Greater Manchester
Mental Health
NHS Foundation Trust

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Tuesday 11th February 2020

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

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

Dear Stephanie,

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

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

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

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

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

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

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

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

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

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

Yours sincerely

Signature

John Hicklin
Clinical Nurse Specialist