EVIDENCE OF KATHRYN MORRIS

KATHRYN MORRIS, sworn

Examined by MS WAKEMAN

Q. Thank you. And if you could just start by giving us your name.

A. Kathryn Morris.

Q. Thank you. And the first document we're going to look at is your witness statement --

A. Yes.

Q. -- which is AHCH000278. You've got that statement open in front of you. Is that your witness statement?

A. It is, yeah.

Q. And is that statement true to the best of your knowledge and belief?

A. It is.

Q. Great. You can just put that to one side now.

Just to explain for the benefit of the recording that as this evidence is being prerecorded, we don't have the usual technology that we have in the hearing room for bringing up documents so the witness and I will be working from a printed bundle which will have page numbers in it but, for the transcript, I'm going to give the document number reference and the page number for that separately. So there will be two sets of referencing but I'll tell you where to go when the time

comes.

All right, so I just want to start off just to understand a bit about your role and your background, and I understand from your statement that in 2012 you competed a master's in social work?

A. That's right, yeah.

Q. And you qualified a social worker?

A. Yeah.

Q. And that you've been HCPC registered since December 2015?

A. That's right, yeah.

Q. And then I understand that after your master's, you worked at the Fire and Rescue Service in Merseyside for about three years from 2012 to 2015?

A. Yes.

Q. And then you moved to Knowsley Children's Social Care in December 2015?

A. That's correct, yeah.

Q. And then worked as a social worker within Child Protection Team for a period of about four years until 2019?

A. Yeah, that's correct.

Q. And then you became a multi-systemic therapist until August '22?

A. That's correct, yeah.

Q. And then looking now to your time at Alder Hey, you've been employed by CAMHS at Alder Hey since 31 August 2022?
A. That's correct.
Q. And in that role you've been working, firstly, as a mental health practitioner?
A. Yes.
Q. And then later you became a senior mental health practitioner from May '24?
A. That's correct, yeah.
Q. And just for kind of very high level overview of your involvement with AR's case, essentially you were allocated as his case manager on 5 September 2022.
A. That's correct, yeah.
Q. And is it right that you stayed as his case manager until he was discharged from CAMHS on 23 July '24?
A. That's correct, yes.
Q. Thank you. If you just keep -- I think the microphone should be picking your voice up --
A. Oh, sorry.
Q. -- but just keep your voice up ever so slightly, just to be sure.

Okay, so I just -- the first topic I want to ask you a bit about is just the start of your involvement and the handover that you had when you came into the

role.
A. Yes.
Q. So I understand you were taking over from his previous case manager, who was Miss Samantha Steed?
A. That's correct, yes.
Q. And what information do you remember having access to at the start of the involvement? Would it just be the CAMHS electronic patient record?
A. That's correct, yes.
Q. And would that just have information from CAMHS records or records that someone at CAMHS had inputted in, essentially?
A. Essentially, it's CAMHS records but if any information had been received from other agencies, then it could have been put up on there, yes. It can be scanned through.
Q. All right. But you didn't have access to the systems of other agencies?
A. No.
Q. And I think you say in your statement that you looked at the electronic patient records to get up to speed when you started the case?
A. That's correct.
Q. Do you remember would you have done a full review of those records or just had a skim read or somewhere in

between?
A. So what I tend to do with each case that's been allocated to me is go back to the original referral that's come through and go through the case notes. With our system, it's not the easiest to navigate anyway and I had only been there five days, so I was still learning where to go with some of it. So I can't say I've seen all of the documents. But what I did do is create kind of my own crib sheet, if you like, based on AR in preparation ready to have the first meeting with him.
Q. All right. So you would have had a look through some of the records; you may not have looked at every record?
A. That's correct, yes.
Q. Okay. Let's start by -- you mentioned the crib sheet. Let's start by having a look at that and so, for us, it's the very back of the bundle, I'm afraid. It's page 298 and so this is document AHCH000189.
A. Yes.
Q. And we can see it's some handwritten notes. Are these your notes?
A. They are.
Q. And do you remember when you would have made these notes?
A. This was prior to me making contact with AR to arrange his first session. So it will have been early

September -- I think I was allocated on the 5th or thereabouts -- before the first telephone call.

Q. All right. And we see in this handwritten note that you reference various key events that have taken place in relation to AR.

A. Yes.

Q. So we can see there is reference to the hockey stick assault.

A. Yes.

Q. We can see there's reference to him being open to Prevent.

A. Yes.

Q. I think you've recorded that there was no further action taken in relation to Prevent?

A. Yes.

Q. There is a note referencing the involvement of Parenting 2000.

A. Yes.

Q. There's a record of the referral order that was made.

A. Yes.

Q. There is a note that he was researching shootings in schools and the Manchester bombings.

A. Yes.

Q. A note about carrying knives. That's about halfway down the first page, just under where the data protection

caption is.

A. Yes.

Q. And on the third page, if you skip forward -- so this is page 3 of the document, page 300 of the bundle --

A. Yes.

Q. -- we can see that that's where the reference to Prevent is: Open to Prevent re terrorism. Referred to Forensic CAMHS?

A. Correct, yes.

Q. And referred to CAMHS, and you've noted that there was an urgent partnership referral to CAMHS.

A. Yes.

Q. Okay. So various key events were noted there and presumably this information then is things you would have got from the CAMHS records?

A. Yes.

Q. We've got a note of the hockey stick attack, but the Inquiry's obviously heard quite a bit of evidence now about the hockey stick attack and I just want to ask whether you were aware of some additional details about it at the time when you became aware of it.

So there's been some sort of contradictory evidence at times but it seems there was an indication that AR's intent in the hockey stick attack, at least on some of his accounts, was that he was prepared to use

the knife and potentially kill the person he was targeting. Is that something that you were aware of?

A. With regards to the hockey stick -- I'm just trying to look briefly over my notes there to see. I think there was a lot of contradiction with -- I think on some CAMHS notes it did say there was no intent but on some agency notes there was that there was intent. So I think I've seen both.

Q. Would that have been at the time or do you think that's probably in preparation for the Inquiry or since?

A. I think that will have been at the time.

Q. Right. And do you remember being aware of that he had set out to do the hockey stick attack against somebody who he -- a boy at school who he perceived to have been bullying him but he, in fact, ended up just attacking another boy who was just in the wrong place at the wrong time, essentially?

A. Yes, I'm aware of that. I think within that -- I think it's the first page I do state the names of who he was intending.

Q. Yes, I think the name of the boy's been redacted.

A. Redacted, yes.

Q. All right. And when you first became involved, did Ms Steed or anyone else at CAMHS give you a verbal or written handover, as far as you can remember?

A. There was no verbal or written handover from Samantha Steed. I do recall a conversation with my ACL at the time, Assistant Clinical Lead Sam Coppard, where we did discuss various cases at the time and, to my recollection, I do believe that AR was discussed at that time where -- do you want me to go into what that discussion was or ...

Q. Yes.

A. Yes, I think that that's where my instruction of what my focus would be with the case.

Q. From Sam Coppard?

A. Yes.

Q. All right. I just want to now ask you about some other incidents and I just want -- if you can't remember, that's okay, but if you do remember either way the question is just whether at the time you first became involved with AR you were aware of these incidents.

So one was that he'd taken a knife into school on at least ten occasions with the intention of using it?

A. No, I think on my note it says two occasions that he'd carried a knife.

Q. Right. That he'd been researching the London Bridge bombings and making comments about Israel and Palestine at school?

A. No, to my recollection it was the Manchester bombings

and the research of shootings. I can't be 100 per cent certain that I did or I didn't see the others.

Q. An incident in November 2021 where AR had thrown juice over his father?

A. Yes, it's in the case notes from Samantha Steed on that one.

Q. And that also in November 2021, AR had trashed the house?

A. I think I did.

Q. And then there was an incident in March '22 where AR went missing from his home and he was found on a bus in possession of a knife?

A. Yes.

Q. Do you remember being aware of that?

A. Yes.

Q. Okay. So, in fairness to you, all of those instances are in the CAMHS records; so do you think it's from your review of the records that you saw those incidents at the time?

A. Yes.

Q. Okay. I now just want to ask you about some further incidents which I'll just say at the outset, in fairness to you, these don't appear to be in the CAMHS records so it may be that you weren't aware about them. Some of them have only come to light in the Inquiry's

investigation.

So the first is that the Inquiry has reviewed browser history and found that AR at school was, on one occasion, attempting to view graphic images of degloving injuries and injury to an animal. Is that something you were aware of?

