discuss this further. AR was described as counting the days until he can see a psychiatrist. She also reported that AR had shared that he wanted to go to the cinema, but couldn’t muster the confidence. We talked about how things would be calmer at present in relation to restrictions on numbers (referring to Covid– 19

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rules/guidance), and it being term time. AR's mother said she would try and support AR to go with her or his father.

59. AR's father shared that he had spoken with Acorns School and that there was now an agreement for them to collate information regarding AR's week and share it with home. A text would be sent to AR's parents every day to share how AR's time there had been. AR's father shared he was happy with the content of the CAMHS submission for EHCP review.

60. AR's father was also noted to have said that he felt that AR listened to me. He was pleased to hear that AR had said that he would try a mentor, however, I explained that I had been trying to contact support agencies in Lancashire regarding autism support, but this had proven difficult as no one has responded. AR's mother talked about previous help they had received, and shared information about AR's difficulties with his father saying that AR was not currently speaking to him. His mother was open in sharing the problems this caused with arguments in the home. She also said when they previously had support from Early Help, AR would say things about them as parents to get them into trouble. She is also noted to have commented that *"the worker did not like this and eventually ended involvement"*. However, she added that Early Help had advised that they could be contacted if further help was needed. I suggested that she call them about the things she has shared today and ask if they were aware of any help available regarding autism support and perhaps a mentoring service in the local area. I also agreed to ask Mrs Allred at Acorns School, as she was a HLTA (Higher Level Teaching Assistant) with autism as a specialism.

16th June 2021

61. I attended a second Sefton CAMHS MDT meeting to discuss AR's presentation again on the **16 June 2021**. It was agreed for the previous referral to psychiatry to be escalated from routine to urgent for AR, due to increased concern for him including increased paranoia and that his relationship with his father, as was reported by his mother at our last session was said to have deteriorated and be impacting the family. These difficulties informed the initial thought's about speaking to AR's parents about a referral to the CAMHS Family Therapy Team for input.

62. On 16 June, I emailed Acorns School to query how AR had been presenting as he did not attend our session that week and his mum had advised that he had taken a step

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backwards. I also queried with the school as to whether there were aware of any support services for children and young people with autism in Lancashire.

17th June 2021

63. On **17 June 2021** I had email contact with staff at Acorns School stating that AR had not been into the school all week and that it was felt "*something had changed for him*". I shared that AR had not been present at the last CAMHS appointment held with his mother. Acorns staff shared that his parents were reporting him absent and advising that he had hay fever symptoms. It was noted that Acorns staff advised that his parents would need a letter from their GP should absence continue for 3-5 days. AR's parents were asked by Acorns staff to share if they felt AR was school refusing, so that Acorns staff could work with them and support his return.

18th June 2021

64. I had a video appointment with AR and both his parents on **18 June 2021**. It was mentioned that AR was off school as he thought he had COVID although AR's parents both felt his symptoms could be allergy related. AR was angry with his father for saying he does not have Covid. He shared that a second test result showed he did and that his parents offered to take him to a test centre and AR was able to say that he didn't see why he should have to and that he was too anxious to go as he thought there would be lots of people there. AR came across as confident and clearly spoken during this appointment. There was also an air of frustration about him.

65. There was a discussion regarding anxiety management and that AR wanted to see the psychiatrist at CAMHS. He was on the waiting list for an urgent appointment, which was noted can take around a month to come through. It was also noted that AR needed help with improving his quality of life, but was at the point where he felt 'medication was the only thing that would help him to be able to take steps of improvement'. This could possibly be related to him saying that he felt previous talking therapy was not helpful due to him still experiencing difficulties. AR stated that he did not see the point in engaging with graded exposure intervention to help him to go out of the home. His father commented that he wanted AR to return to school "*when he is ready*". AR was reported to be very disappointed because he was hoping to have a German teacher/tutor at Acorns, but that had not been set up. I recall from liaison with Acorns staff that was possibly due to the teacher not being available as they may have been a supply teacher.

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66. It was reported that AR was not speaking to his father and he had said he “*does not trust him*”. He did not want to go for walks anymore and wouldn’t go with his father. AR appeared to be losing sight of why we had agreed that he should go for walks. AR felt that ‘medication would allow him to do the things that he wanted’. We talked about how positive it was that AR wanted to do things and we also considered what stopped him from doing them. AR was noted to find it hard to think through the things that worry him when he is out and about. AR expressed he was initially reluctant to have lunch at school due to feeling anxious, but then agreed to try when he was advised that Acorns staff had agreed he could eat alone/away from other pupils with his 1:1 present.

67. It was noted by way of review of risk that there were no reported thoughts or actual self-harm for AR and no suicidal ideation present at the time of us meeting.

1st July 2021

68. On **1st July 2021** it is recorded that AR was spoken with by Dr Lakshmi Ramasubramanian via telephone for Assessment Engagement, Anxiety Management, Medication, Review & Planning. Dr Ramasubramanian recorded amongst other things that Propranolol tablets 10 mg for 60 days were prescribed for AR, that she sent a leaflet on Propranolol, and that she would review AR’s response to Propranolol and his progress in a few week’ time.

2nd July 2021

69. I met with AR and his mother again in a video appointment on the **2 July 2021** in which AR remained off camera. They both engaged well, and AR was hopeful that the recently prescribed medication would stop his fear of leaving home and ‘allow him to go out’ with ease. I raised in this discussion with AR and his mother that medication alone was unlikely to achieve this and there would ideally need to be some sort of behavioural activation type work accompanying this. AR’s response to this was that he was not sure if he wanted to talk or learn strategies for managing his anxiety and believed “*medication alone will be enough*”. It was noted in this appointment that AR was not currently interested in engaging with any graded exposure/behaviour activation type work.

Texts 3rd and 5th July 2021

70. On the **3 July 2021** I received a text message from AR’s father explaining to me that “*AR had completed extensive research online*”, and that he was “*convinced that he*

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was on the wrong medication". AR's father asked if AR could get a different medication. He also said that AR would not take the medication until he speaks to the doctor again.

71. I responded to this message from AR's father on the **5 July 2021** to advise that this would be spoken about with a doctor and to explain that we had previously tried to speak to AR to explain that medication alone will not "*fix*" the anxiety he has. AR's father responded to my message on the same day and stated that AR wanted medication that would "*calm down the nerves/the fright he gets when he is in the crowd*". Following this correspondence, I emailed Dr Lakshmi Ramasubramanian on 7 July 2021 to request to speak to her about AR's request for medication that stops the "*mental aspect of his anxiety not the symptoms*" (AR and his father's words). I also considered taking AR to Sefton CAMHS MDT discussion again.

7th July 2021

72. On the morning of 7 July 2021 at 10:30am, I became aware that AR's mother had made a call to the Alder Hey Crisis Care line to say that AR wants to re start the medication prescribed by Dr Ramasubramanian. Claire Sergeant reviewed his CAMHS notes and explained that Dr Ramasubramanian had been emailed the same morning by myself in relation to this, and we were awaiting a response. Mum requested for Claire Sergeant to explain this to AR, which she states did.

73. At 11:06 on 7 July 2021, I received a text message from AR's father asking me "*can you call for a few minutes please?*" I was in a meeting at the time, so texted back to say so and asked how I could help. At 11.29, AR's father texted me the following:

"We were not on the social services radar so to speak and it would have been difficult to suddenly appear for [DPA] care assistants away from the borough. That is how I called children services. They called back and asked if we are concerned/struggling or not. My answer was no concern and the lady answered that they cannot be involved then. I asked her to change my answer to there is a concern. Then their algorithm allowed further discussions that led to the next week's visit and future meetings with professionals including yourself. I hope I explained the situation well. Thanks"

74. On 7 July 2021 at 12.30 during an internal professional discussion between myself and Dr Lakshmi Ramasubramanian, issues were raised about the family dynamic between AR and his parents and the potential for further support, it was noted that conversations

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were being held at this time about further support and AR's parents had stated they "did not need or want Early Help support or social care support". During our conversation we discussed offering AR an earlier psychiatry appointment to review medication, as Dr Ramasubramanian had previously advised on 1 July 2021 that she would review AR in 6 weeks' time. However, it was considered that ideally AR should try the medication for a period of time and then feedback at psychiatry review. I agreed to call AR and his parents to speak about his concerns and Dr Lakshmi Ramasubramanian's thoughts that AR should try the medication. Dr Lakshmi Ramasubramanian is noted to have also agreed to consider seeing AR earlier regarding this. I agreed to the further action of connecting with Jill Locke (CAMHS Case Manager [DPA]) to ensure there were opportunities for professional discussion on how best CAMHS could support the family going forward.

75. In response to this text correspondence between myself and AR's father, there was a telephone call from myself to him on the **7 July 2021 at 12.45**. AR and his mother were also present for the call. I discussed the earlier text message from AR's father that day. [DPA]
[DPA]
[DPA] There was no mention of asking for help from social care for/with AR's needs. AR's father mentioned to me for the first time since being allocated AR that Jill Locke, CAMHS Practitioner, was currently [DPA] I advised him to speak with Jill Locke about [DPA]

76. During the same call, AR reiterated to me that he felt the "medication did not do what he wanted". He explained he "did not want help stopping the symptoms of his anxiety", instead he "wanted to be able to go out". After a discussion on this topic to try and further explain how therapy works alongside medication, AR agreed and said he would try the medication again. I explained that he could not be forced to take this, and it must be his decision, however, this is what had been recommended by Dr Ramasubramanian for him.

77. AR and his father raised a concern regarding the wait time for the next appointment with me. In response to this, we discussed AR's current presentation in that he did not feel suicidal and was not self-harming. CAMHS required AR to try the medication as advised by Dr Ramasubramanian and then for him to come back and review it at the next CAMHS psychiatry appointment. AR's parents were also made aware they could

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contact locality CAMHS during normal working hours or the Crisis Line out of hours should they become concerned at any time. They already had contact details for both.

8th July 2021

78. On **8 July 2021** I emailed Jill Locke to speak about her involvement with DPA and mine with AR, and to think about how best CAMHS could support the family.

79. Further to our internal professional discussion on 7 July 2021, I received an email from Dr Lakshmi Ramasubramanian on the **9 July 2021 at 10:18** explaining that she had decided that AR would need to try the medication prescribed first and give it enough time. She explained as it was not a clinical emergency, at that time the next appointment (11 August 2021) was unable to be brought forward to an earlier date. During the discussion I raised that at the time, risk seemed low in terms of AR reporting no suicidal ideation or self-harming behaviours. However, it was noted that it was worrying that AR was withdrawing from CAMHS input and the offer of CBT, although this could possibly have been due to his rigidity of thinking it could not help him. My intention was to continue to encourage AR to engage in therapeutic intervention alongside medication.

9th July 2021

80. On **9 July 2021 at 10:40** during another telephone call with AR's parents, his father shared that AR had started taking his medication again. I asked if AR was managing his own medication as it sounded that way. His father told me that he gave AR the tablets, and that AR knows where the tablets are. He was noted to also have stated that AR would not allow his parents to supervise him taking his medication, which was a concern. AR was not present, so I could not ask him if this was the case or not. It was noted that AR's parents did not share concern about AR managing his medication and as a result of this and due to his age, we then discussed safety and the expectation that medication is kept out of the way of AR and that his parents supervise him whilst he takes the medication.

81. It was also noted that AR had stopped engaging with the 'behaviour activation' plan agreed with him and his father regarding going for walks and his father responded saying that it would be difficult for AR to leave the home – and likened that request to being like asking someone with one leg to run. AR's father also raised that he felt there was something "*wrong mentally*" with AR and he thinks there is "*more to things than just autism*". After discussing this at length AR's father was willing to consider a Post

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Diagnostic Autism support service to access further specialist support. In the notes reviewed, AR had been discharged from the Community Paediatrician Service at this time, and it was noted on discharge from this service that *“support for autism comes from support organisations and education departments with no role for a community paediatrician”*.

82. AR's father shared that AR was refusing to eat the food that he cooked. AR's mother was very emotional and shared that AR was becoming aggressive in the home and she felt that services did not trust her parenting and were making things worse. We talked about the support CAMHS could offer including key worker support regarding graded exposure work, and family therapy. In summary, the remainder of the session addressed the following:

- a. AR's parents stated that *“I have no idea about what was going on for AR. AR cannot work remotely - he has done no school work online whilst isolated – school expect him to just do this. Professionals have made things worse”*.
- b. AR's father stated that *“AR has an illness”*. AR's father was *“worried about AR's lack of iron and vitamin D deficiency”* – the GP had prescribed medication.
- c. AR's parents talked about the difference between AR and his brother – describing his brother as passive [redacted] DPA [redacted] DPA [redacted].
- d. AR's father stated he *“wants CAMHS to use all of their expertise and feels AR is struggling mentally”*.
- e. All agreed AR needed a new school placement that understood his needs. AR's parents stated that they *‘are coping and there are no problems, but the situation appears overwhelming’*.
- f. It was noted that AR's parents shared feelings of being judged by professionals.

