



**Greater Manchester
Mental Health**
NHS Foundation Trust

NHS No:

Our ref:
NHS Number:

Monday, 09 March 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

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



The Trust is committed to safeguarding children, young people and vulnerable adults and requires all staff and volunteers to share this commitment.

We are proud to be a research active Trust and will inform you of opportunities to take part.

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NHS No: DPA

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