

PO Box 1337
PRESTON
PR2 0TG

C & F Assessment

Details of Child: Axel Rudakubana

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|-------------------|----------------------|--------------------------|------|
| Family Name | Rudakubana | Given Names | Axel |
| Actual DOB | 07-Aug-2006 | Gender | Male |
| Ethnicity | D2 - African | Primary Language | |
| Primary Address | Confidential Address | Telephone (Mobile Phone) | DPA |
| | | Mobile | DPA |
| | | Case Number | DPA |
| Secondary Address | | Current Address | |

Assessment

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| Please Select an Assessment to complete | Child and Family Assessment |
| Assessment type | Safeguarding (including Children in Need) |

Assessment

Basic information

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| Has the parent given consent to information being shared with agencies? | Yes |
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Household members

| Full Name | Relationship | DOB | Gender |
|---------------------|--------------|----------|--------|
| Dion Rudakubana | Brother | DPA 2004 | Male |
| Alphonse Rudakubana | Father | DPA 1975 | Male |
| Laetitia Muzayire | Mother | DPA 1972 | Female |

Non Household members

| Full Name | Relationship | DOB | Gender |
|---|-----------------------|-----|--------|
| Nationality | British | | |
| Ethnicity | D2 - African | | |
| Ethnicity Notes | Black British | | |
| Languages | No Languages Recorded | | |
| Religion | Christian | | |
| Denomination | | | |
| Practising? | No | | |
| Notes | | | |
| Is the child / young person receiving support at SEN level, undergoing an Education Health & Care Needs assessment or have an Education Health & Care plan? | Yes | | |

Key information

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| Date referral was received | 24-Jun-2021 |
| Is this a S47 assessment? | No |
| Reason for assessment Include the views of the child/young person and parents/carers of this referral | Axel and Dion's father has requested an assessment in respect of both children's disability needs under section 17 of the Children Act 1989. |

Dates the child/young person & family members were seen and spoken to

| Date | Person seen |
|-------------|--|
| 02-Aug-2021 | Dion Rudakubana Laetitia Muzayire- Mother Alphonse Rudakubana- Father |
| 09-Aug-2021 | Laetitia Muzayire- Mother Alphonse Rudakubana- Father |
| 18-Aug-2021 | Axel Rudakubana Dion Rudakubana Laetitia Muzayire- Mother Alphonse Rudakubana- Father |

Was the child seen alone? Yes

Are there any specific communication needs for this child or this family?

Dates of planning meetings

Current Legal Status

No Legal Statuses Recorded

Dates of S47s completed in the last 12 months

Date

Child protection plan history No Child Protection History

| Families should be provided with the following information | Yes/No | Date |
|---|--------|-------------|
| Complaints / Compliments procedures | Yes | 02-Aug-2021 |
| Information on access to records | Yes | 02-Aug-2021 |
| Parent and CYP information leaflets on the assessment process | Yes | 02-Aug-2021 |

All Key Agencies

All Key Agencies

| Role | Professional | Agency | Agency Role | Start Date | End Date |
|-----------------------------------|--------------|----------------------------------|----------------|-------------|-------------|
| GP Surgery, Health Centre, Clinic | | Roe Lane Surgery | Health | 24-Jun-2021 | |
| SENDO | Carole Power | SEND Integrated Assessment South | Not Applicable | 01-Sep-2020 | |
| SENCW | Emma Wilson | SEND Integrated Assessment South | Not Applicable | 01-Sep-2020 | |
| EP | Beth Turner | Educational Psychology South | Not Applicable | 17-Apr-2020 | |
| SENDO | Kelly Hayes | SEND Integrated Assessment South | Not Applicable | 16-Mar-2020 | 25-Mar-2020 |
| SENCW | Emma Wilson | SEND Integrated Assessment South | Not Applicable | 16-Mar-2020 | 25-Mar-2020 |
| Community Health Services | | Designated Clinical Officers | Not Applicable | 16-Mar-2020 | |
| EP | Beth Turner | Educational Psychology South | Not Applicable | 16-Mar-2020 | 25-Mar-2020 |
| SCH | | ORMSKIRK - THE ACORNS SCHOOL | School | 17-Oct-2019 | |

Summary of Strengths and Needs

Child's developmental needs

Health

Axel's NHS NUMBER: [DPA]

Laura Mason, Community staff nurse, Virgin Care 0-19 Service reported that Axel does not have any unmet health needs and he is open to the CAMHS service for support. There are no recorded attendances at A&E. Axel has not been seen face to face by our team but was last discussed 05/02/2020 and there are no planned school nurse interventions.