83. I appreciated AR's parents' openness, albeit a difficult conversation. It helped to understand more about what could be helpful. AR's father asked me to *“remain involved and to keep trying for AR”*. I had not intimated that I would not continue to try and help AR, but reiterated that CAMHS needed his and their co-operation.

30th July 2021

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84. On the 30 July 2021 in a video appointment with AR's father, he shared with me that *"things are okay currently"*, adding *"nothing has changed, AR is AR"*. It is noted that he felt that there was not much to talk about. It is worth noting, (although I do this later in this session) that none of the concerns shared for AR and his family during our last CAMHS session appeared to have been shared with social care during AR's father's telephone conversation to them, as he was only requesting help for [DPA] in early July 2021. I thought it would be helpful to attempt to follow this up with AR's father today.

85. He reported that AR was taking his medication and stated he *"does not know if the medication is having any effect"*, as there was *"no change in AR's willingness to leave the home"*. His father also shared with me that AR was refusing to speak with me. During our discussion, we spoke about social services and the fact the home visit had been rearranged to 2 August 2021, AR's education and non-attendance at Acorns and the PREVENT referral as his father had shared that he had shown AR the details of the PREVENT referral. His father shared that AR had taken a copy of the referral and was going to take it into school, presumably to request that staff go through it with him. However, his father said that AR forgot it and then had not returned to Acorns School since. He surmised this may have been in relation to his timetable changing or the information that he read in the PREVENT referral which he stated Acorns had felt that AR would find emotionally upsetting, hence them not sharing it. AR's father stated that the latest PREVENT referral outcome was no further action. It was noted that AR was also still refusing to engage in the offer of therapeutic support and that medication alone will not likely be helpful. AR's disengagement was concerning.

86. AR's father raised that I needed to come to their home to work with AR and that AR does not like telephone calls. I explained that my role was not to visit the home and take AR out, but to work with him and his parents as I had been doing, before AR disengaged. I also suggested that practical family support could be helpful, i.e. from Early Help/social care and shared my understanding that AR's mother was not keen on this due to thinking it would make things worse.

87. During this meeting on the 30 July 2021, it was noted that if AR's parents were unable to encourage AR to leave the home even for a short walk, this may have been a signal for the need for social care support alongside CAMHS intervention, to try and understand what AR's underlying difficulties were. I also discussed the option of talking therapy, but that the key was engagement from AR. AR had shared that he did not

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want this anymore, due to feeling that medication would solve his difficulties regarding anxiety. AR's father shared during this appointment that AR would not even go out in the garden as he thought people were watching and he was afraid of spiders and mosquitoes. He added that AR talked himself out of going out in the garden before he even tried.

88. I explained that this is where talking therapy (CBT, Graded Exposure work) came in but the key was engagement from AR. He had shared that he did not want talking therapy anymore and wanted to see how the medication worked, despite me explaining that both need to be in place to help him to feel able to do things differently. AR's psychiatry review appointment was planned for 11 August 2021 with Dr Ramasubramanian. His father was noted to have reported that AR had said that he would return to Acorns in September 2021. AR's father also requested that another meeting be arranged before AR was due to return to school and after the Olympics had finished. I was aware that AR was very interested in the Olympics and would watch most, if not all events whilst at home.

10th and 12th August 2021

89. On 10 August 2021, I became aware that Stacey Haydock, Social Worker, Duty & Assessment Team (Lancashire County Council) was involved with the family and gained her contact details from AR's father.

90. There was a CAMHS Professional's meeting on the 12 August 2021 attended by Dr Lakshmi Ramasubramanian, myself, Jill Locke (CAMHS Case Manager: DPA DPA) and Sam Coppard. This meeting followed Dr Ramasubramanian's psychiatry review with AR and she shared an update adding that AR had stated that the medication prescribed was not working and he wanted to be prescribed anti-depressants. Dr Ramasubramanian stated she would see AR for a face-to-face appointment in clinic.

91. Concerns were expressed regarding interaction to date with the family. Dr Lakshmi Ramasubramanian suggested that there was a "*disrespectful tone in emails and text messages sent from AR's father, along with some concerning comments from him*". There was an acknowledgement from all involved that AR was refusing to engage with therapy and had a sole focus on the need for medication. Jill Locke shared in this meeting that from her involvement with DPA she was unaware of any

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difficulties in the home at that time. Jill went on to update the meeting with regard to family background and her involvement with DPA to date.

92. During this meeting, the options of NVR, SPACE parenting courses, a systemic Family Practitioner and early help support were considered again, but it was felt that CAMHS Key Work would be more beneficial.

93. The agreed actions following this professional's meeting on the 12 August 2021 were as follows:

- a. Dr Ramasubramanian to offer telephone contact with AR later in the day on 12 August 2021 to ascertain how the trial of medication is going and think about what else could help.
- b. I was to follow up the Key Worker request.
- c. I was to follow up the face-to-face appointment to be offered jointly with a Consultant Psychiatrist and myself as CAMHS Case Manager.
- d. Consider Family Therapy.
- e. I was to continue to offer sessions to AR.

94. It was noted that if there were any concerns about interaction or communication with the family, this would return to the MDT for discussion or be reviewed via further professional discussion.

95. Following the meeting on the 12 August 2021, I reviewed and updated the Sefton CAMHS Risk Assessment & Management Tool to include information about the referrals to PREVENT to date during my intervention. It was noted that AR had been subject to two referrals to PREVENT, with the most recent referral in relation to AR being said to have looked up the London Bombings online and speaking with a member of staff about troubles in Palestine and Israel. AR was reported by his father be interested in World News and appeared to be well informed on current affairs. The school took this as a concern and reported AR to PREVENT. A previous referral to

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PREVENT for AR highlighted no concerns regarding AR being a terrorist risk or being radicalised in any way.

96. AR's parents were noted to have been given safety advice around the storage of medication and supervising AR when taking his medication. In terms of risk to self - AR's rejection of his ASC diagnosis is noted. Sleep was also noted in terms of risk to self and the impact of poor sleep on AR's functioning. Potential for emotional dysregulation when upset/frustrated was noted. There were no reports regarding the use of alcohol or other substance misuse. Parents were noted as being keen on accessing support for AR but not for the family system at the time. As CAMHS case manager I was not fully aware of all of the content of the PREVENT referral. I was aware from AR that he was upset by the referral being made and perceived this as a break in a trusting relationship which he had recently repaired or regained with his support worker. It was noted that AR can have a real need to know the in's and out's of things - this was noted to possibly relate to his autistic tendencies as well as his intelligence. Within the risk assessment reference was made to protective factors for AR:

- a) I had been working with AR to try and help him understand himself better - and to be more accepting of his characteristics and to understand that he can learn some flexibility.
- b) AR had been noted as agreeing to having a Key Worker from CAMHS and this had been requested.
- c) AR's parents were noted as being aware that they can contact CAMHS Monday to Friday, 9-5pm if they are concerned about AR's mental health or if they feel unable to keep him safe, or he feels unable to keep himself safe, they are aware they can contact the out of hours Crisis Care team if concerns arise outside of 9-5 working hours.
- d) AR had been advised of helplines and support via Kooth, Childline and websites and Apps. AR's parents are aware of support services available regarding AR's ASC diagnosis.

17th and 18th August 2021

97. On 17 August 2021, I am noted to have held a session and that is recorded to have been via telephone appointment with AR. The notes for this session have not come through in the information provided for review. This appointment is referred to in

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subsequent clinical records which state that during this session AR made several disclosures about his father as follows:

- a. He alleged that his father had made emotional threats to AR saying that he would be removed from his parents' which AR shared caused him frustration and anger.
- b. AR made reference to throwing cold water over his father, who he again referred to by his first name, and shared that he felt provoked into doing this by his father.
- c. AR also said that his father had waved/held a knife at him and said to AR "*I could kill you now*".
- d. AR added that his father attempted to throw plates at him and also shared information about alleged physical abuse, adding that his father had hit his brother over the last week or so.
- e. AR added his father only hits his brother because he knows he can't hit him back and he wouldn't hit AR because he knows AR would hit him back.

98. The information shared was concerning and AR was made aware by me that I would need to share this information with Stacey Haydock, Social Worker Duty & Assessment Team, Lancashire County Council currently involved and that social care would likely visit the home to speak with him and his family.

99. On 17 August 2021, I made failed telephone calls to Stacey Haydock to share my concerns regarding the information that had been shared that day by AR. These were alleged emotional threats that "*AR will be removed from his parents care*" which caused frustration and anger in AR. Reference was also made to AR throwing cold water over his father and his father is said to have waved a knife at AR and to have said to AR that "*I could kill you now*" and physical abuse. AR disclosed that his father had hit his brother over the last week or so. I left messages asking for a return call.

100. There was a further Sefton CAMHS MDT Discussion on the **18 August 2021**, the outcome of which was for Emma Walker Riley, Alder Hey Safeguarding Specialist Practitioner, to contact Lancashire Children's Social Care directly and discuss the outcome with myself. There was a further action for me to attempt again to contact Stacey Haydock Social Worker from the Lancashire Duty and Assessment Team to share disclosures as this needed urgent follow up regarding the potential safeguarding concerns raised. It was my understanding that as AR's family was open to social care services the concerns needed to be shared with the social worker currently allocated.

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Telephone call to Stacey Haydock Social Worker on 18 August 2021

101. On 18th August 2021, at 13.20 I had a telephone conversation with Stacey Haydock, to share safeguarding concerns. I explained my role and the safeguarding concerns in relation to AR and his family, which had previously been disclosed to me by AR in his session that week. The concerns related to AR's father threatening or saying that he would be taken away/removed from his parents' care. I stated that AR had shared that this was angering him. AR had also shared that he had been throwing cold water on his father and that he felt he was being provoked into doing this by his father. AR shared that his father held a knife up at him and said "*I could kill you now*" and that AR's father was attempting to throw plates at him.
102. AR also shared that their father hit [his brother] and only hits [his brother] because he knows [his brother] can't hit him back. AR stated that his father would not hit him because he knew that AR would hit him back. I talked about this in the context of difficulties within the family as a whole, and individual need. I made Stacey aware that AR's father has shared that he did not want to engage in conversation about the things that AR had said and did not want support from CAMHS to try and help resolve these issues, which I felt appeared to play a part in AR's mental health presentation to some extent. I shared that AR's father simply wanted medication for AR and felt that was the issue that needed to be addressed/focussed on.
103. In response to the safeguarding concerns that were shared, Stacey Haydock agreed to follow up with the family regarding the above disclosures from AR. Stacey said that AR would be spoken to regarding the information he disclosed, with a view to having a meeting with Schools present to discuss what could help improve things. Stacey agreed to be in touch with feedback. I note that Lancashire Social Care conducted a home visit on 18 August 2021 (following the disclosure/information shared, as noted in the email to me from Stacey received on 18 August 2021).
104. CAMHS responses to the safeguarding concerns disclosed by AR were as follows:
- a. I expressed concern to AR at the information he had shared and advised him that I would need to share this information with social care and that someone would speak with him and his family about what he had shared and find out what help was needed.

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- b. I took the concerns shared by AR on 18 August 2021 to MDT due to the complex nature of his presentation and family dynamics. This was a continuation of concerns discussed at previous CAMHS MDT meetings in May 2021 and June 2021. Some plans were already in place, for example CAMHS had agreed referral for a key worker for AR, offered family therapy due to fractured relationship concerns expressed by family, AR, school, social care regarding past and current family narrative.
105. It was agreed on 18 August 2021 at an MDT discussion that the Alder Hey Safeguarding Nurse Team would make direct contact with Lancashire Social Care/Early Help to discuss safeguarding concerns and look at convening professionals meeting.
106. I suggested that Janine Rhodes, social care, spoke with Jill Locke, Senior CAMHS Practitioner [DPA] regarding comments AR had made about potential risk to AR.