A. No, I wasn't.

Q. In November 2019, he attended a lesson where he was being asked to think about how to promote a business, and he said he didn't think it would be a good idea to tell people that his business was new to the area because he thought that people would kill him as they didn't know him, and he went on to say that people don't trust others they don't know in case they get murdered.

A. I don't recall.

Q. There was an incident on 30 November '21 where AR kicked his father and threw a plate at a rental car causing damage to a windscreen?

A. Is that within the CAMHS notes?

Q. I don't believe it is but we'll -- I'll be corrected if I'm wrong.

A. I can't recall if it is or it isn't.

Q. Right. And then during an art lesson on 3 December 2019 he was colouring in pictures from a video game and asked why he was allowed to look at those pictures but

couldn't look at guns on the internet, and then he asked to look at a picture of a severed head?

A. No, I wasn't aware.

Q. 1st February 2021, he was posting material relating to Gaddafi on Instagram which led to a second Prevent referral?

A. No, I wasn't aware.

Q. And then turning to '22, January 2022, he was noted at school to have made some comments about the Holocaust, talked about the death of Princess Diana, water poisonings and then said that in his view sometimes violence was necessary?

A. I don't recall seeing that.

Q. And then there were some further details about the bus incident, which don't appear to be on the CAMHS records, which are that when the police asked him about the incident, he made remarks about wanting to stab people and he said that he either had had thoughts about making poison or that he'd tried to make poison. Were you aware of these extra details?

A. Not that I can recall, no.

Q. Looking at -- I've obviously taken you through a huge amount of various incidents there. Looking at all those incidents together and individually, would those incidents be relevant to your understanding of how he

was presenting and also risk that he might pose?
A. Yes.
Q. And would you accept that it's difficult to accurately assess risk without knowledge of those incidents?
A. Yes. It would be obviously a lot helpful, yes.
Q. All right. You say at paragraph 11 of your statement that you'd had sight of the risk management and care plans --
A. Yes.
Q. -- that had been completed by previous colleagues.
A. Yes.
Q. And CAMHS has done an internal learning review, which you no doubt will be aware of, which essentially found that CAMHS practitioners had done a risk assessment on triage when he first came to the service on 11 October and 15 December, and thereafter the risk management tool was only competed on three occasions: 8 January 2020, so that was by Mr Skott Morgan, and then by you on two occasions, 22 February '24 and 23 July '24?
A. Yes.
Q. Just for the tape, the reference for that is AHCH000294 and it's paragraphs 352 and 355.
So by the time that you took over as case manager in September 2022, there'd only actually been one post triage risk assessment done. That was Skott Morgan's?

A. Skott Morgan's.
Q. And the Inquiry's heard evidence, and I think this concurs with something you say in your statement, that the general expectation was for case managers to do the risk assessment tool every three months; is that right?
A. Yes.
Q. Do you remember if you were, when you first came to the case, surprised to see that no risk assessment had been done in the period from 2020 to September '22?
A. I think from my recollection when I first opened the risk management plan there was comment on there from Samantha Steed which would make me think that she had updated it.
Q. Right. And would you have had access to any other risk assessments from other agencies, for example, at the start of your involvement?
A. Not that I can recall seeing on the system, no.
Q. Okay. And just a few more things about things you were first aware of when you became involved. So CAMHS referrals: we obviously know there were multiple referrals to CAMHS from different sources. Do you remember if that's something you were aware of?
A. I think from recollection I recall the referral from school and GP, I think it was, from recollection.
Q. And did you draw any significance from the fact there's

been multiple CAMHS referrals? Is that unusual?
A. It's not unusual, no.
Q. So did you draw any -- did that indicate any concern to you or particular risk or --
A. No. What I tend to do with that is just look and see what intervention was -- where you were signposted to. That's the information I take from it.
Q. All right. And would you have had a look at the CAMHS referral documents when you first started the cases?
A. I would have, yeah.
Q. Okay. And then FCAMHS. We know that you were aware about the FCAMHS referral because we see it in your handwritten notes. Were you aware that he'd been closed to FCAMHS, and this was in March 2020 he would have been closed?
A. So there was -- just to be clear with the FCAMHS that I haven't had sight of the FCAMHS referral. That was just taken from information within the case file. So that could -- may well have been on the referral or one of Skott's first case notes. I can't say exactly where I got that from, but the FCAMHS referral hadn't been sighted by myself or the assessment hadn't been sighted by me.

Just ask me that question again, sorry. I've just ...

Q. Yes. I was just asking if you were aware that he -- so he's been -- I know that you were aware he was referred to FCAMHS but were you also aware that he was closed to FCAMHS in March 2020?
A. I couldn't be 100 per cent certain to say I didn't or I didn't.
Q. The Inquiry's heard some evidence that Mr Hicklin, who was the person assigned to the case in FCAMHS, he had sent two letters following the two multidisciplinary meetings that took place and these -- due to a scanning error, these were never uploaded on to the CAMHS electronic patient system. So do you remember if you would have ever had sight of those letters or if they weren't on the records you likely didn't see them?
A. I've never seen the FCAMHS, yes.
Q. No. So is it fair to say you wouldn't have known the extent of which FCAMHS were involved necessarily?
A. No, I wouldn't.
Q. Or the recommendations that they made?
A. No.
Q. Presumably you also wouldn't have been aware that they'd closed AR to FCAMHS, but only because they said they couldn't do an assessment of him until he had an autism diagnosis?
A. Mmm.

Q. And they had invited agencies to re-refer back to FCAMHS after if there was a significant change in behaviour or risk behaviour. Were you aware of either of those things?
A. I wasn't aware of them, no.
Q. All right. Did you take any reassurance from the fact that FCAMHS had, to some extent, been involved as far as you were aware?
A. Yes. I did take reassurance from them and also from the youth offending that the work had been completed following the (unclear) referral order and he'd also sought some support from targeted youth support, if I've got that the right way round. So that was reassuring to see that the intervention had been completed.
Q. Did that, do you think, change your perception of any risk that he might pose, do you think, looking back?
A. No, because risk is always assessed dynamically in the present there and then, so it wouldn't never have steered me away from asking a question about risk to him. That's a given assessment anyway.
Q. And then just final point on this. Prevent: we know from your note that you were aware at least of the first Prevent referral. Do you remember if you were aware of the second and third Prevent referrals?
A. I don't recall further referrals, no.

Q. Were you aware that he had been closed by Prevent by the time you came in?
A. Yes. I think on my crib sheet I think I may well have put "Prevent" and then "no further action" next to it, if I'm -- I can't remember whether -- I think I did. I put "no further action next to it." I'll just double-check that. Yeah, open to Prevent and then no further action.
Q. All right. Is that the first page?
A. Yes. Apologies, it's just under where it says "assessed by criminal justice team" just towards the top, find "parents in 2000" and then work your way down.
Q. Thank you. And so this is document AHCH000189 and it's page 1.

Do you remember similarly with FCAMHS with Prevent did you take any reassurance from the fact that they'd looked at his case and it was no longer open?
A. I did, yes.
Q. In what sense?
A. Again, like I've just said, their intervention and what I say is the specialist assessors in that field, if that's their area of expertise, that the assessments will have been done.
Q. Right. And then if we could just have a quick look at your witness statement, I think this links back to

something you said earlier. So this is page 4 of your witness statement. Have you got that in front of you? Sorry, it's page 4 of the bundle.

A. Yes, it's the big one.

Q. So looking at paragraph 11, and looking five lines from the bottom, you say:

"My focus was drawn to the most recent presenting issues which at that time were anxiety and support for AR with his autism spectrum disorder diagnosis. Therefore, this was to be my area of discussion when meeting with IR to create a formulation of need and identify the appropriate treatment intervention."

A. Yes.

Q. And I think you mentioned earlier that it was your handover with Sam Coppard that you think led you to kind of have that focus for your session with AR?

A. That's correct, yes.

Q. Do you think, looking back at that now, that your focus was more on treating anxiety symptoms and offering support with ASD than considering, perhaps, any risk he might have posed to others?

A. Not necessarily, no. So as part of my initial assessment that I will do with every young person that I meet at CAMHS, risk is an element that features within that assessment. So that question will have and was

asked when I met AR for the first time. So I think for the purpose of the assessment -- for the witness statement, I think elaborating a little bit more on that, as I say, that it wasn't just that that I was going in to speak to him about. There was a more structured assessment to it.

Q. But it's fair to say that the matters you set out there that was the focus of what you were doing with AR?

A. They were the presenting issues, yes.

Q. Did you at any stage of your involvement with AR think about whether he might have a conduct disorder? Is that something you would diagnose or investigate?

