

Southport Inquiry

Witness Name: Stephanie Hallaron

Exhibits: SH-01/ **SH-18**

Dated: 24th September 2025

THE SOUTHPORT INQUIRY

FIRST WITNESS STATEMENT OF Stephanie Hallaron

I, **Stephanie Hallaron**, will say as follows: -

INTRODUCTION

1. I, Stephanie Hallaron, worked for Mersey Care NHS Trust, at the time of my involvement with AR in 2019.
2. I am a Registered Social Worker with a BA Hons 1st Class in Social Work gained from Liverpool John Moores University in 2014. I have worked for Mersey Care NHS Foundation Trust since 2016 and have been a Band 6 Mental Health Practitioner for 6 years. I left my substantive role within the Mersey Care NHS Trust in September 2024, and I am now on a bank contract. During my time at Mersey Care, I have worked as a Street Triage Practitioner responding to 999 emergency calls with a mental health element. I have worked across the range of crisis services and completed bank shifts with Accident and Emergency Liaison Teams and First Response Service and held a substantive post in Liaison and Diversion prior to Street Triage. All of these roles have focussed upon providing assessment and risk management for those in mental health crisis. My background prior to obtaining my degree was in education as a Teaching

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Assistant for 9 years in a secondary school working with children and young people with additional needs.

3. At the time of my contact with AR, I was a Band 6 Liaison and Diversion Practitioner. I had worked with the Liaison and Diversion Service since 2016. I started as a Band 4 Support Practitioner within the youth part of CJLDT, then held a Band 5 Liaison and Diversion and Practitioner post for 12 months prior to obtaining a Band 6 post. I held a Band 6 post with Mersey Care NHS Trust until September 2024 when I moved to another NHS Trust as a Band 6 Early Intervention Practitioner.
4. This witness statement is made to assist the Southport Inquiry (the “**Inquiry**”) with the matters set out in the Rule 9 Request dated 11th September 2025.

BACKGROUND

5. (As taken from NHS England) - Liaison and Diversion (L&D) services identify people who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders. The service can then support people through the early stages of criminal system pathway, refer them for appropriate health or social care or enable them to be diverted away from the criminal justice system into a more appropriate setting, if required. L&D services aim to improve overall health outcomes for people and to support people in the reduction of re-offending. It also aims to identify vulnerabilities in people earlier on which reduces the likelihood that people will reach a crisis-point and helps to ensure the right support can be put in place from the start.
6. I have chosen to refer to the Liaison and Diversion Team as Criminal Justice Liaison and Diversion Team (CJLDT) throughout the assessment as this is how we were known to other agencies and will be referenced in their documents.
7. The Mersey Care Criminal Justice Liaison and Diversion Service (CJLDT) is an all-age service for those involved with the criminal justice system. I have focussed the below information on specifically how the youth team worked as this is more appropriate for the focus of the inquiry. The wider CJLDT Team operated in a very similar way.
8. The CJLDT Team within Mersey Care at the time of my involvement with AR had a Youth CJLDT Team. It was made up of Practitioners, Support Workers and a Psychiatrist who supported on a part time basis. The Youth Team worked

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predominately with those aged 10-18 who presented in the criminal justice system and aimed to offer assessment to every young person. Generally, this process would involve assessment of the young person to identify if they may require diversion from the criminal justice system i.e. young person is in mental health crisis and requires an assessment under the Mental Health Act and an admission to a psychiatric hospital. This would identify if mental health services needed to take ownership in immediate risk management or if risk management with the support of the criminal justice system was appropriate. If diversion was not indicated, any additional needs or vulnerabilities that were identified during the assessment, the assessing practitioner would make appropriate referrals to external agencies i.e. Social Care, CAMHS or other community resources for the "liaison" part of the role. This would enable external agencies to contribute to longer term community risk management in their specific areas of expertise. It is important to note, that CJLDT is an assessment service and generally only has direct face to face contact at times of the young person's contact with the criminal justice system for example, Police Custody, Court and at times via the Youth Offending Service. Generally, the assessing Practitioner would complete all appropriate referrals and immediate follow up, including attending meetings where practicable. However, the team was set up that we were allocated days in specific areas i.e. 1 or 2 days a week in custody and 1 or 2 days a week in court. As a team, we worked across multiple different Courts and Custody Suites within Wirral, Sefton and Liverpool. Thus, subsequent contact with a young person could be with any Practitioner on the team who was allocated to that area on a specific day. Contact with our team finished when the young person was no longer involved with the criminal justice system and all appropriate actions had been completed.

9. We did participate in weekly MDT meetings with the full youth team, management and the CAMHS Psychiatrist attached to our team. This enabled a review of every young person open to the team and discussion, if needed, about risk management and appropriate support available.

FACTUAL NARRATIVE OF INVOLVEMENT

1. I came into contact with AR on 11th of December 2019 when AR was arrested for possession of a bladed article in a school premises and taken to St Annes Custody Suite. AR was subsequently closed to the Liaison and Diversion Team on 8th of March

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2020 as his involvement with the criminal justice system had been completed and all appropriate referrals had been made and actioned.