19th August 2021

107. I spoke with AR's father on 19 August 2021 via telephone to follow up regarding the information that was shared with social care. I was explicit regarding the concerns, and I explained the reason for sharing the information with social care and to check on how the family was and plan the next steps in relation to CAMHS involvement.
108. During the conversation AR's father requested a new CAMHS Case Manager. On 19 August 2021, I shared the information regarding disclosures made by AR with the CAMHS Senior case manager [DPA] Jill Locke via email and liaison/discussion followed later on 19 August 2021. This discussion reinforced the rationale for the request for family therapy based on Jill's reports of the family dynamics and my experiences as case manager for AR to date. I am not aware of a multi-agency strategy meeting having been convened by social care following the safeguarding concerns being shared on 18 August 2021. Lancashire Social Care said that they would 'follow up' on the concerns I shared on 18 August 2021 as per the email from Stacey Haydock on 19 August 2021. The safeguarding concerns had already been discussed within Alder Hey Safeguarding Team following CAMHS escalating the concerns on 18 August 2021. As noted above, following the MDT on 18 August 2021

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the agreed plan was for the Safeguarding Nurse to liaise directly with West Lancashire Social Care.

109.

110. I sent an email to Stacey Haydock, Duty and Assessment Social Worker on 19 August 2021 at 13:16. This email followed an email sent from Stacey at 21:45 on 18 August 2021 whereby she stated: *'...It appears the relationship between father and [AR] is extremely fractured and we are looking at putting in some outreach support for some emotional support for [AR] and to work on re-building relationships. This will of course be dependent upon [AR] and father consenting'*.

111. Stacey's email was received following the information I had shared regarding AR's disclosures and social care's visit to the family home on 18 August 2021 and seemingly following the home visit made to the family that same day.

112. My response to Stacey on 19 August 2021 at 13:16 was as follows: *'Hi Stacey, Thank you for your email Stacey - I appreciate your colleague following up [AR's] comments. Janine, if you have time please can we speak about what you have observed re [AR]. My number is [telephone number]. I understand that Dad and [AR] would need to consent to any offer of support that might be available. I am due to meet with [AR] and his parents with the Psychiatrist who is involved - she is currently on leave and I am due to go on leave, but we will offer a joint appointment on our return. I will be on leave from 30th Sept to 9th Sept. I have spoke with [AR's father] and explained the reason why I shared the information with you in the hope that additional support could be offered alongside support from CAMHS. I hope we can get together soon to think about how we can support the family in the best way. Hope to hear from you soon.'*

113. When I have referred to consent being required in my email on 19 August 2021, this was in relation to the provision of support from social care, as opposed to an escalation of safeguarding concerns by social care. My understanding is that it is good practice to speak with service users about next steps, ideally gain consent and try and secure engagement. If there are safeguarding concerns in the context of actual or potential significant harm to a child or young person, then consent would not be required. I am unaware of Lancashire social care's decision making with the family following the CAMHS disclosures on 18 August 2021 and their subsequent home visit. It was my understanding that it would have been for social care to have escalated the safeguarding concerns within social care infrastructures.

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114. Following these emails, I had a telephone call with Janine Rhodes (Duty and Assessment) at 13:45 on 19 August 2021 where she advised of her observations from visiting AR's home which were concerning. In particular that AR had suffered physical abuse when he was 8 years old and she had noted the antagonism between AR and his father.

25th August 2021

115. At the CAMHS MDT Meeting on the 25 August 2021, it was noted that AR had been on the keyworker waiting list since 26 May 2021, (according to the MDT note from 26 May 2021), and it was agreed at the meeting that key work was now to be carried out with AR. It was noted that a Safe Team Guardian App was to be considered, and a risk assessment carried out regarding lone working. There were no noted names against these actions. The possibility of a Violence Reduction Worker was discussed to support the family was also discussed in this meeting and it was determined that Vicky Killen, Clinical Lead would look at geographical jurisdiction of violence reduction workers and forward the lone working policy information to myself, and all staff involved.

September 2021

116. I received an email from Maggie Allred at Acorns School on 3 September 2021 at 14:56 saying she had been trying to contact me. I was on annual leave at the time and so did not reply until my return to work. Maggie raised the following concerns via email on 3 September 2021 at 14:46 that "*AR seems more withdrawn and harder to reach*" and she said she was "*concerned about his mental health and wellbeing*".

117. During a telephone appointment between myself and AR's father on 10 September 2021, he made another request for a new CAMHS case manager, stating his opinion that I was "*exploiting AR*". AR's father thought that Family Therapy would cause trouble and did not want referring to this support within CAMHS and did not want to consider parent support groups. AR's father did state he was happy for the Key Worker to work with AR, but *did not want family work and did not agree with me sharing information with Social Care about AR throwing water on him*. From this call, it was clear that AR's father was conflicted about my involvement as he explained he did want me involved, but did not like the way I worked and felt I listened to AR too much. I agreed to request a new CAMHS case manager for AR and liaise with the school following this call.

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118. I responded to Maggie's email of 3 September on 10 September (when I returned from annual leave) and asked if we could discuss her concerns. I recall having a telephone call with Maggie, however I am unable to see a note of this call in the records that have been provided for review. I shared her concerns for AR particularly in the context of his current situation i.e. not attending Acorns School, increased social isolation, family context, the disclosures AR had made, and in relation to the information received from Janine Rhodes, (Lancashire Social Care Duty and Assessment Team), relating to her home visit, and what she had shared she observed on 18 August 21 during our telephone conversation on 19 August 2021 at 13.45.
119. I also shared Maggie's concerns about AR's response to information recorded about him in a PREVENT referral. AR had wanted to know what was in the referral and was now aware. We discussed how important it was to consider how things were written, whilst still conveying and capturing the crucial aspects/essence of concerns.
120. Maggie also shared concern that if AR had sight of further information written about him by professionals regarding incidents whilst in education and potentially otherwise, this could impact his mental health wellbeing in terms of how things were recorded. It was noted that AR had already been impacted by information recorded about him for example in his EHCP. Maggie shared with me that AR had asked if the government could see the notes that had been created for him.
121. The concerns at that time were around AR & his father's responses to safeguarding duties, and AR's vulnerability in relation to his social needs and opportunities. AR was not attending school and missing out for example on learning opportunities and opportunities to socialise. AR was not in school as expected that day/at the time of our conversation and he had missed a planning meeting regarding his education. There was a feeling he would be unlikely to attend school the following week.
122. Maggie described AR had "*withdrawn/become harder to reach*" and professionals were finding it hard to connect with him. It was positive that AR's father was liaising with Maggie/Acorns to report AR's non-attendance and he was reported to have shared concern for AR.

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123. Planning in response to my concerns about AR's wellbeing and those raised by Maggie Allred via this email were already underway following the MDT meeting and CAMHS professional discussions held on 25 August 2021.

- a. AR had been on the Keyworker list from May 2021.
- b. There was an agreement for Vicky Killen to look at the geographical jurisdiction of violence reduction workers (it is not noted as to who this is in connection with) and to forward information on the lone working policy to all staff.
- c. Liaison with Psychiatry Dr Ramasubramanian & Dr Aseri – a psychiatry appointment had been made for 15 September 2021.
- d. Liaison with Jill Locke Senior CAMHS Case Manager [DPA]
- e. Alder Hey Safeguarding - Emma Walker Riley was to contact Lancashire Social Care by way of escalation within the Trust's CAMHS processes and feedback to me.
- f. I had followed up with AR's father regarding information shared with social care and to plan CAMHS continued offer of support.
- g. Referral to Riding the Rapids made on 22 September 2021 at the professional discussion meeting to try support AR's parents' understanding of ASC in relation to AR.
- h. Referral to Family Therapy made on 22 September 2021, as agreed at CAMHS Professional Discussion.

124. I had already spoken with social care to raise concerns about AR and the disclosures he had made. The concerns extended to his presentation and behaviours at that time. I requested follow up and an assessment from Social Care. My plan was to continue to liaise with social care.

125. The multi-disciplinary team were advised at the MDT on 15 September 2021 that AR's father was requesting a new CAMHS Case Manager for AR. This was noted at an MDT discussion on the same date. At the Sefton CAMHS Professional Discussion held on the 15 September 2021 between myself, the consultant psychiatrist and Jill Locke [DPA] CAMHS case manager, it was explained that AR's father was refusing Systemic Family intervention and just wanted "AR fixed with medication". At that time, AR was also refusing school. The outcome and actions to be completed following this discussion included the case to now be co-worked by Sam Coppard and myself with a view to ensuring a systemic approach, for me to meet with AR and his parent(s) on 15 September joint psychiatry review, for me to investigate AR's position

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on the key work waiting list to progress allocation of the key worker as a key worker had still not been allocated.

126. I attended AR's Consultant Psychiatrist Review on the 15 September 2021 for a face-to-face meeting at Southport Hub. The consultant psychiatrist present was Dr Aesha Aseri. AR, attended with his mother and was well presented and clean. He engaged well and was willing to speak with Dr Aseri about his difficulties which informed her review of his needs. AR reported feeling anxious about going out in public and interacting with new people. He described his current mood as nervous and angry. It was noted that AR had a difficult interpersonal relationship with his family, especially his father. AR shared that he had a better relationship with his mother and that arguing with his father frequently can make him feel sad. In this review, Dr Aseri prescribed AR with Sertraline. It was agreed that AR would continue to engage with me as his CAMHS worker. A follow up review was arranged for 4 weeks' time.
127. Within the clinical notes, Dr Aseri referred to AR as being of 'Afro Caribbean' heritage. I advised Dr Aseri of AR's actual ethnicity and heritage in the hope that this could be amended.
128. On the 22 September 2021, at a further MDT discussion, an update regarding the consultant psychiatry review was offered and it was noted that sertraline was prescribed to be taken alongside the propranolol which had previously been prescribed by Dr Ramasubramanian. It was noted that AR's father had agreed to Family Therapy and Riding the Rapids (this is an evidence-based course for parents who have children who have an autism diagnosis to support their understanding of their child's needs and to promote their child's wellbeing). The plan following this MDT was to refer AR and his parents to both options.
129. On 23 September 2021, I attended Clinical Supervision. At the time I believe my supervisor was Sam Coppard. I am noted to have discussed the case and the impact of the demands of it on my time i.e. liaison with the different agencies in the context of holding several complex cases, themes related to AR's father's requests for CAMHS Case Manager's not to talk about specific issues with AR and to steer AR away from conversations about the family when AR raised them. I talked through where the case was at and that it was positive that AR's father was now agreeing to referrals to Riding the Rapids and Family Therapy.

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October - December 2021

130. I received another email from Maggie Allred on 1 October at 12:36. Maggie shared that she had spoken with AR's father. I was concerned that she shared with me that AR was not attending school. She advised me that she had asked to meet with AR's father at school and he had agreed to meet with her 3-6pm on Friday afternoon/evening, as he was very busy. The email stated that "Sharon" from Wellbeing service/social care/Early Help was visiting on Monday which suggested to me that Lancashire Children's Services were still involved.
131. At the time I was not aware of who Sharon from Wellbeing services was. I agreed to ask AR's father for contact details for Sharon so I could get in touch. I then called Social Care who advised that they have closed the case and are no longer involved. I now understand that this referred to the Duty and Assessment team no longer being involved because they had completed their assessment and alternative support was being provided by Children and Wellbeing services. Therefore, Sharon Barrett (Senior Family Support Worker from the Family Intensive Support Team from Lancashire Children's Wellbeing Services) was now involved.
132. AR continued to not attend Acorns School and I received emails from Maggie Allred updating me as to AR's continued non-attendance and her concerns that they are unable to visit the home. AR's father was noted to seem to be 'less available' at that point.
133. Louise Lewis from Children and Family Wellbeing Service, Lancashire County Council (often referred to in my notes as being from Early Help) hosted a virtual meeting on the 15 October 2021 attended by AR's father, myself, Maggie Allred and Mrs Lewis (Designated Safeguarding Lead) from Acorns School. Concerns were raised about AR not attending Acorns School and a further update was provided. We were informed that racist words/comments were said/made at Acorns presumably by peers and it was thought that AR didn't hear, but school had raised it as an issue. AR's father highlighted that AR had experienced hurt regarding this. AR's father was clear that AR did not want to attend Acorns because of past experiences. He also stated that AR was not saying much about this and that he was not talking about school at home. Louise Lewis is noted to have shared that a Team around the Family ('TAF') would be opened due to AR not attending school.

