

Wednesday, 22 October 2025

(10.00 am)

DR TINA IRANI (affirmed)

Questioned by MR MOSS

SIR ADRIAN FULFORD: Thank you very much. Please, have a seat.

Yes, Mr Moss.

MR MOSS: Thank you, sir.

Just start by giving us your full name, if you would, please?

A. It's Tina Irani.

Q. Thank you. If we could have on screen, please, DRI000001. This is your main report to the Inquiry. It's dated 14 October but I think that was the date when you confirmed some minor corrections and you previously provided your report on 28 September of this year; is that correct?

A. Yes, it is.

Q. Thank you. Are the contents of this report true to the best of your knowledge and belief?

A. Yes, they are.

Q. Could we have on screen DIR000002, the addendum report to the independent expert report you provided to the Inquiry.

That was dated 14 October, responding to some

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further issues posed on behalf of the Inquiry. Are the contents of that second statement true to the best of your knowledge and belief?

A. Yes, they are.

Q. Thank you.

You have been engaged by the Inquiry to provide independent expert opinion in your role as a consultant child and adolescent forensic psychiatrist. Can I just deal with your qualifications and background briefly, doctor, if I may.

Can we have on screen, please, page 3 of your main report, first statement. You tell us in paragraph 1.1.2 that you gained your Bachelor of Medicine and Bachelor of Surgery from the University of Mumbai back in 2001; is that right?

A. Yes.

Q. You have completed specialist training with dual accreditation in child and adolescent psychiatry and in forensic psychiatry from February 2012?

A. Yes.

Q. Dr Irani, I appreciate that it is immediately something that is second nature to you but, for those who are not familiar, can you just give an explanation of the difference between forensic psychiatry and general psychiatry?

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A. So a general psychiatrist or general child and adolescent psychiatrist would not necessarily be familiar with the complexities around the Criminal Justice System, around more complex risks to others, and that is part of the training. So it's primarily around the criminal justice legislation and mental health and risk that is the added forensic element of the training.

Q. Thank you. You tell us by way of your professional background that, since your dual accreditation in 2012, you've worked as a consultant in NHS child and adolescent inpatient and also in community forensic mental health services. It's important that we understand something about the breadth and depth of that experience. So could we just look at page 36, please.

Could we have the dates at the top of the page enlarged. Dr Irani, would you forgive me if I don't ask you about your earlier years in practice up to the specialist registrar stage, but the first of your locum consultant roles you have given there from 1 February 2012. Could you just briefly go through each of those posts and tell the Chair in a sentence or two what the nature of the post was and what your exposure to patients was?

A. So the locum consultant job, that was in West London Mental Health Services in a medium secure unit. At the

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time, community Forensic CAMHS services did not really have a true specification through NHS England but we were providing outreach where different services would commission it. So we did community Forensic CAMHS on an *ad hoc* basis, mainly for London services.

So that was the extent -- medium secure services for adolescents, national services, so unlike adult mental health services where you have low secure, medium secure and you have high secure, like Broadmoor. In the adolescent world, we have now low secure and medium secure services and medium secure is the highest level of security for young people with mental health difficulties and who have committed a serious offence. So that would be the extent and nature of the young people I worked with within that year.

Q. Then I think you moved to Birmingham Solihull?

A. Yes, so similarly that was my substantive consultant years. It started off in medium secure services at Ardenleigh, that included the same clientele, and we also had a similar *ad hoc* community FCAMHS services, which would get commissioned on a case-by-case basis, until the spec became live, and then I was responsible as clinical lead in developing the community Forensic CAMHS services for the West Midlands.

Q. Thank you. Then I think, within that same period,

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1 I think you moved up in responsibility, is that right,
 2 and became clinical lead?
 3 **A.** Yes. So it was within that period I became clinical
 4 lead for medium secure services -- the medium secure
 5 adolescent services, community Forensic CAMHS services
 6 and we developed a low secure unit at Ardenleigh at the
 7 time for adolescents.
 8 **Q.** Then I think you had a change of location then from
 9 December 2018 to January 2020. Tell us about that
 10 consultant post that we see at the top of the page?
 11 **A.** Yes, so I moved and, along with that, moved to doing
 12 community Forensic CAMHS and generic community CAMHS
 13 with Surrey and Borders, and that included doing autism
 14 specific assessment services and complex young people in
 15 the community, seeing and supporting complex young
 16 people in the community.
 17 **Q.** Thank you. Then if we can go back, please, to page 35,
 18 from January 2020 up until today, can you just describe,
 19 I think still in Surrey, your current post?
 20 **A.** No, I then moved down to Southampton and I am now, which
 21 it is a new merged trust, but it was Southern Health
 22 Foundation NHS Trust. I became consultant psychiatrist
 23 in the low secure unit there and clinical lead for low
 24 secure, medium secure and generic adolescent inpatient
 25 services. The trust has now merged and is Hampshire,

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1 **Q.** Thank you.
 2 An elected member, I think, also of the Child and
 3 Adolescent Faculty of the Royal College of Psychiatry?
 4 **A.** Yes.
 5 **Q.** What does that entail?
 6 **A.** That, again, was -- partly my role was to bridge the gap
 7 between the Clinical Reference Group and the college in
 8 the faculty but also to think through with the faculty
 9 about any pressing needs or thinking through about any
 10 guidance we might develop, any particular views to be
 11 considered or practices to be considered within the
 12 faculty.
 13 **Q.** At page 4 of your statement, you included a section of
 14 disclosure of interests, which, in one sense, was
 15 alerting the learned Chair to the fact that you may have
 16 met some of the clinicians involved in this case because
 17 you have national roles. But, for our purposes, having
 18 given that declaration of interest, I think you also
 19 make it clear in your disclosure of interests, in terms
 20 of your experience, that you do have experience both of
 21 working in -- my words -- community standard CAMHS
 22 services as well as community Forensic CAMHS services;
 23 is that right?
 24 **A.** Yes.
 25 **Q.** The extent of any dealings that you've had with any

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1 Isle of Wight NHS Foundation Trust. I am no longer
 2 clinical lead for the general adolescent inpatient or
 3 the medium secure services, as they branched out.
 4 **Q.** Thank you. Then if we go back to the main body of your
 5 report please, we have looked at your post with NHS
 6 trusts, with FCAMHS post. Paragraph 1.1.4, page 3,
 7 please, can you just summarise briefly for the Chair the
 8 national roles that you have held and the national posts
 9 that you have held?
 10 **A.** Yes. I have been with -- I was a member of the Clinical
 11 Reference Group to NHS England, roughly, I would say,
 12 from 2015, and then I became Co-Chair of the Clinical
 13 Reference Group for Tier 4 CAMHS services.
 14 **Q.** What does that do, just in a nutshell?
 15 **A.** So the Clinical Reference Group advises NHS England on
 16 the service specification development for Tier 4
 17 services, that include community FCAMHS, all inpatient
 18 services. This has now changed slightly in the last
 19 year or so but part of that group was to look at our
 20 service specification and the data we were gathering,
 21 thinking about any restrictive interventions, practices,
 22 et cetera.
 23 **Q.** Is that looking at the type of services that are to be
 24 provided or their quality or both?
 25 **A.** Both.

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1 clinicians who are involved in this case, I think, is
 2 only in the sense of meeting them in a normal way as
 3 part of your national role?
 4 **A.** Yes.
 5 **Q.** You don't know them particularly and you've not
 6 discussed the details of this case with them?
 7 **A.** No, I haven't.
 8 **Q.** In section 1.3 and 1.4 of your report, if we skip
 9 through pages 4, 5 and 6, and so on, you set out your
 10 instructions, you've set them out in detail. They are
 11 there transparently but I don't need to go through them.
 12 In section 1.5 of your report, page 9, you set out
 13 the sources of information that you've used, including
 14 the medical records and the witness statements and
 15 reports that you've had access to in providing your own
 16 report. Again, I don't intend to take you through those
 17 but you've set them out.
 18 In section 2, could we look at page 11, you have
 19 provided a section on "Background and Issues". Would
 20 this be right, that from the very voluminous materials
 21 that the Inquiry provided you with, and we are grateful
 22 for the time that you spent on them, you've sought to
 23 distil not every event in a chronology, by any means,
 24 but some of the key events, some of the key milestones
 25 in the history of AR's dealing particularly with the

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1 mental health services?

2 **A.** Yes.

3 **Q.** But also looking at some of the risk events that were
4 happening in the community, for example, the bus
5 incident and a number of others?

6 **A.** Yes, I have.

7 **Q.** The Inquiry has been looking at those with the
8 appropriate witnesses so I'm not going to run through
9 your overview of them but we note that you had analysed
10 it and set it out in that way.

11 Then if we can turn to section 3 at page 17, we come
12 to your analysis and findings topic by topic on the
13 issues that you were asked to address.

14 We see at 3.1 "Risk assessments", and that's the
15 first substantive topic I would like to ask you about.

16 In terms of the adequacy of the CAMHS systems and
17 processes you say at paragraph 3.1.1.1:

18 "It has been noted that CAMHS have a risk assessment
19 that was completed on triage but this is not
20 standardised and did not inform decision-making around
21 intervention, supervision, discharge and transition."

22 Is that right?

23 **A.** Yes.

24 **Q.** Now, in relation to that, I'm not going to bring up all
25 of these by any means but if we look, please, at

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1 been involved?

2 **A.** That isn't a risk assessment. That just highlights what
3 the concerns were at the time. So that's not
4 necessarily a risk assessment.

5 **Q.** Thank you. As we were getting towards the end of
6 events, again without going through all of those, if we
7 could just have on screen AHCH000160, please.

8 The Chair is familiar with this and you may recall
9 this from the time of Ms Morris, and this is the updated
10 assessment for 23 July.

11 Would this be right in summary, that while that does
12 refer to some of the events that had taken place, it
13 didn't include a number of important matters. So, the
14 original October 2019 incidents of going to school with
15 a knife on ten occasions, that would clearly be
16 important and it doesn't seem to have carried through to
17 these sort of assessments towards the very end of the
18 relevant period; would you agree?

19 **A.** Yes. Again, I think this is more about listing what the
20 risks were and this is partly what we tend to do now but
21 there is a formulation and should be a care plan after.

22 **Q.** So this is more a list of some incidents that, would you
23 agree, was not comprehensive and isn't actually
24 analysing and assessing or gradating the risk, it's more
25 a partial list of some events?

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1 AHCH000162, and if we could go to page 2, please, we see
2 for the entry for 11 October:

3 "At risk of crime. No mental health indicated in
4 referral."

5 That seemed to be all that was said at the initial
6 triage; would you agree?

7 **A.** Yes.

8 **Q.** Then if we could have a look, please, in the same
9 document at page 5. For 15 December, we see there:
10 "Urgent partnership."

11 If we just pick up with "deemed medium to high
12 risk". It's on page 6, thank you:

13 "Urgent partnership, deemed medium to risk to
14 others. 2 clinicians at 1st assessment may be deemed
15 appropriate.

16 "Assessed by criminal justice team. Open to Prevent
17 for radicalisation. Referral made for ASD assessment.
18 Referral made to Forensic CAMHS. Assaulted peer with
19 hockey stick, 2x occasions carried a knife. Discussed
20 16th. Put through got urgent partnership given complex
21 nature of difficulties."

22 So there is some reference there to risks but what
23 would your assessment of that be, in terms of the detail
24 and quality of that as a risk assessment, bearing in
25 mind the seriousness of the events with which AR had

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1 **A.** Yes.

2 **Q.** As we have seen, although that was the clinical risk
3 tool, when it was then condensed down into the children
4 and young person current view -- if we could have
5 AHCH000159 on screen, please -- six days before the
6 attack, if we could have the section marked "Q16 to Q20"
7 highlighted, please. Accepting that this is a one page
8 type review:

9 "Poses risk to others: none."

10 **A.** Sorry, what was the question again?

11 **Q.** The "Poses risk to others: none", is the snapshot that
12 was given on this one-page view and, on any view, that,
13 I'm sure you would agree, was wholly inadequate and
14 wrong?

15 **A.** It is inadequate, yes.

16 **Q.** Thank you. If we can go back to your main report,
17 please, at page 17. Back to the top half of the page,
18 please. When you said that it was not standardised,
19 again I appreciate it is very familiar to you, but what
20 precisely do you mean by that?