Axel is open to CAMHS, his case manager is Sam Steed, Senior Mental Health Practitioner. Sam advised that Axel has a diagnosis of Autistic Spectrum Disorder (ASD) and he presents with Anxiety. Axel is prescribed Propranolol medication to treat the symptoms of anxiety.

Parents report that Axel is generally well, however they have concerns around Axel's eating. Axel rarely eats food at home and only eats the same foods. Axel has a slight frame and does not eat as much as he should. Father reports that Axel will request certain meals and will find recipes of meals he wants making. As father does most of the cooking, he will attempt these recipes and if they do not look exactly like the photograph, he will refuse to try them. Parents advise that Axel may eat a meal, for example he ate a pasta dish, then would not try it again for weeks later. Parents resort to buying take away meals for Axel if he is refusing to eat, just to get some food into him. Again with takeaway's he will only eat a certain meal from McDonalds and a certain pizza from a specific pizza shop.

Axel is prescribed Iron and Vitamin D from the GP and Propranolol from CAMHS. Parents report that Axel is saying he does not feel any different from taking Propranolol and feels it is not working.

Education

Axel attend Acorns School in Ormskirk. Acorns is a short stay Pupil Referral Unit. Axel was excluded from Range High School following an incident in December 2019 where he physically assaulted a pupil with a hockey stick and was found to have a kitchen knife in his bag. Axel has since been educated at Acorns Schools on a reduced timetable of 1 hour per day.

Axel has an Education and Health Care plan dated 04/08/2020. The plan states under cognition and learning that *"The Educational Psychologist (May 2020) reports that when Axel was attending Acorns there was no evidence that he had learning needs. Axel was able to complete the work that was given and also said it was too easy. It is felt that Axel is a confident learner and if he says he is not going to complete the work it is because he has chosen not to complete the work. When Axel perceived something as being too challenging he will stop work and not be engaged. Axel works better with things that interest him and will concentrate, focus and persist"*

Parents reported that they have requested a review of Axel's EHC plan. They have requested Axel to be educated within a special educational school with autism specialism. They believe that mainstream schools and the current PRU are not the correct environment for Axel and a specialist school with autism knowledge would be able to support Axel's social, communication and autistic needs appropriately. Parents originally enrolled Axel to the same high school as Dion, however they now wish they had tried Axel at the same school all his primary school friends were going to as he really struggled to make social relationships and he was bullied.

Maggie Allred, Axel's teacher, advised that Axel is high functioning and academically able although his self-esteem, confidence issues and behaviours impact upon his learning. Maggie advised she has spent time building a good working relationship with Axel to support him to be able to understand how these factors affect him and look at strategies to help him cope better.

Maggie advised that Axel can have little trust in professionals and he does not like knowing they have paperwork about him. There was an incident where a referral was made to prevent and Axel had read it. At the time Axel had been found to be looking at websites about the IRA bombing of London Bridge. He hid this from the teacher and a referral was sent to Prevent who took no further action. Axel was very upset. Maggie advised that at the time, the concern was due to Axel hiding this and school were unaware of his interest in the news and political affairs. Maggie has spent time with Axel exploring his interests and he now shares things he has seen and is open about exploring things he has seen in the news. Maggie has spoken to Axel about using his interest for future career opportunities such as journalism. Since this time Axel has become wary of professionals and what information they hold about him. He has read his paperwork and become upset, Maggie is currently liaising with his CAMHS worker to re-build her relationship with Axel.