A. It's not, no.

Q. Why is that? Is that because it would be someone else's job to look into?

A. Yes. It's not an area of my expertise in that I've never worked with conduct disorder before and I've never assessed, so that wouldn't be something.

Q. Would that be a role for the consultant psychiatrist?

A. Psychiatrist, yes.

Q. Right. If you met someone and you had suspicions they might have a conduct disorder, is that something you flagged at the psychiatrist?

A. Yes, that would be flagged to the psychiatrist or within a MDT meeting.

Q. And did you have any concerns about the way AR was presenting that he might have conduct disorder?
A. No, considering I'd only met him on two occasions.
Q. Right. Okay, thank you very much for that. So that kind of brings the first topic to the end about what you knew at the start. I just have a couple of very short questions about information sharing and I just want to understand how information was flowing between CAMHS and other agencies.
A. Okay.
Q. Are you able to just briefly explain how that worked or how you expected it to work?
A. Just from when I was allocated to AR?
Q. Yes.
A. So initially I wasn't aware of who was involved with AR at the time. So I did have a telephone conversation with Dad to try and ascertain that information from him which Dad did provide for me, and I made contact with school and the inclusion team as well to get a bit of an understanding of what -- why they were involved, what work they were going to be doing with him because often we can find that sometimes interventions can overlap and I think for the interest of the young person it's always really important to have clear roles of responsibility so they know who's doing what and when. So that's what

I was trying to establish at the time.

Q. And if there were -- so we covered a number of incidents earlier that weren't brought to your attention or you weren't aware of. Would you have expected agencies that were aware of those incidents to be reporting that information into CAMHS?

A. Yes.

Q. And how was CAMHS' information shared with agencies? So if you found out something concerning, how would you share that with other agencies?

A. So sometimes it can be done via a group telephone call, if we call a professionals meeting together, dependent on the significance of the information that was coming in. If it was urgent, then we would call an emergency professionals meeting and that information would be given with all involved.

Sometimes we can have group emails on our secure networks, so we can just send a quick email so that we know that everybody's getting it. So, yes, it would be to contact the agencies and let them know what information I had.

Q. Okay. And when information was shared, was that only when a concern arose or was there a kind of routine pattern of information sharing?

A. No, I would say that there was no routine pattern of

information sharing. The meetings that were set up by myself in, I think it was March and May, September -- forgive me for the dates if they're not correct -- I initiated them meetings for the agencies to come together and then keeping in contact with regards to any further updates wasn't -- didn't easily flow, I should say.

Q. I understand. So I now want to move to ask you some questions about your -- kind of go through the narrative of your contact and involvement with AR. In your statement, you very helpfully set out a very detailed account of all of your contact and involvement with AR, so I'm not going to go through every single appointment or email or telephone call. I'm just going to pick out the perhaps more key events that took place.

So I think if we start towards the beginning, one of the first notable things that happened is that AR didn't attend his first scheduled appointment with you on 26 September?

A. Yes.

Q. And, as I understand from your statement, you called his father to find out why he'd failed to attend and he said that AR didn't like meeting new people or being in an unfamiliar environment and that he was asleep.

A. Yes, that's correct.

Q. But it was agreed that you were going to reschedule?
A. Yes.
Q. And I think you alluded to this earlier but AR or his father also shared contact details for the Local Authority Inclusion Team and Presfields school?
A. That's correct, yes.
Q. And you contacted the school later that day?
A. Yes.
Q. All right. I'll then skip forward a bit in the chronology. So I think you had a video appointment on 20 October '22?
A. That's correct, yes.
Q. That was attended by AR and his father?
A. Yes.
Q. As I understand from your statement, AR was present but didn't want to be seen on camera or engage?
A. Yes, that's correct, yes.
Q. And that he only wanted to have CAMHS involvement basically for the psychiatry and medication?
A. That's correct, yes.
Q. So he wasn't particularly interested in anything you might be able to offer; is that fair?
A. Yes, that's fair to say.
Q. AR's father reported to you that he was taking his medication and his presentation at home seemed a bit

better?
A. That's correct, yes.
Q. He was eating, seemed happier, but he was still struggling to leave the house?
A. That's correct, yes.
Q. As I understand from your statement, there wasn't a discussion about risk to self or others at that particular meeting; is that right?
A. Is that 20 October?
Q. Yes.
A. I think -- can I just have a look? Is that okay? I think I do ask Dad at that point if there's any deliberate self-harm or if there's any risk --
Q. Yes, so --
A. Sorry, no risk to self or others was disclosed. So yes.
Q. So you may have discussed it but they didn't disclose any?
A. That's correct, yes.
Q. All right, thank you. Then you had a face-to-face appointment with AR on 7 November '22.
A. Yes.
Q. You've covered it in your statement at paragraphs 30 to 34, so I'm not going to rehash the details that are there. Just to pick out one particular detail. This is at paragraph 32. There it says that AR offered

information on how he'd been expelled from the Range High School for carrying a knife and spoke of how he didn't intend to hurt anyone but carried it for his own protection. He denied at that time having thoughts about wanting to cause any harm to his peers, adding that he did not feel comfortable leaving the house without his parents due to increasing anxiety.

So this is in November '22.

A. Yes.

Q. He goes on at paragraph 33 to -- you explain there that AR shared how police had previously been called to the family home five times within a 12-month period and he wouldn't elaborate that any further, even though you tried to encourage him that it was a safe space to do so?

A. Yes.

Q. Did you -- firstly, did you -- when AR said that he had carried the knife but didn't intend to hurt anyone and used it for his own protection, did you take any steps to consider the accuracy or honesty of that statement or --

A. I think at the time, given that it was the first session with AR, and what I tried to do was build a rapport up, so I didn't at that time then challenge AR to say "because this is what I've already read". I'd already

noticed that we were dealing with a young person that already felt judged by a system, by his family, anyway and given at that first, I didn't push, I didn't --

Q. I understand why you might not want to challenge him on it in the session but did you take his word for what he was saying or, behind the scenes, were you thinking that that might contradict some of the other evidence that you'd seen about it?

A. Yes because obviously some of the information that was on the system was different to what AR was saying.

Q. So how much comfort or reassurance did you take from him saying that he didn't intend to hurt anyone when thinking about risk?

A. I think following on from, just as my witness statement goes down there, I do speak to AR directly about how he feels at the moment about that young person, about his peers, and whether he does feel that he would hurt anybody again on the present day, not historically, and he did say that he didn't.

Again, this was the first time that I'd met him. Obviously, as you can appreciate, my role is not to judge the young person that's sitting in front of me and to build that report with him, and my hope was the session that followed two weeks later I could really start to delve a little bit more deeper with him.

Q. I understand. Yes, and then -- so you were due to see him, I think, on 28 November '22?
A. That's correct.
Q. But he failed to attend that appointment?
A. He did.
Q. Then I understand from your statement that in December '22 he reached the top of the waiting list for CBT, cognitive behaviour therapy?
A. That's correct.
Q. You set out details there but, in short, you informed AR and his parents about this opportunity but they didn't ultimately opt in to ensure that he received the treatment?
A. (Unclear: coughing)
Q. I understand you then saw AR in a face-to-face appointment on 16 January 2023?
A. Yes.
Q. And you say in your statement that he only wanted to remain open to CAMHS at that stage for basically medication, and he didn't want to have any further involvement; is that right?
A. That's correct, yes.
Q. Was there anything else significant about that appointment that you can remember, anything?
A. On 18 January?

Q. 16 January?
A. 16 January. Can I just have a look at my witness statement?
Q. Of course, yes. So it's paragraph 53.
A. Yes. So that session it didn't last as long as what we needed it to and also the Dad had refused to complete the rPATDs questionnaires with me during that session as well when he'd returned, and just that again at that point where I'd met AR face-to-face I'd also asked about harm to himself and also harm to others.
Q. Yes, and you've recorded at 56 of your statement that he didn't disclose any deliberate self-harm or urges to self-harm and didn't share any ideations of harm to others?
A. That's correct, yes.
Q. All right. Then if we move forward to February '23, so this is 16 February, you explain at 60 of your statement that his father called you to ask for your support completing an educational healthcare plan, an EHCP?
A. That's correct.
Q. And you offered a further appointment to be able to do that?
A. Yes.
Q. Is it right that you also warned AR's father that if he failed to attend that appointment, you were going to

request a discharge from CAMHS due to further appointments?

A. I think it was discussion with MDT before, because obviously discharge has to be a collective decision that's made. It's not a sole decision. So I think, if I recall, I said I'd be taking it to MDT to discuss further.