21 **A.** So the latter document in 2024 was a more standardised
22 risk assessment document that we now use for cross-CAMHS
23 services. So it's not a Forensic CAMHS assessment or
24 a structured tool, necessarily, but it talks about all
25 the risks and there should be a formulation at the end

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1 and then a plan against it and that is more
 2 a standardised tool that should be used.
 3 **Q.** So the early ones at triage weren't standardised at all?
 4 **A.** No.
 5 **Q.** But even when standardised tools were being used at the
 6 CAMHS level, not the more complex Forensic CAMHS, but
 7 what was missing was the formulation at the end leading
 8 to a management plan?
 9 **A.** *(The witness nodded)*
 10 **Q.** Thank you. I asked Dr Killen, the clinical lead, about
 11 this -- of CAMHS -- and asked her:
 12 "Is that the standard of risk assessment in terms of
 13 the quality and level of detail that you would expect
 14 for a case of this seriousness?"
 15 She, as the clinical lead, accepted in her answer:
 16 "No, I think we recognise that the risk management
 17 tool was neither filled out comprehensively enough or
 18 regularly enough in the record on review and I would
 19 agree that the detail, and especially the updated
 20 detail, following the consultation from FCAMHS, wasn't
 21 included and that would have been beneficial."
 22 Would you agree with that concession?
 23 **A.** Yes.
 24 **Q.** I think you go on to make the point in the same
 25 paragraph of your report, 3.1.1.1, that another

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1 **A.** Yes.
 2 **Q.** Then in paragraph 3.1.2.2, you say:
 3 "When working with young people who present a high
 4 risk to others, to aid with structured risk assessment,
 5 CAMHS services will refer the young person for
 6 consultation and if required, direct work with community
 7 Forensic CAMHS services. After the initial referral to
 8 community FCAMHS services, a re-referral was not made,
 9 despite a deterioration in his presentation and
 10 completion of the autism assessment."
 11 Would you agree that the more sophisticated types of
 12 risk assessment that were used by FCAMHS, that we'll
 13 come onto, but that the completion of those may not have
 14 been within the skillset of many of those working in
 15 CAMHS?
 16 **A.** Absolutely.
 17 **Q.** So, in that sense, is this right, that both the referral
 18 and, if necessary, the re-referral to FCAMHS becomes
 19 particularly important so that that more sophisticated
 20 type of risk assessment can take place?
 21 **A.** Yes.
 22 **Q.** Without being pejorative about that skillset, because
 23 they're not specialist in forensic work at all, but
 24 would you expect the CAMHS service to have an awareness
 25 of, in this sense, their own limitations and the

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1 difficulty is that such risk assessment as there was at
 2 the CAMHS level doesn't seem to have informed the
 3 decision-making around what interventions, supervision,
 4 discharge and transition should take place; is that
 5 right?
 6 **A.** Yes.
 7 **Q.** Was that particularly the case for the latter period,
 8 that the early indications of risk in 2019 and 2020
 9 didn't seem to be informing clinical decision-making in
 10 2022/2023?
 11 **A.** Yes. But I think it didn't inform decision-making
 12 throughout.
 13 **Q.** Yes, thank you. So if we can go down so that we can see
 14 section 3.1.1.2 and the sections beneath it, so the
 15 second half of the page. The point about becoming less
 16 clear towards the end. You say:
 17 "Whilst CAMHS carried out a risk assessment on
 18 triage, and there is some evidence of them raising
 19 concerns within the team and with other agencies, around
 20 the risks presented to AR due to the deterioration in
 21 his presentation and safeguarding concerns around his
 22 parents. This became less clear towards the end of
 23 their working relationship with him. With lack of
 24 clarity on who would still be working with him."
 25 Is that right?

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1 importance of obtaining that specialist advice?
 2 **A.** Yes. So that's partly why Forensic CAMHS services got
 3 set up nationally.
 4 **Q.** Thank you.
 5 Pausing for one moment and thinking about
 6 recommendations for the future. One of the matters I've
 7 been asked to explore with you is that it might be
 8 thought that the complexity of cases presenting to
 9 ordinary CAMHS is challenging and perhaps increasing.
 10 Do you think that there is a need to embed within CAMHS
 11 their own ability to do the more complex type of risk
 12 assessments or should that remain in the remit of
 13 FCAMHS?
 14 **A.** I think it needs to remain in the remit of FCAMHS,
 15 primarily because these tasks are not simple tasks that
 16 could be done at one assessment or one meeting, they
 17 require a lot of time, they require the thinking space
 18 and, if we ask our generic CAMHS colleagues to do this,
 19 they won't be able to provide the generic CAMHS care
 20 that they do provide.
 21 **Q.** Thank you.
 22 So if we can look, please, at page 18 of your
 23 report. You go on to deal with the topic at the top:
 24 "The adequacy of the assessments undertaken in AR's
 25 case in relation to the risks [that he presents]."

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1 At 3.1.3.1, top of the page, I think you make the
 2 point that I just asked you about, that:
 3 "CAMHS services in general would not have the
 4 skillset to complete a structured risk assessment using
 5 structured professional judgement ..."
 6 Yes?
 7 A. Yes.
 8 Q. You then note at 3.1.3.2 the letter that was sent by
 9 FCAMHS. We have explored that both with Mr Hicklin and
 10 with Ms Brown. I'm not going to go through, therefore,
 11 everything that you've set out because it is a document
 12 that we have seen before but this is where we are
 13 getting into the realms of the SAVRY. I just wanted to
 14 ask you a little bit about that.
 15 Can we turn, please, to page 37 within your own
 16 report and could we have all the text in the second
 17 bullet point enlarged, please.
 18 I'm sure you know it by heart but I put it up on
 19 screen if it's a helpful prompt, but could you just
 20 explain what is involved in a Structured Assessment of
 21 Violence Risk in Youth, SAVRY?
 22 A. The SAVRY is -- I've got it here. Apologies for the
 23 condition it is in. But it's a structured risk
 24 assessment tool. What it actually means, if you don't
 25 mind me elaborating a bit, you have kind of three risk

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1 consultation meetings with all the agencies, so you
 2 capture the data, you then put it through the risk items
 3 that you want to consider, you then want to highlight
 4 which ones of these are critical factors we need to work
 5 with, the system, the young person and then what do you
 6 want to monitor, how long do you want to monitor it for
 7 and what are you looking to achieve?
 8 Doing a document like this means the risk remains
 9 live, so even if the risk reduces, you've got factors in
 10 there that you might think, actually, if this changes
 11 I need to start getting worried about the risk. For
 12 example, I guess, with AR in particular, if the SAVRY
 13 had been completed and in that was highlighted that
 14 accessing -- isolating himself is quite a significant
 15 factor because he accesses the internet and is likely to
 16 explore factors, that would have come out in doing the
 17 SAVRY. Then he hasn't been doing it for X, Y and Z
 18 years, all going really well. If he started doing it,
 19 which he had, he'd been isolating himself, that's when
 20 you'd have started getting worried and thought, "Do we
 21 need to do something else". So that is why a structured
 22 risk assessment tool would help with thinking about risk
 23 over time.
 24 Q. It may be an almost painfully obvious example but, in
 25 AR's case, further incidents of carrying a knife,

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1 assessment tools, actuarials, which are primarily used
 2 by things like insurance companies, where they crunch
 3 numbers and tell you that's the potential risk.
 4 You then have, within generic risk assessments we do
 5 a kind of clinical, "I have a feeling/gut feeling", and
 6 both of these are inadequate and hence there have been
 7 the development of structured risk assessment tools. In
 8 the adult world, we have what is known as the HCR-20; in
 9 the adolescent world for violence we have the SAVRY.
 10 These are tools -- the SAVRY in particular has 24
 11 risk items and six protective factors that you consider
 12 for young people and the risk particularly of violence
 13 towards others, and I think that's really important so
 14 we wouldn't use this otherwise. It has ten historical
 15 factors, which you could consider are actuarial factors,
 16 six social or contextual factors and eight individual
 17 factors and then the six protective factors. The way
 18 you do it is you code it low, moderate and high but,
 19 really, you code it to identify what are critical
 20 factors when you are looking at risk.
 21 In order to do this, there are lots of ways of doing
 22 this and people put numbers or they tick boxes and
 23 that's absolutely not appropriate. What you want is
 24 a narrative behind it. You want to be able to collect
 25 the data this involves -- that's why we have big

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1 particularly outside of the home, would have been
 2 clearly flagged up, one presumes, as a very serious
 3 indication of a further increase in risk?
 4 A. Yes, so one of the first factors is previous history of
 5 violence is probably the best indicator of future risk
 6 of violence, and that would have been captured in it.
 7 So the higher amounts of incidents you have, the higher
 8 your risk -- not higher your risk: it becomes more live.
 9 Q. The process involved, your 24 risk items -- ten of which
 10 are historical, six of which are social/contextual,
 11 eight individual, six protective factors -- that's going
 12 to require, in order for the tool to be effective, a lot
 13 of information to be gathered from all of the relevant
 14 agencies; would that be fair?
 15 A. Yes. So what you do is you dig. You start looking for
 16 the information, you get in touch with all the relevant
 17 bodies, so whoever has been involved or whoever might be
 18 involved, you collect the data, you organise
 19 a consultation meeting to meet with everybody. If you
 20 identify gaps, you wait to get more of that information
 21 and then you pull it together.
 22 Q. I don't suppose there is a standard time, you will tell
 23 us if there is, but can you give us an indication of how
 24 long the process of information gathering and then
 25 completing the tool for the first time takes?

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1 A. It's extremely difficult to say because it depends on
 2 how long agencies take to get your information. Then
 3 getting the consultation group together because that's
 4 really relevant, everybody needs to hear what we're
 5 thinking about together. You then need time to write it
 6 up and that depends on your administrative support that
 7 you have, et cetera. But once you've got the
 8 information, it is about two weeks to pull it
 9 altogether, and then you ideally would arrange a further
 10 consultation with the same group or, if you think other
 11 people needed to be invited, invite them.

12 Ideally, you would want -- so it's not always
 13 necessary but ideally you'd want to meet the young
 14 person and the parents to gather some of their views
 15 that are required but that could be done with a third
 16 party who was engaged with the young person.

17 Q. So a process of some weeks and probably a small number
 18 of months?

19 A. Yes.

20 Q. If we can go back, please, to paragraph 3.1.3.2 on
 21 page 18. We can see that what Mr Hicklin did was to
 22 send out a letter noting that risk assessment would be
 23 complicated by the likely diagnosis of autism and
 24 referring to:
 25 "... aspects of young people with an [autism]

21

1 re-refer, would it be fair to say that there was
 2 a degree of abrogation of responsibility at that stage
 3 by FCAMHS in not fully fulfilling the role that they
 4 should have played?

5 A. I think from what -- the spec and how we would practice,
 6 it is definitely not in keeping.

7 Q. Thank you.

8 The benefit of the structured risk assessment being
 9 done, perhaps some aspects of that are an obvious
 10 inference from what you have said, but would you agree
 11 that it is going to help define and inform the type of
 12 interventions that should take place?

13 A. Intervention and management, yes.

14 Q. I'm going to come onto management but, in the
 15 management, it would also give a careful indication of
 16 what needs to be monitored -- yes --

17 A. Yes.

18 Q. -- for signs that things are moving in the right
 19 direction, or the converse, that they are going worse
 20 and that further intervention or more robust
 21 intervention may be required.

22 A. Yes. So even through the consultation process, it's
 23 lovely to have the list but what would have been even
 24 more helpful is how could this be addressed? I think
 25 that's part of the risk assessment. A detailed risk

23

1 diagnosis should be taken into account when considering
 2 the risk ..."

3 Now, that list of information that was factors that
 4 should be taken into account when considering the risk,
 5 was that reasonably helpful, so far as it went?

6 A. Yes, it would have been, if somebody would have read it.

7 Q. Would you, however, suggest that FCAMHS should have gone
 8 further and taken the lead in drawing together the
 9 information and conducting the SAVRY type of risk
 10 assessment?

11 A. Yes.

12 Q. Because?

13 A. Because that's primarily what our function as community
 14 FCAMHS services has been. So, we always had a lead
 15 service that gets in touch with us. We then help
 16 coordinate the risk assessment and then handover the
 17 work that might be required to the others as part of
 18 that system. In rare cases, we might do direct work
 19 with them but that's in very rare cases. The majority
 20 of the work around the risk assessment, the lead is
 21 taken by FCAMHS but with whoever is referred into them.

22 Q. Thank you.

23 So, instead, giving some more high-level advice as
 24 to risk factors, and it must be said in fairness also
 25 indicating that practitioners could come back and

22

1 assessment helps you identify what needs to be addressed
 2 and how to address it. So, for example, in this list,
 3 if you are talking of a disruption in routines and lack
 4 of motivation to change, who would be doing this, what
 5 would they be doing with this information, where would
 6 the support lie? You know, those things would have to
 7 be clarified as part of that plan.

8 Q. Thank you.

9 So if we look at page 19 of your report, 3.1.3.4,
 10 dealing with the benefits, ensures the risk is described
 11 clearly, helps identify who is meant to review it,
 12 ensures SMART actions are considered, which include
 13 interventions with the young person, family and wider
 14 systems. So all of those are benefits. When you say it
 15 helps identify who is meant to review it, might it then
 16 have been that either CAMHS or potentially the Youth
 17 Offending Team, that they might have had responsibility
 18 then for keeping it under review?

19 A. Yes, it could be any of the services, including social
 20 care. You know, rarely, but if the police were leading
 21 on it, the police. Anybody else would probably continue
 22 and, if they needed to come back to FCAMHS, they would.

23 Q. Thank you. I don't suppose that you're able to put
 24 a calendar date on it and when it should have been
 25 completed but should we understand from your evidence

24

1 that the detailed work involved in the SAVRY should have
 2 been being undertaken in the early months of 2020?
 3 **A.** Yes, sooner rather than later.
 4 **Q.** Are you able to help us -- of course I'm going to ask
 5 you a number of counterfactuals, appreciating that they
 6 are hypothetical, so if we get into the stage where you
 7 don't feel comfortable giving an answer because you
 8 think it's too speculative, you must say doctor. But
 9 are you able to help us with what the SAVRY would have
 10 indicated in relation to, first of all, the level of
 11 risk and, secondly, as to particular matters that ought
 12 to be looked out for.
 13 **A.** Without going into full detail of the SAVRY, it is going
 14 to be rather tricky to highlight each and every factor
 15 but are you okay with me referencing it?
 16 **Q.** Yes, of course.
 17 **A.** What isn't helpful is the low/medium/high risk but
 18 people often want that. At the onset, given that it was
 19 prior to any interventions, he would have been
 20 considered high risk.
 21 But, actually, every one of those factors, you want
 22 to think about low, medium and high. For example,
 23 I wouldn't go through his historical factors because
 24 they remain static but, if you were to think about his
 25 social and contextual factors in the SAVRY, for example

25

1 I don't think the autism diagnosis should have been the
 2 deterring factor to complete the assessment.
 3 However, what would have been really helpful is
 4 to -- even if they didn't -- so as part of just the
 5 consultation process, often when FCAMHS consults to
 6 a group or a system, they advise on matters, such as in
 7 Mr Hicklin's note, but clearly indicating who would do
 8 what and ensuring that they had a process of following
 9 up. So whether the autism diagnosis happened or not is
 10 rather irrelevant. It's ensuring that there was
 11 a process for things to be acted on, reviewed and
 12 followed up.
 13 **Q.** Thank you. When you say that the autism diagnosis is
 14 rather irrelevant, is that, in part, because those who
 15 were dealing, not just clinicians but in education, with
 16 AR had already picked up autistic traits and they were
 17 already factoring that in, in some sense?
 18 **A.** Yes, so I guess there has been -- we've had a massive
 19 increase in young people now being diagnosed -- young
 20 people/adults -- with autism and, actually, we are
 21 encouraged and have been encouraged for a while to look
 22 at young people with a neurodivergent lens. So you make
 23 adaptations and you work through with that lens with
 24 most young people, at least we do in my service, and we
 25 appreciate right at the beginning that might not be the

27

1 peer rejection, his perception of being rejected by his
 2 peers would have come up as quite high. So what you
 3 would have indicated is focusing some work around that
 4 aspect for him to work through it, to see if the risks
 5 would reduce moving forward.

