Witness Name: Oonagh Victoria Killen

Statement No.: 1

Exhibits: VK/01 – VK/05

Dated: 25 July 2025

THE SOUTHPORT INQUIRY

Exhibit VK/02 – FCAMHS Consultation Letters dated 11 February 2020 and 9 March 2020

Greater Manchester Mental Health
NHS Foundation Trust

Fcamhs Nw Team
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WE ARE SOCIAL

Our ref: DPA
NHS Number: DPA

Tuesday 11th February 2020

STRICTLY PRIVATE AND CONFIDENTIAL
Stephanie Hallaron
Mental Health Practitioner
Merseycare
L20 3XX

By Email:
stephanie.hallaron@merseycare.nhs.uk

Dear Stephanie,

Re: Axel Rudakubana **D.O.B**: 07/08/2006
Address: 10 Old School Close, Banks, Southport, PR9 8SB

Thank you for your recent referral of Axel to FCAMHS and for arranging the meeting of professionals which took place on the 21st of January 2020. I agreed at this meeting to send this letter as a brief overview of the salient issues discussed and initial recommendations. We have a second meeting arranged for the 4th of March to review the case. I have now had opportunity to discuss the case with Skott Morgan from CAMHS. I have made Skott aware of the concerns of professionals. Skott will be attending the meeting on the 4th of March and will be able to give feedback as to the role of CAMHS.

At the time of referral Axel was open to PREVENT in relation to him accessing beheading and mass shooting videos. The case has now been closed to PREVENT. Axel has been arrested on a charge of possessing a bladed article in a school setting. Seemingly Axel returned to the school following him being the victim of an assault and assaulted another boy and was prevented from escalating this assault further. He demonstrated little insight into the potential consequences of his behaviour for himself or others. His computer is currently being searched by the police as part of an ongoing investigation. You reported that he is likely however to receive an out of court disposal

Axel's presentation is seen as likely to meet criteria for a diagnosis on the autistic spectrum and there is a family history of this. He is on a waiting list with the local paediatric team for assessment. At the meeting of the professionals the expected time before a diagnosis for ASC was confirmed as being approximately 2 years. We commented that a diagnosis will be fundamental in categorising and managing Axel's high risk behaviour, in supporting of an EHCP application and in identifying a specialist education provision. Given the level of concern that was felt by professionals, liaison with the paediatric team needs to take place to ensure that they are aware of the concerns and that the paediatric team contribute to the risk management plan. I discussed this with Skott Morgan and Skott will discuss with colleagues at CAMHS how escalation of concerns to the paediatric team can be supported by CAMHS.

I highlighted that the most important factor in managing the risk posed by Axel will be identification and integration into an appropriate educational provision. I commented that the education service will need

to complete their own risk assessment of the suitability of any identified placement. This will need to be completed in line with the process of gaining an EHCP.

We were informed that risk management strategies such as his parents hiding knives from Axel had not worked as these strategies were in place before his offence. The pre-meditated nature of his offence was also highlighted in that Axel booked a taxi to the school and altered the handle of the hockey stick he took to use as a weapon. It was also highlighted that he boy he assaulted was someone he has previously “liked”. Professionals questioned whether his being the victim of bullying was accurate or rather related to Axel’s propensity to misjudge social interaction. It was reported that Axel has identified and communicated to teaching staff when he perceives himself to be at increased risk of acting out behaviour. It was concerning that he had begun to develop an “intensity” to some of his interactions with staff and pupils at the specialist provision ‘Acorn School’ similar to how he had behaved at his previous mainstream school. This behaviour has contributed to him being suspended from this specialist provision and being outside of access to full time education.

We discussed the need for parents to be provided with additional support in their parenting of children with autism. Skott Morgan highlighted that the family has been signposted to support agencies and that there may be additional services that could be accessed if needed. Axel is socially isolated. Clearly the routine and structure of an appropriate education placement is important but Axel will likely need additional support in accessing social activities outside of formal education. CSC highlighted that there may be no formal role for their service as parents are compliant with the plan but Axel would benefit from a mentor/support in accessing social provision.