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134. In an update to this meeting regarding CAMHS involvement it was noted that Psychiatry were involved and that AR was trialling Sertraline (according to CAMHS notes Propranolol had been stopped at the last Psychiatry review with Dr Ramasubramanian on 13 October 2021), as well as currently being on the waiting list for family therapy with his parents and a key worker for 1:1 support for AR. In this meeting, AR did not seem keen regarding the option of Talking Therapy.
135. AR's father shared that AR was often violent towards him. AR's father felt that there were no concerns with his parenting and that AR should not be listened to regarding this. AR's father inferred that AR wanted a solicitor to become involved in these discussions, however from this I surmised that AR was trying to seek justice following how AR had mentioned his father had treated him when he was younger and due to AR not feeling heard by professionals. AR's father shared with the meeting that he thought AR had *"identity issues"* and that he *"only respects people born in Britain with English accents"*. He shared that AR had no respect for his parents' heritage, that *"he is trained in"* dealing with AR's behaviours' and that there was no problem with his parenting. He added that professionals needed to get AR out and exploring the world and that AR was *"in a nightmare dream of his own of fantasy and stupidity"*. He stated that there was *nothing to change* (at home regarding their parenting). He stated that *"AR doesn't know what to say or what not to say - he is like a 2 year old"*.
136. AR's father went on to ask for help regarding AR visiting possible schools. He said that AR tended to listen to other people more than his parents.
137. From the meeting the following plan was devised which included professionals and parents trying to encourage AR to attend school.
- a. His father was advised to email Carole Power at SEND with regards to trying to secure a permanent school placement.
 - b. A referral to the Adult Child with Disabilities Team should be made for support in advance of AR turning 18 years of age.
 - c. Louise Lewis shared that a targeted youth support team referral had been made and that someone called Carl would be allocated to AR.
 - d. From the social care visit to home, AR's interest came out regarding politics, which informed the match with Carl targeted youth worker for a weekly intervention.

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- e. There was also a plan from Early Help/Children and Family wellbeing Services for AR to join the Youth Council Group in the hope of AR meeting more people.
- f. Louise Lewis is noted to have stated that that advice and support regarding parenting needed to be taken on board by AR's parents.
- g. AR's father noted that he had wanted to raise an issue regarding AR having an eating disorder, unfortunately there was no time to discuss this at the time and AR was advised to speak to me separately about this.

138. On the 5 November 2021, I received a telephone call from AR's mother sharing that she was very scared and, in her room, as AR had "*trashed the home*" and she had called the police. She explained to me (in a low voice so as not to be heard) that AR was mad because his father had opened the front door and allowed AR to be seen by a stranger instead of closing the inside door. AR had been looking for his father's laptop which was hidden. She described the house as being in a terrible state. She also noted that AR's father had called the police and then told them not to come to the address.

139. AR's mother said that his father is a good dad and he "*did all he could for AR*". She stated that she "*felt that it was autism that made AR this way*". We unpicked whether AR could have done anything different. AR's mother said "*the truth will come out regarding AR and we will see that [his father] had done nothing wrong*". She also mentioned AR's mental health and said that "*he would not stop*" (trashing the house).

140. AR came into her room when she was on the phone asking when the police would arrive and said that he wanted to see the police and that he wanted them to come. AR's mother did not want to tell AR that the police will come so at first she told him they wouldn't be coming. I advised her not to lie to AR and she then said they may come which led him to saying again that he wanted them to come.

141. I texted AR's mother the CAMHS Crisis Care Team number should she require out of hours support and advice around AR's mental health wellbeing. I became aware that AR's father had called Sharon Barrett (Children and Family Wellbeing Service, Lancashire County Council) at the same time that his mother had called me - I said that it was a good idea to speak to Sharon. I saw this as meaning that the matter would be followed up by Early Help/social care/Children and Family Wellbeing Services and that safeguarding concerns would be reviewed so that the family could have the right support.

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142. On 5 November 2021 at 15:15 I emailed Louise Lewis from Children and Family Wellbeing Service, Lancashire County Council copying in Sharon Barrett to advise of my concerns in relation to the longstanding difficulties for AR and his family and in relation to the telephone call with AR's mother earlier that day. In response to information shared by his mother at the time I was concerned for AR's wellbeing, his safety, the safety of his family and the potential for family breakdown. I shared with Louise that AR's mother had told me that:

- She had called me from her room and did not want AR to know that she was calling me.
- She was very scared, and this was apparent in her voice.
- AR had been looking for his father's laptop.
- The house was in a terrible state.
- AR was mad with their dad because he had opened the front door and allowed AR to be seen by a stranger instead of closing the inside door.
- AR's father had called the Police but then rang them back and told them not to come.
- AR's father had called Sharon Barrett at the same time his mother had called me - I told AR's that it was a good idea to speak to Sharon.
- AR's mother told me that was a good dad who did all he could for AJ.
- She felt that it was autism that makes AR this way.
- AR's mother had mentioned AR's mental health and said that he would not stop.

143. I told Louise that AR had come into the room while AR's mother was on the phone to me. He had asked when the police would arrive and that he would not see them. She told me that she did not want to tell AR's that the police were coming so she told him they were not.

144. I updated Louise that I had advised AR's mother not to lie to AR about the attendance of the police. AR's mother had then said AR had said he wanted the police to come.

145. In my opinion the family were in crisis and needed additional social care support. I shared that AR's parents had called the police back and told them not to come.

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146. I requested that a marker be put on the property so that police would be aware of AR's ASC diagnosis as that would be helpful for them to know should they be called to the family home in order to protect AR from harm to himself, or harm to or from others as per information shared by his mother during our telephone on 5 November 2021 and previous information shared by AR and his father. I advised Louise that I had shared the CAMHS Crisis Care Team telephone number and advised his mother that they could contact them if they were concerned/for/about AR outside of CAMHS daytime working hours. As I had already shared this with AR's mum and I was liaising with social care at this point.

147. I was concerned about AR's wellbeing, their safety, the safety of their family and the potential for family breakdown. This is why I felt that they were in "crisis". I felt that they needed additional social care support in order for things to start to improve for them.

148. AR's father texted me on the 15 November 2021 to ask me to speak with AR directly as he had not attended school on the previous Friday and stated he had been anxious. AR, his father and I had a telephone call on this date to discuss this, and AR stated he felt uncomfortable at school and felt anxious when other students were around him. He talked about concerns that he swallowed a lot and we talked through what things could help him to manage his feelings of anxiety. I explained to him again that Talking Therapy alongside medication could help him tolerate the discomfort he may feel at these moments. AR agreed for me to speak with Maggie Allred (Support Teacher) and she would think about how she could support AR with his thoughts and feelings in the moment to help him to manage them and stay at Acorns rather than avoid attending school. AR expressed a desire to move on from Acorns and secure a new school.

149. This discussion with AR and his father took place after I had read the psychiatry review entry by Dr Ramasubramanian that same day. It was noted that neither AR nor his father mentioned the incident of 5 November 2021 during this discussion or the meeting with Dr Ramasubramanian and both reported no concerns. I followed this discussion up with an email to Maggie Allred (Support Teacher) to update her on the current situation and to ask for support in helping AR to manage his feelings of anxiety in the moment at Acorns.

150. I received an email from Michelle Warner, CAMHS Key Worker, on 16

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November 2021 and responded on 17 November 2021. These emails were in relation to AR being provided with a key worker who would be tasked with offering graded exposure CBT intervention.

151. I attended an EHCP Meeting on the 18 November 2021 during which a discussion was noted regarding how AR was referred to in the paperwork as “*cold and calculating*”. It also stated he would rather look at the floor holding his arms rigidly by his side than have eye contact. It is recorded that I highlighted that this was not a way to talk about a child/young person, (especially in the context of social communication difficulties). The notes appear to have been written in May 2020 as part of the EHCP paperwork and Acorns shared that at the time of writing that “*they did not know AR as they do now*”. It was agreed between the professionals in attendance that the report was to be reviewed individually as the meeting ran over time on this date.
152. On the 21 November 2021 at 14.50 it is noted that AR’s father contacted the CAMHS Crisis Care Team and reported episodes of aggression from AR towards both his parents in 24-hours. These episodes did not include physical violence but were said to be verbal threats made by AR. AR’s father explained that both he and his wife were feeling disempowered and unable to implement boundaries/consequences with AR. AR’s father did note they felt able to safely de-escalate the situation and did not require police intervention.
153. It was raised in this call that these incidents were increasing in frequency, duration and nature and highlighted that he had not been honest concerning the extent of the matters that have happened. In response to this, it was noted on the system that support, and reassurance was provided to AR’s father, and it was collectively agreed that it was primarily a social issue and a plan to email the case manager for AR (myself) to suggest a multi-agency meeting would be beneficial at that time.
154. I received an email on the 21 November 2021 (following the above-mentioned call) from Daisy Jones (Senior Mental Health Practitioner/Trainee Advanced Clinical Practitioner) to inform me of the call from AR’s father and for me to contact the family and suggest a multi-professional meeting considering the issues seemingly escalating. I followed up with Lancashire Children’s Services regarding this and a meeting was planned for 7 December 2021.

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155. Michelle Warner offered sessions of Graded Exposure intervention, a CBT informed intervention with positive results. Michelle Warner is first noted as having potential to be AR's key worker in May 2021. I then worked to support and encourage AR to feel able to access support via key worker and regularly updated MDT and Michelle Warner as to AR's presentation and need whilst he remained on a waiting list and until she was allocated.
156. My email to Michelle Warner CAMHS Key Worker, on 22 November 2021 at 13.01 was sent in response to her email to me on 22 November 2021 at 12.55. I requested that Michelle go ahead and offer Graded Exposure work to AR as it was thought it could be helpful as things had deteriorated for AR in respect of him not leaving home/not attending school. A referral was also made for a CBT Therapist to offer CBT adapted for ASC to support AR and hopefully aid his transition to Presfield. AR was placed on a waiting list for CAMHS CBT adapted for ASC support.
157. I emailed Michelle Warner (Key Worker and Systemic Family Practitioner) again on the 26 November 2021 stating AR was happy to work with her. It is noted that I sent a further email to Michelle Warner on the 1 December 2021 to inform her that AR's father had been in touch to report difficulties in the home the previous night, the police had been called out and advising that I was also going to call her and provide an update on this.
158. There was an Early Help/Childrens Wellbeing Service Meeting held and chaired by Louise Lewis (Children and Family Wellbeing Service, Lancashire County Council) on the 7 December 2021. I documented this in the records on the 21 December 2021. Official notes from Childrens Wellbeing Services were to follow and be uploaded.
159. From memory AR sounded very confident in stating his views and concerns. He was quite matter of fact, stating his points very clearly. AR, his father, Childrens Wellbeing Services, also attended the Early Help meeting today. AR had shared that he wanted to voice his opinion. Early Help had previously referred AR's father to the Triple P parenting course which he shared was helpful and acknowledged he wished he knew about the strategies taught earlier. He said he would continue to use the strategies he had learnt.

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160. AR's father shared follow up from the Dietician appointment and the concern that AR had lost weight and was looking thinner/underweight for height and weight. AR's father wanted a referral to the Eating Disorders Team and told the Dietician this. The Dietician had advised ready meals and shakes as supplements as part of AR's treatment plan.
161. This was as concerning to me as the previous information shared with me by AR. I did consider that escalation from Children wellbeing Services Intensive Support was needed regarding AR openly sharing his behaviour towards his father in the meeting i.e. regarding trashing the home and throwing water at him saying *"I am a product of my environment"* – his father or 'A' as AR would consistently refer to him *"taught him hitting is the way how to manage things and he has not taught me to walk away"*. AR added that *"things are fine at home, the problem is, he always wants to call the police if I throw milk on him"*.
162. AR went on to say that he thought his father called the police because he felt like he didn't have control over AR, whereas when he was younger he could hit him and control AR. It was my opinion that this was a matter for social care to respond to and that these comments needed addressing again by Children's Wellbeing Services with consideration for escalation. CAMHS follow up in relation to concerns about AR's relationship with his father and the difficulties within the home setting was already underway by way of referral to family therapy in the hope that some of this work to repair relationships could be held in that space, alongside social care support.
163. In relation to school there was an expectation that AR attended Acorns. AR shared that he still felt anxious when at Acorns and was very clear that he wanted a permanent school placement and was able to voice this. The EHCP was still being looked at to consider if a main mainstream school not special school was possible as was AR's wish. AR stated that the medication was not so helpful. I shared current CAMHS plans in relation to trying to support and improve his mental health wellbeing. He was to see Dr Ramasubramanian for review in the New Year (2022) with a date to be confirmed. AR was not at the time seeing that he needed to push himself to do things differently and to *"tolerate the discomfort he feels"*. It was positive that AR was willing to work with the key worker from CAMHS Michelle Warner who will offer practical support and graded exposure to support AR. I stated that I wanted to encourage *"AR to use his body again, to help him to become comfortable in his own*

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skin". AR had agreed during a previous CAMHS session with myself to play tennis/badminton type games with Michelle when they start work together. Regarding the Riding the Rapids course, it was due to start in New Year. I agreed to inform his father of when and where once details were known to me.