6 Similarly, with regards to his individual factors,
 7 there is negative attitudes or, for example, poor
 8 compliance. So, initially -- I think poor compliance is
 9 a good one to look for with regards to him. Initially,
 10 he had relatively good compliance: he engaged with all
 11 the services, he was attending education, he attended
 12 the psychiatry appointments. But that would have been
 13 a critical factor to keep an eye on because, as he
 14 became non-compliant, that would have an impact on his
 15 risk.

16 So even though he wouldn't have necessarily scored
 17 high risk at the time, that would have been a critical
 18 factor. So, even if you score low, those can still be
 19 critical factors to continue monitoring.

20 **Q.** Thank you. Going back, putting the counterfactual to
 21 one side, in circumstances where the SAVRY had not been
 22 completed or a similar tool had not been completed,
 23 would you have expected FCAMHS to keep the referral open
 24 until the autism diagnosis had been made?

25 **A.** Apologies, I will have to expand on that a bit because

26

1 case but, from a FCAMHS perspective, we have always
 2 worked with young people with different needs and,
 3 irrelevant of those, you did the work you needed to do
 4 around the risk.

5 **Q.** Thank you. Ms Brown accepted that, at the time, there
 6 wasn't a mechanism in place by which FCAMHS pulled the
 7 case back in. So they didn't have something that would
 8 trigger their further involvement when the diagnosis
 9 came in, and she says that that's something that they do
 10 have now.

11 Can you just help with that: at the time, so early
 12 2020, nationwide did FCAMHS have systems, in your
 13 experience, if they discharged a case to have some means
 14 by which they diarised to check in the future that other
 15 agencies had done what they said they were going to do?

16 **A.** Not really, unless you had a follow-up appointment. So
 17 good practice would say we would have reviewed at three
 18 months/six months to see if everyone is doing what they
 19 meant to do and, "Do you need any support and are you
 20 okay with us closing the case?"

21 **Q.** I'm asked to explore with you about whether you might
 22 accept that the fact that FCAMHS had, in fact,
 23 discharged AR from their service without a standardised
 24 risk assessment being completed, whether that carried
 25 a risk that other agencies might take some false comfort

28

1 or reassurance from those facts? In other words, FCAMHS
 2 weren't unduly troubled?
 3 **A.** I think what's happened is the actual letter was lost in
 4 translation and so, yes, a structured risk assessment
 5 would have helped but ensuring everybody had the letter
 6 and the information in the letter would have probably
 7 meant that it wouldn't have been dismissed or services
 8 wouldn't have been reassured in the way they were.
 9 **Q.** Thank you. Go back to your report, please, page 19.
 10 You say there, in the middle of the page, 3.1.3.5,
 11 combining the two aspects of CAMHS and FCAMHS together:
 12 "... the assessments undertaken in AR's case by
 13 CAMHS [or] community FCAMHS ... in relation to the risks
 14 he presented [with] and/or any safeguarding concerns
 15 were not adequate."
 16 Is that right?
 17 **A.** Yes.
 18 **Q.** Would you agree, in general terms, that, as a result of
 19 that, what ended up happening was that CAMHS focused,
 20 especially in the later years, in 2022, 2023 and 2024,
 21 on the risks to AR and not enough on the risks that AR
 22 posed to others?
 23 **A.** Yes.
 24 **Q.** Thank you. You say in 3.1.4.1, as to the
 25 appropriateness of the levels of the risk that was

29

1 bits -- if there was the issue around low interest or
 2 commitment to school, which is one of the factors, then
 3 you'd want to look -- so he was having reviews but you'd
 4 want to think about, "How could we improve that",
 5 because I think there were comments made about him not
 6 liking a particular teacher but, actually, exploring
 7 this further with him would have been one of the things
 8 you'd want to think about. Exploring at school. I know
 9 he had a welfare check officer but what were they doing,
 10 other than checking in on him, and this would have
 11 informed what they did.
 12 If it was -- the issue around poor compliance,
 13 actually, if you saw the pattern of poor compliance with
 14 medication, but also engagement, so poor compliance is
 15 not just medication but engagement with other services,
 16 then you'd want to think about how you're going to
 17 optimise it, how that would need to shift, who would you
 18 bring to support from with that. So from a medical
 19 point of view, if you refuse medication and you do not
 20 see the role for medication, that was fine, you'd stop
 21 it. But were there other interventions that were needed
 22 for him to see people, to go education, et cetera, what
 23 would we do around that would be more -- that would be
 24 indicated and would be worked on.
 25 Just thinking through the ones here. The other one

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1 identified, because the initial risk assessment was not
 2 adequate and an adequate tool was not used, and
 3 appropriate level of risk towards others was not
 4 identified, this was then not reviewed either with AR or
 5 his parents. The point that I just touched on:
 6 "Latterly the focus of CAMHS services was around his
 7 anxiety symptoms and school refusal. There was no
 8 mention of his historical risk or review of what he was
 9 doing on his computer or how he actually felt about
 10 school."
 11 **A.** Yes.
 12 **Q.** So those early indications of risk, would it be fair to
 13 say that, to a significant extent, they got lost?
 14 **A.** Yes.
 15 **Q.** Can I ask you if you can help us with this, you have
 16 said that the low/medium/high is not entirely helpful
 17 and it's more important to be more structured, to have
 18 narrative and to look at critical indicators, even if
 19 something is low or medium, if this changes it goes to
 20 high. Against all of those explanations, I'm still
 21 asked to explore with you, if the indications from the
 22 SAVRY had indicated areas where there was high risk,
 23 what the actual interventions should have looked like?
 24 **A.** So depending on what the area was -- again, just giving
 25 examples, but they would be different for different

30

1 is around -- a positive factor would have been strong
 2 social support. Now, what we knew is, when he was in
 3 education, he actually did have positive relationships
 4 with his teachers, right at the beginning. That fell by
 5 the by and actually what was his social support other
 6 than his parents. We'd have questioned that. You might
 7 have wanted to introduce somebody into that to reduce
 8 that risk and to increase that protective factor. So
 9 that's how the risk assessment would have worked. Does
 10 that make sense?
 11 **Q.** I follow. Thank you. Just thinking about multi-agency
 12 options, would it have led, do you think, to
 13 a recognition of the need to be routine multi-agency
 14 meetings that included review of the risk?
 15 **A.** Yes, to begin with, and when risk changed.
 16 **Q.** So, again, something like the bus incident, if there had
 17 been frequent multi-agency meetings to start off with
 18 and they become less frequent, that would obviously have
 19 been a trigger for the need for one to be held?
 20 **A.** Absolutely.
 21 **Q.** Presumably, those could also have kept under review need
 22 for further referrals to Prevent potentially.
 23 **A.** Prevent, Forensic CAMHS, the police.
 24 **Q.** With a constant eye to who the lead agency was?
 25 **A.** Yes.

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1 Q. On the mental health side, were there any specialist
2 interventions that could have been considered around
3 violence fascination?
4 A. This is quite a grey area, really, because it's not
5 really -- I mean, often it's a piece of work that
6 psychologists do but it doesn't necessarily sit within
7 the mental health domain. So it would be forensic
8 psychologists, it could be in more -- some Forensic
9 CAMHS services but it's not always sat within the mental
10 health services and so it is rather a tricky one about
11 where it sits and I think that is part of the problem.
12 Q. You will forgive me if my terms are too simplistic but
13 is that partly because clinical psychological
14 intervention would more normally be linked to the
15 concept of treatable mental health disorders?
16 A. Not necessarily. If somebody had an obsession and it
17 sat within -- well, you could argue that, I guess. You
18 could say that.
19 Q. Certainly, in terms of as things stand at the moment,
20 any commissioned and funded service, is it easy to
21 identify where that sits in the current make up, that
22 type of intervention for violence-fascinated individuals
23 who may not have a mental health disorder at the same
24 time?
25 A. Yes, if they have been charged and convicted, there are

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1 A. Yes.
2 Q. Thank you. Then section 3.2 of your report, please,
3 dealt with the question of the escalation of concerns in
4 relation both to risks and safeguarding issues.
5 If we start with page 20, please, of your report,
6 you start off by noting that, in your opinion, the
7 Criminal Justice Liaison and Diversion Team
8 appropriately raised concerns and the risks AR presented
9 with in 2019 were alerted to:
10 "However, their role was temporary and after raising
11 concerns and the initial period of consultation, they
12 were no longer involved."
13 Is that right?
14 A. Yes.
15 Q. Should they have remained involved, in your view?
16 A. Not really.
17 Q. So it's appropriate that they flag it up to the more
18 appropriate agencies?
19 A. Yes, that's their role, really.
20 Q. Then:
21 "When CAMHS became involved [next paragraph], they
22 were focused on his physical and mental health."
23 They did escalate physical health concerns and made
24 recommendations for dietetic input and input from the
25 eating disorder services. I don't think, in relation to

35

1 resources within the Criminal Justice System but
2 currently, without that, there aren't.
3 Q. Turning from the mental health side to the local
4 authority side. The use of child protection measures
5 and the higher level of forms of interventions that
6 might be permitted by local authorities for child
7 protection, those also presumably could have been kept
8 under review?
9 A. Yes, definitely.
10 Q. Together with that, whether it was called a management
11 plan or a safeguarding plan, would you have expected
12 that sort of good practice to have a clear SMART
13 compliant management plan of who is doing what?
14 A. Yes.
15 Q. Thank you. I'm going to turn next, please -- perhaps
16 I should just pause there.
17 Is there anything else in terms of risk assessment
18 that you think I haven't covered that you would wish to
19 add?
20 A. I just wanted to be clear that not every young person
21 needs an extensive risk assessment but, where there are
22 indicators, that this should be completed.
23 Q. But AR clearly fell within that category?
24 A. Yes.
25 Q. By some margin?

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1 that side of things, you raise in your report any
2 particular concerns?
3 A. No.
4 Q. Thank you. Then you note, in the next paragraph, they
5 did raise concerns when AR went missing but there was
6 little in the way of an action plan to address the
7 reasons why he had gone missing, to challenge the
8 rationale for why he wasn't processed through the
9 Criminal Justice System:
10 "At the time, the police were of the opinion that he
11 had 'severe autism' and it would not be appropriate for
12 him to be processed."
13 Now, there is quite a lot there, in some senses, to
14 unpick but can you just explain in the first instance
15 why you particularly alight on the police perception
16 that AR had severe autism, and this may perhaps bring in
17 concepts of high functioning autism and the differences
18 in the autism spectrum?
19 A. I think it is really important that we recognise that
20 autism is a social communication difficulty. I think
21 a lot of people have made reference to it earlier, so
22 I won't repeat that, but when you've got a normal
23 intellect and you have autism, often what you need is
24 adaptations to the processes around you but you have
25 a good understanding of what is right and wrong, you

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1 understand that things have a negative impact on others
2 and, hence, it does not mitigate you from going through
3 the court process.

4 So when the comment has been made on "severe
5 autism", I don't think there are grades of autism,
6 necessarily. You have to take it in the context of
7 somebody's ability to function and understand processes
8 outwith their neurodiversity, and he had that. So the
9 question around "severe autism" was something that
10 clinicians should have asked and challenged.

11 **Q.** It's a matter for the Chair in due course but it may be
12 suggested that the evidence would indicate, as regards
13 the police, that they wrongly assumed a lack of capacity
14 without clinical opinion. But should we take it from
15 the comments you've just given that you think there was
16 a shortcoming in the other agencies, who, having been
17 informed of this, didn't challenge that and ask why
18 isn't this going through criminal justice?

19 **A.** I think it's prior to that as well, that they didn't ask
20 the questions around what was it that led to the police
21 being involved, at least the details of that, and
22 following on from that then challenging actually who
23 made that decision because, as far as I understand from
24 the records, no clinician was consulted on that
25 decision-making process.

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1 a much higher level?

2 **A.** Absolutely.

3 **Q.** Thank you. In 3.2.1.4, you cite the internal review
4 from Alder Hey's conclusions of the occasions when AR's
5 care may have been appropriate to have sought
6 safeguarding supervision, so missed opportunities in
7 relation to that. Did you agree with that assessment?

8 **A.** Yes.

9 **Q.** Then, where it goes, I think, in your conclusion at
10 3.2.2.1, over the page:

11 "AR was outwith parental control, he had been
12 presenting a risk in the family home, he was withdrawn
13 and spending considerable periods of time on his
14 computer, he was not looking after himself (he hadn't
15 showered for more than a month). Right back in
16 September 2023 when reviewing his attendance and
17 parents' inability to make him engage, these should have
18 been escalated through safeguarding."

19 Just pausing there. The escalation through
20 safeguarding, just briefly explain that process, what
21 that would have looked like?

22 **A.** Well, it depends on everybody's local process but you
23 would get in touch with your safeguarding lead to raise
24 concerns, particularly as there were concerns around his
25 mental health and being out of parental control and

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1 **Q.** If such consultation had taken place, please correct me
2 if I'm wrong, but should we understand from the tenor of
3 your evidence that the advice that should have gone back
4 would have been that AR's own individual autism would
5 not have meant that he lacked responsibility for his own
6 actions in carrying a knife in public?

7 **A.** Yes, or going through the Criminal Justice System.