I also highlighted that Axel would likely benefit from psychologically informed interventions to address his high risk behaviour delivered with him taking into consideration his likely diagnosis of ASC. In considering reducing the risk of Axel engaging in interpersonal violence he would benefit from such interventions being focussed on improving his ability to think consequentially; improving his capacity for an empathic response; developing a range of alternative strategies to anger and developing strategies to manage stressors in his life. These interventions should focus on emotional recognition and regulation. Skott Morgan will liaise with colleagues in CAMHS and make comment at the forthcoming meeting as to how this need may be met.

I trust this is a helpful summary. Please contact me if any clarification is needed.

Yours sincerely

SIGNATURE

John Hicklin
Clinical Nurse Specialist

Greater Manchester Mental Health
NHS Foundation Trust

Our ref: DPA
NHS Number: DPA

Monday, 09 March 2020

STRICTLY PRIVATE AND CONFIDENTIAL
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WE ARE SOCIAL

Dear Stephanie

Re: Axel Rudakubana **D.O.B**: 07/08/2006
Address: 10 Old School Close, Banks, Southport, PR9 8SB

I am writing to thank you again for coordinating the second professionals meeting on the 4th March 2020 following your referral of Axel to FCAMHS. I am aware that the case has been closed to your service but I am writing this summary for your record and for you to share with local agencies if this is felt to be helpful.

Subsequent to our initial consultation on the 21st of January 2020 Axel has received a 10 month referral order. Anna Croll (YOT) is completing an AssetPlus assessment and will then be coordinating interventions to address offending behaviour. She concurred with professionals as to Axel's presentation being consistent with a likely ASC diagnosis.

CAMHS were not present at the meeting. The case has been closed to them as Axel is not felt to have additional mental health needs and a referral has been made on the ASC pathway. As previously indicated I had hoped that CAMHS would be able to advise as to access to local support provision and support escalation of priority to the paediatric team.

It was reported that CSC have signposted parents to the Information Advice Service to support them in an application for an EHCP. There was extended discussion as to the risk posed by Axel in the context of his ASC presentation and concerns were raised as to his parent's lack of insight into the complexities of his needs and presentation. Education staff made comment on the likely pathway to specialist education provision and indicated that there is scope for this to be expedited.

I made comment that risk assessment will be complicated by his likely diagnosis of ASC. The known evidence in this field concurs with the discussion we had about Axel with professionals. The following aspects of young people with an ASC diagnosis should be taken into account when considering the risk

- *Disruption in routines and lack of motivation to change to adaptive behaviour*
- *Social naivety*
- *Specialist interests associated with the condition*

- *Experiences of being bullied/rejected and desire for retribution "this may lead to assault on a perpetrator or displacement onto another often completely innocent person" (as demonstrated by Axel)*
- *Hostility to parents*
- *Sensory sensitivities*
- *Following the lead of strong influencer*
- *Lack of awareness of wrong doing*
- *Deficits in empathy or lack of recognition of fear in others*
- *Not seeing consequences*
- *Comorbid mental health diagnosis (although this has been not to be the case by CAMHS in Axel's case)*
- *Any combination of the above* Bailey, Chitsabesan & Tarbuck (2017)

I am of the opinion that assessment by our service is not indicated as until his diagnosis is complete we would not be able to contribute further to the understanding of risk. I made comment though that Axel being outside of access to fulltime education increases the risk and we would therefore support access to appropriate provision being expedited. He would also likely benefit from access to social support outside of the family. It was reported that the case will step down to early help and as suggested this letter can be shared with relevant professionals. The case will now be closed to FCAMHS but any professional can contact the service for clarification of this letter or if review is indicated because of a significant change in circumstances or risk behaviour.

Yours sincerely

SIGNATURE

John Hicklin
Clinical Nurse Specialist