Maggie advised that Axel cannot stay at the PRU long term and she is in agreement that Axel requires SEN provision. Maggie advised that Axel is academically able and has a verbal reasoning score of 125 which is much higher than the average adult. When calm, Axel settles into work and is able to work well, however due to his autism he is inflexible to very small changes in his education and how he is taught and therefore this is why mainstream education did not work for him. Axel requires support for his social needs and empathic skills, however school have struggled to implement this to date due to the other pupils in the school having challenging behaviours and presenting very differently to Axel. Last year Axel was taught 1:1 and sometime 2:1 for 1 hour per day. For this current year Axel will be taught by Maggie again and there will be a TA in the class with one other pupil. Axel will attend 9am-12pm daily and the other pupil 9am-11pm.

Maggie recommended that Axel would benefit from some social support outside of school. She advised that he would require a very skilled trusted professional to slowly build a rapport with Axel at home for approximately 3-6 months as the main barrier for Axel is distrust. Maggie felt it would take approximately 12 months for Axel to be ready to access social activities and would need a graded approach.

Gayle Lavell, Information, Advice and Support Officer for SEND Service, advised that there was an EHC review on 20/05/2021. All agreed that a PRU was not the right setting for Axel and the Local Authority would go back to panel to request a special educational needs school placement for Axel. Gayle advised she would follow this up with the SENDO as parents were still waiting to hear any update.

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| Emotional and Behavioural Development | <p>Axel's EHC plan states <i>"The Educational Psychologist (May 2020) reports that Axel does not make eye contact and that he would rather stand with his head down looking at the floor and would not interact with anyone. It is also reported that if another pupil said something that he did not agree with, he would struggle to accept that other people can have a different view or be able to negotiate, compromise or show empathy... School report that Axel's understanding of language as being very literal and his thinking is very 'black and white'. Axel was also unable to let go of any form of perceived injustice. Axel also experiences difficulties with social nuances in conversations and to work in a group with other pupils...in school Axel had little or no interaction with other pupils or relationships with the staff. Axel can appear to become fixated on particular members of staff. There are concerns of occasions where Axel would say and do things which have been described as sinister. Axel can also appear to be cold and calculating and when in meetings with staff did not appear to be concerned about the seriousness of the meeting. Axel can become really shy and nervous in groups of people. Axel is unable to let go of any real or perceived injustice. and His father believes that if Axel is respected by others then there will be no difficulties but if something is said to him then he will react. Axel has difficulty when managing when things go wrong and he then becomes very angry, if he is angry then he can hit out. There are time when Axel feels that everyone is looking at him, when Axel feels like this he will rub his hands and arms, there has also been reports that Axel's eyes have watered and he has had a lot of saliva in his mouth which is also thought to have been anxiety related."