8 **Q.** We have explored with others the counterfactual in
9 relation to that. But, as you may have picked up from
10 the evidence, one possibility in relation to that, is
11 that if a search had been carried out at that time, it's
12 known that AR had purchased ricin seeds and had
13 purchased chemical equipment, so filters and flasks and
14 scales, and so on, and may have had them hidden under
15 his bed at that stage and, if that was searched for and
16 appreciated, obviously there would be a whole spectrum
17 of what may happen in criminal justice terms, but that
18 would have immediately have caused a very significant
19 FCAMHS involvement and re-appraisal of risk?

20 **A.** It would have or he would have been also, at that point,
21 put in custody.

22 **Q.** So, as I say, a whole panoply of what may have happened
23 in criminal justice terms, custody and there may also
24 have been found on his computers. But, in addition,
25 there would then have been FCAMHS involvement really at

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1 presenting a risk to the family home. I appreciate
2 different clinicians had different information but you
3 would raise that with your safeguarding lead. You would
4 consider what the escalation process might be. In his
5 case, social care were involved, so you'd probably
6 liaise with them and raise your concerns through that
7 process. Obviously, not being directly clinically
8 involved with him, it's difficult for me to say, but if
9 I was concerned about somebody becoming more withdrawn
10 and to the stage of not showering for a month, you know,
11 that would make me wonder whether there was anything
12 else ongoing, whether he was having a psychotic process,
13 bearing in mind, right at the onset, that was one of the
14 questions that the liaison diversion team raised.

15 So even with -- young people often who are also
16 neurodiverse are also at risk of developing psychotic
17 illnesses, so I would have been concerned. I would have
18 been concerned is he depressed. So raising this through
19 the safeguarding process through the service, with
20 social care that was involved at the time, and then
21 having some consideration about whether we do a Mental
22 Health Act assessment or not.

23 **Q.** I'm going to come on to the mental health aspect but, if
24 we think about that raising of concerns at that level,
25 perhaps having would limbs, one would be to Alder Hey

40

1 safeguarding, then liaising with the local authority,
2 potentially for intensification or raising of the level
3 of involvement of social care, yes?

4 **A.** Yes.

5 **Q.** But I think you indicate here, as you go on to talk
6 about in 3.2.2.1, being unable to meet with him,
7 consideration should have been given to carrying out
8 a Mental Health Act assessment as well, for the reasons
9 you have indicated?

10 **A.** Yes.

11 **Q.** Can I come onto looking at that, the Mental Health Act
12 assessment, in a little bit more detail.

13 Could we also look in this context at what you say
14 about this in page 23 of your report. It's 3.3.4.3 at
15 the bottom of the page, please, penultimate paragraph:

16 "In my opinion, given his historic risks and
17 deterioration in his presentation, this should have
18 prompted a Mental Health Act assessment. It is likely
19 that would be no evidence to suggest he needed treatment
20 in hospital but it would have given an opportunity to
21 assess him face to face and assess his risk to self and
22 others, with him.

23 "In my opinion, if the above had been considered
24 early in September 2023 and he was then discharged with
25 a clear escalation in safeguarding concerns to Social

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1 with autism or even conduct disorder, neither of those
2 factors in themselves would be detainable factors under
3 the Mental Health Act. I would not consider detaining
4 anybody under those. However, both of those factors,
5 even if you just considered somebody with
6 neurodiversity, they are at higher risk of developing
7 severe anxiety, depression and/or psychosis. Now, when
8 the pattern changed and those were the concerns that
9 would have prompted a need for an assessment, "I haven't
10 seen the young person, is this young person becoming
11 clinically depressed and hence not looking after himself
12 and hence needing treatment in hospital, given that he
13 is non-compliant, is he becoming psychotic, paranoid and
14 more reclusive", et cetera, et cetera. So not the
15 primary diagnosis of either autism or conduct disorder
16 but the change in pattern which meant somebody couldn't
17 see him and the worry around escalation and risks, if
18 I knew the historic risks.

19 **Q.** Would this be fair, that, moving away from AR's
20 individual case, if a young person was isolating and
21 refusing to see mental health clinicians, but was
22 reported by parents to be physically well enough, that
23 in itself, absent the historic risk factors in AR's
24 case, wouldn't call for a Mental Health Act assessment?

25 **A.** If there weren't historical risk factors, a lot of

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1 Services, then that would have been more appropriate,
2 rather than his care remaining open for as long as it
3 did without him being seen or the risk being assessed."

4 There is quite a lot, again, there to unpick but, if
5 we look at 3.3.4.3, I think you're going to little bit
6 further than in your earlier paragraph because you're
7 saying here not only should consideration have been
8 given to whether to do a Mental Health Act assessment
9 but you think it should have prompted attempting
10 a Mental Health Act assessment; is that right?

11 **A.** Yes, so this is given knowing his historic risks and the
12 deterioration, yes.

13 **Q.** We appreciate, of course, that, as they dealt with in
14 their own evidence, we asked Dr Ram and Dr Molyneux
15 about their levels of knowledge but, for these purposes,
16 we are assuming that the psychiatrist dealing with AR
17 have the full picture of historical risks.

18 So dealing with this aspect of your opinion, that
19 a Mental Health Act assessment should have been
20 attempted, can I ask you this: what would the threshold
21 tests be? What would a clinician have to be satisfied
22 of, not to actually sign-off on the use of a section
23 power but what would they need to be satisfied of to
24 decide to attempt a Mental Health Act assessment?

25 **A.** So I'm just going to clarify a few things. So somebody

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1 people post-Covid did isolate themselves increasingly --
2 I think we're going to see the outcome of that -- but
3 that doesn't necessarily mean a Mental Health Act
4 assessment would have been triggered.

5 **Q.** But in AR's case, you think that it legitimately could
6 have been?

7 **A.** Particularly around the self-care, the change in his
8 pattern, yes, picking up the fact that he was getting
9 more aggressive in the family home. We were worried
10 about the parents' compliance and whether they were
11 actually engaging with services or reporting the right
12 things, yes.

13 **Q.** Do you go so far as to say it should have been or just
14 a Mental Health Act assessment was an option that should
15 have been considered --

16 **A.** It should have been considered.

17 **Q.** Would there be a spectrum of views amongst different
18 psychiatrists as to whether a Mental Health Act
19 assessment should have been attempted in these
20 circumstances?

21 **A.** Absolutely, particularly now as the threshold has become
22 even higher.

23 **Q.** All right. Where it lands, in your view, is this: you
24 think it would have been legitimate to attempt a Mental
25 Health Act assessment, yes?

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1 A. Yes.

2 Q. Not on the basis of a concern of autism or conduct

3 disorder in itself but that the isolation against

4 a background of other risk factors gave enough concern

5 about psychosis or depression having developed, that it

6 was appropriate to attempt?

7 A. Yes, the question around that, yes.

8 Q. But you would accept that responsible other clinicians

9 might have taken a different view?

10 A. Absolutely.

11 Q. You're not saying that this was, to put it in the

12 vernacular, a barn door case for doing a Mental Health

13 Act assessment?

14 A. No, it isn't.

15 Q. Obviously, there is clear criteria in the Act itself for

16 when the test for assessment, section 2, or treatment,

17 section 3, is met. But are there actually specified

18 criteria for whether you attempt a Mental Health Act

19 assessment or is that more judgemental?

20 A. It is more judgemental. So you should have suspicion of

21 or think or worry about them having a mental disorder

22 that will need at least an assessment, particularly

23 under section 2 of the Mental Health Act, particularly

24 in cases where you are concerned, that's where you might

25 think of initiating a Mental Health Act assessment for

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1 him to determine whether he was, in fact, well enough.

2 So my comment on whether there would be no evidence to

3 suggest he needed treatment is based on the fact that he

4 did latterly have a Mental Health Act assessment after

5 the index offence, which then -- which they concluded

6 that he did not require treatment in hospital. That was

7 what I based it on. However, at the time, when he was

8 isolating himself, hadn't been seen by clinicians, there

9 were concerns about compliance both from him and parents

10 that was not clear then.

11 So triggering the Mental Health Act assessment at

12 the time, we would not have known whether he needed --

13 whether he had a diagnosis and whether he needed

14 treatment or not.

15 Q. But just to press you a little bit further on this, it

16 might be thought that the cohort of psychiatrists who

17 wouldn't be in favour of a Mental Health Act assessment

18 here would say, "Realistically, although we haven't seen

19 him recently, he has had a lot of contact and we don't

20 think he has a mental disorder and, therefore, we don't

21 think that, when we do get to see him, it's likely that

22 he will in fact need to be detained in hospital, whether

23 for assessment or for treatment, and so we're

24 uncomfortable with even going to a Mental Health Act

25 assessment because it seems to be using the Mental

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1 that purpose.

2 Q. I'm asked to explore with you this line of thinking or

3 argument: in thinking about whether you have grounds to

4 suspect that there is a mental health condition that

5 might need at least assessment, if not treatment, should

6 a clinician really be linking to the likelihood that

7 somebody may need to be detained for assessment or

8 treatment?

9 A. Yes, and this should also be linked to either risk to

10 self or others.

11 Q. So the risk of harm to self or others would be a factor

12 within that?

13 A. Yes.

14 Q. You say in the passage that we've got on screen that:

15 "It is likely that there would be no evidence to

16 suggest he needed treatment in hospital ..."

17 I suppose the challenge might be this: if the

18 clinicians were thinking, "Well, we have seen him

19 previously and we don't think that there is further

20 treatment that could be given that would be required in

21 hospital", that, in a sense, you might be going outside

22 at least the spirit of the Act, if not using the powers

23 for an extraneous reason, really to get eyes on him;

24 what do you say about that?

25 A. So I completely agree with that, if they had put eyes on

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1 Health Act for the purposes of getting eyes on the

2 patient, rather than for the legitimate purposes of the

3 Act, towards potentially detention for the purposes of

4 assessment or treatment"?

5 A. I do agree with that cohort of consultants, however, at

6 the same time, we have young people with similar

7 presentations detained in hospital because they were

8 assessed, because they had been withdrawn and because

9 people were worried that they might be depressed or not

10 engaging. So there are young people with a similar

11 presentation in hospital, detained under the Mental

12 Health Act, and I guess the issue with AR was the risk.

13 **SIR ADRIAN FULFORD:** Is that detained for assessment?

14 A. Assessment and now treatment.

15 **SIR ADRIAN FULFORD:** Sorry, Mr Moss.

16 **MR MOSS:** No, sure.

17 To the extent, therefore, that -- this may be

18 a difficult area because you've indicated that

19 responsible clinicians could take a different view --

20 thinking about the future and recommendations, is this,

21 on the one hand, an area where there needs to be

22 recalibration or further guidance on circumstances in

23 which a Mental Health Act assessment could legitimately

24 be done or is there potentially a gap in the

25 legislation?

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1 **A.** I think there is potentially a gap in the legislation to
 2 allow us to see and assess young people better in the
 3 community. I'm not convinced all of those who are in
 4 hospital currently need to be in hospital, so that's
 5 a different discussion for a different day. But, saying
 6 that, there is nothing else that means these young
 7 people can be supported or reviewed more appropriately
 8 in the community.

9 **Q.** Are you able to help us with what the nature of
 10 a solution might be to that? Bearing in mind the
 11 obvious need for caution in this, if it's any sort of
 12 compulsive power, but what would that look like,
 13 a power, effectively, to be able to get eyes on
 14 somebody, particularly under the age of 18, would that
 15 be with parental consent or even absent parental
 16 consent?

17 **A.** So with parental consent, yes, that's really important
 18 but, in cases where you are wondering or you are worried
 19 about parents' own capacity, as it was in this case, you
 20 would want some way to be able to see a young person.
 21 Now, some clinicians might have nipped up to the bedroom
 22 and gone, "Excuse me, hello, how are you doing", and
 23 popped their head in, and others won't, and, actually,
 24 the person who does pop in would have been criticised or
 25 there would have been concerns raised.

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1 **A.** That would have involved getting to review whether any
 2 other alternatives could be put in place before
 3 considering admission to hospital. It's not statute, it
 4 has no powers. It could include having a befriender.
 5 It could include somebody popping in and doing X, Y and
 6 Z but if AR refused to see the person, there would be no
 7 statute power for that process to mean he was being seen
 8 and I'd be happy for somebody to correct me but I am not
 9 sure it holds any statute power as of yet.

10 **Q.** But is that principally aimed at those in the community
 11 who have a diagnosis of autism, where the concern is
 12 that aspects around the autism might end up leading to
 13 detention?

14 **A.** Yes, autism and/or learning disability.

15 **MR MOSS:** Thank you.

16 Sir, I wonder if that might be a convenient moment
 17 for a mid-morning break. I'm turning to the next topic?

18 **SIR ADRIAN FULFORD:** It certainly would. We'll sit again at
 19 11.35 am.

20 (11.20 am)

(A short break)

22 (11.35 am)

23 **SIR ADRIAN FULFORD:** Thank you, Mr Moss.24 **MR MOSS:** Thank you, sir.

25 So Dr Irani, I'm turning to my next topic, which is

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1 So I think you need some legislative framework that
 2 allows for clinicians or other statute bodies to be able
 3 to clap eyes on a young person in a similar situation.

4 **Q.** Thank you.

5 I appreciate that this is something that has
 6 certainly progressed since the early stages of AR's
 7 involvement with mental health services but the Care,
 8 Education and Treatment Review process, can you just
 9 explain what that is, first of all, and whether that
 10 might have been an appropriate route?

11 **A.** The Care, Education and Review process was triggered by
 12 the Winterbourne Inquiry a few years back, and the care
 13 of adults and young people with learning disabilities
 14 and autism, in other health situations, where the
 15 practice was rather poor. That then developed to it be
 16 required before somebody is considered or is being
 17 admitted to hospital. Having said that, ideally, it
 18 should always happen before young people are adults,
 19 before hospital admission has even considered but that's
 20 not always the case.

21 But, in this case, given his diagnosis of autism, if
 22 you were thinking about the Mental Health Act and the
 23 admission process, you would start thinking about the
 24 CETR process.

25 **Q.** Briefly, what would that process have involved?

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1 diagnosis and treatment, page 21 of your statement
 2 please, section 3.3.