Q. Okay. Would that be standard practice if you've got a young person who doesn't want to engage further with CAMHS?

A. Yes, when he's withdrew consent.

Q. I understand. You then say in your statement at 63 that you had an appointment on 1 March '23 which AR failed to attend.

A. Correct, yes.

Q. And you explain that you didn't see him for any further case management sessions after that point, but he stayed open because of a slight technicality in the system where his parents were having family therapy and so he had to have a case manager allocated?

A. Yes, that's correct. And I think there was a further -- there might have been two further appointments that were requested after March, and I think that follows my attendance at a multi-agency meeting where I see that AR was engaging with agencies. So I was trying to make

another opportunity to engage him with our service.
Q. But he didn't?
A. He didn't, no.
Q. All right. Yes, and you explain in your statement there was a multi-agency meeting on 2 March '23. That's covered at paragraph 65 of your statement, so I won't -- I don't need to trouble you for further details about that.

And there was a further multidisciplinary team meeting on 8 March 2023. So this is paragraph 74 onwards of your statement. You've set out in some detail there the key points from that meeting but, in short, you highlighted at the meeting a lack of engagement with CAMHS?
A. Yes.
Q. That there was a strained family dynamic with parents struggling to set boundaries?
A. Correct, yes.
Q. AR was struggling to sleep and was being prescribed sertraline by psychiatry?
A. Yes.
Q. And there was a general concern, I think, at that meeting that AR's needs were not being met.
A. By whom?
Q. I'll just find you the point in the statement. So it's

bottom of -- so it's paragraph 75.

A. 75. I'm with you, yes. I've got it.

Q. You say there was a general feeling that AR's needs were not being met. Do you remember in what sense that was? Was it in terms of from parents or from agencies?

A. I think with regards to that was there was always a difficulty with parents who engage and see the relevance and importance of CAMHS sessions. They didn't feel that it fell under the health category, and I always -- well, I felt that the parents weren't supportive of our intervention that we were attempting to offer, and then obviously cancellations on the day by Dad or just not turning up was a worry with that. So I think in relation to that and, obviously, not being in education as well.

Q. I understand. If we could now have a look at an email exchange that you had with Dr Molyneux, and this was on 15 May '23. So this is -- in our bundle, it's page 293. This is document AHCH000185. And if you just have a look at page 294 of the bundle, and at the bottom of the page you'll see there's an email from AR's father to Presfields school and I think that this was copied to you and Dr Molyneux; is that right?

A. It was, yes.

Q. Effectively, it was an email to the school from AR's

father saying that he wanted AR to have a different teacher on the basis that he found -- AR found a particular teacher to be boring?

A. Correct, yes.

Q. And we can see Dr Molyneux forwards that to you with three exclamation marks and then you reply at 9.20 on 15 May:

"Seriously, this is more systemic than mental health do you think? I feel the parents aren't clear on how to manage AR's ASD."

Then you talk a bit about the fact that there's a review meeting and you say:

"This case baffles me."

What did you mean when you said it's more systemic than mental health?

A. Basically with regards to boundary setting with families, and we knew that there was a strained relationship between AR and his Dad within that home anyway and also with his other brother. In the sense that Parenting 2000 had been completed but also we were asking him to do Riding the Rapids, which is a specific way for autism, because conversations I had had with Dad and Mum made me think/question whether they understood autism and whether they needed some support with regards to strategies to support AR at home. So that's where

I was coming from with regards to systemic.

Q. I understand. And then we have Dr Molyneux, if you go to the previous page, he sends a reply later that morning and he says:

"Don't know whether it's over-accommodation, safeguarding, gaslighting or some combination of the above but, yeah, the one thing that's clear is that it's systemic."

What did you understand his comments to mean, particularly about over-accommodation, safeguarding and gaslighting?

A. I think with regards to the overall accommodation again, like I've mentioned earlier about the encouragement or lack of encouragement from parents towards AR to attend his meetings, changes in appointments and venues, so home visits, no video calls, no telephone call, no clinic call, it presented that AR was telling them what he wanted but in a way that it wasn't his voice was being expressed. It was more a dictation.

So that with regards to over-accommodation, I think with regards to that one as well, and I'm not quite sure how Dr. Molyneux's responded, but there was a lot around fast food as well with AR and he would say what he would eat and when he would eat and parents would give him that.

Safeguarding-wide, I don't think it was anything with regards to AR likely to suffer significant harm or suffering from significant harm in any way. I think that was more a case of the fact that he's out of school and therefore that that's a worry in itself that he's not getting his education and he's not going to meet them milestones.

Gaslighting, if my memory recalls, I think that was in relation to -- I think it was regards to parents, specifically Dad, kind of not sharing with agencies or contradicting things that was being said to agencies. I'd have to go back over my statement, sorry. I can't --

Q. Did you share the concerns that Dr Molyneux was voicing in that email?

A. Yes.

Q. All right. We can then go forward to on 16 May 23 you completed a CAMHS CYP current view form?

A. Yes.

Q. Do you want to just briefly explain what that form is?

A. Yes. So that is a children and young person's form which -- god, I'm trying to do it from memory now and my mind's just gone blank. Luckily -- because it's changed as well.

Q. Do you want to have a look at the form?

A. Could I, if that's okay, because I don't want to say the new one and get it mixed up.
Q. It's page 220 of the bundle and, for the recording, it's AHCH000164 at page 147 to 148. So if you go to page 220 of the bundle, that should be the May one. So this is the one completed by you on 16 May.
A. Yes.
Q. I think you were just explaining essentially what this form is.
A. Yes. So with regards to this form, what we do is we have a rating, low -- it was low, moderate, severe and that will be within a series of brackets in questions -- bundles of five where we look at a young person, kind of what their anxiety is like, whether they leave the home, if they've heard any risk to self or others, any difficulties with their extremes of mood, and we rate them on, as I say, from low to severe I think it is.
Q. But this is different, as I understand it, to the risk management tool entries that you fill out?
A. This is completely different to risk management, yes.
Q. Okay.
A. This current view is based on the hear and now. So what's happening today, yes.
Q. Okay. So you've completed this in May '23. I think you quite candidly say in your statement that you accept it

should have been completed back in September '22 when it first came in --

A. Should have, yes.

Q. -- but essentially you had a high case load at that time?

A. That's correct, yes.

Q. So was it essentially a resourcing issue do you think?

A. It was, yes.

Q. Right. Can we just -- we touched on -- just one moment. Right, so if we have a look at the next page. So for us it's page 221, for those not using the hard copy bundle it's page 148 of the document and question 16, it says "poses risk to others" and you've selected "not known". You explain in your statement you think that's probably mistaken. You would have intended to click "none"; is that right?

A. That's correct, yes.

Q. Knowing -- well, at that time, you obviously were aware that he'd had quite a concerning previous history, including possession of knives, attack on a fellow pupil, and violence and verbal aggression towards his father. Did you take those factors into when thinking about assessing risk here?

A. Not at this point because, as I've said earlier, this form is the here and now in the present. It doesn't

allow for historic. That's where we have made changes within our system now that we do have a comments box that we can put that in. But ultimately historical information will be in the risk assessment and care plan.

Q. All right. But would the current assessment of risk, would that not take into account what's known that somebody's done previously given that if someone's done something very, very serious in the past but that they currently don't -- they're saying at the moment they're not going to do anything again, wouldn't you factor in that past information as well? Or shouldn't you?

A. Not within here. That would be for the risk assessment.

Q. Right. Did you feel you could accurately assess risk in this form when you didn't have eyes on him in the sense that he wasn't engaging with treatment at that time?

A. Is this the May, is it, that I completed this one --

Q. Yes, May '23.

A. -- just to remind myself of the date, yes. So I had seen him on two occasions where risk was assessed and I had also spoken to Dad, and also with the agencies at this point as well who were not raising any concerns at that time to risk to self or risk to others. So I did feel that the current status at that time was that he did not present any risk.

Q. Okay. And if we look -- if we go back to the first page of that current B form so, for you it's page 220, we can see in question 6 to 9 depression and low mood is marked as "severe". I'm asked to ask you was that a diagnosis or just some symptoms that he was presenting that you were concerned about? Where did that come from?
A. So I would never have diagnosed with depression. That is just to kind of evidence there really that he was inside and what he was presenting was with his low moods and obviously what Dad was telling us "low mood", agencies "low mood". So I deemed that appropriate to put it as "severe".
Q. I understand. And at that time did you do anything in terms of trying to escalate concerns about low mood or depression?
A. I think at that time -- and forgive me if I've got this date wrong -- I think targeted support services were coming in, or due to be coming in, who were going to be doing some work around anxiety and also around getting out into the community to support, obviously to lift his mood, to integrate him into the community around him, get him involved in social clubs and stuff. If I'm correct in thinking, that might have been within the May meeting or was it -- I can't remember if it was the March meeting. I can't recall.