2. Of note and importance, as per the outline given of the Liaison and Diversion Team above, I only met AR and his parents on 11th of December 2019. I had no further direct input with AR or the family after this date. The total time of face-to-face input with AR was approx. 1 hour.
3. Prior to seeing AR, myself and colleague David Blenkinsopp (Band 4 Support Worker) attempted to gain further information from external agencies in order to support comprehensive assessment of AR's needs. This included obtaining further details about his current and previous involvement with both PREVENT (Social Care) and CAMHS. My colleague David Blenkinsopp completed these actions.
4. David's Blenkinsopp's notes indicated that he spoke to CAMHS who advised that 2 referrals have been made this year (April 2019 and October 2019), but both have not been accepted due to not having any mental health issues.
5. David Blenkinsopp then spoke to Paul Harrison who is with Sefton Social Services and in connection with the PREVENT Team. He has documented the following information:
 - AR was raised in Merseyside but is currently being schooled in Lancashire.
 - He now attends ACORN SCHOOL which is a behavioural school after being expelled from Formby High for bringing in knives.
 - Acorn have given information to suggest AR has shown interests in beheadings / guns / dis likes towards teachers. Also accessing websites which involve school mass shootings. All of which is believed to be recent information.
 - Child and Family wellbeing also have been contacted regarding this issue (contact Lancashire Prevent Team).
 - Paul tells me that today AR has gone into his old school in Formby with the intent. He had planned this attack as he booked a taxi yesterday for this. He has then entered the school with a hockey stick that had been modified and a knife with the intent to kill 1 certain pupil. However said pupil wasn't in school today but he assaulted another pupil for an unknown reason.

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- Paul tells me that the family claim to have under gone counselling for AR although I have not gathered evidence of this.
 - Paul is also unsure of AR's nationality, Family possibly claiming to be British but AR claims to be Rwandan. Also reports that parents have been playing down AR's behaviour.
 - Paul mentioned that the schools are concerned that his behaviour is escalating and that he has no known mental health diagnoses. Reports have also come back that AR remained calm and showed no emotion when this incident took place.
6. This information was shared with me verbally and clearly documented on Rio.
 7. I then made further enquires with the Police. This included speaking with the Custody Sergeant, and briefly Inspector Humphries. This was to gain a deeper understanding of the alleged offence and the circumstances around this and identify any other relevant and proportionate information that would support my assessment. I was advised that AR has been using the internet i.e. mass school shootings, beheadings and ISIS. It is alleged by Paul Harrison that there is third hand information that AR has gone to the school this morning with the intent of killing a student. He has modified the Hockey Stick and took the knife as back up. As that student was not in school, he has proceeded to seriously assault another student. Inspector Humphries advised DS Alan Wood of the Protecting Vulnerable People Unit (PVPV) is currently holding the case until all of the evidence is gathered and this will then be handed to a CID Officer to deal with.
 8. I then contacted the Youth Offending Team and was advised AR is not known to them.
 9. I obtained parental consent from Mum to offer AR an assessment. Mum was in St Anne's Street Custody Suite, and I explained the role and rational of the team. She was advised that I would make contact with them after the assessment and discuss any concerns I had.
 10. I then made a telephone call to Mersey Care Safeguarding Team and spoke with Crispin Evans. Advised of the case and being open to Prevent. Advised of the case and the risks around this young man. Asked about the process of sharing information

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via Prevent and any other immediate risk management strategies. Advised that as AR is in Police Custody, they will be managing any immediate risk. Advised to send the team an email when I have seen him and they can review the information tomorrow.

11. AR was then seen for a face-to-face assessment by myself and Band 4 Support Worker Grace Hatton. A full copy of the assessment is available for review in **SH/02 -**

MERC000009 The assessment was completed in St Anne's Street Custody Suite in a very small room which is in the centre of the suite and had full glass windows. This meant that we were observed throughout, and were able to see other things going on in the general booking in area. Whilst I do not have specific recollection of any issues at the time of assessment, it is worth noting that being in this room can involve witnessing other people, including adults, coming into the suite who are under arrest and can be disorderly. This could have been frightening or distracting for a 13 year old child to observe and is not the ideal environment to build a therapeutic relationship with a child or complete mental health assessment. This is a standard room that was used for assessments and ensured the staff in custody were able to monitor our safety.

12. As can be seen from my plan as detailed below and included in the assessment as can be seen in **document SH/02 -** **MERC000009**

Immediate risk management plan:

- Lancashire Social Care are fully involved in the case and Sergeant 3086 has informed me that they do not have concerns about him returning home this evening and will be sending out a Social worker in the morning to begin assessment of the family.
- Case has been discussed with SPR On Call Dr Anwar and Sadie Canning Dosser CJLT Operational Manager who agree that AR does not appear to be detainable under the act but does require some further input from services. Dr Anwar advised sharing information with the family to ensure they are updated of all risks and feel they are able to keep themselves and others safe
- AR to be released from Police Custody on bail to return to St Anne's Street Police Station at 2pm on 12.12.19
- Custody contact completed

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- Discussed with Dad who is aware of the content of what AR said. I have suggested that AR does not attend school tomorrow to give time for agencies to create a safe and robust risk management plan of the risk he presents to others

Further risk management plan:

- Contact to be made with Lancashire Social Services to share assessment – Submit MARF (Multi Agency Referral Form)
- Refer for Asperger's/Autism assessment
- Refer to Forensic CAMHS for management of offending behaviour in the context of forensic risk to others
- CDJLT to obtain outcome of interview and support as required
- Email sent to update Mersey Care Safeguarding Team
- Discuss with Band 7 Annie Kelly if a SAVRY assessment is appropriate
- DATIX to completed

13. As per previous explanation of Liaison and Diversion Services, I was satisfied that mental health services did not need to take full ownership of the risks presented (As AR did not present in mental health crisis and did not require an assessment under the Mental Health Act) and current risk management required a multiagency response with Police and Social Care also using the frameworks available to them. This decision had been discussed and agreed with the on call SPR Dr Anwar for Mersey Care and Band 8 Operational Manager Sadie Canning-Dosser. This decision included taking account of AR's age and vulnerabilities and being mindful of the increased risks of being in custody.