3 Again, although it may be second nature to you,
 4 starting at a very basic level, I'm asked to just
 5 explore what it is important to get the diagnosis and
 6 all diagnoses correct. Would you agree that, first of
 7 all, the diagnosis is important because it informs
 8 an understanding of the condition for both the patient
 9 and for clinicians treating the patient?

10 **A.** Yes. Patients, families.

11 **Q.** Secondly, it's important because it informs the
 12 treatment options, so if it's a condition that's capable
 13 of being cured, if it's capable of being ameliorated,
 14 it's important that the diagnosis is right so that the
 15 correct treatments can be provided?

16 **A.** Yes.

17 **Q.** Thirdly, the diagnosis can be important for others,
 18 non-clinicians, you've touched on some already, for
 19 family, but also for other agencies who are dealing with
 20 the patient, who may need to make appropriate
 21 adjustments depending upon the diagnosis; would that be
 22 fair?

23 **A.** Absolutely, yes.

24 **Q.** Fourthly, diagnosis can be important and very relevant
 25 to risk: risk to self, risk to others?

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1 A. Yes.

2 Q. Are there any other key respects in which the diagnosis
3 is particularly important?

4 A. Not really.

5 Q. Thank you. So, you set out in your report in relation
6 to diagnosis at 3.3.1.1 that:

7 "AR was initially diagnosed with autism spectrum
8 disorder."

9 I think you agree with that diagnosis, yes?

10 A. Yes.

11 Q. Just briefly, it's been accepted by the autism service
12 that there was some delay in that diagnosis. Trying to
13 summarise quite a lot of evidence shortly: the national
14 average time to reach a diagnosis in autism was quite
15 lengthy but the local service did accept that their own
16 average waiting time to first assessment, which was
17 11 weeks, was very significantly exceeded -- 45 weeks --
18 and that can't be completely explained by Covid because
19 one would have expected the first assessment to have
20 taken place by mid-November 2019, so, a delay of some
21 seven months before the first assessment.

22 It was also accepted that, although autism wouldn't,
23 in any sense, get worse in itself caused by delay, that
24 it could nevertheless be deleterious to have that delay
25 in a diagnosis of autism; would you agree?

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1 conclude that AR should have gone for a full ADHD
2 assessment and it is common ground that that did not
3 happen for AR at any time up to the dreadful events of
4 July 2024.

5 She also said though that she couldn't say what the
6 outcome of a full ADHD assessment would have been,
7 whether the diagnosis would have been made of ADHD, as
8 well as the established diagnosis of autism. She
9 accepted that the failures to take forward the ADHD were
10 indeed shortcomings in the service that was provided.
11 Presumably, you would agree with that, based on that
12 concession?

13 A. If that's her concession, yes.

14 Q. On the materials that you have seen, would you be able
15 to give an opinion as to whether or not you think
16 a diagnosis of ADHD would have been made on a full
17 assessment or is it not possible to say?

18 A. Apologies?

19 Q. Would you be able to express a view on whether it is
20 likely that a diagnosis of ADHD would have been made
21 when a full assessment was carried out or is it not
22 possible to say?

23 A. It's not possible to say but, equally, I think he was so
24 withdrawn from so many different things it would have
25 been difficult to assess and it overlapped with his

55

1 A. Probably in the way of informing services but, like
2 I say, most services should be working towards
3 an autism-informed lens. So it's rather -- so, for
4 example, education, et cetera, should be working with
5 the notion that the approach should be similar for all
6 young people. Hence, I don't necessarily think the
7 delay was critical in this case.

8 Q. No, but some concern, in terms of the supportive
9 measures to help adaptations and to assist AR and his
10 family in ways to make allowance for his condition and
11 understand it: the sooner that is recognised, in general
12 terms, the better?

13 A. Yes, and that is unfortunately what is required for any
14 kind of SEND support to be put in place.

15 Q. Thank you. I want to ask you about a different aspect:
16 ADHD. I think you'll be aware from the documents that
17 AR, when he was first referred by his GP for
18 consideration for autism, that ADHD was also raised. We
19 heard evidence on this also from Ms Boggan, the lead for
20 the service and she accepted that there were five
21 occasions across quite a span of time when the referral
22 for ADHD could have been better progressed and it
23 wasn't.

24 She also accepted that there was enough information
25 of concern, in terms of behaviours and signs, to

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1 autism presentation at the time.

2 Q. Thank you.

3 In relation to -- again, you should say if this is
4 not an area that you feel appropriate for you to deal
5 with but, in the area of the potential medications that
6 could have been given for ADHD, it presumably follows
7 you are not able to say whether, even with a diagnosis,
8 whether they would be appropriate in his case?

9 A. If he had a diagnosis, they might have helped but they
10 wouldn't have mitigated the risk.

11 Q. Why do you say that they wouldn't have mitigated the
12 risk?

13 A. Because his risks weren't related to his ADHD. So he
14 was -- so in -- for example the SAVRY has a particular
15 factor around that, so if you impulsively stand up and
16 hit somebody in the face, that is an impulsivity
17 associated maybe with ADHD but, if you are able to plan
18 and do things in a planned manner, that's less likely to
19 be related to ADHD, and hence the intervention for ADHD
20 would have had no impact on that risk. In fact,
21 arguably, I'm not saying that's the case, you might be
22 better able to plan what you want to do.

23 Q. Thank you. When you consider the report of the October
24 2019, so taking a knife in the bag to school on ten
25 occasions and the hockey stick incident and going on the

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1 bus, those occasions, would you see in that a degree of
 2 planning in all of those?
 3 **A.** Yes.
 4 **Q.** What about some of the incidents in the home? Were not
 5 some of the incidents of violence in the home more
 6 impulsive?
 7 **A.** Well, it depends on what lens you look at it with but,
 8 if it was sensory or because he felt provoked, then they
 9 wouldn't necessarily be impulsive, they would be
 10 a response to boundaries being placed or not agreeing
 11 with something that was said to him, and that's not the
 12 same as impulsivity.
 13 **Q.** Thank you. In terms of conduct disorder, thirdly, you
 14 have considered, I think, whether AR would have met the
 15 diagnosis criteria for conduct disorder. Looking at
 16 3.3.1.2, you say:
 17 "Further he had a history of repetitive and
 18 persistent pattern of behaviour, in which the basic
 19 rights of others or major age appropriate societal
 20 norms, rules or laws are violated, such as aggression
 21 towards people; destruction of property; deceitfulness;
 22 and serious violations of rules which pre-dated his
 23 first contact with CAMHS. In line with the [World
 24 Health Organisation ICD] 11th Edition, he would meet
 25 criteria for a diagnosis of conduct-dissocial disorder."

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1 what stage in the chronology do you think that that
 2 diagnosis could have been made and, if later, when do
 3 you think it definitely should have been made?
 4 **A.** I think that's a diagnosis that probably would be made
 5 really early on but I guess what happens is clinicians
 6 focus on what -- where they feel they can support or
 7 intervene with a young person and, in AR's case, his
 8 autism was what was primarily at the forefront of
 9 everybody's mind. Conduct disorder and autism can
 10 co-exist. It's not that one means you can't have the
 11 other. Conduct disorder is primarily a cluster of
 12 symptoms and behaviours, for better want of a word, and
 13 so that diagnosis, right at the onset, when he first
 14 presented, when there were concerns, when he did go
 15 through the Criminal Justice System, is where it would
 16 have been best made. But because the focus was around
 17 the autism and all the behaviours that were present were
 18 attributed to the autism, conduct disorder wasn't being
 19 considered.
 20 **Q.** Do you think that that was a failure of CAMHS to
 21 consider it? We will come onto what the counterfactual
 22 may have been. But in terms of making an accurate
 23 diagnosis, do you think that they really should have
 24 considered that and failed to do so?
 25 **A.** Not really because it wouldn't necessarily have affected

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1 Is that right?
 2 **A.** Yes.
 3 **MR MOSS:** Sir, for your note -- we don't necessarily need to
 4 look it up -- by page 38 of Dr Irani's report copies
 5 across the key aspects of ICD11.
 6 **SIR ADRIAN FULFORD:** That's very helpful.
 7 **MR MOSS:** We've seen that there was a questionnaire that
 8 AR's mother -- I'm not going to bring it up on screen --
 9 completed, giving percentiles for certain aspects of
 10 behaviour.
 11 I think that both in relation to one of those for
 12 conduct and one of the others related to aggressive
 13 behaviours they were in the high 90s percentiles, they
 14 changed slightly for each of those. Would that be
 15 consistent with conduct disorder?
 16 **A.** Yes.
 17 **Q.** Some of those refer to the need, if they are in those
 18 higher percentiles, to refer to the alternative
 19 classification of DSM. Is there any significant
 20 difference here that we should be concerned with between
 21 DSM and ICD --
 22 **A.** No.
 23 **Q.** -- for conduct disorder?
 24 **A.** Not really.
 25 **Q.** So in relation to a diagnosis of conduct disorder, at

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1 what they were providing at the time and what AR was
 2 engaged in, including parents doing the Parent 2000,
 3 et cetera.
 4 **Q.** One understands in terms of causation, so what
 5 difference it would have made, but, if one is looking at
 6 it in terms of the duty on treating mental health
 7 practitioners to make an accurate diagnosis, do you
 8 think that they should, in fact, have considered this
 9 and made this diagnosis, even if it wouldn't have made
 10 a difference to interventions?
 11 **A.** I would. Would all other CAMHS clinicians necessarily
 12 do that: I'm not sure.
 13 **Q.** Would FCAMHS have had a role in this regard: was conduct
 14 disorder something that the specialist teams at FCAMHS
 15 may have been more familiar or more attuned to?
 16 **A.** Probably.
 17 **Q.** We have touched on it already but you've indicated that
 18 in terms of where this may have led -- please stop me if
 19 my summary is too simplistic -- but the actual
 20 interventions and what was needed with family and other
 21 agencies seeking to assist AR, would not have been any
 22 different with conduct disorder?
 23 **A.** Not at the time.
 24 **Q.** So if we go to the top of the next page, please, you
 25 say:

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1 "A diagnosis of conduct disorder can be made by any
2 trained CAMHS clinicians and does not rely on Forensic
3 CAMHS services."

4 Is that right?

5 A. Yes.

6 Q. Should we add to that that Forensic CAMHS services may
7 have played a part in helping make the diagnosis?

8 A. Yes, can I expand a bit on this because I think --
9 I just want to clarify one thing. Conduct disorder is
10 quite a stigmatising diagnosis, like we would say,
11 personality disorder, so these are two diagnoses that
12 clinicians don't want to make. Hence the hesitation
13 from my part. But I think it's relevant that, in cases
14 where there is conduct disorder, it is articulated and
15 people feel confident doing that.

16 Q. What's the benefit -- if the interventions and the
17 "treatment" isn't any different, what's the benefit?
18 Why are you saying that I as a clinician don't fight shy
19 of calling it what it is?

20 A. Because (1) it's about risk. So, whilst, like I say,
21 it's a cluster of behaviours that we give a label to.
22 It helps identify risk. It keeps you asking the
23 question: why did we give the diagnosis? What's
24 changed, if anything and do we need to think about it?

25 Q. So, is it partly that it can play a preventative role in

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1 Q. That's what I wanted to check with you. So a diagnosis
2 of conduct disorder and autism, we should read that
3 as --

4 A. Yes.

5 Q. -- in the absence of any other condition. So, for AR,
6 in fact, the direction that this may have pushed him to
7 was, in fact, perhaps counterintuitively being
8 discharged earlier from CAMHS services; would that be
9 right?

10 A. Yes.

11 Q. But the reason why, again correct me if I have
12 misunderstood, but the reason why that may in fact have
13 been beneficial was a process of very clear
14 identification of risk --

15 A. Yes.

16 Q. -- and that CAMHS services were not going to be able to
17 offer interventions that helped with the risk, yes?

18 A. Yes.

19 Q. Therefore, the ownership of the mitigation of risk would
20 have to sit with others --

21 A. Yes.

22 Q. -- rather than AR remaining open to CAMHS and other
23 agencies perhaps thinking, well, CAMHS are in the lead
24 on trying to mitigate the risk?

25 A. Yes.

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1 terms of the risk of falling into that trap of:

2 behaviour is due to autism, therefore it's not criminal?

3 A. Yes.

4 Q. I follow. 3.3.1.5 we have on screen already:

5 "A diagnosis of conduct disorder, in the absence of
6 any other condition, would have prompted an earlier
7 discharge from community CAMHS services, and a risk
8 assessment considering this would have supported social
9 care to ensure the need for supervision and monitoring."

10 I just want to ask for your help in relation to this
11 paragraph. What you seem to be saying there is that,
12 absent another condition, in fact, understanding AR's
13 situation as being conduct disorder would have led more
14 quickly to CAMHS realising, actually, we are not the
15 best agency for this, this needs to be dealt with by
16 social care and, if necessary, Criminal Justice System?

17 A. Criminal Justice System.

18 Q. Have I correctly understood it so far?

19 A. Yes.

20 Q. The reference to "in the absence of any other
21 condition", of course AR came to have an established
22 diagnosis of autism; does that make a difference?

23 A. No, so most young people with autism do not touch CAMHS
24 services. So, the diagnosis of autism and conduct
25 disorder, in the absence of any other.

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1 Q. In that sense, would a diagnosis of conduct disorder,
2 even though the CAMHS treatment and approach wouldn't
3 necessarily be any different, actually play an important
4 role?

5 A. Yes.

6 Q. I'm drawing here on your wider experience and we are
7 going to hear from those from the local authority in the
8 next phase of our evidence. Forgive the blunt question:
9 what are social care meant to then do?

10 A. I don't want to speak for my social care colleagues but
11 you're asking me a direct question. I guess around
12 safeguarding and risk, to think through what measures
13 they would need to put in place with parents and with
14 the young person. So, we -- the situation as it was, as
15 I understood it, is AR was a child in need at the time
16 and, hence, there was not really the review process that
17 was expected of somebody who was on child protection.
18 There were concerns around neglect, et cetera, but also
19 his own behaviour, both in the home and towards
20 professionals, et cetera, were of concern.