Q. Right. Well, we're going to come on to the multidisciplinary meeting on 25 May. So that is on page 22 of your statement. Paragraph 94 onwards you deal with that. Yes.

So you set out quite a bit of detail there which I won't go over now, save to say that in overview at that meeting is it right that there was a report that AR had attended school slightly more?

A. Yes.

Q. And that was viewed to be a massive step forward for AR?

A. Yes.

Q. And, despite that, Dr Molyneux is still reporting patchy engagement and that he had not seen AR in clinic?

A. Yes.

Q. All right. Over the summer of 2023, I understand that you offered some further appointments but AR didn't attend?

A. That's correct, yes.

Q. I think that's probably what you were referencing earlier when you said --

A. Yes, it was.

Q. Okay. And then 5 June 2023 there was an updated care plan for A, as I understand it.

A. Yes.

Q. So this is -- if you could look at page -- so it's the

document that starts on page 74. This is AHCH000164 and we're going to look at pages 155 to 156 which, for you, will be page 228.

A. Okay.

Q. Thank you.

A. Yes.

Q. All right. So we see this is a care plan completed by you on 5 June and history and presenting problems you record there:

"Referred to CAMHS due to low mood, radicalisation, bringing knife to school, attack on peers, police involvement."

A. Okay.

Q. To what extent was that information still being sort of the actively considered or taken into account at that stage, would you say?

A. I think regards to obviously the low mood that was being discussed, radicalisation and bringing the knife to school, I think in the early part of one of the meetings it might have been briefly discussed with nothing to kind of bring up to say this is something that agencies or parents are still concerned about.

Q. Okay. And then let's jump forward slightly in the narrative to September '23 and to 25 September, which is -- so you'll be aware Dr. Molyneux conducted a home

visit and then I think he emailed you on the 25th to essentially give you an update to let you know how it had gone?

A. Yes.

Q. Is it right that that home visit had been triggered essentially because he was concerned that AR hadn't attended his medication review appointments?

A. Yes.

Q. And he hadn't seen him for over six months?

A. That's correct, yes.

Q. Okay. If we could have a look at his email, this is -- for you it's on page 241, I believe. This is AHCH000145. So it's an email but it looks like somebody's added it into the CAMHS record to make sure it's captured?

A. Yes.

Q. And quite a lot of detail set out there but, in summary, Dr. Molyneux says that he hasn't seen AR for over six months, he hasn't taken medication, he was staying in his bedroom and hadn't attended college, he'd only attended a few times in the term; is that right?

A. That's correct, yes.

Q. He also said that he, AR, hadn't left the house for a few months and was spending all his time watching videos online, including late into the night, and he hadn't had

a bath or shower in the last month; is that right?
A. Yes.
Q. He notes that Early Help were closing the case but it seemed as though a social worker was involved, yes?
A. That's correct, yes.
Q. And then he concludes that he was struggling to see if there's any further role for psychiatry or CAMHS as a whole?
A. Yes.
Q. And you explain in your statement that you had a verbal exchange, you think, with Dr. Molyneux after that email but you didn't make a record of that call?
A. No.
Q. Okay. I don't know if you saw Dr. Molyneux's evidence to the Inquiry or not but he conceded in his evidence that he was unaware of the vast majority, really, of AR's forensic history save that he knew that AR had brought a knife into school, he had some awareness of the hockey stick, incident and also the bus, the knife on the bus incident. And he was asked:

"If you'd known what was capable of being known at the time about risk history, risk to others, wouldn't all of these features (so increasingly isolating himself, he's disengaged, not engaging with mental health professionals, spending increasing time on

computers) wouldn't they have flagged up actually as an increased risk of concern about the risk to others?"

And he said:

"I think that's a fair comment. It would have put a different complexion on things. Even if not by themselves, they would necessarily hugely significant [he's saying] and it could only have increased the sense of a risk of harm to others that would warrant further explanation."

So that was what he said about it. But we know that you were aware of quite a lot of the forensic history, although not every incident. Did you at that time consider whether that history should have raised an increased concern about risk to others in light of what Dr Molyneux was telling you here?

A. I think what could have happened there was more of an exploration on the computer and seeing what was going on to aid an assessment, really. Again, at that time, we didn't have current evidence to suggest that he was at risk. He wasn't leaving the home. We knew that. He was not leaving that home without Mum or Dad which, from memory, I think was very rare.

But I think what could have been done differently there was exploring further with that computer usage.

Q. Do you think looking back now, and knowing what

Dr. Molyneux did and didn't know, is it concerning to you that, as the treating consultant psychiatrist, he was operating unaware of much of the forensic history?

A. Just read that one again, sorry.

Q. Yes. It's just whether you think it's concerning that Dr. Molyneux, as the treating psychiatrist, was unaware of much of AR's history at that time?

A. I think it would have aided his assessment. As he said there, had he have known of it, it would have given him more to assess.

Q. What was the expectation in terms of information sharing between the case manager and the psychiatrist? Did you expect him to be doing his own review of the CAMHS records, or were you expected to brief him on events in the CAMHS record?

A. Yes. Generally how it works when you work with psychiatry is that they would review their own -- the record themselves historically and then, when you're allocated, if there's anything of significance from a session or from any type of agency then what we tend to do is draft an email or, if they're in, we'll go and speak to them directly. But if there's nothing within a session note of any relevance, then we would leave it for them to look prior to their next review.

Q. Okay. You've been provided previously with a copy of

the report of Dr. Irani, the expert who the Inquiry has instructed.

A. Yes.

Q. She says at 3.2.2.1 of her report -- I don't necessarily need you to turn it up, but it's DRI000001 -- so she says:

"AR was outwith parental control. He'd been presenting a risk in the family home. He was looking withdrawn, spending considerable periods of time on his computer, not looking after himself, he hadn't showered for more than a month. Right back in September 2023 when reviewing his attendance and parents' inability to make him engage, these should have been escalated through safeguarding. Around this time when CAMHS were unable to meet directly with him, consideration should have been given to carrying out a Mental Health Act assessment and safeguarding concerns should have been escalated through Children's Services."

So that's what she would have expected CAMHS to do. Who in CAMHS would have had responsibility for, firstly, considering a Mental Health Act assessment and, secondly, escalation of safeguarding concerns?

A. The Mental Health Act assessment would be a consultant psychiatrist and the safeguarding supervision would be the responsibility of both myself, the case manager and

consultant psychiatrist.

Q. Looking back at those factors now of concern and the view of Dr Irani, do you accept that in hindsight you should have raised safeguarding concerns through Children's Services at that point?

A. Yes, in hindsight, yes.

Q. Dr. Irani's conclusion really is that the CAMHS response to AR's deterioration wasn't adequate for those reasons. Would you presumably agree with that then?

A. Just say that again, sorry.

Q. Yes, whether you'd agree with Dr. Irani's view that the CAMHS response to AR's deterioration, certainly by September '23, wasn't adequate?

A. Yes, I would agree.

Q. I know we touched on FCAMHS at the beginning. The Inquiry's had evidence from Mr. Hicklin, the FCAMHS practitioner who was assigned to AR's case, and he was asked if there was a period of being isolated, leaving the house, not taking medication, increasing time on computers, lack of washing, not attending school. In the context of an ASD diagnosis, he was asked whether that should have prompted a re-referral to CAMHS and he said that it should.

Looking back in hindsight, do you think that's another thing that perhaps should have been done?

A. I think, given had I had sight of the FCAMHS assessment and was aware of it and the recommendations that were made, then, yes, a re-referral would have been made back.
Q. I understand. So moving on from that September '23-part now -- so we've been going for just over an hour, do you want to have a short break?
A. Would you mind?
Q. Of course.
(A short break)
MS WAKEMAN: It's 3.10 and we're just resuming. So just before the break we looked at September 2023.
A. Yes.
Q. We sort of skipped forward a bit, but it's fair to say that over the months that followed, so October through to February -- October '23 through to February '24 AR's engagement didn't improve?
A. It didn't, no.
Q. And neither you nor Dr Molyneux were able to see him in that time?
A. I can't be 100 per cent certain with Dr Molyneux without looking, but I know I definitely --
Q. You didn't see him?
A. Yes, I definitely didn't then.
Q. So in that period he wasn't having contact with mental

health professionals and he was disengaged from the treatment. As I understand it, the only sort of real potential change was that AR's father informed Dr Molyneux in an email that AR had taken a shower on one occasion?