</i></p> <p>Much of Axel's emotional and behavioural responses appear to be due to his inability to empathise and understand others and his behaviours are reactive due to a change in emotion. Parents report that if you say something Axel does not like or related to his eating he can become upset and smash things. Once you know what he likes and doesn't like, it is much easier to keep things calm. Parents advise that it can be difficult balancing the need to discuss certain things and keeping Axel calm enough to have a conversation.</p> <p>Parents report that Axel refuses to go out of the house except to go to school. He does not want to go out with parents and he does not have any friends he can socialise with. Axel can also struggle to manage his behaviour and he displays all lot of his behaviour towards his father. Axel spoke about throwing plates at his father when angry with him in the past but now he throws water over him, as he was told he could get in trouble with the police. Axel will speak over his father and not allow him to speak. Axel appears to be very intolerant of his father and will often call him names. There is clearly a fractured relationship with father, who is the main carer for Axel during the day whilst mother is at work.</p> <p>Axel is open to Samantha Steed, CAMHS practitioner. Sam has been supporting Axel for around 5 months, due to being referred for anxiety and social isolation, he struggles to leave the home except for attending school. Sam is focussing on graded exposure work for Axel to leave the home, however parents are expected to run this and Axel has a poor relationship with his father who is around more often than his mother due to her work commitments. CAMHS have also provided some cookery skills for father as Axel focuses a lot on this, saying his father is a terrible cook and he refuses to eat most foods at home.</p> |
| Identity | <p>Axel is a 15 year old adolescent male. Axel's parents are originally from Rwanda, however Axel was born in the UK. Axel identifies as being part of his immediate family, however does not always interact well with his father. It is unclear what has led to this negative relationship with his father. Axel has low self-confidence and self-esteem which is impacting on his identity and preventing him from accessing the community and social activities. Axel has a recent diagnosis of Autism and he does not always know what this means for him.</p> |
| Family and Social Relationships | <p>Axel and Dion live with their mother Laetitia and father Alphonse in Banks, Southport. Laetitia and Alphonse are originally from Rwanda and have been life partners for 19 years. They both studied at Cardiff University and moved to Southport when Dion was young.</p> <p>Axel and Dion do not have any wider family support in the UK. Laetitia's parents and family all live in Rwanda and Alphonse's parents have sadly passed away.</p> <p>The family do not have any wider support in the local area.</p> |
| Social presentation | <p>Axel was only seen once during the assessment as he did not want to speak with the social worker. When seen Axel presented as confident in sharing information. He was very assertive and spoke over his father. Axel struggled to accept the views of others and resorted to shouting and pouring milk over a bed to make a point. Axel felt that others were lying when in disagreement with him and he struggled to respond to this.</p> |
| Selfcare skills | <p>Axel has age appropriate self-care skills and can complete self-care tasks independently. He may need some prompting and motivation.</p> <p>Occasionally Axel will refuse to comb his hair or have it cut and it has become matted on more than one occasion. At present Axel has a short hair cut, however this could happen again.</p> |
| Parent's / Carer's capacity to respond to the child's needs | |
| Basic care | <p>Parents are able to meet the basic care needs of Axel and Dion. They are provided with a warm, clean and tidy home, food, snacks and age appropriate bedrooms. Dion requires a high level of support to meet his basic care needs and this is provided by parents.</p> |

