

# Childrens Social Care Referral Form



The purpose of this referral form is to support information sharing and decision making about children and young people in need of protection and support to ensure they receive the right help from the right agency at the right time.

Consideration needs to be given to Lancashire's Continuum of Need and Threshold Guidance.

This form must be completed as comprehensively as possible for children and families in need of help and support at **level 3 with consent of Parents or Carers and Level 4 on Lancashire's Continuum of need (CON)**. Informed consent is required of parents or carers at level 3 and desirable at level 4. At level 4 however the referral should be made whether or not consent is given.

If there are concerns about a child or young person at level 4 of the CON (child protection) **make direct contact** on  or Police (999 in an emergency) and complete this form once the immediate concerns have been addressed.

If the child you are concerned about already has an allocated Social Worker go directly to this person by contacting  – there is no need to use this form.

Informed consent means that the person on whose behalf the referral is being made understands that any offer of help will be based on an assessment of need and that this will require agencies to share information.

The failure to obtain consent means the referral cannot be accepted unless concerns lie at level 4 on the CON.

## Making contact

Email this referral to [cyreferrals@lancashire.gov.uk](mailto:cyreferrals@lancashire.gov.uk)

The Telephone number for contact regarding level 4 referrals or to discuss this referral is

Referral to : Lancashire Children’s Social Care								
<b>Date of Referral</b>	12.12.19		<b>Time of Referral</b>	12.30				
Details of Child(ren)								
Child(ren) name	Axel Rudakabana <input type="text" value="DPA"/>		DOB	07.08.06		Age	13 <input type="text" value="DPA"/>	
						Unborn Y/N		

<b>Child(ren) NHS number(s) if referral from Health</b>					
Axel - <input type="text" value="DPA"/>					
<input type="text" value="DPA"/>					
<b>Child(ren) unique pupil number if referral from school</b>					
<b>Gender M/F</b>	Male		<b>Disability</b> [if known please specify]	<input type="text" value="DPA"/> <input type="text" value="DPA"/>	
<b>Ethnicity</b>	<b>Black British</b>	<b>Childs first Language</b>	<b>English</b>	<b>Is an interpreter needed? Y/N</b>	<b>No</b>
<b>Address</b>	10 Old School Close, Banks, Southport, Lancashire				
<b>Postcode</b>	PR9 8SB		<b>Tel No</b>	<input type="text" value="DPA"/>	
<b>Name of child(ren) primary carer/s:</b>			<b>Relationship:</b>	<b>Parental responsibility</b>	
Alphonse Rudakubana			<b>Mum and Dad</b>	<b>Y</b>	
Laetia Muzayire					
<b>School/Nursery/College attended:</b>					
The Acron Specialist School (Axel)					
<b>Child(ren) GP details:</b>					
<b>Tel No:</b>					
<b>Family Composition/Significant Others</b>					

Name	DOB	Relationship	School	Parental Responsibility Y/N

**Reason for referral**

**State the key areas of concern about risk of harm or neglect, outline what these are and how it will impact on the child. Refer to the continuum of need as a guide and identify if you are referring at level 3 child in need or level 4 child in need of protection.**

**Level 4**

**Reason for Referral / Assessment**

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

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

Please see previous entries for further details of the nature of offence and reported circumstances of this.

Confidentiality and role explained and Axel was able to provide examples of when I may need to breach this. He was informed that I would be asking questions relating to his arrest and acknowledged that this information would need to be shared with Police. Grace Hatton also present.