A. Yes, that's correct, yes.

Q. Looking back now at that period in hindsight, do you think that that extended period of disengagement with CAMHS should have given rise to some concern about AR?

A. I think looking back in hindsight with it definitely, yes.

Q. It's fair to say that there were problems engaging him throughout his treatment with CAMHS. Do you think there's anything more that CAMHS could have done to try to re-engage AR?

A. I think if we looked at maybe some more different ways that we could have encouraged him to come. Maybe, on reflection, I thought of maybe like a therapeutic letter I could have wrote to AR to kind of set out what the intention was, how we could have maybe looked at potentially key work, although he was very clear that -- and I think that's what made it so difficult. He was very clear he didn't want us involved and he was 17 years of age, he would remove consent. It did make it quite difficult.

Q. I now just want to turn to 22 February 2024. This is when you did a review of the risk in care plan and you also did a CAMHS current view?
A. Yes.
Q. So this is document -- so for you it's on page 283. This is document AHCH000154. And I think, as you helpfully explained earlier, there we can see that various case managers have put notes on this and you can see it says "note by Sam Steed" and for various ones "note by Mr Morgan"?
A. Yes.
Q. Do you recall in perhaps looking at this did you add any new information or were you just reviewing what was already there, do you remember, because I can't see, unless I've missed it, that there's one with your name next to it?
A. I think with regard to -- with regards to the update, I don't think there was further risk that I'd put on as there was no risk to update, but I think it might have been within the care -- so the risk assessment and the care plan were one document at that time. So I'm just querying whether it may well have been that I'd updated the care plan to maybe put in about his non-engagement.
Q. Yes, if that helps you. So on page 286, I think.
A. That's it --

Q. Here it says "case manager", it's got your name. So do you think that this was the update that you added that we see? So this is page 4 of AHCH000154.

A. Yes, I think it is. I'm just checking. Yes, it's -- I think the update for me has been the anxiety preventing him from the home, and then there's several not attended appointments and to case management sessions, and then with noting down that the consent had been withdrawn.

Q. All right. So we can see there's some record of previous incidents here. So it says:

"Radicalisation, bringing knife to school, attack on peers, police involvement. Current understanding of the problem is struggles with anxiety that prevents him from leaving the home to attend school and appointments. Frequently expressed that he's happy with his current life and does not want support, other than medication."

So we don't see many of the other incidents that AR was involved in that you were aware of. Is that the sort of thing that, in hindsight, you think you should have recorded in either the care plan or the risk plan, or was that not the expectation?

A. I think personally, yes, I should have put more detail within there and also with dates as well because I think that would have been a lot more helpful to break it

down.

Q. I understand. And if we look now at -- for you, it's over the page, I think, yes. So this is the child and young person current view that you did the same day. This is AHCH000155 and we can see again this is 22 February '24 and for question 16 it's recorded:

"Poses risk to others. None."

Had you known that which was knowable (so by that I mean the stuff that you did know but also the things that other agencies perhaps knew and didn't communicate to CAMHS), would you have reached a different conclusion about that risk, do you think?

A. Yes. Certainly if agencies had shared risk with me at that time that certainly wouldn't have been "none".

Q. Not necessarily sharing risk but if they told you about -- do you remember at the start we went through those various incidents that you weren't aware of -- if those incidents, for example, had been brought to your attention, do you think that would have factored in to this risk assessment?

A. I think again, as earlier stated, the current view is the present risk, not historical.

Q. But if you'd known at that stage all of the concerning forensic history in relation to AR, would that have impacted your assessment of his current risk in February

'24?

A. Not necessarily because at the time we'd had two years -- was the two years prior to me completing that was the last incident. So, again, this is based only on current.

Q. I understand.

Following completion of this risk assessment, we know that on 16 April '24 Dr Molyneux decided to discharge AR from CAMHS psychiatry; is that right?

A. That's correct, yes.

Q. Did he have a discussion with you prior to making that decision or is that a decision he would have taken by himself?

A. If I recall, I think myself, Dr Molyneux and also Sam Coppard, ACL, had had a conversation prior where we kind of set out the plan. Once family therapy had been completed, then they would close to CAMHS following, obviously, Dr Molyneux's appointment in the home and him not being comfortable with prescribing the medication. The plan would already -- we'd had that conversation. I don't recall him coming to me again and saying, "Is this correct?" I do recall following him saying, "I've discharged AR from psychiatry" because the letter will get sent over you see, so.

Q. And the final family therapy session, I think, took

place on 23 April '24?

A. I think so, yes.

Q. And then the sort of final involvement you had we skip forward slightly to 23 July '24?

A. Yes.

Q. So this is AHCH000160 which is -- it should be at page 289 for us. Apologies, I'm just having difficulties finding that in the bundle. (Pause)

All right, I think if we look at the current view for the same day first, so this is AHCH000159 on page 289. So this is the current view form. Again, we've got the same question there, question 16 "poses risk to others: none."

I think we may be missing the AHCH000160 from the bundle. I know that your legal team may have had a hard copy of the papers. Do we have those here to look at? Or could they be -- could we take -- let's just take a five minute break just to get those documents. Thank you.

(A short break)

MS WAKEMAN: So we just had a short break to obtain a missing document which has now been obtained and it's now 3.30 and we'll just carry on.

So we are looking at AHCH000160, which is the risk -- the CAMHS risk assessment and management tool

and this is the entry dated 23 July 2024. Again, we see in this record that there's various notes completed by Sam Steed and Mr Skott Morgan. Do you recall whether you added additional text when you updated it or whether you were reviewing what they had put there?

A. I think it was a review and the additional information, as I said earlier, the risk management and the care plan was one form. So I think my update was going onto the care plan.

Q. And is that -- you can see -- all right, so for the actual risk assessment you don't think you added any further detail to that which was already here?

A. No. I'm just thinking with regards to any incidents that had occurred. No, no, there was nothing else to add in there.

Q. So do you think in hindsight it would have been appropriate to include, for example, AR's -- the factors we went through earlier. So AR's increasing time on computer, disengagement from treatment, not leaving the house, not washing, those kind of factors?

A. Yes, I think definitely that should have been within the risk assessment. I do allude to it in the care plan but not as in-depth as it should have been.

Q. And it's also fair to say, looking at the records that the previous case managers have added, whilst there are

some of the incidents, certainly in terms of forensic previous history, we don't necessarily see all of the incidents that would have been available to CAMHS practitioners.

A. That's correct, yes.

Q. The Inquiry has obviously heard evidence from Dr Vicky Killen, clinical lead at CAMHS, and her evidence was that when she looked at the risk assessments completed by CAMHS, she felt that they lacked sufficient detail in terms of risk as well as a proper understanding of the background history of the concerning events that had taken place in relation to AR.

Do you accept that looking back now?

A. Yes, I think with regards to the final risk management tool, I think what I could have done is added more context to what previous case managers had put in and also, as I've just said, the information I put on the care plan bring over to the risk assessment. I think I've done that but with it being just one document rather than two separate. But, yes, there could have been more information put in.

Q. All right. And you say in your witness statement at paragraph 223 -- you don't necessarily need to turn it up -- but:

"At the time of completing the CAMHS current view

form for AR there was no evidence to suggest he posed a risk to others. I recorded this as 'poses risk to others: none.'"

Had you known everything that was knowable (so that was everything in the CAMHS records, everything you in fact knew, but also the other incidents that the other agencies knew and perhaps you weren't aware of), would you have reached a different conclusion about risk, do you think?

A. I think with regards to the current view, it's present. It's that day. It doesn't take into account historical risk. That's what the risk assessment is for. I think what I could have done on that final one is maybe put "not known".

Q. Because?

A. Because I hadn't spoken to any agencies prior to get an update, so.

Q. So even with all your knowledge at the time about the history and everything that the other agencies knew that you weren't aware of, but you do now know, you still think the current risk in July '24 should have been either "not known" or "none"?

A. I think what's really difficult is it was a few days prior to the incident that happened which makes it look awful. It really does and I've never lost sight of

that. Can I take a brief break?

Q. Yes, of course. Take a minute.

(A short break)

MS WAKEMAN: Okay, thank you. So we're just starting again shortly before 3.45. And the question that I was asking you about is whether essentially you think you still would have put "poses risk to others: none" in light of all of the forensic history in AR's case.