14. A risk assessment document was completed on 11.12.2019 and saved on Rio. Please risk assessment dated 11.12.2019 document: **SH/05** **MERC000012**

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15. Prior to AR's release from custody, (Progress noted date:11.12.2019 time: 22.30), I spoke directly to Dad and advised about concerns I had around AR's risk to others and strategies to utilise i.e. not sending him to school, supervision and support. I have made specific comment to Dad appearing to understand this. Dad asked some questions about his mental health and was advised that I felt he required an assessment for ASD and that I would be making referrals to FCAMHS, CAMHS and Social Care. Dad was also provided with numbers for our team office, and standard crisis services including AED and 999.
16. On 11.12.2019 I sent a handover email to the practitioners who would be completing a shift at St Anne's Street Custody Suite on 12.12.2019 asking them to obtain an outcome from AR's bail attendance at St Anne's Street Custody Suite at 2pm with a brief overview of concerns and advising I would complete all relevant referrals.
17. On the 12.12.2019 I sent an email to my managers asking them to review my notes and the case and requested information on if a SAVRY would be helpful. Please refer to **SH/06 - MERC000017** for a copy of this email. This was due to not having completed or considered one before during my time with the team. A Structured Assessment of Violence and Risk in Youth (SAVRY) is a tool designed to evaluate the potential for violence in adolescents aged 12-18. Whilst I had no previous experiencing of using the tool, I had a general awareness of what they were used for and that they form part of Mersey Care's SA10 Policy Use of Clinical Risk Assessments. Please see section **Paragraphs 53 – 63 of this statement** for further details.
18. On 12.12.2019 I sent a further email to Mersey Care's Safeguarding Team to request review and oversight and also copied my team managers. Please see **SH/07 - MERC000023**.
19. The following documented liaison was completed on 12.12.2019 and included phone calls to multiple services and is documented within 1 progress note on Rio. The below is a copy of my available notes on the system. The only changes made have been to replace the name and use AR as requested.
 - Telephone call to West Lancs MASH Team. Spoke with Janet Fazackerly. Requested information about who has picked up the case from the Police referral so I could share further information. Advised that EDT had dealt with call last night and had directed it to Early Help. I explained the content and

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nature of the statements that AR had made during my assessment and that I felt this needed to be looked at immediately as there was potentially new information contained in my assessment and I am concerned about the potential risk to the family and his Brother who appears to have [DPA] Advised that as EDT had already dealt with this last night, that I would need to submit the relevant form which she would email and it would be picked up within 24 hours. Janet has emailed me the form. MASH - [DPA] Identified Social Worker number [DPA].

- T/C to Mersey Care Safeguarding and spoke to Crispin. Advised of the current situation and that even in light of the current concerns, Social Care did not feel the need to act immediately. Advised to contact FCAMHS and get back to them.
- T/C to Forensic CAMHS for duty consultation. Spoke with Justine Wilson Day Centre Manager. Advised of the content of my assessment and suspected ASD and discussed appropriate risk management strategies. Justine agrees that there is likely a role for FCAMHS in terms of consultation or assessment. She has agreed that it is an appropriate referral and sent me the email. We discussed that AR has been released into the care of his parents. Advice from Justine is to complete some safety planning with parents i.e. asking them to search his room for weapons, supervision in the community and to provide information around available support i.e. CAMHS, A&E etc. Justine has offered that the team will attend a strategy meeting if they have availability to provide advice and support to the team who will be managing him. Advised I will submit the referral by the end of the day. [DPA]
- Letter written for AR's parents which documents the safety advice given by FCAMHS. I have asked staff at the Custody Suite to ensure this is given to his parents when he returns for interview at 2pm. Hopefully staff will be able to meet with the parents but if they are busy with other activity, it will be given in letter form. A copy of this letter can be seen in SH/08 - [MERC000013]
- Please see SH/09 - [MERC000019] documenting liaison with staff at St Anne's Custody Suite, Annie Kelly Band 7 and myself, whereby it was unlikely, that there would be a Practitioner available to the time AR returned to answer bail. I have noted in the email that I verbally discussed this with Annie Kelly Band 7

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and agreed that he does not require further face to face assessment. We had agreed that the purpose of contact would be to explain the safety plan to Mum and Dad and the letter did that. I am aware during that email trail that I advised that I would give parents follow up phone call on 13.12.2019. I have not identified a record on Rio of making that phone call and have no recollection of doing it. I am unable to provide a rationale for this. Please also refer to entry made by colleague Rebecca Storey.