**CN: C19150552**

**Carer Involvement** – I met with Mum and she has provided consent for m to speak with Axel.

**Presenting Problem and History of Presenting Problem / Complaint**

Axel reports that the student he went to see at The Range today is a male who had assaulted him a number of weeks ago. He reported that this took place at school and that the student had pulled him to

the ground and hit him. This was observed by other students and Axel reports they helped him and that he has not been bullied since leaving the school. Axel reports he has found this distressing. Axel reports that he wouldn't have felt sad if he hurt him. He reports not planning to use the knife but states that he would have if the Hockey Stick did not work. Axel states that he had wrapped tissue paper around the handle to get a better grip. Axel was asked if he was planning on killing the student and he replied "I did want to kill him but I don't think I would. Ideally, I wish I did it. But they were in assembly so it wouldn't have happened". He is clear this was revenge. We explored his decision making around going to school etc and Axel reports that he has not been thinking about this for a long time but he had a random thought on Saturday. He then decided that he would book a taxi for today as he normally gets a taxi to school so this would not be out of the ordinary for him and that he would simply ask for the taxi to take him somewhere else. I asked if the male he had assaulted was involved in the original bullying and Axel stated he was not. When asked why he had assaulted him, Axel responded by saying "the Head Teacher and someone else was chasing me and I'm not going to get taken to the Police Station for nothing so I thought I would hit him". Axel reports that he liked the student he hit and had never had any problems with this boy. Axel reports it doesn't bother him that he assaulted the boy as he didn't get hurt that bad. We discussed the consequences of his action and Axel demonstrated an awareness of going to Jail, however, he appears to struggle with abstract concepts and did not fully understand what this would mean. His response was I would probably be less bored in Jail.

Axel firmly denies any thoughts of harm to himself or others and has no history of this. We discussed the possibilities of him harming the male who had assaulted him. Axel reports that he is unlikely to do anything now. He reports that school is too protected. I asked what would happen if he saw this male in the street and Axel responded by saying that he doesn't carry weapons so nothing would happen.

### **Psychiatric History**

Reported 2 referrals to CAMHS over the past few months but neither have been accepted. No other history known and Axel denies ever undergoing any assessments. Axel reports that he has never been tested for ASD and his Dad has discussed this with him but Axel believes he has ADD. He does not believe he has ADHD because he is not hyperactive.

### **Social History**

Axel was born and raised in Cardiff until approx. 5 years ago. He reports being excluded from The Range High School due to having a knife on his person. He reports that he is not involved in any out of school activities and has no friends. Axel believes that this is due to his school recent school move as he now attends Acorn School for those with behaviour difficulties. He reports he has friends previously but that he has never socialised outside of school with them. Axel does report frequently playing on Fortnite and does talk to people he does not know through this site. He also reports enjoying watching YouTube. He denies ever meeting anyone face to face but acknowledges talking to strangers. He reports that he does not watch violent videos.

### **Family History**

Family Composition:

Dad – Alphonse Rudakubana

Mum – Laetia Muzayire

Brother – Dion Rudakubana Aged 15. It is reported that Dion [DPA] is in a wheelchair.

Axel reports he and his Brother were both born in Cardiff and his parents have been in the UK for about 20 years. He reports they are from Rawanda. Axel reports he still has family there but denies having any personal contact with them. He reports his parents have regular contact with them. Axel would like to go to Rawanda one day. Axel was able to tell me about the recent War there and informed me that 800,000 people died in 100 days, some of which he believes were his family. He reports this makes him sad but he does not think about it a lot. He reports difficult relationships with both his parents and his Brother. His parents used to be Catholic's but are now Evangelical Christians. He tells me that he does not like this religion and he was made to go to Church. He reports he does not have to attend anymore. He reported that he didn't like it due to the noise. Axel reports that his parent's are strict. He states he does not like his Brother very much and feels that his parents sometimes give him more attention. He alleges that he does not believe that his Brother is actually [DPA] and that he is putting him on. Axel reports that his parents also "allude" to this. Axel did not report any extended family. Axel is unaware of any mental health problems or drug and alcohol issues within the family.

### **Physical Health History**

Nil

### **Current Service Involvement**

Further clarification required. It appears that the family are involved with Lancashire Care PREVENT Team but due to location of GP, will fall to MerseyCare/Liverpool CAMHS for mental health support. I was initially unaware of Lancashire address so all enquires have only been made with Sefton Services and therefore there may be further information to be gained.