21 I appreciate he didn't threaten or assault any of
22 the clinicians but the way he presented or some of the
23 connotations around manipulation, et cetera, were
24 worrying enough, particularly around treatment,
25 et cetera. The support from social care, I guess,

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1 increasing the monitoring, the review, the engagement
 2 with the parents around how they could support AR,
 3 asking the questions around risk because that would have
 4 shifted from being a clinical need around his anxiety to
 5 the risk need around is he safe, is he keeping himself
 6 and others safe, is there anything worrying going around
 7 on his phone, on his computer gadgets, et cetera, is
 8 there anything else that needs to be done in that
 9 situation?

10 I think, having had this open -- and CAMHS rightly
 11 so -- they did a lot more than they would have done for
 12 young people in similar situations, having that
 13 open-endedness meant those other levels of concern
 14 weren't taken -- I don't know whether they were or
 15 not -- but I'm assuming they weren't taken into
 16 consideration by local authority and other services
 17 around him.

18 **Q.** In terms of the push of information to law enforcement,
 19 would there also be a role in that for CAMHS and the
 20 local authority to make clear that the local police were
 21 aware, against his background of historical risk, that,
 22 in fact, this wasn't a young person for whom there was
 23 a mental health reason/a mental health excuse, or
 24 a young person who was under the care of mental health;
 25 the risk interventions needed to be led by the local

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1 line with NICE guidelines and peer approved practices."
 2 **A.** Yes.
 3 **Q.** Clinicians were asked about talking therapies and
 4 I think your view is that they would be the first line
 5 and they had been considered but AR did not engage with
 6 them?

7 **A.** Yes.

8 **Q.** "Family therapy is also an evidence-based approach for
 9 young people with anxiety and school refusal and for
 10 conduct disorder.

11 "Referral to eating disorder services and dietetics
 12 when there were concerns around his weight", took place?

13 **A.** Yes.

14 **Q.** So in relation to those areas, your conclusion at
 15 3.3.2.6 is:

16 "In my opinion the treatment noted above was
 17 adequate for the conditions identified by CAMHS."

18 Just taking it shortly.

19 **A.** Yes.

20 **Q.** I'm asked to just similar some aspects of that with you.
 21 You will have seen that, over the course of the
 22 chronology, AR was prescribed propranolol; then
 23 sertraline in various dosages; came off sertraline, then
 24 tried fluoxetine; he stopped taking that, he restarted
 25 on sertraline, various doses again; stopped taking that;

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1 authority but, if there was criminal conduct, it needed
 2 to be tackled and challenged as such?

3 **A.** Yes.

4 **Q.** Again, presumably, framing it as conduct disorder with
 5 autism, but with responsibility for criminal acts,
 6 a formulation along those lines that were shared with
 7 agencies, would you agree, would, in AR's case, for
 8 example, have led to a fundamental difference of
 9 approach to the March 2022 bus incident?

10 **A.** Yes. I might be wrong with the timelines but I think
 11 a MASH referral was made at that point.

12 **Q.** Yes.

13 **A.** That would have been where this would have hopefully
 14 been more robustly picked up.

15 **Q.** Thank you. I want to turn to the adequacy of treatment
 16 that was provided by CAMHS to AR. If we could just have
 17 the lower three-quarters of the page expanded slightly,
 18 if we may.

19 We can see on this page -- take it from 3.3.2
 20 downwards -- so we can see now on screen that you say
 21 that CAMHS primarily focused on symptoms of anxiety and
 22 poor sleep; is that right?

23 **A.** Yes.

24 **Q.** You say in the next paragraph that:

25 "The pharmacological treatment recommended was in
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1 and then sertraline and melatonin were prescribed at one
 2 stage in combination; then he stopped taking the
 3 sertraline.

4 Do you have any concerns over those various attempts
 5 and the titrations of them, particularly in the context
 6 where, at times, he was non-compliant and reported not
 7 to be taking them?

8 **A.** I think the protocol of treatment used was what was
 9 normally -- what is normally what we would have done.
 10 How it was done or whether it should have been stopped
 11 earlier or when he wasn't engaged, that's harder because
 12 it depends on how he and the family are presenting at
 13 the time.

14 If it was me, I would have stopped the treatment
 15 when he was non-compliant and I think the clinicians did
 16 do that but there were times when drugs were prescribed
 17 when he wasn't met with, directly as well, and I would
 18 have insisted he needed to see me to ensure that we
 19 continued the prescription.

20 **Q.** I hope I summarised some of their evidence fairly.
 21 I think the psychiatrist considered that, for a young
 22 person who was not engaging, offering medication which
 23 was at times what he appeared to be seeking, if not
 24 demanding, was one of very few means that they had to
 25 keep him engaged and, to some extent, persevering with
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1 attempts at medication (my paraphrase, not their direct
 2 evidence) but persevering with attempts at medication
 3 was part of a benign attempt to keep him engaged and
 4 keep some contact.
 5 Is that a legitimate consideration for
 6 a psychiatrist to weigh in this challenging type of
 7 presentation?
 8 A. It often is but often we expect the young person to
 9 come -- either come see us or meet with us when we come
 10 visit them and that would be the minimum.
 11 Q. I think you will be aware that both were attempted and
 12 quite a number of home visits were attempted?
 13 A. Yes.
 14 Q. Sometimes with AR being seen but often with him refusing
 15 to be seen?
 16 A. Yes.
 17 Q. But, again, is this a legitimate variance in practice?
 18 You yourself would have stopped sooner but I do not
 19 think you criticise Drs Ram or Molyneux for the attempts
 20 that they did make in relation to the medication?
 21 A. No, and I think they made far more attempts to see him
 22 in person and visit him at home than most clinicians
 23 would.
 24 Q. Were there any contraindications to the prescription of
 25 sertraline, risk of anxiety, side effects of it?

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1 what you are driving at is no criticism really of the
 2 pharmaceutical interventions, family therapy, eating
 3 concerns, but what was missing was an attempt both to
 4 review the risk of harm to others and have in place
 5 a management plan that tried to mitigate that with AR
 6 and with his parents?
 7 A. Yes, and the wider system really.
 8 Q. Thank you.
 9 Within that, and obviously there is a lot that lies
 10 behind this which we will explore with AR's parents, but
 11 would you expect, and would the treating clinicians have
 12 been entitled to expect, that AR's parents would seek to
 13 assist in keeping some sort of therapeutic relationship
 14 going?
 15 A. As in between AR and the clinicians?
 16 Q. Yes, that they would be seeking to assist in trying to
 17 keep the therapeutic relationship going?
 18 A. Yes.
 19 Q. And that in doing so, as parents, they would be open and
 20 honest about problems they were having?
 21 A. Yes. However, this is what I would hope for. However,
 22 in most cases, that is not what happens.
 23 Q. So, those treating and assessing risk no doubt have to
 24 be on their guard, as would all agencies, for the fact
 25 that there may be a natural tendency for parents to

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1 A. No, that's in the first couple of weeks and then that
 2 subsides. It depends on the individual, but that's part
 3 of the review process and some have it more than others
 4 but it wouldn't be a contraindication.
 5 Q. Were there any other pharmaceutical options other than
 6 SSRIs that you think should have been tried?
 7 A. Not really.
 8 Q. Is there any contraindication to sertraline and
 9 melatonin being provided at the same time?
 10 A. No.
 11 Q. Thank you.
 12 Back to your own report then, please, and if we can
 13 go over the page, just noting that the next question you
 14 were asked is:
 15 "To the extent that you identify any inadequacy, the
 16 treatments that you consider would have been more
 17 appropriate?"
 18 Then top of page 23:
 19 "In the absence of a risk assessment that informed
 20 the management plan, there was no intervention carried
 21 out to review his risk of harm to others, with him and
 22 his parents, and to consider other management plans,
 23 like supervision of his internet use, Mental Health Act
 24 assessment, et cetera."
 25 So, I think here, if I have understood correctly,

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1 underplay the wrongdoing of their children?
 2 A. Yes.
 3 Q. And also, perhaps, take into account the risk of
 4 embarrassment or shame?
 5 A. Yes.
 6 Q. Which could also influence a lack of disclosure?
 7 A. Yes.
 8 Q. And, in some cases, also to be cognisant of the fear
 9 that parents may have of their offspring as well?
 10 A. Yes.
 11 Q. We need to explore it with them, but if there had been,
 12 for example, the delivery of weapons, knives and other
 13 weapons that were known about by parents, would the hope
 14 and expectation be that they should reveal that to
 15 clinicians, to CAMHS?
 16 A. More than CAMHS. I'd have thought they would have
 17 picked up the phone to the police. Because nobody from
 18 CAMHS asked them that question.
 19 Q. Yes?
 20 A. So I'll -- is it okay to expand on that?
 21 Q. Yes, of course.
 22 A. I guess again I keep going back to the risk assessment.
 23 If you'd a risk assessment and you'd either got CAMHS
 24 clinicians or spoken to the parents and the young person
 25 yourselves, you'd have been very clear that these are

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1 the things we are worried about. For parents, you would
 2 have said, "If X, Y and Z happens, you need to be in
 3 touch with X, Y and Z" and that would have helped to
 4 enable them, you know, you'd have acknowledged the fact
 5 that it's difficult if your child is being assaultative
 6 towards you. You would have openly talked about these
 7 things if you were thinking about it and then that would
 8 have enabled -- and in most cases it does enable parents
 9 to go, "Actually, I am fearful, I am scared, I am
 10 worried about the community around me" and then you
 11 would have had different ways of making sure they had
 12 a different process of alerting.

13 So I think -- and, you know, this is not to excuse
 14 whatever happened. In the first instance, they should
 15 have called the police but to allow for them to bring it
 16 up, it should have been thought of to begin with.
 17 **Q.** Could I just explore one aspect of that with you. Let's
 18 take the case of a knife being delivered to AR. If that
 19 was known about by parents, notwithstanding the gravity
 20 of that and the risk to others and what might be thought
 21 to be the moral imperative to do something about it
 22 (take that as read into my question), isn't it natural
 23 for parents to have a reluctance to have the police as
 24 the port of call in that situation because they will
 25 feel immediately that it is likely to lead to criminal

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1 **Q.** In terms of the family dynamic, I'm asked to explore
 2 with you quite a lengthy range of factors, but just to
 3 give some indications. In relation to AR: traits of
 4 minimising his prior actions; evasiveness or unwilling
 5 to take responsibility; dishonesty in his own accounts;
 6 him being argumentative; driven by a perception of
 7 grievance; a lack of reflection, a lack of remorse,
 8 a lack of empathy; manipulating professionals or at
 9 least demanding medication.

10 And in respect of AR's parents, potentially for
 11 them -- again, matters must be explored with them -- but
 12 evidence of them: minimising AR's prior actions;
 13 awareness of him having knives on occasions; perhaps not
 14 being capable of preventing his behaviours but also
 15 perhaps over-accommodating for him, not setting
 16 boundaries; and the family dynamic generally of AR being
 17 dominant, the parents perhaps being afraid, unwilling at
 18 times to challenge him.

19 That wide range of factors, first of all, important
 20 for clinicians to understand the full picture or as much
 21 of that picture as they could; would you agree?

22 **A.** Yes.

23 **Q.** In good practice, would all of that have fed into the
 24 standardised risk assessment --

25 **A.** Yes.

75

1 sanction for their own child?

2 **A.** That is likely but what reason would they have to tell
 3 a CAMHS clinician who was only there to look at their
 4 child from a point of view of anxiety.

5 **Q.** Or social care?

6 **A.** Social care probably a bit more. But they would not
 7 necessarily bring it up to CAMHS clinicians. It would
 8 be nice if they did but I don't think that it would be
 9 something that they definitely would, if that makes
 10 sense.

11 **Q.** In terms of thinking about the future and the lessons to
 12 be learned -- and, again, there are issues here that we
 13 must explore openly and candidly with AR's parents --
 14 but is there an important role here to educate parents
 15 in this type of situation, that informing the police of
 16 a purchase of a knife or carrying a knife may be a very
 17 difficult step to take and may lead to consequences, but
 18 those consequences may be less and may be better than
 19 the consequences of not reporting it and matters
 20 escalating further and the knife being used?

21 **A.** Absolutely.

22 **Q.** From the records that you have seen, and we must ask
 23 others about it, had that message been given to AR's
 24 parents, do you think, in those terms?

25 **A.** Not from the records I've seen.

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1 **Q.** -- and informed the management plan and what needed to
 2 be both attempted in terms of interventions but also
 3 monitored in terms of risks, improving or getting
 4 higher?

5 **A.** Yes, absolutely.

6 **Q.** I turn then to the decision to discharge AR from CAMHS,
 7 section 3.3.4 of your report on page 23, please.

8 If we go to your conclusion on this at the bottom of
 9 the page, we have touched on this already in the mental
 10 health context but I think, if anything, where you end
 11 up on this issue is that it might have been appropriate,
 12 is this right, to actually have discharged AR earlier
 13 from CAMHS than was done?

14 **A.** Yes.

15 **Q.** If the diagnosis had been made and the understanding was
 16 that actually CAMHS were not able to offer effective
 17 interventions?

18 **A.** Yes.

19 **Q.** Could we have on screen briefly, please, AHCH000161.
 20 The reason given -- and, again, if we allow for the fact
 21 that it is a short form summary, it may even have been
 22 from a drop-down -- but reason for closure: "treatment
 23 completed". Do you think that that's an accurate
 24 assessment of the reason for closure?

25 **A.** Yes.

76

1 Q. Because?

2 A. Well, it is pretty much what I have said but it should

3 have been done earlier. So he, you know, continues to

4 struggle with his anxiety but he wasn't taking

5 treatment, he wasn't engaging with them, and he was

6 happy being where he was and he hadn't attended

7 sessions. He had been kept open for family intervention

8 but, as I understood it, even that was something he

9 wasn't necessarily attending and so discharged.