A. So I think given the way it looks, very black and white, and you can see it was only ... some days prior to the incident that happened, at that time the risk I wasn't aware to others. There was -- nothing had been given me any evidence to suggest that there was. It had been successfully closed down at family therapy, successfully closed down at psychiatry, and I personally wasn't aware of what had happened the week prior. Had I have known that, AR would never had been discharged from CAMHS.

Q. Right. And the Inquiry has heard evidence from Dr Killen, the clinical lead, about the risk assessments completed by CAMHS and her view was that the risk assessments did lack detail, as well as a proper understanding of the background history. Would you agree with that looking back at it now?

A. Yes, I think the information could have been padded out a lot more.

Q. And, ultimately, Dr Killen said that she felt the risk assessment fell far short of what would have been expected and that she felt the risk posed by AR should have been recorded. Looking back now, would you agree with that?
A. Would you say that one again to me, sorry.
Q. Yes. So she -- well, I'll maybe take it in two parts.

Her view was that the risk assessment fell very far short of being acceptable.
A. Yes.
Q. You would accept that?
A. Yes.
Q. And her view was that the risk posed by AR at that time should have been recorded there rather than entering "none"?
A. I think for reasons said with the evidence that was given to me that was presented at that time and with that being a current document and not an historic, then, no, I wouldn't agree.
Q. Right. I now just want to step away from those specific risk assessments and just ask you a bit about risk assessment generally.

So you will have seen that that's covered by Dr Irani in her report and she's made some findings about risk. Dr Killen agreed with the conclusions of

Dr Irani that the risk assessment tool, so the actual tool itself, being used by CAMHS was inadequate and, because of that, they both said there were failures earlier on in CAMHS's involvement to properly assess risk correctly and, by the later stages, that led to risk not being adequately assessed.

Would you agree with that?

A. I would agree, yes.

Q. Dr Irani went on to say that she felt a structured professional risk assessment tool, like a SAVRY, should have been used in AR's case. Is that something that you would be qualified to carry out?

A. I have been trained in SAVRY, however never used, and that would come from an instruction from senior to request that type of assessment.

Forgive me if I get this a little bit mixed up, because I've never worked with SAVRY before, but I'm almost certain we would look to FCAMHS for that but I couldn't be 100 per cent certain on it.

Q. Did you ever consider whether SAVRY should be conducted during your time on AR's case, either by FCAMHS or somebody else or someone in CAMHS?

A. No.

Q. Why's that? Is that because it's not something you typically do or --

A. Yes, it's not something I've ever -- I've never used before.
Q. As to discharge then, finally, you say at paragraph 64 of your statement that if there are no risk presenting behaviours or social care involvement, the young person is discharged. Does it follow that if there are risk presenting behaviours to others, then the young person would not typically be discharged from CAMHS?
A. No, the young person wouldn't be discharged.
Q. And if they weren't discharged, what steps would follow on from that at CAMHS, or would it depend?
A. So in relation to AR, given that he was only a week, I think, maybe two weeks away from his 18th birthday, then we would have been looking to transition over to adult if we identified a need there.

Similarly, sometimes CAMHS does close at the age of 18. However, if there's ongoing intervention we will keep the young person open until 19. But we would have liaised with adult transition to see what support would be available and make the necessary referrals there.
Q. We know that you went to -- you discharged AR from CAMHS on 23 July, so the same day as the risk management tool --
A. Yes.
Q. -- that current view, and we've got the closure record

which is at page 240 of your bundle.

A. "240" did you say?

Q. Yes. And this is ACCH000161. So here it's recorded do you consider that reasons for AR's referral -- sorry, looking at reasons for closure "treatment completed" is what you've marked?

A. Yes.

Q. Would that be, like, a drop-down box or is that something you type in?

A. No, it's a drop-down box.

Q. And you note here that the reasons for the referral which we've covered already, low mood, radicalisation, knife to school, attack on peers, police involvement --

A. Yes.

Q. -- did you feel that those matters had been addressed by the CAMHS treatment or did you have a view on that?

A. I think with regards to the radicalisation and the knife and the police involvement, I think throughout my allocation with AR is that that had been dealt with previously by specialised agencies.

With regard to low mood, I think there was very much an up and down passing with AR with regards to his moods. Some days he could -- contact would be that he was low, some contact would be he would be really good and he'd showered and he was eating and everything was

okay, and I think in context of his autism I think low mood is something that he will continue to struggle with because -- by virtue of his autism.

Q. Did you feel that anything concrete was achieved with AR by CAMHS's involvement?

A. I think if we looked at the trials of medication that he was on, the offers of intervention that were there, and the successful closure of family therapy as well, and the agencies that were involved at the time due to his reaching out and requesting likes of Early Help. So yes, I think the support had been there.

Q. Did you have a process within CAMHS -- and I'm asked to ask you this -- for assessing, and even before or after the discharge, what had been achieved and whether any issues remained outstanding? Was there a sort of formal system for doing that?

A. No, not for after discharge. Once the young person's discharged from the intervention, they're discharged. There may well -- and I can't be 100 per cent certain and I know there's audits that occur throughout involvement. I'm not 100 per cent certain about afterwards. That's not my area of domain, sorry.

Q. I understand, yes. It's fair to say that this document doesn't appear to give consideration for ongoing risk of harm to others posed by AR. Looking back, do you think

that's something that should have been covered in this document?

A. I think with regards to this, the reasons, the summary of referral could have been -- as I've said earlier with the risk assessment, that could have been a lot more -- it could have been more context put into what the incidents were and the dates.

Q. Right. And, I'm sorry, I should have picked up with you at the time when you mentioned it but when we were looking at the risk assessment and the assessment of the current young person form that you completed on 23 July, I think you made passing reference to if you had been aware of something that happened the previous week. Are you referring to the incident on 22 July '24 where AR got in a taxi and his family believed --

A. Yes.

Q. -- that he was going off to do another attack and may have a knife?

A. Yes.

Q. All right. So was that something that you were aware of at the time?

A. No.

Q. Okay. And if you had been made aware of that, how would that have changed your assessment of risk and the decision to discharge?

A. There wouldn't have been a decision to discharge. So it would have been police involvement, social care involvement, professional strategy meetings. Consideration would have been then given to the mental capacity -- Mental Health Act and the team would have obviously been around. But there would be no way he'd have been discharged from our service.

Q. All right. And throughout the course of your involvement generally, who was it or which lead agency -- which agency did you understand to have lead responsibility for assessing and managing AR's risk?

A. So from my involvement when I first come in, it was Lancashire County Council where he was open to the inclusion team. It then went -- I then become involved -- so it was Lancashire County Council.

Then we moved to Early Help Children's Social Care. I want to say around about May when Ashleigh Williams first becomes involved. And then that remained until October '23, if my memory recalls, and then the lead professional is then school because they hold it on a TAF, which is a Team Around the Family.

Q. Right. The Inquiry's heard evidence from various individuals from different agencies so far in its hearings. It does appear to emerge that there is an absence of a clear lead responsibility in AR's -- lead

agency with responsibility in AR's case. Would you agree with that or do you think that, in your view, there was a clear lead agency?

A. I think when I was in meetings I always knew who the lead was. I think what failed is the communication following them meetings and follow up of actions. I personally did feel like I knew who the lead agency was at that time.

Q. And to be clear, so it was LCC at the start?

A. For the start of my involvement and then I think -- I'd have to go back and look at the dates correctly -- but I think if it's May when Ashleigh Williams first becomes involved, the lead then goes to Children's Social Care and that remains up until they closed which, if memory serves, I think it's September '23 or October '23, and then it is school which is Presfields. They become the team around the family at level 2. That is documented within the minutes, as well, that they are the lead professional.

Q. Okay. And you'd expect those lead professionals to be the ones assessing and managing AR's risk, would you?

A. Yes.

Q. Looking at -- looking back at it now and your involvement with AR, do you think to some extent CAMHS's focus was on treating mental health symptoms and working

on the basis really that risk to others was being dealt with or had already been dealt with by others?

A. Yes, I think that's fair to say. Certainly when I'd taken over the case you do see no further action. There isn't any report on like FCAMHS that are clearly making recommendations. However, there was no sight of that for us to refer back to. So, yes, I think it was that the risk at that time had been dealt with or intervention had been put into support.

Q. In the discharge note, we don't see any sort of plan for any future requirements or future service needs. Is that type of planning something that CAMHS would do?