Not known to Sefton YOT

PREVENT – Paul Harrison Community Safety Team West Lancashire

Social Care – Not previously open to services but will undergo assessment as a result of this offence

Acorn School

### **Activities Of Daily Living Skills**

Axel is well kempt and attends school. He reports no engagement in social activities and states that hi Mum and Dad do not really let him socialise with other children outside of school.

### **Current Medication and Compliance**

Nil

### **Forensic**

No history of offending. This is Axel's first offence. However, Axel has been excluded from the

Range High School for being in possession of a knife.

### **Mental State Examination**

Appearance/behaviour – Axel was dressed appropriately with no on going signs of self neglect. Axel did not make contact with myself or Grace at any point during the assessment. He was calm and engaged well in assessment. Rapport was established and Axel was able to respond to humour at times.

Speech – Normal rate, rhythm and tone.

Mood – Axel denies nay issues with his mood. He reports his mood is a 7 now (1 being worst, 10 being best) and this is due to not being bored whilst in the Police Station. He reports his mood was a 5 when he woke up. He reports that sometimes he feels sad but he is happy more than sad and normally his sadness is related to issues at school. Objectively, Axel presents as euthymic.

Perceptions – Axel understood was hallucinations were and denies this in any modality. We discussed paranoia and Axel reports that sometimes he feels paranoid. Axel reported that he has had a thought that when he eats out in restaurants that he thinks people may be poisoning him. We explored this further and Axel did not display any level of delusion of this and this appears to a random and exploratory thought rather than any belief that he is at risk. He denies feeling afraid of people or a belief that people are out to get him.

Thoughts – Axel firmly denies any thoughts of harm to self. He denies ever having these thoughts. He firmly denies any homicidal ideation or watching of video games. Axel has no thoughts about harming his family and reports he has never done this previously. There is no evidence of formal thought disorder.

Substance use – Denies any substance or alcohol misuse.

Cognition- Fully orientated to time, place and person.

Capacity – Appears in tact. However Axel's ability to fully comprehend the enormity of his actions and the consequences of this is questionable.

Eat – Axel reports not eating well as his parents give him food he does not particularly like.

Sleep – No issues noted or disclosed.

Traits of ASD displayed during assessment:

- Inability to form and maintain stable peer relationships
- Interaction to achieve specific goals
- No eye contact
- Use of overly complex/awkward language

- Flat voice tone
- Black and White thinking style
- Difficulties with abstract concepts
- High intellectual ability (not formally assessed)
- Increased fixation on computers i.e. playing and building
- Poor problem solving skills
- Sensory difficulties i.e. loud noise, touch, smells i.e. Church singing, noise in corridors at school, doesn't like strong smells
- Difficulty concentrating when not specifically interested in a topic – limited understanding of its relevance to his life
- Lack of empathy

Risks –

To self: SA10 low – Has no history of this and denies any current thoughts.

To Others: SA10 Medium – Axel has no history of previous offending or violent behaviour. Initial context of offence suggests this was retaliation. However, Axel's response to why he assaulted a different child is of concern along with his lack of empathy/remorse. Axel has already been excluded from school for carrying a knife and his current offence also includes the use of weapons and a direct statement that he was intending to seriously harm someone. This appears related to poor problem solving ability consistent with a possible ASD diagnosis. There are also serious concerns about Axel's use of the Internet and the nature of the information he has been accessing. Axel is currently open to the PREVENT Team around possible radicalisation.

From Others: SA10 Medium. – Axel reports previous bullying. Due to Axel's limited ability to understand relationships and vulnerability, Axel may be at risk of harm from others through the internet/radicalisation.

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

Immediate risk management plan:

· Lancashire Social Care are fully involved in the case and Sergeant 3086 has informed me that they do not have concerns about him returning home this evening and will be sending out a Social worker in the morning to begin assessment of the family.