164. Following the meeting on 7 December 2021 I did not consider seeking further safeguarding supervision via Alder Hey as Louise Lewis, from the Children and Family Wellbeing Service, Lancashire County Council was present at the meeting and was already involved with the family. She had heard AR's comments which related to the reason why she was involved. It was my assumption that the Early Help Worker would be aware of the concerning nature of information shared by AR and follow up with AR, his parents and within their own infrastructure, ensuring an appropriate response.

165. During this meeting AR was present at his request, he was able to voice his opinion. AR's medication was also discussed, to which AR stated that the medication was not helpful.

166. It was agreed and noted that AR was wanting to work with Michelle Warner (CAMHS Key Worker). Michelle had contacted AR's father via telephone on 1 December 2021 to share that she would visit to meet with AR and his parents to talk about key work on 14 December 2021. The Riding the Rapids Parenting Course was noted to be due to start in the New Year. AR's father also provided feedback that he had completed Triple P Parenting which he found helpful.

167. There was a further EHCP Review Meeting booked in on the 23 December 2021, attended by AR's father and Gayle Lavelle. Information, Advice and Support (IAS) Officer, SEND Service, IAS Team and CAMHS. The note recorded stated that the EHCP PLAN was reviewed with AR, Gayle Lavelle and myself as it needed amending due to not being current/ fit for purpose. The EHCP would be sent out once amended.

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168. On 2 January 2022 05:11 AR's father emailed me asking me to see AR urgently at AR's request. He added that AR had been asking if he can speak with me (face to face) a few times and wanted to see me face to face for his next CAMHS appointment.

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169. On 6 January 2022, AR and I completed a review of his one page view for his EHCP. He was not seen on camera and engaged well with the process of reviewing his EHCP. He articulated his thoughts and feelings well and the review captured future thinking and aspirations for AR.
170. AR told me that he wanted to see me face to face and said he could not tell me when he was at home due to him not wanting anyone to hear. My recollection is that AR spoke clearly and confidently, and I did not detect any worry in his voice at the time when he asked to see me. It was explained that ideally it would be helpful to have more information so I could assess risk and whether there was a need for face to face given the climate then referring to Covid-19 as face to face appointments were being reserved for responding to mental health risk situations/need. AR said that he could not talk to me over the phone at home as he was concerned someone might hear. AR shared he had not been into school but would be going tomorrow.
171. The notes state that we made a plan to speak when he went to school the next day as he said he would be attending school. I am noted to have agreed to email his teacher to ask if this could be facilitated. I can't find any record of an email to Acorns School on 6 January 2022 or a note of a telephone call with AR on 7 January 2022. I am unable to recall if this call took place despite having been booked in on the medical record by myself but it appears from text message received on 10 January (referred to below) that it did not as AR was still requesting to see me face to face.
172. During this appointment, AR said that he was struggling with his anxiety - he did not intimate any self-harm or suicidal ideation. He talked about having no friends and no interaction with anybody. We talked about the plan for Michelle Warner to become involved. AR seemed ok about this. I asked if AR was still working with Carl, Targeted Youth Support Worker from Lancashire County Council and he said he had not seen him as he has not been at school. I am unsure if contact with Carl depended on AR attending school.
173. On 10 January 2021, I received a text message received from AR's father stating that AR was saying that he would not go into school today unless he could see me face to face. I advised that if AR had said this, he would need to be made aware that he cannot make threats not to do things i.e. not attend school to see CAMHS Practitioners face to face, but he should let CAMHS know the nature of the difficulty he

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is experiencing so they could assess need. It was agreed that we could talk at the TAF meeting tomorrow (11 January 2021). AR was also due to see Michelle Warner face to face on 11 January 2021 and so she could possibly support him around the things that he wanted to talk about if there was not a clinical emergency to justify an urgent appointment.

174. The first multi - agency meeting in the New Year relating to AR was held on the 11 January 2022. This was held virtually via a Team around the Family (TAF) meeting facilitated by Children & Family Wellbeing Services. In attendance were AR and his father, Louise Lewis, Sharon Barrett (Children and Family Wellbeing Service, Lancashire County Council) and myself. We were all visible on camera. I recall AR attended separately to his father. AR was not visible on camera, but his voice was very clear, he engaged in the meeting and was very able to articulate his thoughts. At times he was frustrated and upset and disclosed information that was of concern.

175. During this meeting, which is noted to have been a difficult one, AR appeared to be upset when he shared he had been hit with a slipper multiple times and had been hurt by his father in this way in the past. He said that he thought his father was a bad person. The issue of AR saying he was hungry was raised. AR's father shared that the Dietician prescribed shakes for AR and that AR wouldn't drink them as he didn't like the consistency or flavour/taste. AR shared that his father got 3 recipe books and asked AR what he wanted, to which he had replied Mongolian stir fry. AR shared that his father was meant to cook it yesterday and didn't. AR was clearly upset by this. His father shared that he had obtained the ingredients that day, but said he was exhausted trying to find all of it.

176. AR shared that he didn't respect his father because of things he had done. AR recalled a time when his father said that AR was hitting his brother and hit him (AR). AR said this was "*regular sibling behaviour*". AR also talked of being hit with a slipper on his bottom and chest. His father admitted having hit AR in the past. AR sounded hurt by this and stated that his father was a bad person. Louise Lewis reiterated that "*Triple P does not support physical chastisement*".

177. AR felt that his father only wanted to acknowledge his autism when it suited him. His father is noted to have said that AR had an issue with his culture – AR was affronted and frustrated by his father's comments. AR said again that his brother was in a wheelchair because of his father. DPA

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[DPA] AR said that his brother has Munchausen Syndrome. AR questioned himself as to whether this was the correct terminology then repeated it again. Sharon Barrett stated that *"his comments are unfounded and have been investigated by social care"*. AR insisted this to be the case saying again that his father made his brother use a wheelchair.

178. It was noted that AR was not feeling heard and this appeared to cause frustration and impacted his emotional/ mental health wellbeing. Louise Lewis stated that family therapy was required to resolve the issues and talked about AR having experienced trauma. I recall that this appeared to escalate the situation likely due to acknowledging AR's experiences. Louise was able to calm the situation and asked if AR would like a referral to the Transitions Team for children with SEN needs and high levels of anxiety - AR agreed. Louise agreed to speak with him further about this. Carl, the targeted youth worker was noted to have re engaged with AR for once weekly contact for 6 weeks. At the meeting, Early Help/Children and Family Wellbeing Service Lancashire also shared that SEN do not respond to their calls and they would like to contribute to the EHCP process for AR.

179. It was agreed at the meeting on 11 January 2022 that Family Therapy could be helpful, and it was noted again that the family were already on the waiting list for this. It was my understanding at the time that it was for Children's Wellbeing Services to follow up on the comments and information shared by AR outside of the meeting. I also agreed to discuss AR at the next MDT on 12 January 2021 due to the complexities raised and to check when family therapy might be available. The plan for AR and his CAMHS treatment was reiterated, and advice was given that AR must not make threats not to do things in order to see CAMHS clinicians, as this was not appropriate. This was in the context of AR having asked to see me face to face, but unfortunately I could not fit him in for a session due to other commitments and he did not intimate the nature of his need to talk was related to risk/safety/safeguarding. From the meeting, it appeared that AR may have wanted to share information about past physical abuse from his father and information about his brother being in a wheelchair and his father making him use it. AR had agreed to speak with Michelle Warner instead at their next appointment on the evening of 11 January 2022, but I am not sure this happened as he may have already said what he wanted to say in the meeting today. It was noted that the next CAMHS appointment would be held jointly with another CAMHS practitioner due to previous concerns and to add additional opinion regarding AR's

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mental health. The next Team around the Family meeting was planned for 10 February 2022.

180. After the multi-agency meeting held on 11 January 2022 and prior to AR's next key worker session I emailed Michelle Warner (CAMHS Key Worker) with an update on the meeting explaining that it was difficult, and that AR had previously wished to speak with me face-to-face to tell me something and I explained what had happened to date regarding trying to speak with him. I sent a second email to Michelle, explaining that AR had raised he wished to go on a walk with her on 1 January 2022 to tell her something and advised Michelle she could take AR to the next MDT meeting if she felt it was needed. Michelle would also have been aware that she could safety concerns with myself.
181. In the CAMHS MDT meeting on the 12 January 2022 there were discussions noted regarding ongoing safeguarding concerns and a potential query around neglect regarding food and care being received. It was agreed that AR was to remain on the Family Therapy waiting list and Michelle Warner would continue her key work role and psychiatric review would be considered. It was also determined at this time that I would call a CAMHS professionals meeting to highlight these concerns, check where AR is on the family therapy waiting list and to also discuss the possibility of Care Plan Approach with Dr Katrin Russell. It was also noted that AR would have a face to face appointment with me and that Sally Williams CAMHS CBT practitioner would join for part of it on 17 January 2022.
182. On review, unfortunately I am unable to locate a record of this meeting within the information provided for review from 17 January 2022 however, I recall it taking place.
183. Michelle Warner (CAMHS Key Worker) and I had a professional discussion on the 19 January 2022. Michelle updated me on her session with AR from the previous day and I shared that AR's parents had expressed concern about her speaking to AR about Pinefields Education Centre in Sefton as a potential education provision for him at this stage. I recall that AR's parents felt this would be confusing for him as they had consistently shared that they would prefer a place like Presfield Specialist School and college for AR. I had already explored whether Pinefields could be an option for AR as I felt it could be a good fit for him however I recall I was advised it was not an option for him to attend there due to his home address being in Lancashire. We talked of the

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importance of Michelle being there for AR in terms of supporting him to manage his anxiety and not in relation to changing plans for his education. Separately, we also discussed how family therapy could help in the context of difficult relationships and AR's "*stuckness*". At this point there were no plans for Michelle Warner to be involved in the family therapy offer to AR and his family as far as I was concerned.

184. We agreed the focus of key work was to help AR out of the home and support him with practical strategies around managing anxiety. Michelle had spoken with AR's father about Advance Solutions (it was not clear if this support could be accessed due to the family's home address) and post diagnostic support. The same conversations were being had by myself with AR and his parents. We also discussed AR's parents and that they were on the list for the next Riding the Rapids course. It was noted in this conversation that the risk for AR remained low in terms of self-harm and suicidal ideation.

185. In email correspondence between Michelle and myself on the 21 January 2022 we discussed AR's plan in line with her key work and set out a plan for Michelle to focus on working with AR and for me to focus on liaison in relation to finding a new school and social care issues. This email correspondence continued over the 25 and 26 January 2022, with the outcome of the agreed plan to be shared by myself with the multi-agency partners in Lancashire.

186. AR had contact with Michelle Warner throughout January and February positive engagement.

187. AR and his father attended a Psychiatry review appointment with Dr Ramasubramanian on 24th January 2022. He was reported to be very positive over the phone and had shared that he'd been making good progress. Dr Ramasubramanian noted that AR said that he experiences anxiety when he goes out but that then goes away after he is outside. He is noted to have denied any symptoms of low mood or thoughts of self-harm. He was reported to be working well with Michelle Warner and went to a nearby co-op with her and he said he enjoyed it. AR was reported to be happy to continue Sertraline 75 mg and did not report any side effects. Dr Ramasubramanian is noted to have reported no risks at this time for AR. His next psychiatry review was planned for 7 April 2022

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188. I received an email from AR's father on the 23 February 2022 which he had also sent to professionals who appeared to be from Lancashire Council, from Presfield, another Lancashire School, and Michelle Warner (CAMHS key worker) regarding school admission and delays around this. AR's father expressed concern regarding the delays in Lancashire Council providing information to Presfield and requested the process to be expedited.
189. Between the 16 and 22 March 2022 emails were exchanged between myself, and Michelle Warner (CAMHS key worker) with Dr Lakshmi Ramasubramanian consultant psychiatrist and Sam Coppard (Family Therapist) copied in. These emails discussed AR's wish to cease working with the Michelle, as he did not want to work on eating in public. On reviewing the record of the telephone call made to AR's father by Michelle Warner on 22 March 2022, it would seem that AR shared with Michelle Warner that he did not want to engage with her anymore. Michelle advised AR's father that AR would be closed to key work intervention.
190. In summarising AR's involvement in CAMHS key work sessions, AR continued to engage well with Michelle Warner through January and February up until March 2022. It is noted that AR was able to drive with Michelle to McDonalds this was in itself great progress, AR is noted by Michelle to have felt unable to get out of the car and go inside. AR was noted by Michelle to have shown pride in his progress.
191. AR seemed clear that he did not want support with eating in public to be part of the graded exposure work and did not require further support leaving the. He felt more able to leave the home alone. I felt that AR could benefit from more sessions with Michelle as he appeared to engage really well with her. I was impressed with the progress they both made together and felt that AR trusted Michelle. I wondered if they could set some more goals. I felt it could compliment the referral for CBT adapted for ASC that was agreed to be made at the MDT discussion on 23 March 2022. Alongside this I understood that the CAMHS service is a voluntary one and so we could not force AR to participate in interventions and that a re-referral could be made if needed. The Targeted Youth Support offered via Early Help/Children & Family Wellbeing Services Lancashire was still in place in relation to, attendance at youth club and plans for him to join the youth council that were in place and could also prove helpful to AR.