- There is a record that Grace Hatton Band 4 Support Worker: Outcome of arrest: Conditional bail to attend St Anne street police station on 7th Jan 2020. Police have advised that he may not have to attend if he receives a postal charge prior to this which is likely to be No further action.
- T/C to Alderhey CAMHS to discuss current concerns. Discussed likely diagnosis of ASD and advised I will make that referral. Discussed appropriate risk management strategies and that I feel AR requires urgent support at the moment to identify and support the risk he may pose to others. Particularly around work with regards to poor problem solving skills and consequences of his behaviour. Advised I feel that further assessment is required due to being assessed in Custody which is not an ideal environment and that more information needed to be gained from the family for a full developmental history. Advised that to submit referral to via email and they will triage it tomorrow and look at if it meets their threshold for intervention.
- T/C from Leigh Tindsley MerseyCare Safeguarding and advised the assault did not appear related to radicalisation but I was having difficulties getting social care to address my concerns. Leigh has advised to submit the form and then look at escalation. He will call me back for further contact this afternoon.
- T/C to Lucy Parkinson Early Help Worker [DPA] Lucy explained that they are aware of the arrest and she is in the process of discussing this with her manager. I advised that I had serious concerns about his risk to others and that I knew very little about the family. Lucy advised that the family have not engaged particularly well in the CAF process and as a result an assessment has not yet taken place. Advised that I will submitting a Safeguarding referral as I felt the risk threshold has been met. Lucy agrees. She reports school have

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some serious concerns around AR's behaviour and the things he is saying. She will discuss my concerns with her manager Anne Cookson and has also gave me her number. T/C to Anne Cookson Senior Practitioner at Early Help. Advised of the assessment and that I am referring to CAMHS and Safeguarding. Anne shares my concerns and reported that when she met with the parents last week she felt they are underplaying the risks that AR is currently presents with. Agreed that we would both escalate the issue in light of new information. They are not clear as yet on Dion's needs but believe there may be DPA

DPA

- T/C to Band 7 Annie Kelly to advise of the Safeguarding concerns and to provide an update with regards to AR's case. She has advised to continue to link in with Mersey care safeguarding advice
- Safeguarding form completed and sent. Further T/C to Janet to advise of the conversation that I had with Early Help who also agree that this needs to be escalated. I have not attached the form Rio and cannot provide a reason why. Please refer to **SH/04** MERC000011 to see a copy of the full form submitted to children's Social Care.
- Further conversation with Leigh Tindsely Mersey care safeguarding who advised he will contact the PREVENT team and ensure they are aware of the concerns and will escalate first thing in the morning if required.
- FCAMHS referral completed and sent. I have not attached the form to Rio and cannot provide a reason why. Please refer to **SH/03** MERC000010 for a copy of the completed referral.
- Alderhey referral sent via secure email for urgent assessment – This related to the referral sent to Alderhey CAMHS. I have not attached the form to Rio and cannot provide a reason why. I would agree that **AHCH000121** is an accurate reflection of the information submitted which included a full copy of my assessment and my concerns in an attached email that is available in the above document.

20. At 17.30 on 12.12.25 I was contacted by telephone by Anna Jameson (anna.jameson@lancashire.gov.uk). She has received the safeguarding referral and

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will be completing the initial assessment of the family. We discussed my concerns, and I informed Anna that I am referring to FCAMHS and Alderhey CAMHS for mental health support at this time. Advised that AR did not appear to warrant admission last night, but I am concerned about the risks he poses to others. We discussed the information I had gained so far from Early Help (who stated school have concerns), FCAMHS concerns and safeguarding etc and also the information that the Police hold in relation to this young man. Shared contact details for school as Jan Lewis Safeguarding Lead for Acorn School who can be contacted on [DPA] Advised I haven't yet made contact with them but will do over the next few days. Anna will also make contact with them. We both agreed that my request (as submitted with referral) for an urgent strategy meeting is appropriate and that we need to establish exactly what we know about AR and his family and identify what we don't know and how we can collectively work together to create a robust risk management strategy. Anna will look at arranging this for early next week and has asked that I attend. Agreed that I would. Email sent to Annie Kelly and Kim Harrison Band 7's to advise social care have picked up the referral (please refer to SH/10 - [MERC000025] for a copy of this email) and separate email to Leigh Tindsley and Crispin Evans Mersey Care Safeguarding Team (please refer to SH/11 - [MERC000023] for a copy of this email)

21. Please then see SH/12 - [MERC000018] which identifies a number of communications dating from 12.12.2019 to 16.12.2019 fully documents the professionals both me and Anna Jamieson had made contact with. I also suggested to Anna Jamieson that she may consider asking a representative from YOT to also attend the meeting so we can establish what interventions are available from a Criminal Justice/Offending point of view rather than simply a mental health point of view. I also advised Anna that I had spoken to Paula Murphy from PVPU who is the investigating Officer and she will attend. Along with informing Anna that CAMHS are unable to attend.
22. An Initial Strategy Meeting was arranged for Tuesday 17th of December 2019.
23. As a result of Anna Jamieson already liaising with Acorn School, I did not make further attempts to do this.
24. Email received from FCAMHS and John Hicklin would be advising he had been allocated the case. I informed them of the strategy meeting date, but John Hicklin advised he was unable to attend. Please see SH/13 - [MERC000024] for copy of email.