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| Ensuring safety | <p>During the assessment a concern was shared by Axel's CAMHS practitioner Samantha Steed. During a virtual session Axel had opened up about his relationship with his father and alleged that his father hit his brother Dion. That his father and Dion had an argument and he hit Dion. Axel had said that he gets very frustrated with his father, he shouts at father and throws plates at him so they almost hit him or he throws water over his father. When asked why, Axel reported that father says things like he is going into care. Axel said that his father did not hit him as he knows he would hit him back, He also reported that his father waved a knife at him and said I could kill you right now. Sam is going to attempt to work with both Axel and father in an attempt to resolve some family issues, however at present father is upset that Sam has entertained these allegations and feels very upset by this.</p> <p>When discussing this allegation with the social worker, Axel did not want to speak with the social worker alone and wanted his parents to remain in the room as "I have nothing to hide". Axel said his father " hits eight year olds and he hits Dion" . When asked who the eight year old was he replied "me" . He explained that father hit him when he was eight and that he has hit Dion recently. Axel could not pinpoint a timeframe in which this had happened.</p> <p>There was a lot of tension between Axel and his father as Axel kept shouting at his father to "shut up and stop talking rubbish and deflecting away from what is important". It was difficult to speak to father as he was continually interrupted by Axel and Axel would not leave the room.</p> <p>Dion was spoken to alone and he said that he had no worries and that his dad had not hit or slapped him. Dion did say that when both he and Axel were younger that they would get a smacked bottom for being naughty and this was the only time their father had hit them. Dion has spoken fondly of both o his parents throughout this assessment and raises no concerns. Dion advised that if feeling low he would go to his mother and his father for advice and a cuddle.</p> <p>Axel was made aware that Dion had not raised any concerns and Axel then stated "everyone is lying" . Axel also stated that he hated his father and did not call him dad but Alphonse. Axel stated he used to throw plates at his dad as he was a terrible cook but now he just throws water at him. Axel then proceeded to take milk from the kitchen, upstairs and pour it over his parents bed. Axel stated this was because everyone had lied. Axel made a comment that the reason Dion cannot walk is because of their father, he did not expand upon this.</p> <p>Parents advised that Axel has made allegations to professionals in the past regarding his father and he behaves very negatively towards his father. Father is the main carer for Dion and Axel during the day whilst mother works and relationships have deteriorated further due to Axel spending so much time at home. Father shared that <i>"Axel criticises me, he says I'm a rubbish dad, I'm lazy, he says I don't work and i'm useless. When i try to encourage him to help out and wash up his cup or bowl he refuses and says it's a parents job, he thinks it's slavery. He won't eat anything I cook and shouts at me for not creating meals exactly like the picture on recipes"</i>. Mother has no concerns regarding father and his behaviour towards the children.</p> <p>Father advised that things have been fine since the allegation, he advised that <i>"Axel can react to small things and he can overreact, things have been fine since, he's my son, I love him and everything is fine. We never fight, I have never hit Dion, I think Axel may have heard us talking upstairs whilst he was downstairs, he perceives arguing or talking loudly as fighting. I feel I am a good parent and I do my best, I have given a small smack in the past when young but i do not hit my children. Sometimes we disagree and both Axel and Dion are older so they can voice their opinions and we can have disagreements and raised voices at times but nothing to be of concern"</i> .</p> <p>Regarding the knife incident father advised that they got rid of all the knives from the home after the incident when Axel took a knife to school in 2019. <i>"We only have a small knife to cut onions. I was cutting onions and he perceived it as I had a knife when he was upset with me. I don't know what is going on in his mind, I don't know if he wants to live with me, because sometimes we get on really well and then he does not like me again. I love my son and I know he has autism and I feel responsible as it must be due to us as his parents, I am very protective of him, there is no way I would ever use a knife with him"</i> .</p> <p>Because CAMHS are working with parents regarding their relationship, father thinks Axel see's this as his parents are not good parents because they need help. Axel then gets into this mindset and thinks of all the ways he is not a good father.</p> |
| Emotional warmth | <p>Parents speak warmly and lovingly of both Axel and Dion. they want the best for their children and they clearly love them very much. Dion speaks warmly of his parents. Axel speaks negatively of father and blames father for many issues.</p> |
| Stimulation | <p>Axel has been attending school for 1 hour per day which has provided him with limited education and limited social interaction. Axel does not attend any groups or activities outside of school and refuses to go outside of the home with parents or Dion. Axel spends much of his time watching the news.</p> |
| Guidance and boundaries | <p>Parents appear to implement appropriate rules and boundaries within the home. Axel and Dion respond very differently to parental boundaries being implemented. Dion conforms easily to parental boundaries without any challenge whereas Axel can be more challenging. This is in respect of Axel questioning why and arguing to contrary. Parents manage this effectively by speaking to Axel to explain their view point and giving Axel the opportunity to express his view. Parent report that Axel can accept the boundaries following discussion and debate when clear explanations are given. Parents report that Axel's behaviour can be difficult to manage, particularly since Axel has been at home more on his reduced timetable.</p> |
| Stability | <p>Axel and Dion have been afforded stability with both parents throughout their lives. there has been some instability for both Axel and Dion in relation to school moves, however these have proved to be successful and in their interest.</p> |
| Any other issues affecting Parenting Capacity | |
| The impact and influence of the wider family, community and environmental circumstances | |