· Case has been discussed with SPR On Call Dr Anwar and Sadie Canning Dosser CJLT Operational Manager who agree that Axel does not appear to be detainable under the act but does require some further input from services. Dr Anwar advised sharing information with the family to ensure they are updated of all risks and feel they are able to keep themselves and others safe

· Axel to be released from Police Custody on bail to return to St Anne's Street Police Station at 2pm on 12.12.19

· Custody contact completed

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

Further risk management plan:

· Contact to be made with Lancashire Social Services to share assessment – Submit MARF

· Refer for Asperger's/Autism assessment

· Refer to Forensic CAMHS for management of offending behaviour in the context of forensic risk to others

· CJLT to obtain outcome of interview and support as required

· Email sent to update Merseycare Safeguarding Team

· Discuss with Band 7 Annie Kelly if a SAVRY assessment is appropriate

**List the actions taken or support provided so far e.g. support via your agency, CAF and offer of Early Help, assessments completed. Please include any previous involvement of agencies with the family.**

Currently gaining information. Family is open to early Help but no CAF has been completed due to difficulties engaging parents.

I will be referring for an assessment for ASD. I will be requesting further assessment from CAMHS.

I have also had a discussion with Forensic CAMHS who will be accepting a referral for Axel.

**What are you requesting from children's services social care and or other agencies?**

I am requesting URGENT assessment for this family. I have spoken with Early Help Anne Cookson and Lucy Parkinson who share concerns about the family. Due to no real engagement from the family, a CAF has not been completed.

This is of concern as we need to establish the family's ability to keep Axel safe and his younger sibling in light of the arrest and circumstances of this.

I would request an urgent strategy meeting of all professionals involved to enable appropriate risk management planning.

#### Child/Family View of the referral

This is a potential safeguarding issue and the family are aware I am making a referral.

#### Child/Young Persons Health and Developmental needs, Parental issues and Family /Environmental factors

*Consider all aspects of child/young person's social, emotional, health and well being. Provide information in relation to any unmet health needs, education, emotional and behavioural development, identity and the parental/ family environmental issues impacting on these.*

#### **Child/YP Unmet needs**

**this is about comparing where the child is in terms of their health, education, social, emotional and behavioural presentation at this present time compared with where they should be given their age and stage of development**

**I will put in a plan with regards to ASD assessment and mental health support. I have very limited information in regards to other information.**

**Underlying risk factors within the family and the child such as;**

poverty, poor housing, lack of support/isolation, learning disabilities, physical health problems, poor cooperation with professionals, drug and alcohol issues, mental health difficulties impacting on the child's needs.

Social isolation, Dion is  Early Help report minimising of issues relating to offending and family involvement.

High risk indicators within the family and child such as;  
chaotic drug and alcohol misuse, personality disorder, uncontrolled mental health problems, other previous children removed, previous involvement in child neglect, physical and sexual abuse of children, history of violence, sexual offending, parental experience of own parenting abusive, denial to accept responsibility, evidence of FGM, over excessive chastisement, honour based violence, radicalisation, child is under 3 and pre mobile and these factors are present.  
Child involved in CSE, frequently MFH,

Possible ASD and requires further assessment

Strengths / resilience factors (for example, a protective parent, supportive wider family, parent wants to change / acknowledges problems, Child has some secure attachments and secure base )

Unknown.

Are there any current or previous concerns regarding CSE (Child Sexual Exploitation)? Please provide details.