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25. On 13.12.2019 I attempted to make a referral for an ASD assessment. As documented on Rio: T/C to Community Peads to make ASD referral. Original number we have been trying is not a referral line. Initially advised to ask GP to refer but I explained the circumstances and the current concerns about the level of risk involved. She advised me to call Alderhey Community Peads directly and leave a message and discuss with them. I have left a message and requested a call back.
26. Later on, the 13.12.2019, I received a phone call from Laura at Alderhey Community Peads. She advised that AR was referred in August by the Range High School and is due to start the assessment process next year. I advised of the current circumstances around the risk he is presenting with and Laura agreed to place AR on the cancellation list so he can potentially be assessed sooner. I was advised that there is no other for AR to be assessed sooner. Laura has sent me details of support services that can offer support in the interim which I have forwarded to his social worker Anna Jameson. Laura will send out the appropriate forms to his new school so they can collect the relevant information. Please refer to **SH/14 - MERC000015** for a copy of this email. **MERC000016**
27. On 13.12.2019 I spoke to a Police Officer from PVPU, Hayley Sherwin, to discuss case and the concerns around potential offending. Advised of the case and risks and that there will be a strategy meeting held next Tuesday. Advised to ask Social Worker if the PVPU have been invited and to let her know.
28. On 13.12.2019 I made 3 attempts to contact CAMHS to obtain an outcome of the urgent referral I had made yesterday. None were successful calls.
29. On 13.12.2019 I also wrote a letter to AR's GP to share assessment
30. I submitted a DATIX on 13.12.2019. I received a response to this Datix on 15.12.2019 stating: Thank you for reporting this incident. Appropriate and proactive approach to safeguarding young person and others. SAVRY assessment not appropriate within our team but can be looked at by FACAMHS / CAMHS. A DATIX is Mersey Care's incident reporting system. I would not be best placed to answer further questions about DATIX and this would need to be directed to Mersey Care NHS Trust. **Please see email SH/15 - MERC000007**

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31. On 16.12.2019 I made contact with CAMHS. I was advised that referral has been accepted and that he will be offered an assessment hopefully within the next 2 weeks. They will not be able to attend the strategy meeting tomorrow.
32. On 16.12.2019 I made telephone contact with Jake Rigby CAMHS Psychiatrist who is on placement with our team. Discussed AR's case and advised that all avenues appear to have been covered. Jake will try and attend the FCAMHS consultation and advised I will let him know when it is.
33. On 17.12.2019 I attended a strategy meeting for AR and his brother. **Please refer to progress notes on Rio 17.12.19 10am.** As Skott Morgan at CAMHS had attended the meeting and advised he would be working with AR, I followed up the meeting with an email as I had identified some areas that required further investigation to rule out serious mental illness, in particular psychosis. This is part of the email: From today's meeting there is defo some further information that needs exploring from a mental health point of view. I.e. no evidence to suggest that he is being bullied which was his rational for committing the offence and school have investigated this, has made statements in school about teachers poisoning his food and other bits and bobs that may indicated possible Psychosis.

I shared this information with Skott Morgan CAMHS (and copied in Jake Rigby, Anna Jamieson and John Hicklin) to highlight that the initial information that AR had given to me with regards to the reason for the offence may not be factual. I highlighted what had been said in relation to teachers poisoning his food due to AR making reference eating in restaurants that people may be poisoning him during my initial assessment of him. As identified in email **SH/16 - [REDACTED]**, I felt this required further exploration from a mental health perspective as paranoia can present as part of a profile for psychosis. I am unable to find record of any further communication I had directly with Skott Morgan outside of emails **SH/16 - [REDACTED]** and **SH/17 - [REDACTED]**.

34. I attended a strategy meeting for AR [REDACTED] on 06.01.2020. Please refer to my **progress notes on Rio on 06.01.2020.**
35. This was my first time attending an FCAMHS professionals meeting. I had discussed previously with my manager Annie Kelly Band 7 CJLDT had offered to come with me on the day. However, when we discussed again, I explained that I felt FCAMHS and

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CAMHS would be leading this as I had not had any further contact with AR and we had agreed that as it is similar to an MDT, she would not be required to attend with me.

36. I attended a professionals meeting arranged by FCAMHS on 21.01.2020. I made very brief notes from my attendance as follows: History of case given and discussed. Agreed that John Hicklin will discuss with CAMHS what appropriate support can be given to AR whilst he is awaiting a specialist school placement and diagnosis. John has agreed to visit for a review after speaking with Skott to identify an appropriate plan going forward. Identified that AR needs an appropriate school placement ASAP which will be able to support his diagnosis.
37. On 19.02.2020, I received a letter from John Hicklin FCAMHS. Please refer to **SH/17** - **MERC000014**
38. On 21.02.2020, my colleague Nicholas Thomas advised that he had supported AR in Court and that he had received a 10-month Referral Order. I had agreed with Nicholas Thomas that I would see if FCAMHS needed me to remain involved further. As identified earlier, normally Liaison and Diversion would close the referral once all criminal justice matters were complete. However, as FCAMHS remained involved, I would clarify with John Hicklin.
39. On 27.01.2020, I had an email exchange with John Hicklin about my input moving forward. He requested that it would be ideal if we remained involved their input ended for coordination purposes. This was agreed at the next meeting date was agreed for 04.03.2020 at 2pm. Please refer to **SH/18** - **MERC000022** for full details of the email exchange.
40. On 04.03.2020, I attended a further FCAMHS review. I have inputted very brief notes onto Rio as follows:

Attended FCAMHS review.

Present:

Julie	Hamill	-	FSW
Anna	Jamieson	-	SW
Joanne	Hodson	-	School Senco

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Dave	Creegan	-	Range	School
Anna	Croll	-	YOT	Manager
John	Hicklin	-		FCAMHS
Laura	Davidson		C&F	Wellbeing

Outcome - Social Care will be closing the family. There is no evidence of mental health issues so CAMHS/FCAMHS will close. Education is the main priority and this is currently being addressed by way of EHCP referral and Autism Assessment. YOT will continue to manage risk in terms of offending.

There is no further role for CJLT at this time as AR has no on-going CJS matters and all appropriate services and assessments have been complete. However, should AR return to the CJS he should be prioritised for assessment and support.