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192. It was around this time I was informed that AR had received a start date of 19 April 2022 to begin attending Presfield so I felt at the time it would be important to try and ensure that he had the support he needed.
193. On the 17 March 2022 CAMHS were informed via telephone from AR's father at 12:00 to say that AR had been reported to the police as missing from his home. I then called AR's father at 14:45 and he shared that he "*returned home from work and AR was gone and he was said to have a small knife in his possession*". AR's father was understandably very concerned. I updated my multi-disciplinary team that AR was missing.
194. I sent a text message to AR's phone to encourage him to go back home. I think I may have called his phone as well but his phone was switched off or went to voice mail in which case I would likely have left a message – this should be noted in clinical records, but does not appear to be available to review. I am aware that the Risk Assessment Tool should have been updated at this time, but there appears to be no record to review. On this day, I also sought safeguarding advice regarding AR being missing and the Safeguarding Team advised that as the police were aware there was nothing else for me to do other than make a School Nurse which I followed up on. Thankfully AR was returned home safely by the police without incident on the same day. I updated my MDT as to AR's safe return from home via email.
195. I attended a CAMHS appointment with AR and his mother on the 18 March 2022 (the day after he went missing) and this was documented by myself in the records on the 24 March 2022. At the outset of the meeting, it is noted that AR's head was in his lap and he gave limited eye contact and presented as lethargic. AR was well presented and wearing casual clothes. AR engaged well, it was a positive meeting and he seemed happy to be being seen by conclusion of the meeting. It is noted at this appointment that AR's mother had swelling to her eyes and AR explained that she had had an allergic reaction to something and they needed to find out what it was. AR showed care for his mother in his own way. His comments were matter a fact but it was clear that he did care.
196. AR's mother discussed all the things that AR used to engage with when he was younger. There appeared to be a 'sense of loss' for AR in that none of these things were present in his life now. AR became withdrawn from the conversation and his mother left for the rest of the session at AR's request so we could talk alone.

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197. AR shared with me that he did not think autism had anything to do with his anxiety. On reflection this was in contrast to what his mother had previously shared she thought and possibly similar or linked to his father thought's that there was more to AR than Autism. We talked about eating at school and how he was *"not ready for eating with others"*. AR stated he *"did not think his medication was working and wanted to change it to something else"*. I advised him to talk to the Doctor/Psychiatrist at his next review. AR did not raise any side effects or concerns relating to the medication. I also reiterated that AR could benefit from engaging in some work around actioning practical strategies to help him cope and manage his anxiety.

198. We spoke about AR's missing episode, and it was recorded at this meeting that when his mother left the room, he shared he did not want his parents to know that he had *"left the house so that he could get arrested"*. AR shared his thought that this would mean that the police could get into his online accounts for which he has lost the passwords, and he could then delete *"silly videos"* (his words) which he had said he made of himself when he was 10 years old. AR told me that when he left home he had walked for around 6 miles and tried to get on two buses. He described that there were some altercations with passengers as he had no money and would not leave the bus when asked by the drivers. He said he was threatened by a passenger and the police were called and he was taken home. AR did not seem to be worried by these events and they appeared to be related to his aim of wanting the police to access his online accounts.

199. During this appointment on the 18 March 2022, it was planned to discuss AR in the upcoming CAMHS MDT meeting on 23 March 2022 and request Cognitive Behavioural Therapy adapted for ASC. Following this course of therapy, discharge (the nature of which would have needed to be further consider in the context of AR's needs at the time) was noted to be discussed. CAMHS would need to consider medication and if it was still being prescribed once the therapeutic intervention was complete. It was also noted that there was a need to check the waiting list for the Riding the Rapids course. AR was still happy in this meeting for me to link in with Presfield to offer a consultation. The next appointment with myself for AR was noted to be made for 6 April 2022.

200. I noted from the meeting on the 18 March 2022 that AR did not want to speak about the missing episode with his mother in the room. AR also shared that he did not

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want to work with Michelle Warner CAMHS key worker anymore as he did not think he needed help with eating in public. We would have discussed that there were other things Michelle could help with. AR shared he thought he was already able to leave the home as evidenced via the recent missing episode and he also mentioned he did not want to go to Youth Club anymore.

201. On 22 March 2022 Michelle Warner emailed AR's father to advise CAMHS key work sessions with AR have now ended.

202. I took AR to MDT for discussion on 23 March 2022 and requested CBT adapted for ASC as I felt he was capable of engaging in CBT and learning additional strategies to manage anxiety. AR was added to the waiting list. I was hopeful he would agree to further support to help manage his anxiety and support him going forward. I chased up the Riding the Rapids Course to check if there was a new date following cancellation of the January 2022 course so I could inform AR's father. I offered to support AR's transition to Presfield – AR had said he was happy for me to link with Presfield to offer Consultation.

203. On 4 April 2022 a telephone call appointment was noted as follows. There was no response to a telephone call to AR or his parents. His father did call back but the call ended before we could speak. I returned his call, but got no response. Following this missed telephone appointment an email was sent from CAMHS offering another appointment for 7 April 2022 at 11.30. I later realised that this clashed with an appointment being offered by Dr Ramasubramanian. It was noted that I may be able to offer to join with Dr Ramasubramanian. It is also noted in the records that AR was not brought to/did not attend a CAMHS appointment on the 4 April 2022.

204. On the 7 April 2022 there was a miscommunication by CAMHS regarding the time of the arranged appointment. I spoke with AR's father at 11:30am and he shared that AR was still in bed and asked for a later time that day. I had to advise him I had other appointments on this day. In my conversation with AR's father, he requested face to face appointments. I advised him that AR was now on the waiting list for Cognitive Behavioural Therapy (adapted for ASC) for further treatment and that AR had had face-to-face contact with Michelle Warner (CAMHS key worker) which had now come to an end. AR's father expressed to me that paranoia remains a concern with AR and Michelle Warner had discharged AR at his request. I made an offer to see AR face to

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face once he had started at Presfield (19 April 2022) and advised my availability for the rest of the morning for if AR woke up or AR's father wanted to wake him for an appointment. A new appointment was made for 20 April 2022 via telephone consultation at 5.00pm. AR was due to see Dr Ramasubramanian later on 07 April at 2.00pm noted to be via tele web medicine camera.

205. Dr Ramasubramanian noted in clinical records that during her appointment with AR on 7 April 2022, it had become clearer during the last few months that AR does not need specific help to go out and she also noted that key work with Michelle Warner had now ended. AR's school attendance has also been patchy, this does not appear to be due to anxiety of leaving home. Dr Ramasubramanian noted that she wondered about the role of medication (specifically SSRI medications) with AR and noted that he agreed that he does not need them, but said he has anxiety about talking to people. Dr Ramasubramanian is noted to have informed him that the more he exposes himself to people and situations, he will be able to talk to people and that since there is no evidence of Social anxiety or Generalised Anxiety Disorder, SSRI medications were noted not be indicated for him. AR is then noted to have wanted to try a different SSRI medication and Dr Ramasubramanian is noted to have strictly advised him against it for the above reasons. She goes on to note that her and AR (and his parents presumably). It was agreed that a slightly higher dose of Sertraline 100 mg would be tried for 2 months and should AR not benefit from it, CAMHS will be able to conclude that medication is not the right approach for AR and it will be stopped. It was noted by Dr Ramasubramanian that she would be discharging AR from her care as AR does not present with any evidence of a mental health disorder. The next Psychiatry appointment was planned for 9 June 2022.

206. Email correspondence with Dr Lakshmi Ramasubramanian and myself between the 20 and 21 April 2022 discussed AR's compliance with his medication. This was due to AR messaging to say the Sertraline was causing heartburn and he asked if there was any other medication he could try. I advised AR to speak to his GP as heart burn might not relate to Sertraline. Dr Lakshmi Ramasubramanian reiterated that there was not a current indication for anxiety or antidepressant medication. In response to advice shared by Dr Ramasubramanian and in agreement with her stating that she would advise AR's father that sertraline is stopped gradually I agreed to share this information with AR and his father. In doing so, AR shared with me that he had stopped taking sertraline last week anyway and I advised that he should not have just

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stopped taking the medication so abruptly as this was not advised by Dr Ramasubramanian.

207. Dr Ramasubramanian suggested a joint or face to face appointment and for AR's father to participate. I noted that this needed to be discussed in the next MDT meeting.
208. From the correspondence between the 20 and 21 April I noted that AR managed his medication himself and did not want help from his parents which was concerning. AR's father had said that he could not tell AR to do anything as AR would tear up the house and Early Help was no longer involved. I had two phone calls relating to AR on the 13 May 2022. The first being from AR's father to request his appointment time to be changed, AR's father text me later that day to update me that AR would not be coming to the appointment that day and stated that AR was becoming isolated and going to his room when the school visit the home.
209. Further to this, AR's father informed me that AR was refusing to go to school and/or engage in home learning. I was also informed that AR had started taking Sertraline again but had now stopped this. At this point I checked with AR's father who had the medication. AR's father said that AR would not harm himself with the medication and was not suicidal. I reiterated to AR's father that AR should not be in possession of the medication. AR's father informed me he was going to call Dr Ramasubramanian as he felt AR needed to be seen urgently.
210. The second call on the 13 May was between Haley Dawson from Presfield and me. It was relayed to me by Haley that AR was not attending school and was refusing to meet with school staff at home. He is noted to have agreed to meet with the Safeguarding Officer and there are conversations re how to support him. It was also noted on this call that the school was not meeting AR's needs at that time and that they needed to report to the Local Authority on how AR was doing. On this call I agreed to meet/liaise with the school, and that the school could pass my details on to SENCO. Haley shared that a school meeting was planned for 16th May 2022 with AR and his parents. School is noted to be trying their best to support AR. I made Haley aware of the joint case manager and psychiatry appointment planned for AR on May 23rd at 12pm.

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211. On 13 May 2022 I also had telephone contact with AR's father – he texted to ask if he could bring AR to his appointment at 12.30 instead of 1.30 as he would not be able to get AR's brother from school. I agreed to the change of time. I texted back to ask if AR was awake and up and he replied 'no'. I asked if he had told AR about today's appointment and it seemed he had not for fear AR may become unsettled. I received a second text from AR's father saying AR told him that he was not coming (to the appointment with me today). AR's father said AR was becoming isolated and going to his room when school visit - he was refusing to go to school or engage in home learning. He added that AR had started taking the sertraline again but had now stopped. I checked that his father had the medication to which he shared that *"AR is not interested in the medication and he has experienced heart burn again after taking it"*. He also said that AR would not harm himself with the medication and was not suicidal. I reiterated that AR should not be in possession of the medication.

212. AR's father shared that he had also spoken to the GP who he reported had told him that CAMHS needed to manage the increased saliva as it was linked to anxiety. AR's father said that he would call Dr Ramasubramanian as he felt AR needed to be seen urgently (by Psychiatry). At that time AR was refusing to meet with CAMHS and refusing to go to school. I discussed with AR's father again whether he would be contacting Early Help/Social Care/Children & Family Wellbeing Services to ask for their support, as it seemed he was unable to affect any change with AR at present and additional parental support appeared to be required. I shared that I would liaise with Dr Ramasubramanian.

213. The outcome of the next CAMHS MDT Meeting on the 18 May 2022 was that a Family Therapy consultation was needed and that a joint review meeting should be offered by Dr Ramasubramanian and myself.

214. On 23 May 2022 there was a face to face joint CAMHS appointment held at Burlington House with AR, his father, Dr Ramasubramanian and myself all in attendance. It is noted that AR looked very underweight and unwell. I recall that AR looked quite weak and tired and at times he appeared to struggle to talk and didn't present in his usual confident manner when speaking. He seemed distracted by something that was not visible to others in the room. This presentation in AR was not noted prior to this appointment. This was noted at the MDT as AR presenting as 'hyper vigilant' in his presentation. I was very concerned about AR's presentation and was worried about his physical and emotional health and wellbeing. His weight that day

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was recorded as being 45.4 kgs and his height was 172cms. Low mood, risk to self or to others was noted as being denied by AR in Dr Ramasubramanian's clinical notes related to this contact.