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| Family history and functioning | <p>There have been two previous referrals to Children's Social Care for the family.</p> <p>08/10/2019 Referral received from Lancashire Police. The initial referral came from ChildLine regarding Axel being bullied by another pupil in school. As a result Axel had taken a knife from his kitchen to school on several occasions. Axel was spoken to by police and admitted to taking the knife to school previously. He seemed honest throughout and told the police that if things escalated with the bullying he believed he may use the knife. The family were referred to Early Help for support.</p> <p>12/12/2019 referral received from the Police. Axel had reportedly attended school and assaulted another pupil with a hockey stick, he also had a knife in his backpack which was intended for another pupil who was bullying him. During the assessment it transpired that Axel had been viewing inappropriate and violent extremist material. Axel was referred to Prevent who assessed and concluded that there was no evidence of Axel having any concerning ideologies or beliefs. Axel was also referred to CAMHS for an assessment of his mental wellbeing and was diagnosed with ASD. Axel was then supported on a TAF plan.</p> |
| Wider family | There are no wider family members able to support the family. Maternal family reside in Rwanda. |
| Employment | Mother Laetitia works fulltime in bio-medical science, she works in the lab in Royal Preston Hospital. Father Alphonse owns a taxi license and works around Laetitia's shifts and the children's needs. |
| Housing | The family live in a 3 bedroomed house in Banks Southport. There are no concerns raised in regards to housing. Axel and Dion have their own bedrooms, Dion has a specialist bed in his bedroom. The home is well presented. |
| Family's financial circumstances | The family are in receipt of parental wages and appropriate benefits. The family claim DLA and carers allowance. |
| Family's social integration | The family are integrated into the local area and are accessing support for the children. The family do not have a wider support network and are socially isolated. |
| Community resources | The family are aware of resources in their local area and are able to access them when required. The family are seeking further support through this assessment. |
| Safeguarding Analysis | |
| Analysis of the information gathered | <p>This assessment was completed due to father requesting support with Axel's additional needs.</p> <p>Axel has a diagnosis of ASD and he can present with challenging behaviour within both the home and school environments. Axel has been known to Children's Social Care since October 2019 and there have been two previous referrals relating to Axel's behavioural responses to being bullied at school. The second referral was due to Axel physically assaulting an innocent pupil in school with a hockey stick, carrying a knife and concerns regarding him viewing inappropriate and violent extremist material. Since this incident Axel has moved school and has been diagnosed with ASD which in hindsight somehow explains the nature of his responses. There have been no further incidents of this nature since, and Axel currently has a teacher with autism experience and a CAMHS worker to explore how he thinks and processes information and emotions.</p> <p>Axel has a very limited school timetable as he struggles to be in a school environment and around other pupils. Axel attends school 1 hour per day which is due to increase to 3 hours per day and he is taught on a 1:1 staffing ratio and sometimes 2:1 due to high anxiety and behaviour. In May 2021 there was review of Axel's Education, Health and Care plan and all agreed Axel required specialist SEN provision and the SENDO was seeking approval through panel. As yet a suitable provision has not been sourced.</p> <p>When at home, Axel refuses to leave the home and he does not access any activities outside of the home, therefore he has a lack of stimulation and social experiences and relationships for his age and developmental ability. In addition to this, Axel's relationship with his father is extremely fractured. Axel spends a lot of time at home with his father and he finds it difficult to respond positively to any support offered by his father. This makes home life very difficult for Axel and his father and this is where he spends the vast majority of his time. Axel does not have any friends or peers to spend time with either at home, school or in the community and therefore Axel is extremely isolated and unhappy.</p> <p>Axel has a difficult relationship with food as he will only eat certain foods. He can go long periods of time without eating and he has a slight body frame. Parents cook foods Axel has been known to eat and on occasion he will eat them, however most of the time he refuses food and he refuses to eat foods father has cooked. Parents resort to buying Axel takeaway meals just so Axel will eat, however the are also limited to certain takeaways and certain foods Axel will eat. It is concerning that Axel has such a limited diet and refuses to eat, further exploration of Axels eating is required to ensure Axel is able to maintain good health.</p> <p>During the assessment period Axel alleged that his father had hit his brother Dion and held a knife toward him saying he could kill him. Axel was sure these events had occurred but could not put them within a recent timeframe. Mother, father and Dion denied any knowledge and father assured that he would never harm either of his children. Axel and Dion reported that father has smacked them on the bottom when they were much younger children, when they were naughty but no physical harm had occurred since, Axel advised he was eight when this occurred. There is no evidence at this time that father has physically harmed Axel and he is not judged to be at risk of harm.</p> <p>It is the assessing social workers judgement that Axel has some unmet needs relating to social isolation and poor diet/ eating concerns. Axel also requires an SEN school placement which is not yet in place and he has much anxiety which is supported by the CAMHS team. Axel requires further support outside of the family. It is assessed that Axel falls at level 3 on the Continuum of Need and his needs can be met through the Family Intensive Needs Team. The longer term support required to develop Axel's social skills can be met through a carer.</p> |