PARTICULAR ISSUES RELATING TO YOUR INVOLVEMENT

INFORMATION TYPICALLY SHARED WITH POLICE

41. Generally, CJLDT would receive a copy of the arrest sheet, which from memory, would contain details of the offence that the person had been arrested along with a short summary given to the Custody Sergeant by the Arresting Officers. In the care of AR, my colleague David Blenkinsopp, has documented as follows:

AR was arrested and produced at St Anne Street police station in regards to a charge of possessing a bladed article in a school premises.

Nature of offence DP is an ex pupil of Grange high school and attended the school today with a hockey stick and used it to hit another student. Police called and spoke with DP who admits to having a knife also. Knife recovered , c&a , no reply.

42. There was other information contained on the arrest sheet, but I am unable to remember exactly what this was.

43. In general, CJLDT would then review the persons mental health and inform the Police of information that may suggest they require support from appropriate adult or advise

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of any specific concerns the Police may need to know to keep the patient safe i.e. disabilities, vulnerabilities or significant health issues we were aware of i.e. Diabetes etc. This would generally include information pertaining to a person's mental health diagnosis and if they were open to Mersey Care NHS Trust for mental health input.

44. It is of note, that in 2019, Mersey care NHS Trust was predominately and adult based mental health service and we did not have access to notes from CAMHS.
45. The information shared between CJLDT and Police was shared being mindful of it being relevant and proportionate to risk management for both parties. Dependant upon the case, we could ask for additional information i.e. risk history and arrest history which would be used to consider to support our assessment i.e. is the behaviour out of character etc.
46. Due to the nature and circumstances of the offence committed by AR, I requested and was provided further information as detailed in **Paragraph 7** of this report.
47. I was also given details and an update of the immediate safeguarding matters by Sergeant 3086 as "Lancashire Social Care are fully involved in the case and Sergeant 3086 has informed me that they do not have concerns about him returning home this evening and will be sending out a Social worker in the morning to begin assessment of the family". This is also documented in my assessment document **SH/02 -**
MERC000009
48. CJLDT would also share any disclosures made during our assessment that related specifically to what the person had been arrested for.
49. CJLDT also provided Police with a written custody contact form after assessment. Which is evidenced in **MERP002881**. This contained specific information with regards to the disclosures AR made during our discussion, my concerns around possible ASD, my impression and risk assessment and plan. This was taken directly from my assessment document.
50. Further information was gained and shared in the multi-agency meetings that I attended as previously documented.

INFORMATION WITH REGARDS TO THE ASSESSMENT THAT WAS COMPLETED WITH AR

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51. As documented in my assessment documentation, my impression was as follows:

Impression – AR is a pleasant young male with a Rawandan heritage. He presents as a bright young man who displays limited understanding of the consequences of his behaviour. Whilst AR can describe the consequences of his behaviour, his level of understanding around this remains unclear. AR has demonstrated multiple indicators of ASD which would suggest a formal assessment is required however, due to the risk AR currently poses to others, a Forensic CAMHS referral will be made in addition to this. This will also support management of the risk posed to him from others and possible radicalisation. At this time, AR does not display any evidence of SMI that would warrant diversion from custody at this time however he does require some additional support and thorough risk management in the community. He is clear that he does not plan on trying to harm this young man again and has no history of harming others until today. **Please see paragraphs 53-62 for further information around risk management.**

52. I did not have specific concerns around AR having a conduct disorder at that time and cannot provide any rationale for why this is listed as the referral reason. Please refer to **SH/03 - MERC000010** which makes no reference to conduct disorder.

RISK MANAGEMENT

53. Using Mersey Care's SA10 Policy titled Use of Clinical Risk Assessments I assessed AR's risk in 3 standard areas. Risk to self, risk to others and risk from others. This involves utilising both clinical judgments along with appropriate risk tools. All of which are contained in the in the above-named policy and can be seen in **SH/01 - MERC000008**

54. SA10 contains a tool that can be used when a patient presents with violent behaviours. Whilst I did not use this tool in its entirety, I did use the descriptions below to help me conceptualise the risk AR was presenting with, along with clinical judgement taking account of his age.

- a. Low risk is described as: This service user may have caused, attempted or threatened serious harm in the past but a repeat of such behaviour is not thought likely between now and the next scheduled risk assessment. He or she is likely to cooperate well and contribute helpfully to risk management planning

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and he or she may respond to treatment. In all probable future scenarios in which risk might become an issue, a sufficient number of protective factors (e.g., rule adherence, good response to treatment, trusting relationships with staff) to support on-going desistance from harmful behaviour can be identified.

- b. Medium. This service user is capable of causing serious harm, but in the most probable future scenarios, there are sufficient protective factors to moderate that risk. The service user evidences the capacity to engage and occasionally, to contribute helpfully to planned risk management strategies and may respond to treatment. This service user may become a high risk in the absence of the protective factors identified in this assessment.
- c. High. This service user presents a risk of committing an act that is either planned or spontaneous, but which is very likely to cause serious harm. There are few if any protective factors to mitigate or reduce that risk. The service user requires long term risk management, including planned supervision and close monitoring, and when the service user has the capacity to respond, intensive and organised treatment.

55. Of note, please reference the detail in the low-risk explanation that suggests the time frame being considered as **between now and the next scheduled risk assessment**. As I was referring AR to additional multi-agency services including CAMHS, FCAMHS and Social Care I was aware that further risk assessments would be taking place within the near future with the most appropriate services to deal with AR's risk long term.