215. There were concerns noted around AR's eating habits/patterns. Dr Ramasubramanian responded to questions raised about the current prescribed medication and how AR had been reporting that it had affected him. Dr Ramasubramanian advised how taking sertraline on an empty stomach could cause acid reflux and contribute to heartburn. AR was able to raise his main concerns were salivating excessively and his tummy rumbling. AR was noted to have been interested in how alcohol could help (improve or change mood), and education was offered to him on how self-medicating with alcohol could be dangerous and the adverse effects of misuse alcohol were shared.

216. AR shared in discussion with Dr Ramasubramanian that he had not taken sertraline for a while and agreed to restart it. It was also noted that there were concerns regarding monitoring of medication. AR wanted to take it himself and shared that there was no consistent adult monitoring him, due to work related commitments for his parents. For AR's safety it was suggested in this meeting, that his father only give AR one strip of sertraline at a time to AR and then lock the rest away. This was agreed by all.

217. The plan put together by Dr Ramasubramanian following the meeting was for AR to restart sertraline for a week and then increase the dose. AR and his father consented to a professionals meeting with the Presfield to discuss next steps for AR around facilitating his attendance. It was also noted that AR was awaiting Cognitive Behavioural Therapy adapted for ASC and Family Therapy from CAMHS.

218. Also, on the 23 May 2022, I had a call with Ms Hayley Dawson at Presfield and this was entered onto the records on the 1 June 2022. Ms Dawson expressed concern for AR's emotional and physical wellbeing. She shared that AR had agreed to go to school and that the school were happy to arrange this and have 1:1 support for AR, for him to eat lunch at the school and then leave. She stated the school were happy to arrange, manage and plan this with AR's father.

219. In a further call on the 25 May 2022, Ms Haley Dawson made me aware that AR had not attended school the day before, but attended for an hour on 25 May 2022.

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She raised that he would not eat lunch, and I explained that CAMHS currently had concerns about AR and I would be making a request for the GP to run some physiological/blood tests. I asked the school to consider AR's presentation in the context of being emotionally and physically unwell. The school suggested CAMHS make a Social Care referral regarding these concerns and they were able to confirm that they were had already made a safeguarding referral regarding concerns about AR's non-attendance at school and his presentation generally, but were waiting for information from AR's father/parents. We agreed following this call a meeting should be arranged between myself and the school.

220. At a CAMHS Multi-Disciplinary Team Discussion held on 25 May 2022 I expressed concern for AR's physical, mental health wellbeing and safeguarding concerns i.e. in relation to non-school attendance, long periods not leaving the family home and incidents in the family home. The actions of the CAMHS MDT discussion on 25 May 2022 was that an urgent request was to be made to the GP for bloods, physical assessment and completion of an ECG due to AR being at high risk due to weight loss. The record states that if AR did not attend the GP appointment then "*Sam will contact Social Care if AR does not attend the GP appointment*". I did not complete a social care referral or a MASH referral at this time as this was contingent on AR not attending the GP appointment, as recorded in the MDT notes. I was later informed that he had attended the appointment.

221. I actioned the request to AR's GP on the 25 May 2022 and sent an email to AR's GP Dr Hartley, to request an urgent appointment due to AR's dramatic weight loss and his general presentation. In this email I also requested the tests discussed at the last CAMHS MDT meeting. The GP responded to my email on the same day to inform me they had arranged to see AR the following afternoon. I entered this email chain into the records on the 1 June 2022.

222. From the MDT records on 25 May 2022, it appears that we were already aware that AR's father had requested a new case manager. However, I note that there is a record on 26 May 2022, recorded by someone called Katie at 10:00am including details of a call from AR's father and a copy of an email sent to Sam Coppard, Assistant Clinical Lead. AR's father had called to request a new CAMHS worker and shared information about my involvement with the family to date. In brief, the note states whilst my involvement has been helpful AR's father is not happy with my practice. AR's father

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had stated that he doesn't *"want the situation to go out of control"*. It was also mentioned in that call that *"there had been a police incident that he has not yet discussed with Sam [Steed]"*. The record indicates this call was received on 26 May 2022 at 10:00, however we were aware that he has requested a new case manager at the time of the MDT on 25 May 2022 so it may be that the date of the entry of the call is incorrect.

223. At the time I shared that I had already spoken with AR's parents about the need for additional help and advised they could make a self-referral to Social Care/Early Help/Children and Family Wellbeing Services Lancashire, but they were not happy for follow up regarding this. Presfield had already done so in relation to non-school attendance and concerns about AR's physical and mental health wellbeing.
224. I recall thinking that the action regarding me meeting with Sam Coppard Assistant Clinical Lead for my MDT and parents was not a realistic action as AR's father was clear regarding his request for a new CAMHS case manager and not wanting me to be involved anymore. I also did not feel that I would be able to meet AR's parents in relation to the current context and the complaint that was made against me.
225. Another action from the MDT meeting on 25 May 2022 was to discuss AR in a CAMHS Safeguarding Supervision meeting held later the same day 25 May 2022 at 14:00 with Emma Walker Riley, Rainbow Safeguarding Team. Within this meeting it is noted that I agreed to take AR to the MDT meeting the following week 1 June 2022 to discuss what needs to happen next. It was also agreed it would be helpful to meet with Senior Leadership Team and Dr Ramasubramanian to talk things through, put a plan together and also meet with Vicky Killen, Clinical Lead to discuss what had happened.
226. I also emailed Sam Coppard on 25 May copying in Dr Lakshmi Ramasubramanian to request support in relation to raising welfare concerns regarding AR's significant weight loss, change in presentation and his father's presentation towards me. It was noted here that the concerns had been raised previously at MDT meetings and there was a plan in place. I noted that the school and AR's parents had asked for Early Help to become involved again, but there was likely a requirement for Social Care to become involved as well to complete an assessment of the situation at

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that time to see what could be helpful for AR and his family. There was also further discussion about Family Therapy in this email chain.

227. In an email to me on the 31 May 2022, AR's father set out his disagreement with Dr Lakshmi Ramasubramanian's letter provided to them following the last Psychiatry review on 23 May 2022. AR's mother was copied in. He set out the following points of disagreement stating that:

- a. AR eats breakfast and snacks if and when he wants to
- b. AR is not taking the supplements provided by the Dietician
- c. AR did not take sertraline on an empty stomach.
- d. There were no issues with adults being present and monitoring the prescription of medication.
- e. AR was not as physically unhealthy as he was perceived to be by professionals.
- f. AR asked about alcohol in the context of asking if alcohol can change mood why can't medication.
- g. AR's father requested that a new letter was sent which reflected the above and also asked for the email of Dr Ramasubramanian.

228. I forwarded this email on to Dr Ramasubramanian and Vicky Killen on 1 June 2022, and it was thereafter passed to Sam Coppard. In a call on the 1 June 2022 between AR's parents and myself, I explained the concern about AR's weight and advised that at a previous CAMHS MDT meeting it was agreed for me to refer AR for urgent tests at the GP. AR's father questioned if this was part of my role as a CAMHS Case Manager and thought I was accusing them of being bad parents. During this discussion AR's father did change his opinion to being grateful for the request being followed up. AR's mother queried if professionals thought AR had liver failure and agreed that AR was underweight and tests were needed. She also felt I was accusing them of being bad parents. AR's father made it clear on this call he wanted a new CAMHS case manager for AR. I advised that the Senior Leadership Team are aware of the request, and that they (AR's parents) will be advised when a new CAMHS case manager has been allocated.

229. The record from this telephone call has incorrectly been recorded under 14 June 2022, however it has been electronically signed by me on 1 June 2022.

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230. Dr Lakshmi Ramasubramanian emailed Vicky Killen, Sam Coppard and myself on the 1 June 2022 in response to the email I forwarded on the same day (regarding AR's father's request for her to change her letter in relation to her last review of AR on 23 May 2022). Dr Ramasubramanian stated that her letter was based on her clinical impression and that she would not be able to change this due to a parent's request. Dr Ramasubramanian offered to attend a further meeting with AR's father to discuss this.

231. In a response to Dr Ramasubramanian's email on the same date of the 1 June 2022 and including those already mentioned in this statement, I shared that AR's father may now be reluctant to engage in Family Therapy and suggested that someone else may want to speak to him regarding this. Sam Coppard replied to my email to inform me that AR and family were on the family therapy list and likely to be offered an appointment in June or July (2022).

232. At the CAMHS MDT meeting on the 1 June 2022, the following safeguarding concerns were raised in relation to AR and AR's father in particular:

- a. AR's father's lack of encouragement in AR's compliance with medication.
- b. AR's father allowing AR to have access to 3 months' worth of medication at once.
- c. Concerns that AR's father's attitude towards CAMHS staff is becoming difficult.
- d. Hypothesis that AR was exerting control by refusing to attend school and refusing to eat.

233. The outcome and agreed actions from the MDT meeting on the 1 June 2022 included the cancellation of the upcoming psychiatry appointment and instead a meeting with Sam (unclear which one) presumably Coppard and Vicky Killen had been arranged. It was noted that Dr Ramasubramanian had concerns about AR's father and his behaviour and reaction to her letter, and she was not prepared to remove the comments as he had previously suggested.

234. It was also noted that a new MASH referral should be made by myself as well as contacting the GP to discuss AR's results of his blood tests and ECG, also in this call I needed to raise the further request to be made for the GP to arrange weight and blood pressure monitoring bi-weekly for AR. Following this meeting it was also decided

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that a consultation with Alder Hey Eating Disorder Young People Service (EDYS) was to be arranged.

235. On 1 June 2022, there was a telephone call to AR's GP made by myself. Results shared were as follows:

- a. ECG baseline recorded as Normal.
- b. Advised member of surgery staff that Psychiatry will write to GP
- c. Bloods normal - low Vitamin D.
- d. It was noted that at MDT Dr Russell stated that AR is concerning and that bloods can take a while to highlight any difficulties as a result of poor diet eating routines.

236. I met with EDYS on the 7 June 2022 to discuss actions and concerns regarding AR's physical health concerns. This meeting included myself, Rob Woodhouse and Liberty Braben and was documented in the records on the 8 June 2022. We discussed AR's background and concerns with the outcome of the meeting being for me to contact AR's GP about regularly monitoring his weight and to clarify that the GP holds physical responsibility, I also needed to obtain AR's records of previous heights and weights. Rob Woodhouse was to action asking EDYS Paediatricians if it was appropriate for CAMHS and the GP to make a referral to General Paediatrics.

237. During the meeting with EDYS on the 7 June 2022 there was also the decision to check if a re-referral to Community Dietetics would be appropriate if closed. It was agreed that CAMHS may need to focus on intervention addressing barriers to eating as this is placing AR at increased physical risk and should be prioritised for intervention. In response to this conversation, I advised that AR will be at increased risk if he was on a wait list for reallocation without a CAMHS case manager.

238. I emailed Vicky Killen CAMHS Clinical Lead, Dr Ramasubramanian, Consultant Psychiatrist and Family Therapist, Sam Coppard on the 8 June 2022 to advise that I had previously asked if Dr Ramasubramanian could lead with the referrals out for AR moving forwards. This was because his parents had been explicit in their request in not wanting me involved with AR and therefore I felt unable to speak with his parents about any referrals to Social Care/MASH. In this email of 8 June 2022, in relation to risk, I had also noted I had been liaising with Adele Smith in relation to her taking AR to a Dynamic Support Database meeting.

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239. In this record, I state that Sam Coppard has now offered an appointment for Family Therapy, but my worry was that AR's father would not be happy for this to go ahead due to not wishing to work on himself. I note that AR's father had previously become quite threatening in relation to the suggestion that AR's parents attend these sessions. In response to this Vicky Killen updated me on 9 June 2022 that she had now spoken to AR's father and told him that AR's case would be reallocated and that CAMHS would not accept further behaviour like in the meeting.
240. In a further email from Dr Ramasubramanian and Dr Katrin Russell (CAMHS Lead Psychiatrist) on the 14 June 2022, Dr Ramasubramanian requested that a new male psychiatrist be appointed for AR, as she no longer felt safe to work with AR's father.
241. In relation to the email I and others received from Dr Lakshmi Ramasubramanian on 14 June 2022 at 09:23 a request made to the Lead Psychiatrist at CAMHS Dr Katrin Russell and Clinical Lead Vicky Killen for reallocation of psychiatrist is not something I recall having experienced in my career, although I am aware that children/young people and parents have a right to express a request for a change of clinician in any role.
242. I did not request a change in psychiatrist. Dr Ramasubramanian's request for a change of psychiatrist appears to be based on her experience (as outlined in her email dated 14 June 2022 sent at 09:23).
243. I am unable to comment on whether the decision to change psychiatrist impacted the quality of treatment provided for AR.
244. On the 14 June 2022 there was a meeting with Presfield, which I attended jointly with Dr Ramasubramanian. In this meeting it was decided that a referral to Lancashire Children and Family wellbeing Service/Social Care by the school was to be discussed with the School Safeguarding Lead regarding concerns for AR's wellbeing. At this meeting I was made aware that a referral to Early Help had been made, however the school shared they were due to get more information from AR's father, however they were delayed (in getting this information) due to family illness and not being able to visit the home.