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| What are the needs/risks to the child? What are the family strengths/protective factors? | <p>Needs/Risks to Axel: Axel requires a long term education placement Axel's relationship with father is fractured Axel is socially isolated There are concerns for Axel's limited eating</p> <p>Family Strengths/Protective factors: Parents requested a EHCP review Parents are requesting support for Axel's social needs Parents are requesting support for eating.</p> |
| What needs to change to make the child safe or to improve the child's welfare? | Axel requires an educational placement able to meet his academic and social needs. Axel also requires long-term support to enable him to access the community and social activities. These two changes will ensure that Axel is receiving a good level of stimulation. Axel and father also require some mediation/relationship rebuilding support. |
| What is the proposed plan? If the proposed plan is not possible, what are the alternatives? | <p>Social Worker to request Senior Management Panel for consideration for funding for a carer to support Axel once a week to access the community and attend social activities appropriate to his needs. This should be reviewed once Axel is settled into an appropriate SEN school as they will also support his social needs.</p> <p>It is then recommended that Axel be supported under level 3 Family Intensive Support. the following actions are proposed:</p> <p>Explore with parents support groups for them to be able to link with other parents of young people with additional needs.</p> <p>Consider Stepping Stones course for parents.</p> <p>Direct work sessions with Axel and father to address their relationship issues and work to re-build their relationship. Consideration to be given to mediation if unsuccessful.</p> <p>Direct work with Axel to consider his wishes and feelings and provide emotional support.</p> <p>Parents to speak with GP regarding Axel's eating to consider if a referral to the eating disorders clinic is appropriate.</p> <p>CAMHS to look at Axel's sensory needs to assess if eating is caused by a sensory issue/need.</p> <p>CAMHS to continue their support to Axel to understand his anxieties, emotions and reactions.</p> |
| What does the child think about the need for change? | Axel did not give an opinion on the recommended plan as he only engaged in one visit where his allegation was being explored. The plan was not discussed as part of that visit. |
| What do parents/carers think about the need for change? | Parents are seeking further support for their children. The parents are in agreement with the proposed plan. |