56. From review of my assessment whilst completing this witness statement I have identified the below specific risk to others I was concerned about during the assessment:

- Context/nature of offence
- Disclosures about offence
- Possession of blades on 2 x occasions recently (The Range and today)
- Escalation of behaviour
- Lack of empathy/remorse

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- Social isolation
- Currently in a school for children with behavioural difficulties
- Risk of extremism – Although not identified specifically to me during assessment
- Indicators of ASD – Unmet need
- Limited involvement with wider multi-agency services including children's or mental health services

57. Protective factors considered during assessment:

- AR did not appear to lack capacity
- AR did not display any indicators of serious mental illness i.e. Psychosis or a mood disorder
- AR contributed helpfully to risk assessment by way of engaging in an open and honest discussion about the circumstances leading up to his arrest
- AR is currently open to PREVENT
- AR has no previous involvement with the criminal justice system
- AR displayed some understanding of neurodiversity
- Denial of current thoughts to harm others
- Denied carrying weapons regularly
- Dad engaged in discussion around risk to others and appeared to accept my suggestions for immediate risk management strategies – There was no known history of violence in the home
- Dad provided verbal agreement for referrals to be completed to Forensic CAMHS, CAMHS and Social Care.

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58. My professional judgement of the level of risk to others AR presented with: To Others: SA10 Medium – AR has no history of previous offending or violent behaviour. Initial context of offence suggests this was retaliation. However, AR's response to why he assaulted a different child is of concern along with his lack of empathy/remorse. AR has already been excluded from school for carrying a knife and his current offence also includes the use of weapons and a direct statement that he was intending to seriously harm someone. This appears related to poor problem solving ability consistent with a possible ASD diagnosis. There are also serious concerns about AR's use of the Internet and the nature of the information he has been accessing. AR is currently open to the PREVENT Team around possible radicalisation.
59. As part of my risk assessment, I discussed the case with both the Speciality Registrar (SPR) on call for Mersey Care Dr Anwar and Liaison and Diversion Operational Manager Sadie Canning-Dosser to ensure an MDT approach to risk management. Both agreed that an assessment under the Mental Health Act does not appear indicated at this point, but he does require some further input from services. Dr Anwar suggested that I inform his family of the disclosures made during assessment and provide advice around managing risk in the short term.
60. As per previous explanation of Liaison and Diversion Services, I was satisfied that mental health services did not need to take full ownership of the risks presented (As AR did not present in mental health crisis and did not require an assessment under the Mental Health Act) and current risk management required a multiagency response with Police and Social Care also using the frameworks available to them. This decision included taking account of AR being a 13-year-old child at the time of contact.
61. I did ask my managers for advice on if a SAVRY would be helpful. This formed part of my risk management plan as documented in my assessment. This was due to not having completed or considered one before during my time with the team. A Structured Assessment of Violence and Risk in Youth (SAVRY) is a tool designed to evaluate the potential for violence in adolescents aged 12-18. Whilst I had no previous experiencing of using the tool, I had a general awareness of what they were used for and that they form part of Mersey Care's SA10 Policy Use of Clinical Risk Assessments (Please see SH/01 - MERC000008). I was advised that we were not best placed to complete this and it could be considered by CAMHS or FCAMHS as per Datix response (SH/15 - MERC000007).

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62. I am not aware of any further risk management available to the team at the time.

MULTI DISCIPLINARY MEETINGS HELD ON 21ST JANUARY 2020 AND 4TH OF MARCH 2020

63. This was the first time I had taken part in a consultation/referral with FCAMHS. My understanding is that FCAMHS would provide specialist risk management, if appropriate, or accept them onto their caseload for ongoing support. My understanding of what would happen is that John Hicklin would meet with the professionals involved with AR and chair/lead an MDT discussion which would identify any areas of concern that those professionals had in relation to AR's risk to others. FCAMHS would then consider this in line with any mental health and neurodiversity needs and either accept them for assessment or offer risk management advice to the wider multi-agency team. There were no specific actions for CJLDT. I have made reference on Rio to:

Agreed that John Hicklin will discuss with CAMHS what appropriate support can be given to AR whilst he is awaiting a specialist school placement and diagnosis. John has agreed to visit for a review after speaking with Skott to identify an appropriate plan going forward. Identified that AR needs an appropriate school placement ASAP which will be able to support his diagnosis.

64. In relation to this specific action: John has agreed to visit for a review after speaking with Skott to identify an appropriate plan going forward. I am unable to recall exactly what this "visit" is in reference to.

65. My notes of both FCAMHS meetings are very brief and I have not made any specific reference on Rio to concerns I had at the time. However, from reviewing the notes contained in **LCC000020**, it has been documented that I expressed concern about the nature of AR harming someone that he liked, and we currently did not seem to have a good understanding of why he committed this offence. I also raised concerns about the possibility of all agencies closing i.e. CAMHS and Social Care and was concerned that the criminal justice pathway may not provide sufficient on-going monitoring of this if AR received a lower-level outcome from court. I also had concerns about being unable to expedite AR's assessment for ASD.

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66. I have not documented any specific concerns on Rio relating to how the case was handled by FCAMHS and am unable to recall any specific concerns I may have had at the time.

67. I am unable to recall these specific statements being made and have not made reference to this my notes. Therefore, I am unable comment further on this.

- “I don’t have a crystal ball, none of us have! We can’t say whether he’s likely to offend again. There are kids who have carried out serious offences, they still have a right to an education”. ii. “There were no crystal balls and [John Hicklin] would offer a £5 bet to anyone who could say what was going to happen next”.