**Are there any concerns regarding the child going missing from Home? Please provide details.**

**Are there any concerns regarding Radicalisation and have any referrals to CHANNEL been made? Please provide details.**

**Currently open to West Lancs PREVENT Team**

**Paul Harrison**

**Are there any concerns regarding the child's Mental Health? Please provide details**

**Yes. Possible ASD and requires further assessment.**

#### **Parenting capacity**

*Issues affecting parent/carers capacity to respond appropriately to child/young person's needs; consider basic care, ensuring safety, emotional warmth, stimulation, provision of guidance and boundaries and stability.*

**Are there any concerns regarding Parents mental health which is impacting on the child?**

**Unknown.**

**Are there any concerns regarding Parents learning abilities which is impacting on the child?**

**Unknown.**

**Are there any concerns regarding Parental substance use which is impacting on the child?**

**Unknown.**

**Are there any concerns regarding Domestic abuse and violence?**

Unknown.

<b>Consent to Referral</b>		
Has informed consent for this referral been obtained from a person who has parental responsibility?	Yes Name of individual providing consent & relationship	Yes
	No <b>(State reason why referring without consent)</b>	
Has informed consent to share information with other agencies such as health and education been obtained?	Yes/No	Yes

<b>Has a CAF or any other assessment been completed on this child/young person?</b>	
<b>Yes</b> [ <i>By your agency</i> ]	<b>No</b>
<b>Yes</b> [by another agency give name of lead professional]	<b>Early Help have been unable to complete this</b>
<b>No</b> [Give reasons why not]	
<b>Not known</b>	
<b>Attach CAF and any relevant TAF minutes or any other assessment if available</b>	

<b>Other agencies/provision involved e.g. Health visitor, CAMHS, YOT , WPEH if known</b>		
<b>Name of Organisation and Profession.</b>	<b>Contact Details: Address/ Telephone No/ Email Address</b>	<b>Brief description of work undertaken to support child/young person.</b>

<b>Referral from:</b>		
<b>Name</b>	<b>Stephanie Hallaron</b>	
<b>Job title</b>	<b>Liaison and Diversion Practitioner</b>	
<b>Agency</b>		
<b>Address</b>	Criminal Justice Liaison and Diversion Team South Sefton Magistrates Court Merton Road Bootle Merseyside L20 3XX	
<b>Tel</b>	DPA	
<b>Email</b>	Stephanie.Hallaron@merseycare.nhs.uk	
<b>Approval of referral by agency safeguarding lead</b>	Yes	

## Lancashire's Risk sensible Model

All agencies should be 'risk sensible' when assessing a child's vulnerability, need and risk

### Underlying Risk Factors

Those elements that are ***often present*** in risk situations but which do not, of themselves, constitute a risk

- Poverty
- Poor Housing
- Lack of support network/isolation
- Experience of poor parenting
- Low educational attainment
- Physical/learning disability (adult/child)
- Mental health difficulties (adult/child)
- Drug & alcohol misuse
- Victimisation from abuse/neglect
- Discorded/discordant relationships
- Previous history of non-violent offending
- Rejecting/antagonistic to professional support
- Behavioural/emotional difficulties in parent
- Behavioural/emotional difficulties in child
- Young, inexperienced parent
- Physical ill health (adult/child)

- Unresolved loss of grief

## High Risk Indicators

Those elements which, ***by their presence***, do constitute a risk:

- Previous involvement in child physical and sexual abuse and/or neglect
- History of being significantly harmed through neglect as a child
- Seriousness of abuse (and impact on the child)
- Age of the child (particularly if less than 3 years old)
- Incidence of abuse (how much abuse over how long a period of time)
- Record of previous violent offending (against both children and adults)
- Older child being relinquished or removed
- Unexplained bruising (particularly in pre-mobile children)
- Uncontrolled mental health difficulties (including periods of hospitalisation)
- Personality disorders
- Chaotic drug/alcohol misuse
- Denial/failure to accept responsibility for abuse or neglect
- Unwillingness/inability to put the child's needs first and take protective action
- Cognitive distortions about the use of violence and appropriate sexual behaviour
- Inability to keep self-safe
- Unrealistic, age inappropriate expectation of the child.

This list is not exhaustive and is to be used as a guide only.