10 Q. Yes. So you do not take issue with the structure of

11 this but presumably what is missing from this is the

12 next steps and the formulation of who should then be

13 taking over in terms of being a lead agency and dealing

14 with the risk?

15 A. Yes. But what this doesn't also answer -- it doesn't

16 really articulate. I mean, it does say here:

17 "Radicalisation, knives to school and attacks on

18 peers."

19 So in the bit it does mention that, but what it

20 doesn't articulate is when you do a closure letter, you

21 would all other agencies who would continue to be

22 involved with him (so, in other words, a transitions

23 team) but they had not concluded, et cetera, et cetera.

24 Because he was so close to his 18th birthday, if there

25 was a need or things changed, what would the process be?

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1 disengages ... given AR's historic risks and his

2 presentation or the lack of physical evidence of his

3 presentation in the early half of 2024 should have

4 prompted a Mental Health Act assessment."

5 I think that brings us full circle back to the

6 evidence you gave earlier on; is that fair?

7 A. Yes.

8 Q. In addition to that, the quite long list of developments

9 during the course of the chronology, so AR's diagnosis

10 of autism in February 2021 but then matters like the

11 second and the third Prevent referrals in the spring of

12 21; the incidents of violence in the home in November

13 2021; and then, in particular, the bus incident in March

14 2022; May 2022, police called again for violence in the

15 home; and then the increasing isolation from September

16 2023.

17 There is a lot of detail that sits behind that but

18 all of that should have given rise to considerations for

19 re-referral to FCAMHS?

20 A. Yes, absolutely.

21 Q. You deal with the adequacy of inter-agency working in

22 your report at page 25.

23 I can deal, I think, very shortly with this because

24 the agencies to whom this has been put so far have all

25 agreed. At the bottom of page 25, taking it shortly but

79

1 Q. So where services may need to become re-engaged and they

2 may then need to be adult services, yes?

3 A. Yes.

4 Q. Thank you. Turn to the next topic that you dealt with

5 in your report, which is the steps taken to re-engage AR

6 in treatment. The middle of page 24, please.

7 I think you say there, quite brief in your report,

8 not a criticism, but:

9 "CAMHS tried to engage with AR virtually [it's the

10 middle of the page] and in person. They did a home

11 visit and tried seeing him at school.

12 "They stopped medication appropriately when they

13 became aware of his non-compliance."

14 Should we take it from that that you don't, in fact,

15 have any criticism of the attempts that were made to

16 re-engage AR?

17 A. No.

18 Q. At the bottom of the page:

19 "Any other steps which you consider CAMHS ought to

20 have taken to assess and/or otherwise manage the risk of

21 AR after he disengaged ..."

22 Then go to the top of the next page. We come back

23 here, 3.4.4.1:

24 "Whilst it is not common practice to consider

25 a Mental Health Act assessment every time a young person

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1 not overlooking its importance:

2 "In my opinion, whilst there were a number of

3 meetings, in the absence of a lead agency, a clear

4 handover process and an appropriate risk assessment, the

5 inter-agency working arrangements were not adequate."

6 Is that right?

7 A. Yes.

8 Q. And good practice, we have touched on in a number of

9 ways but in terms of looking at inter-agency working,

10 would you have expected, given the gravity of the risks

11 involved, better attendance at the meetings, trying to

12 send substitutes?

13 A. Yes.

14 Q. Sending written contributions if they were not able to

15 attend meetings, yes?

16 A. Yes.

17 Q. And in terms of good practice on this as well, deferring

18 perhaps discharge decisions if important agencies were

19 not at a particular meeting?

20 A. Yes. Can you -- I'm just -- are you thinking of

21 a particular event where that took place?

22 Q. Well, I'm thinking in part of FCAMHS in March when CAMHS

23 weren't at the meeting but FCAMHS had then closed the

24 case to them at that stage.

25 A. I think if there were assumptions made that X agency was

80

1 going to do something and they weren't present, then
 2 I would have expected the meeting to be deferred until
 3 the agency could attend.
 4 **Q.** Thank you. Again, just think about what good practice
 5 for multi-agency working would look like: clear
 6 identification at every stage of who is the lead agency
 7 documented and put into effect?
 8 **A.** Yes.
 9 **Q.** A pooling of information at all times, including in
 10 relation to risk information?
 11 **A.** Yes.
 12 **Q.** And whether the SAVRY itself or by another form of
 13 shared document, each agency would need to have a proper
 14 record of the shared key features relating to risk?
 15 **A.** Yes. So actually whatever document was produced by
 16 whoever should be shared with all the agencies involved
 17 in the young person's care.
 18 **Q.** To ensure that for each agency, if there was changes of
 19 staff, handovers, clinicians leaving, case managers
 20 leaving, and in the real world of course you can't
 21 always have continuity, but that early information
 22 doesn't get lost within each agency?
 23 **A.** Absolutely.
 24 **Q.** Actions clearly identified, who needs to do what, who is
 25 going to do it, when it is going to happen, and for

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1 thought to have been scattered throughout the record in
 2 different places.
 3 First of all, is that a common difficulty and
 4 challenge?
 5 **A.** It is. Most of our -- well, I think there are three
 6 main electronic systems and none of them are perfect but
 7 they've -- and it's difficult to see the timelines but
 8 most of them now have developed a risk pro forma where
 9 you capture all the risk information like the new or at
 10 least the 24 document that we saw.
 11 **Q.** Yes.
 12 **A.** But it is extremely hard for clinicians to go through
 13 the extent of all the records, and I agree with that,
 14 but what you tend to do is, at least if your system
 15 allows for it, search for risk information. You would
 16 have a comprehensive, at least an initial, assessment
 17 document that highlights the risk information so that
 18 you can -- it is difficult to read through everything
 19 but you can keep that in mind and I think that was what
 20 was lacking at this.
 21 **Q.** So an important lesson in relation to record keeping is
 22 that if the risk information is scattered through what
 23 becomes hundreds of pages of records, it creates
 24 an inevitable risk of the key headlines being lost?
 25 **A.** Absolutely.

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1 those to be realistic and achievable; in other words,
 2 SMART compliance?
 3 **A.** Absolutely.
 4 **Q.** So far as record keeping is concerned, page 26,
 5 Dr Irani, you refer in some detail there to the internal
 6 reviews that had been done, particularly by Alder Hey,
 7 and you, I think, endorsed their own findings that
 8 record keeping was not adequate?
 9 **A.** Yes.
 10 **Q.** So I don't need to go through the detail of that.
 11 I just want to ask you briefly about one aspect of that,
 12 which was the evidence particularly of Dr Molyneux but
 13 of Dr Ram to an extent as well.
 14 There was an SOP for the CAMHS service which,
 15 depending upon how you interpret it, either suggested
 16 that the whole of the electronic patient record should
 17 have been read, or the entirety at least since the
 18 patient was last seen, and Dr Molyneux in particular
 19 said in relation to that that he thought that he had
 20 done a reasonable review of the notes but hadn't gone
 21 back through everything and you wouldn't have time, as
 22 a clinician, to read every line of the notes.
 23 In one sense, the difficulty of that is that in the
 24 notes, even within the CAMHS records, a lot of the
 25 incidents and risk information was present but might be

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1 **Q.** So critical to have a summary that's accessible and
 2 visible on whichever software is being used?
 3 **A.** Yes, completely.
 4 **Q.** But important for that to be kept up to date as well?
 5 **A.** Yes.
 6 **Q.** Thank you. From the reading that you were able to do
 7 and your assessment of the records, to what extent did
 8 resourcing play a part, other than the effects of Covid?
 9 **A.** It is really difficult to say because I don't know the
 10 actual make up of the service to its full extent. But
 11 from the amount of appointments he had and the
 12 clinicians involved (so he had three different
 13 clinicians involved at the time), I'm not sure that it
 14 did have an impact on his case clinically. Whether it
 15 had an impact on the clinicians' capacity to write
 16 notes, make notes, from the lack of I would make
 17 an assumption that it did.
 18 **Q.** But in fundamental terms, and I'm sorry to raise it in
 19 this direct way, but the issues of ensuring that
 20 a standardised risk assessment was done and that there
 21 was then appropriate multi-agency working taking that
 22 forward, was that really about the jobs being done
 23 properly with the resources that were available?
 24 **A.** Yes, absolutely. So I do not think that is something
 25 that you could say no to. I mean, the daily how much

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1 information you put in on the records, you can put two
2 lines or you can put 20 pages. But the risk assessment
3 and attending multi-agency meetings, I don't think
4 either of those should be impacted by resources.

5 **Q.** Thank you.

6 **A.** I'm not sure if I got the question right. I hope --

7 **Q.** No, no.

8 Again, putting it bluntly, a difficulty with
9 resources or being busy is not an excuse for the central
10 failings that you have identified in your report?

11 **A.** Yes. The other thing I just want to say is young people
12 don't need multiple meetings. They need a meeting with
13 good attendance and I think sometimes we get caught up
14 in having meetings every two weeks, four weeks, six
15 weeks, whatever. If they don't serve a purpose, they
16 shouldn't really happen until the right people are
17 around the room.

18 **Q.** Thank you. I want to come finally to your helpful
19 conclusion sections. Could we start actually with
20 page 31, please. Could we have the bottom three
21 paragraphs highlighted, please.

22 In the previous sections, Dr Irani, you have gone
23 through recommendations and points of learning from
24 Alder Hey's own report and you endorse those, so I'm not
25 going to go through them. But you say that:

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1 involved and share their risk assessment with the wider
2 system and receive feedback from services before
3 concluding their assessment."

4 **A.** Yes.

5 **Q.** Now, could you just help at least from the records that
6 you've reviewed and the witness statements that you've
7 reviewed what it was that led you to make that
8 recommendation?

9 **A.** So, if I understood this correctly, Prevent closed the
10 case because they felt CAMHS was addressing AR's
11 concerns, along with he did not meet criteria for the
12 Channel referral. I appreciate that.

13 But that assumption, actually CAMHS wasn't dealing
14 with anything that was relevant to the risk at the time
15 and so I think that if their risk assessment in its
16 totality had been shared with CAMHS services, one, it
17 would have helped them recognise the risk, I suspect,
18 and appreciate, and the second bit is CAMHS would have
19 been able to come back and say, "We're not doing any of
20 this. Who else is doing it?" You know, that would have
21 raised questions, got people thinking.

22 So I think it is just -- to assume services are
23 doing something because they are involved with a young
24 person is one of the biggest dangers that we see with
25 cases like AR but also when complete risk assessments

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1 "In addition to those recommendations [so that was
2 the context], in my opinion, the following will be
3 useful when multiple agencies are involved with a young
4 person with an autism diagnosis ... who also presents
5 a risk to others."

6 Firstly:

7 "The system ensures that a lead organisation is
8 identified to hold the risk assessment and to ensure
9 that the other agencies are accountable for their
10 actions."

11 Yes?

12 **A.** Yes.

13 **Q.** So that's not just about identifying the lead agency,
14 but it is then the lead agency's role in ensuring that
15 other agencies are doing what has rightly been delegated
16 to them?

17 **A.** Yes.

18 **Q.** Secondly:

19 "A comprehensive structured risk assessment is
20 commissioned when local risk assessments do not fulfil
21 the need."

22 **A.** Yes.

23 **Q.** Then top of the next page, please:

24 "When external agencies like Prevent are referred
25 to, they need to work collaboratively with the agencies

86

1 aren't shared, then what happens with services involved
2 with young people is they assume that there is no risk.

3 **Q.** So there is a lot of detail that sits behind this and so
4 the boldest of summaries may be unfair, but to the
5 extent that there were elements of thinking in the
6 Prevent assessment that they didn't assess that AR was
7 vulnerable to radicalisation, but also that the
8 behaviours were linked to autism and CAMHS were dealing
9 with it and mitigating it, you think that greater
10 discussion with Prevent would have shown the fallacy of
11 the latter part of that thinking?

12 **A.** Absolutely.

13 **Q.** Thank you. Then on to your conclusions proper. They
14 are clearly set out but I should touch on them. So
15 paragraph 4.4.1, your conclusions -- each of your
16 sections has a helpful conclusion previously. So really
17 what you are doing here in the conclusion,
18 paragraph 4.4.1, bottom of the page, is identifying
19 points of key learning for the Inquiry.

20 4.4.1 and the bottom two paragraphs. First of all:

21 "Identifying a lead organisation who holds the risk
22 assessment for the young person and through it holds
23 others accountable for their actions."

24 Yes?

25 **A.** Yes.