68. I have not made any specific notes relating to whether or not I agreed with FCAMHS decision at the time. That said, I did not challenge this decision which suggests I did agree. Whilst I cannot be sure of my decision making at the time, my assumption now based on the information contained in (GMMH000007) would be that due to AR not having a confirmed diagnosis of ASD nor presenting with mental illness, he did not meet the criteria for input from a specialist forensic CAMHS team nor did they have any risk management tools that could be applied to children without a confirmed diagnosis. As I am not a specialist Forensic CAMHS practitioner, I do not know if this assumption is correct.

69. I only met AR on one occasion when he was arrested on 11.12.2019. Additionally, I had no further contact with any family members after meeting his Mum and Dad on 11.12.2019. As documented in paragraph 40 of this witness statement, AR was closed to CJLDT after the final consultation with FCAMHS as all of his criminal justice matters had been dealt with and all appropriate referrals had been made and specialist assessments completed by social care, CAMHS and FCAMHS.

70. My decision making around closing the case to CJLDT was because all appropriate services who I had referred to at the beginning of my involvement had completed their specialist assessments and identified if AR was appropriate for intervention or not with their service. AR was offered short term input from CAMHS around understanding emotions. Moving forward, AR would have YOT involvement for 10 months which would include a further risk assessment as identified in GMMH000007 as an AssetPlus which would focus specifically on offending behaviour and risk along with AR and his family continuing to receive support from Early Help via Social Care.

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INVOLVEMENT WITH OTHER AGENCIES

71. In terms of involvement with other agencies, generally, I felt this was good. I had some initial difficulties with Lancashire Social Care accepting the referral, however, once accepted, I had no further difficulties. I was aware that FCAMHS were having some difficulty contacting Skott Morgan from CAMHS and as seen in SH/18 - MERC000022 I suggested that John Hicklin make direct contact with CAMHS to identify if Skott Morgan was on long term sickness. I had some difficulties contacting CAMHS to obtain the outcome to my urgent referral. Outside of this, and from recollection, I do not remember that I encountered any further difficulties. However, it is worth noting, that after the initial assessment, I had no further information to contribute and had no reason to make contact outside of the safeguarding/FCAMHS Consultation.
72. I am aware that when AR first came to in contact with CJDLT, his case was complicated by his address being in a different geographical area to his GP meaning the agencies involved worked under different boundaries. i.e. difficulties in identifying which Police Force, CAMHS or Local Authority would have appropriate information and take ownership. This did appear to resolve quickly.

REFLECTION ON EVENTS

73. Since finding out AR was responsible for these events, I have spent a significant amount of time reflecting on my involvement and my part in what has caused, and continues to cause, so much pain and devastation for those involved.
74. I do acknowledge that my record keeping of the FCAMHS meetings and general record keeping could have been much better.
75. I have also considered that perhaps with a better understanding of FCAMHS acceptance criteria, or what specific risk tools they had available to them, if that knowledge would have resulted in my decision to close the case being different.
76. I am unable to remember if AR's case was discussed in MDT at the point of closure. This may have enabled a further MDT discussion if this was not completed.
77. I believe that some of the difficulties in AR's case arose from him not having a formal diagnosis of ASD. There appeared to be limited statutory services available to support and manage risk in this specific area at that time.

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78. In terms of the training, guidance and resources available to me at the time, I can comment that I do feel I had satisfactory access to what I needed to do my job. Working between the criminal justice system and mental health services is a complex area and my job involved dealing with a significant amount of multifaceted risk often with very limited information at the point of contact. I had a team of experienced Practitioners and Managers who were always available for guidance and support. I had access to support at the time of contact by way of management and SPR for immediate risk management, regular supervision and MDT meetings. Additionally, I had access to specialist safeguarding advice and support and wider professionals whom I made contact with. I do not feel that I made any risk decisions alone.

79. Even with the benefit of hindsight, I am unable to identify any further professionals or interventions that I could have utilised, at that point in time, within the remit of my role as a Liaison and Diversion Practitioner. I spoke to multiple additional professionals from various specialities at different points including safeguarding, managers, psychiatrist, Police and a CAMHS psychiatrist to ensure that I had done everything possible to support risk management and there was nothing different suggested to me by anyone else I approached for advice.

IMPROVEMENTS

80. As I have not worked for Criminal Justice Liaison and Diversion for many years and no longer work for Mersey Care NHS Foundation Trust on a substantive contract, I am unable to comment about any improvements that have been made as a direct result of these events.

81. My involvement in AR's case was limited, in terms of the overall events, and I am unable to make any recommendations for future services.

OTHER MATTERS

82. During my overall time with CJLDT, there were a number of changes made to our working arrangements via Organisational Change and bidding to remain as the team that offered CJLDT services within Merseyside. I have made my statement by way of memory from involvement more than 5 years ago and by referencing the processes, that to the best of my current knowledge, I believe were in place at that time. In terms of the key facts of the case, actions taken and the way risk was managed, this is not changed.

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83. Due to my involvement in AR's case being more than 5 years ago, my recollection of specific details is very limited. I have answered to the best of my knowledge and heavily relied on the notes I have recorded.

FURTHER DISCLOSURE

84. As identified in paragraph 8, I have made refence to weekly MDT discussions held by CJLDT. These were normally recorded and added to Rio by a member of administrative staff. I cannot account for why there is no record of this on Rio, if AR was discussed at these meetings.

85. During my time at Mersey Care NHS Trust, I had access to 2 email accounts. The Stephanie.Hallaron@merseycare.nhs.uk and additionally a secure email Stephanie.Hallaron@nhs.net account that I no longer have access to.

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.

Signed: Stephanie Hallaron

Dated: 24th September 2025

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