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245. It is noted that Adele Smith, a CAMHS Clinician, attended a Dynamic Support Database (“DSD”) Review on 15 June 2022 to present AR’s case alongside Peter Wong (Children Young People and Maternity Commissioning Manger) and Jo Herndlhofer (Children and Young People Programme Manager). DSD is a register that has information about the child/young person and what areas of their care may require enhanced community support. The information helps services to work more closely together to manage a child/young person's support effectively and ensure good outcomes in the community.

246. I was not present at this meeting. AR was noted to be under CAMHS care with me as his current case manager (which was incorrect), though a new case manager had been requested and Vicky Killen and the consultant psychiatrist were to meet with the family. Concerns were raised about AR’s physical health, including low weight, BMI, and blood pressure, prompting a referral to General Paediatrics and a recommendation for a coordinated support approach. Despite efforts (including me and Dr Ramasubramanian meeting at with Presfield staff the previous day), an Early Help referral by school was delayed due to family illness. There was an action following this meeting for Jo Herndlhofer to liaise with me, however I do not recall this happening and there is no note of this in the information provided for review.

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247. On 19 July 2022 at 09:36 I emailed the newly allocated Consultant Psychiatrist Dr Anthony Molyneux and Vicky Killen (Clinical Lead CAMHS) to highlight the ongoing safeguarding concerns and that a Social Care/MASH referral still needed to be made for AR by CAMHS. I outlined that I felt a referral to Children & Family Wellbeing Services/Social Care needed to be made as I believed that the concerns were beyond Early Help Level and that Social Care involvement could help to secure the additional support needed for AR and his family. I felt it could be helpful for another CAMHS professional to contact AR’s parents to discuss and ideally gain consent for a referral, as I was no longer able to do this. I noted that it was my understanding that the School was planning to coordinate a multi-agency meeting, and I was querying if this had taken place.

248. My mention of ‘serious safeguarding issue’ in this email related to AR’s deteriorating mental and physical health wellbeing in the context of his known history of an autism diagnosis, and the query from his father around possible ADHD. Despite

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AR having secured a supportive education placement, he was not attending school. There were ongoing concerns around anxiety, low mood/self-esteem his eating and weight loss as well as concerns about compliance with medication highlighted in Dr Ramasubramanian's letters (whether he was taking them appropriately and consistently, self-management of his medication and concern around him having access to at least 3 months of sertraline). The difficulties he was experiencing were also not resolving in relation to their family relationships and parents not being able to ensure that AR got to school for example. I was concerned for AR's future. That AR's father rejected Dr Ramasubramanian's professional impression/formulation and was interrupting AR's CAMHS care based on disagreeing with what was written in Dr Ramasubramanian's letter, following her last face to face appointment with him and AR, was also cause for concern.

249. This email coincided with me learning that AR was not brought to clinic on 19 July 2022 for review with Dr Molyneux newly allocated psychiatrist.

250. I emailed Consultant Psychiatrist Dr Molyneux and Vicky Killen (Clinical Lead CAMHS Sefton) and Collette Rossitor again at 09:45 on 19 July 2022 to suggest that a home visit to AR might be needed. Dr Molyneux responded to my email with a suggested date and time for a home visit to be made by himself.

251. I had a clinical supervision session on the 28 July 2022 with Julia Dunn Assistant Clinical Lead to discuss unresolved issues and my withdrawal as AR's Case Manager. It was decided that Julia would follow up with SLT and raise the importance of the need for follow up regarding safeguarding concerns and for a new CAMHS case manager to be allocated.

252. I had a further discussion with Dr Anthony Molyneux on 29 July 2022, to discuss AR's case, my historical involvement and any safeguarding concerns I had noted during this time. The outcome of this meeting was that Dr Molyneux and I agreed that it would be helpful for Dr Molyneux, Dr Ramasubramanian, Jill Locke and I to meet to consider the next steps for CAMHS in supporting AR and his family.

253. My last administrative involvement with AR's case was on the 9 August 2022, where I followed up a referral made to Riding the Rapids course as the previous referral that had been made by me did not go ahead due to the course not running. I emailed Jill Locke CAMHS Practitioner on 9 August 2022 attaching another completed referral

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form to the Riding the Rapids course for AR's parent as was procedure. Jill acknowledged receipt of this referral via email on the same date.

Particular issues relevant to my involvement

Risk Assessment

254. I cannot comment on how risk is currently assessed at the Trust, having left in November 2022.
255. At the time, due to the nature of AR's presentation and need, I was constantly assessing risk for AR and his family. I considered:
- a. Risk to self in relation to self-harm and suicidal ideation considering thoughts plans and/or actions.
 - b. Risk to others / property including current and past risks and considering thoughts plans and/or actions.
 - c. Risk from others including current / past incidents.
256. These risks were considered alongside protective factors. Risk is dynamic. My understanding is that the clinical risk assessment and management tool should have been updated with further entries as they occurred, rather than creating a new document each time. I would also add my name next to the additions I made as I felt it was important to distinguish between who had recorded which risk assessment updates. At the time I did not add in the date of the updated entry.
257. Whenever information was shared by other agencies I would add this information to AR's clinical records. This would usually also be added to the clinical risk assessment and management tool to provide an update on risk/safety/safeguarding. Any changes to care planning would have been made when needed.
258. Having reviewed the records provided, I note that the initial clinical risk assessment for AR was completed by Skott Morgan on 8 January 2020. The information I have received shows that I updated the risk assessment on 12 August

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2021 following the further referral of AR to PREVENT, concerns about family relationships and his behaviour in the home.

259. Overall recording of risk is the Case Manager's responsibility. My understanding is that any CAMHS professionals involved in a patient's care would have a duty to share and record in the clinical records (including the risk assessment and management tool) any risk that they have become aware of and / or assessed. Risk should be reviewed and updated at 3 monthly intervals/reviews or earlier if needed. Safeguarding advice should be sought as and when required from the Safeguarding Team at the Trust.

260. I recall Meditech was quite difficult to navigate despite having training at points throughout my time at the Trust. I was used to using a different health recording system.

261. In my current role, we offer short term intervention and check risk with children young people and parents at each session. We update the assessment tabs whenever there is a change in presentation, risk or the care management plan and at the beginning, four week review and end of an intervention.

262. I have considered if I have any further risk assessments, risk management tool entries or CAMHS care plans relating to AR which have not already been disclosed to the Inquiry. I was shocked to see that there were no more recorded risk assessments, risk management tool entries and CAMHS care plans undertaken during my involvement within the information that was provided. The documents I have been sent for review do not include anything other than the 12 August 2021 risk assessment management and care planning tool including the entries completed by Skott Morgan and Kathryn Morris. I am aware that the risks in the home, issues about AR being unable to leave home, the missing episode and medication issues would and should have been recorded and updated in the risk assessment management and care planning tool when they occurred and/or at 3 monthly review. This was my practice prior to being at Alder Hey and following my time there. Some of the other missing entries that I have flagged have been located, but not further care plans or risk assessments.

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263. As noted, AR was also taken to a DSD meeting on 15 June 2022 by another CAMHS colleague Adele Smith to discuss his concerning presentation. I am unsure of the outcome of this meeting or what further support could have been available to AR and his family to ensure good outcomes in the community.

Involvement with other agencies

264. I have considered my dealing with other agencies in relation to the events under investigation.

265. At times, I found inter agency working difficult in terms of liaison and information sharing, for example, knowing what services AR could and couldn't access in the Sefton/Lancashire area based on his GP address and / or home address.

266. Staff at Acorns School were very open about their concerns for AR. Information sharing worked well, enabling me to respond to any concerns they might have regarding AR's mental health wellbeing. They responded well to my requests for additional time for AR in school and changes to his timetable. They also responded well to any consultation I offered and acted on my recommendations. I felt there was a healthy flow of sharing information between CAMHS and Acorns School. I felt good partnership working was demonstrated.

267. At times, I felt that liaison was difficult with the Lancashire SEND Team in terms of trying to speak with professionals and moving plans for AR's education forward and securing an education placement.

268. During my time of involvement, I found that Presfield High School and Specialist College were always willing to speak about AR and his needs, and ready to put in place a package of support to encourage his engagement with education. I can understand that they were pressured as AR did not attend regularly, resulting in the possibility of his place being removed.

269. Lancashire Social Care (Duty and Assessment Team)/ Early Help/Intensive Support Service/Children and Wellbeing Services had planned for intensive family support and linked AR with a targeted youth worker. At times it felt that the need for support for AR for the complexities of family relationships and his potential risk wasn't a shared narrative. Based on previous experience of working with social care and

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early help services on reflection I feel we could have worked better together in terms of planning and responding to AR and his family's needs.

270. CAMHS Eating Disorder Team responded well to my requests and acted in response to concerns about AR and the request for consultation.

271. I felt that GP responses were always appropriate.

Reflection on events

272. I have considered whether on reflection, either I or the Trust could have done more or done things differently.

273. There are always things that can be done differently when looking back at any situation.

274. When I ended my work with AR, I am not sure if anyone was able to explain to him what was happening, although he may have heard from his father. I also wonder how possible it actually was for practitioners to be able to ask AR what CAMHS involvement he wanted following his last appointment with myself and Dr Ramasubramanian. I wonder whether AR had a choice in what happened next.

275. I think it could have been helpful to have had a meeting with CAMHS SLT and AR's parents when AR's father initially requested a new CAMHS worker in August 2021. This may have offered the opportunity for CAMHS to explain to AR's parents how are service works in terms of risk/safety and safeguarding rather than me having to constantly explain that social care involvement was needed in order to support AR and his family with the complex needs they were navigating.

276. Although AR was invited to attend family therapy sessions, in hindsight I wonder how he felt about Sam Coppard and Michelle Warner undertaking this role within his family and meeting with his parents for family therapy after they had both been his allocated key worker.

277. I have considered whether I think that the guidance, training resources available to me were adequate for the nature of the involvement I had with AR.

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278. As mentioned previously, I received some training on Meditech which was helpful at the time but there were still aspects of Meditech that I was unsure about. However, there was always support available whenever needed.

279. Equality, Diversity and Inclusion training would have been helpful for the whole service. For example, this could have supported our understanding around responding to mental health and neurodivergence in the context of Race/Ethnicity/Diversity. Training regarding the impact of permanent exclusion from school on children and young and young people particularly black male children and young people could have been helpful.

280. Any training around Race and Mental Health could also have been helpful in terms of supporting us as practitioners to be aware of key issues in relation to this.

Improvements

281. I am not aware of improvements that have been made by the Trust as I left in November 2022.

282. I have been advised that the Inquiry Chair is tasked with making recommendations but ensuring, through engagement with relevant practitioners, the recommendations are practicable. I have considered whether any improvements (relevant to my area of involvement) would be practicable and make an effective difference.

283. Regular risk assessment management and care planning training would be helpful if not already in place. Supervision should involve checks as to whether risk assessments and care plans are up to date and should be monitored via key performance measures and flagged with practitioners for follow up where needed. All new starters should be given a thorough induction so that expectations regarding record keeping, assessment, and letter writing, and all other procedures relevant to the CAMHS service are clear and shared with new starters and any subsequent updates shared. There should also be consideration of the extent of practitioners' caseloads i.e. allowances should be made regarding the impact of complex cases on time and otherwise for example the potential for emotional impact on practitioners. More consideration for joint working regarding complex cases and ensuring consistency regarding this is something that could be helpful in practice, if not already in place.

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284. Equality Diversity and Inclusion needs to be high on any services agenda in order to ensure equity of opportunity and anti-oppressive practice within services for service users and colleagues alike.

Other matters

285. At this time there are no other relevant matters that I wish to bring to the Inquiry's attention.

Further disclosure: documents and communications

286. I have no further documents such as WhatsApp messages or diary entries or risk assessment and management or care plans documents to disclose.

Statement of Truth

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

Signature:

Signature

Name: Samantha Steed

Date: 11 August 2025

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