A. Sorry, I was going to start interrupting there.

Q. No, no, it's okay.

A. Yes. So we have an adult transition worker that works with our team that we would take and, in this instance, I had a conversation with her with regards to AR and what support, if any, would be available. It wasn't deemed appropriate at that time that he needed additional support around a mental health need from adults, but that a conversation is always held with transition to see.

Q. I understand. I'm now asked by one of the core participants to just ask you some questions about general impressions of AR, his family and family

dynamics and I think we've touched on a lot of this already, so I'll take it quite quickly.

But, firstly, in respect of AR, were you aware or did you identify any of these issues: minimising seriousness of previous actions; evasiveness; dishonesty; being argumentative; driven by grievance; a lack of reflection, remorse, empathy; or manipulating professionals? Did any of that -- did you see any of that in your experience?

A. I think on the two occasions that I did see him and, on reflection now, there was elements of -- that was quite a long list. I'm trying to remember what there was.

Q. So take a few in turn. So minimising the seriousness of previous events that had taken place or being unwilling to take responsibility for them.

A. I'm not sure on that one with regards to the session that I had with him over the hockey stick, which he didn't minimise it in a way. I'd be unsure on that one. I'd be unsure.

Q. Any dishonesty?

A. Not directly with me it.

Q. Although we touched on that the point earlier that he'd said he had no intention of harming anyone with the knife that he had, and obviously we know from the records that wasn't a consistent account?

A. Yes. Unfortunately, I wasn't able to explore that any further with him to then make that assumption.
Q. Having lack of empathy or remorse?
A. Yes, I think with regard to remorse, yes. No, not showing any remorse.
Q. And, as a professional, did you feel he was manipulating you in any way?
A. Yet but indirectly as in changing of sessions. You know, "I don't want to meet you here, I'll speak to you on the phone". In that sense it was quite manipulating.
Q. I understand. And what about AR's parents? Were there any particular points that stuck out from your interactions with them?
A. My interactions with them would go okay with conversations until I would maybe make a suggestion. For example, as suggested, Early Help: I wanted to make a referral to Early Help. Both Mum and Dad become very defensive with that. They didn't feel that they needed any support and, as with anybody who is a professional in a job, we know what that's like for parents to feel that services are getting involved and sometimes they feel that they're losing some control and some power of it, and I thought I'd tried to explain that really well of how the -- and using Dad's examples of how he told me he was struggling. But we did get met with a barrier

with anything like that.

Again, I think go back to the comments here about over-accommodation. I do think parents did over-accommodate. I don't think they shared what they should have been sharing with professionals, which made it very difficult for us to assess that risk. Yes.

Q. And we obviously know that you came into to replace Ms Steed --

A. Yes.

Q. -- after there were some concerns about AR's father's behaviour. Did you have any concerns about his behaviour in the time that you were with AR?

A. Not to the extent that Samantha Steed had, no.

Q. Okay. I'm now just moving to the last few topics which can be dealt with quite quickly. So multi-agency working is the next one. And you say at paragraph 231 of your statement that you found communication with other agencies to be inconsistent --

A. Yes.

Q. -- and you give the example there that you wouldn't get response to your telephone calls and emails; you weren't being invited to meetings by Presfields; in terms of information share, you struggled to get information to be shared with you.

A. Yes.

Q. And you also highlight that information had been recorded incorrectly in meeting notes and you didn't receive updated minutes?
A. That's correct, yes.
Q. And you found it difficult at times to co-ordinate professional meetings?
A. That's correct, yes.
Q. I think in one particular example in your statement you say that you were having difficulties obtaining information from Social Services in October '22.
A. Yes.
Q. Do you remember if you ever got the information you were trying to get from them?
A. No, I never received it, no.
Q. Dr Irani was asked about to examine the inter-agency working in this case and her conclusions -- I'll summarise them -- were, in short, that when other agencies like Prevent were referred to, it was unclear how they carried out their decision-making and how this was communicated to the services directly involved with AR; minutes of multi-agencies were not clearly documented and shared, and her overall conclusion was that there are a number of meetings, in the absence of a lead agency, a clear handover process, and an appropriate risk assessment, and the inter-agency

working arrangements were not adequate.

Dr Killen agreed with those conclusions in Dr Irani's report. Would you also agree with those conclusions?

A. I would, yes.

Q. Next, record-keeping. As you will have seen, the Alder Hey Internal Learning Review found that record-keeping in AR's case was not adequate. That conclusion was endorsed by Dr Irani and Dr Killen also agreed with that in her -- agreed in her evidence that there were issues with record-keeping in his case and the standards of records. Would you also agree looking at it now?

A. I would agree.

Q. And that would be a concern because if you don't have clear records, that might cause unnecessary treatment or ineffective treatment to be given?

A. Correct.

Q. And it might also affect risk assessment as well?

A. Yes.

Q. Okay. Finally then I just want to turn to your reflections and lessons learned and also look at any improvements that have been made.

So if we could just look in your statement at paragraph 234. So you say -- I'm just going to take you

to two extracts and then just ask you to comment on them. So, firstly, you say:

"During my allocation to AR as his case manager, he never displayed any risk to self or others and there was no evidence to suggest that he had any intent on doing what he did on 29 July '24."

And then at paragraph 236 over the page, you say that:

"Even with the benefit of hindsight, there was nothing in the circumstances that prevailed at the time of care provided by AR and his family that indicated a capacity for extreme harm to others."

Have you reflected further and do you still stand by those statements, or is there anything you'd want to change about that?

A. I think with regards to the point 234, again, that risk was assessed without the historic risk and I think, looking back and in hindsight and on reflection, that historic risk should have been looked at.

Q. When you say "historic risk", do you mean you were -- the historic risks you were aware of and you didn't take them into account or should have taken them into account more fully, or are you referring to incidents that you weren't aware of but you are now aware of?

A. Yes, I think if we look at what we weren't aware of and

the FCAMHS recommendations, I think that -- and given obviously that list that's within that FCAMHS recommendation.

Q. The list of things to look out for?

A. To look out for, yes, I think was -- yes, that would have been very useful for us to have with that. Again, in hindsight with things that we didn't know that were going on.

Q. So if you'd been aware of all of his forensic history that we've covered, it wouldn't have been your view any more that there was no evidence to suggest he was intent on doing --

A. Yes.

Q. -- in causing harm to others.

In terms of things that might have been done differently, I think you've already touched on one with the potential of a re-referral to FCAMHS if you'd known about the consultation letters?

A. Yes.

Q. Looking back now with the benefit of hindsight, would any of the following things have been something that you think could have been done? So further probing of forensic history with AR --

A. Mm-hm.

Q. -- his father and with agencies?

A. Yes.
Q. I think we've covered this but a SAVRY-type risk assessment?
A. I know now, yes, yes.
Q. Investigation for conduct disorder. It may be that you can't comment on that if that's not something you diagnose?
A. Yes. No, I wouldn't -- yes, that's not something I would have diagnosed.
Q. But if -- but knowing all the forensic history you know now, would those have been warning flags that may have prompted you to flag it to a consultant psychiatrist?
A. The consultant psychiatrist, yes.
Q. Another issue I'm asked to explore by a core participant is the -- this will probably mean more to you than to me but care, education and treatment reviews?
A. Yes.
Q. And recommendations made by that. Is that something that you think could or should have been explored in AR's case?
A. So the CETR, which is the -- I never get this right -- care, education, treatment review had initially began with the DSD, which is the dynamic support database, and that was the tool. AR had come through as green which remained -- so it goes to early statement kind of what

the criteria is or with what we call rag(?) racing as green, which date remains within CAMHS.

Q. Okay. And another question that I'm asked to ask you. Do you think that AR's involvement with CAMHS focused too much on what he and his parents were saying rather than looking at the case in the round? I think what's being alluded to there is also the forensic history.

A. Yes, I think with regards that is earliest dated the forensic history we could have spoke directly or tried to speak more about the forensic history with the parents and AR.

Q. Right. And you've set out in your statement at paragraph 238 some improvements that you're aware of that have been made since.

A. Yes.

Q. So you refer to improvements within the referral and triage process, changes to documentation. I'm not going to go through all of those changes now as we've got your statement. Are there any other improvements or changes that you want to draw to the Inquiry's attention?

A. I'm trying to think if there was anything more. I'm trying to scan what I've got through there. I think from what I can say and I do -- forgive me if I've got this wrong, but I think the majority of the improvements are within my witness statement.

Q. Thank you. We have the evidence of Dr Killen as well who's also having some improvements. Okay. Thank you. I don't have any further questions, unless there were any points that you wanted to raise that we've not already covered. We've covered a lot today.

A. Not that I can think of, no, but thank you.

Q. Thank you.