CIN categories

DfE Requirement – For assessments completed from 1 April 2013 onwards, all factors identified at the end of the assessment should be reported. These include factors relevant to the child's health and development, the parent/carer's capacity to respond to the child's needs, other people living in the household and family or environmental factors affecting the child's development.

Factors Identified at the end of assessment

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| Alcohol Misuse: Concerns about alcohol misuse | No |
| Drug Misuse: Concerns about drug misuse | No |
| Domestic Abuse: Concerns about domestic abuse | No |
| Mental Health: concerns about mental health | Yes |
| 4A Mental health: Concerns about the mental health of the child | Yes |
| 4B Mental health: Concerns about the mental health of the parent/carer | No |
| 4C Mental health: Concerns about the mental health of another person in the family/household. | No |
| Learning Disability: Concerns about learning disability | Yes |
| 5A Learning disability: Concerns about the child's learning disability. | Yes |
| 5B Learning disability: Concerns about the parent/carer's learning disability. | No |
| 5C Learning disability: Concerns about another person in the family/household's learning disability. | No |
| Physical disability or illness: Concerns about a physical disability or illness | Yes |

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| 6A Physical disability or illness: Concerns about a physical disability or illness of the child . | Yes |
| 6B Physical disability or illness: Concerns about a physical disability or illness of the parent/carer . | No |
| 6C Physical disability or illness: Concerns about a physical disability or illness of another person in the family/household. | No |
| 7A Young carer: Concerns that services may be required or the child's health or development may be impaired due to their caring responsibilities | No |
| 9A UASC: Concerns that services may be required or the child may be at risk of harm as an unaccompanied asylum seeking child. | No |
| 10A Missing: Concerns that services may be required or the child may be at risk of harm due to going/being missing | No |
| 11A Child Sexual Exploitation: Concerns that services may be required or the child may be at risk of harm due to child sexual exploitation | No |
| 12A Trafficking: Concerns that services may be required or the child may be at risk of harm due to trafficking | No |
| 13A Gangs: Concerns that services may be required or the child may be at risk of harm because of involvement in/with gangs | No |
| 14A Socially unacceptable behaviour: Concerns that services may be required or the child may be at risk due to their socially unacceptable behaviour | No |
| 15A Self-harm: Concerns that services may be required or the due to suspected/actual self-harming child may be at risk of harm | No |
| 16A Abuse or neglect - NEGLECT: Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect. | No |
| 17A Abuse or neglect – EMOTIONAL ABUSE: Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect. | No |
| 18B Abuse or neglect – PHYSICAL ABUSE (child on child): concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect by another child. | No |
| 18C Abuse or neglect – PHYSICAL ABUSE (adult on child): concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect by an adult. | No |
| 19B Abuse or neglect – SEXUAL ABUSE (child on child): concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect by another child. | No |
| 19C Abuse or neglect – SEXUAL ABUSE: (adult on child): concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect by an adult. | No |
| 20 Other | No |
| 21 No factors identified: only use this if there is no evidence of any of the factors above and no further action is being taken. | No |
| Suggested outcomes | |
| Authorisation Date | 07-Sep-2021 |

| | | |
|----------------------------|---|---|
| Suggested Outcomes | <input type="checkbox"/> Strategy Discussion <input type="checkbox"/> Legal Action <input type="checkbox"/> Specialist Assessment <input type="checkbox"/> Place into Accommodation <input type="checkbox"/> Provision of Services (s17) <input type="checkbox"/> Provision of Short Break Care (s17) <input checked="" type="checkbox"/> Referral to Other Agency <input checked="" type="checkbox"/> Other Actions <input type="checkbox"/> Private Fostering Agreement | <input type="checkbox"/> No Further Action (Early Exit due to Early Section 47 End) <input type="checkbox"/> No Further Action <input type="checkbox"/> Family Group Conference <input type="checkbox"/> Continue with CIN Process <input type="checkbox"/> Continue with CP Process <input type="checkbox"/> Continue with CLA Process <input checked="" type="checkbox"/> Referral to EHM <input type="checkbox"/> Exploitation <input type="checkbox"/> Workbook |
| Manager comments/oversight | TM is in agreement that a referral is needed for Dion to transitions but also for Axel as referrals can be made 13+. I have considered the social workers request for SM oversight for direct payments but actually believe this need can be met without DP. I am aware that Axel has had a review of his EHCP plan which has identified a school who supports children with additional needs is appropriate and a provision is being sought. He currently attends a PRU provision which isn't appropriate for his needs and only attends an hours a day ., therefore it is my view that his social isolation is only present by virtue of not having the appropriate provision in place during the educational day. Therefore education should be providing more for this young male to meet his needs both on an educational and social basis until appropriate provision is sourced as identified in his EHCP. The case can step down to early help, however i think i meeting needs to be held as part of this step down to highlight the concerns and unmet needs due to his lack of appropriate provision and a play of how to change this. EH can offer support for Axel to also access Lancashire breaktime outside term time and out of school hours. If at the point all of his other needs are met as identified and there is still a need for additional support that falls within CSC remit then this can be reconsidered. | |

Signatures & comments

Child / Young persons comments *Axel and Dion's comments are reflected within the body of this assessment. The feedback section of this assessment will be completed once the assessments has been shared.*

Parent/Carers Comments *The parent's comments are reflected within the body of this assessment. The feedback section of this assessment will be completed once the assessments has been shared.*

Name of Social Worker completing assessment Stacey Haydock

Signature:

Name of Manager Danielle Bowes

Signature:

Recorded Feedback

The completed Initial Assessment should be discussed with the child/young person and their parents/carers.

| Person | | Discussed | If no, when | Given | If no, when |
|-----------------------------------|---------|-----------|-------------|-------|-------------|
| Axel Muganwa Rudakubana, 18 years | | | | | |
| Dion Rudakubana, 20 years | Brother | | | | |
| Alphonse Rudakubana, 48 years | Father | | | | |
| Laetitia Muzayire, 52 years | Mother | | | | |