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1 Q. Secondly:
 2 "A structured risk assessment is carried out using
 3 a structured professional judgement tool like the SAVRY,
 4 which is a structured professional risk assessment tool
 5 for violence in young people ..."
 6 We have looked at why that would have been so
 7 important. Do you agree?
 8 A. Yes.
 9 Q. Then over the page:
 10 "Specialist services like community FCAMHS are
 11 consulted with who should be supporting the completion
 12 of the risk assessments noted above."
 13 Just clarify what you mean in that.
 14 A. Apologies with the sentencing, but I mean in events such
 15 as this, you would want services to consult with
 16 Forensic CAMHS services to ensure that the risk
 17 assessment is completed or they are supported in
 18 completing it.
 19 Whilst I do not expect CAMHS services to have the
 20 expertise to do it, some CAMHS clinicians are trained in
 21 doing specific risk assessments and might want to do it
 22 and, in those cases, you would expect community FCAMHS
 23 to support them.
 24 Q. Thank you. 4.4.4 you endorse the recommendations on
 25 record keeping but you flag for particular consideration
 89

1 sure that not only is that recognised but it is shared
 2 with appropriate agencies?
 3 A. Absolutely.
 4 Q. 4.4.7:
 5 "... a diagnosis of autism in someone who does not
 6 have a learning disability and is of normal intellect
 7 ..."
 8 Presumably it should have read "at least in some
 9 cases"?
 10 A. Yes.
 11 Q. "... can increase the risks, particularly if the risk is
 12 associated with their area of special interests and is
 13 accompanied with a lack of empathy."
 14 A. Yes.
 15 Q. So it's not in all cases of autism but if they have
 16 normal intellect, if they have risky special interests
 17 and a lack of empathy, then in that sense, in those
 18 special cases, autism increases risk?
 19 A. Absolutely.
 20 Q. And people shouldn't be afraid to call that as it is?
 21 A. Yes.
 22 Q. 4.4.8:
 23 "... it would be useful to commission training that
 24 is nationally accessible for all statutory bodies,
 25 including organisations like Prevent, and the police."
 91

1 the importance of key clinicians having a clear
 2 documented handover of the young person, the systemic
 3 issues and their risk.
 4 A. Yes.
 5 Q. Is that because you detected that with change-overs and
 6 churn of staff, which may be impossible to avoid, there
 7 was a degradation of the amount of information and
 8 understanding in particular in relation to risk?
 9 A. Absolutely.
 10 Q. 4.4.5:
 11 "When a young person disengages and clinicians are
 12 worried about risk and safeguarding, due consideration
 13 should be given to the use of the Mental Health Act to
 14 assess the young person."
 15 Yes?
 16 A. Yes.
 17 Q. Do we add to that: possible consideration to whether
 18 there's a gap in the legislation?
 19 A. Absolutely.
 20 Q. 4.4.6:
 21 "A diagnosis of autism does not preclude a young
 22 person from being processed through the criminal
 23 justice system or be fit to be interviewed and tried and
 24 to develop skills to address their risks."
 25 I think that brings into play issues about making
 90

1 What did you particularly have in mind there?
 2 A. It is specifically around this matter of young people
 3 with autism and their capacity and ability and the risk.
 4 Q. I follow. Then you say:
 5 "One of the factors ... not referenced in this
 6 report, would probably be useful for the chair to
 7 consider, is the absence of a legislative framework on
 8 monitoring the use of the internet by a young person
 9 with known risks but no legal premise."
 10 That last one gives rise to your addendum report
 11 which I would like to turn to briefly. DIR000002,
 12 please. If we can pick it up at page 3.
 13 You say in paragraph 1.2, that:
 14 "Currently, there is no legislative framework that
 15 supports professionals monitoring what young people view
 16 online, in their homes, unless a young person has been
 17 charged and this is part of either their bail conditions
 18 or sentencing conditions or is part of a safeguarding
 19 requirement of child protection concerns. In most
 20 instances it is mainly the parents that this is relied
 21 on."
 22 Then 1.3 you point to the obvious point that
 23 youngsters are more savvy generally with tech and the
 24 internet than their parents and they're also adept at
 25 clearing browser histories, using hidden apps or other
 92

1 functions and, in particular, VPNs, would you agree,
2 which can hide the location and the identity, such that
3 age and appropriate material might still be accessed
4 even with the Online Harms Act?

5 **A.** Yes.

6 **Q.** Online Safety Act.

7 So 1.4 you say:

8 "In my opinion, there needs to be specific training
9 identified nationally that is deliverable to all
10 parents. In cases where there are specific safeguarding
11 or risk concerns, then the Chair might want to consider
12 what legal framework could support professionals
13 monitoring and supervising internet access by young
14 people in their homes."

15 1.5:

16 "Ideally if a young person withdraws from education
17 and as a result has regular welfare checks, could this
18 be something that would fit within their role and what
19 framework could be used to support them with this?"

20 You raise [that] for consideration.

21 1.6:

22 "Where a young person has a diagnosis of autism and
23 has shown a special interest that involves the internet
24 and this is of a nature that is a safeguarding or risk
25 concern, all professional involved should have a healthy

93

1 use of the internet in the home?

2 **A.** Yes.

3 **Q.** In relation to parents, presumably one needs to start
4 thinking about both training and tools?

5 **A.** Yes.

6 **Q.** So training parents but also having tools that would be
7 available. So within certainly a local network in the
8 home that would flag up if VPNs are being used?

9 **A.** Yes.

10 **Q.** Or would give parent the software and the tools to have
11 full oversight of what their children are doing online?

12 **A.** Yes.

13 **Q.** Beyond simple parental controls?

14 **A.** Absolutely.

15 **Q.** Then, thirdly, the consideration of whether there should
16 be a legislative change that would allow, in appropriate
17 cases, subject obviously to many civil liberty
18 considerations, but at least give consideration to
19 whether there need to be compulsive powers to include
20 monitoring of what young people who have a fascination
21 with violence might be doing online?

22 **A.** Yes, absolutely.

23 **Q.** Is there anything else that you wanted to add to those
24 matters?

25 **A.** No, not really. I guess, the bit that -- I mean, this

95

1 curiosity of their internet use and have training on how
2 they might challenge and address it."

3 1.7:

4 "The Chair might want to consider the above with
5 lead agencies that are likely to be working with young
6 people to ensure that there is a standardised training
7 package ..."

8 First of all, from that, in this type of case, those
9 working with those with autism who are higher risk
10 because they have a fascination with violence and may
11 have conduct disorder as well, you would be seeking to
12 put much higher up in the consciousness of professionals
13 dealing with the dangers of the internet?

14 **A.** Yes.

15 **Q.** And ensuring that is firmly on the agenda in
16 interventions, yes.

17 **A.** Yes.

18 **Q.** Before getting onto legislative change, if consent is
19 not forthcoming in relation to that, that of itself
20 would be an indication of greater concern?

21 **A.** Yes.

22 **Q.** Similarly, if steps can be put in place with appropriate
23 tools to have monitoring, that may be something that in
24 itself would mitigate the risk and at least would show
25 that it is not increasing, at least in relation to the

94

1 is only latterly having had this conversation now, where
2 you have the declaration of liberty safeguards but
3 I think we just have to be cautious when we are thinking
4 about legislative frameworks around civil liberty and
5 how you kind of do it. It is really complex but I can't
6 think of any other way of doing it with these young
7 people.

8 **MR MOSS:** Thank you. There were a number of questions I've
9 sought to cover.

10 I'm just looking to my left. I think just Mr Bowen.

11 **SIR ADRIAN FULFORD:** No more than ten minutes, Mr Bowen, and
12 no repetition, please. Thank you.

13 **Questioned by MR BOWEN**

14 **MR BOWEN:** I ask questions on behalf of the bereaved
15 families. I want to cover two/three topics with you:
16 first, some questions about child protection; then very
17 quickly secure accommodation, and then one very quick
18 addendum about conduct disorders.

19 You were asked by Mr Moss and dealt very quickly
20 with the possibility of what he called "higher level
21 interventions" by the local authority.

22 What we all know and what you will know from your
23 reading is that AR was always treated as a section 17
24 case. You know what I mean by that: child in need?

25 **A.** Yes.

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1 Q. They didn't carry out the section 47. They didn't
2 grapple with the question of significant harm. That's
3 just what I want your view on.

4 Would you agree that given the conduct of the boy in
5 October 2019, which we all know about (active homicidal
6 ideation, specific victim identified, et cetera, and
7 then actually going equipped with a view to kill), that
8 the lack of grappling with the boy in the context of
9 significant harm and a section 47 is something that's,
10 to put it mildly, a little surprising?

11 A. I don't want to talk on behalf of my social work
12 colleagues and I don't know whether I should be.
13 I think they initiated a section 47 assessment and
14 decided not to proceed with it, as far as I remember the
15 records.

16 Q. I will deal with that in due course but there was
17 certainly a question of whether they should do.

18 A. Yes.

19 Q. And then they decided after a meeting that it wasn't
20 appropriate?

21 A. Yes.

22 Q. So it then became a section 17 assessment. Okay.

23 What I want to know is, not to go through whether
24 that was the right decision or not, but given what had
25 happened to him during that period, and thereafter what
97

1 time, but if agencies altogether had pushed for an
2 assessment to be concluded, then I think that would have
3 moved forward with it.

4 Q. Yes. Sorry, I don't want to labour the point. I accept
5 that but what you are not answering at the moment is
6 whether -- I mean, it is a sort of -- it is a judgement
7 call?

8 A. Yes.

9 Q. And there must be a medical element to it that somebody
10 who is that isolated at home in the context of what he
11 had done in October and December, is that somebody who
12 had suffered or was likely to have suffered himself
13 significant harm?

14 A. They should have had the question around it. They
15 should have asked the question at least.

16 MR MOSS: I was just about to say there are more appropriate
17 witnesses to whom it can be put.

18 MR BOWEN: I appreciate that.

19 SIR ADRIAN FULFORD: Halfway, Mr Bowen.

20 MR BOWEN: Thank you.

21 In relation to any harm that he may have caused to
22 somebody else (so if he causes damage, attacks somebody
23 else), would that then -- do you have a medical
24 psychiatric view on whether or not that effect on him of
25 attacking somebody else would cause him harm?
99

1 happened to him post withdrawal effectively from
2 personal attendance at Acorns, and the withdrawal that
3 you have talked about and the isolation, was he
4 suffering at that stage, because of what was happening
5 to him, significant harm?

6 Before you answer it, the reason I'm asking you the
7 question is all about threshold criteria under
8 section 31.2 of the Children Act?

9 A. Is that for secure --

10 Q. Well, no, that's to open the gateway towards child
11 protection conferences. You can't make an order --

12 A. To be honest, it would be difficult for me to say at
13 this stage with regards to that particular point because
14 he was being seen by the Youth Offending Services and he
15 was engaging with them at the time. So even though he
16 had presented with the risks, there was an element of
17 engagement through that process. So at that time --

18 Q. Yes, that I accept. I'm not -- the 17/47 question is
19 more the context of what I'm driving at.

20 What I'm driving at here is whether or not, on
21 a day-to-day basis, given the gross dysfunction in his
22 life, he was a child either who had suffered significant
23 harm or where there was a likelihood of him suffering
24 significant harm?

25 A. It is hard for me to speak for Social Services at the
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1 A. That would have required a different sort of assessment
2 to determine that. From what I have read, it would not
3 appear that the incidents carried out right before his
4 referral to CAMHS had a negative impact on him. Having
5 said that, I don't think that was assessed necessarily
6 in its totality.

7 Q. They didn't look at it. Okay, thank you.

8 Just secure accommodation. A simple test for secure
9 accommodation order is whether he is likely to injure
10 himself or others, section 25 of the Children Act?

11 A. Yes.

12 Q. Are you surprised, just looking at the chronology *in*
13 *toto* that this boy -- that there wasn't any serious
14 consideration of that as an outcome?

15 A. I'm not surprised. I don't think secure accommodation
16 would have crossed my mind at all at any point with him.
17 There are young people with higher levels of risk to
18 self and others in an acute sense where you couldn't get
19 a secure accommodation order if you wanted. So in his
20 case even less likely.

21 Q. So that's not really an avenue that will help.

22 A. It wouldn't --

23 Q. And in terms of if the child protection process had
24 begun through 47 and what follows, child protection
25 conference, would the natural lead agency then have been
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1 child protection?
 2 **A.** Yes.
 3 **Q.** They would have glued everything together with all of
 4 the other agencies?
 5 **A.** Yes.
 6 **Q.** Finally, sir, conduct disorders. I just want to ask you
 7 this: early intervention, once it is diagnosed, is
 8 really important?
 9 **A.** Yes.
 10 **Q.** And it is only -- it is that early intervention which is
 11 the key to ameliorating the problems that he has with
 12 his personality, correct?
 13 **A.** Yes.
 14 **Q.** And would it also then serve as a flag to other people
 15 who interacted with him during the course of the next
 16 few years?
 17 **A.** Yes, I guess I highlighted that earlier.
 18 **MR BOWEN:** Thank you. I hope the bell has not gone. That's
 19 all I have for this witness.
 20 **SIR ADRIAN FULFORD:** It has not, Mr Bowen. Thank you very
 21 much.

Questioned by THE CHAIR

23 **SIR ADRIAN FULFORD:** Dr Irani, just one thing from me.
 24 Mr Moss has asked you really whether there may be need
 25 for some kind of legislative intervention so as to give

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1 understanding what is really needed?
 2 **A.** Absolutely.
 3 **SIR ADRIAN FULFORD:** Dr Irani, you have put an enormous
 4 amount of work into this. You have given incredibly
 5 clear evidence, which has been of vast assistance to me
 6 and I'm very grateful to you.
 7 **A.** Thank you.
 8 **SIR ADRIAN FULFORD:** You are now free to go. Thank you very
 9 much.
 10 **A.** Thank you.
 11 **SIR ADRIAN FULFORD:** Mr Moss, I think I'm right in thinking
 12 that we have now reached a stage when, regrettably,
 13 Ms Wakeman will be leaving us and that is in order not
 14 because she is abandoning ship for discreditable reasons
 15 but because she is going on maternity leave.
 16 **MR MOSS:** Sir, yes.
 17 **SIR ADRIAN FULFORD:** I want to acknowledge the truly
 18 impressive contribution she has made to preparing for
 19 the hearings and her contribution to the process of
 20 calling evidence. She joined us at very short notice
 21 and I am profoundly grateful for her unstinting hard
 22 work. So, you leave, Ms Wakeman, with my sincere
 23 thanks.
 24 **MR MOSS:** Sir, you will know how much I wish to echo that.
 25 Sir, I don't think it is appropriate to start our

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1 greater powers in the right situation for things like
 2 internet control, the ability of clinicians to walk up
 3 the stairs and knock on the bedroom door, to insist on
 4 various things.
 5 I'm going to have to obviously reflect on that
 6 generally, but one thing while you were giving your
 7 evidence that did occur to me is, given your emphasis on
 8 the importance of having a proper management plan in
 9 place, to which there has been contribution by all of
 10 the right agencies, almost undoubtedly I would have
 11 thought following the completion of a standardised risk
 12 assessment, would those involved in the formulation of
 13 the management plan probably be the people best placed
 14 to identify whether some element of -- I'm going to use
 15 the word "compulsion" but you understand what I mean --
 16 whether some element of compulsion ought at least to be
 17 available in carrying the management plan out and
 18 thereby reducing the element of risk?

19 **A.** Yes.
 20 **SIR ADRIAN FULFORD:** Right.
 21 **A.** And that would be -- hence the comment on all the
 22 organisations coming together to pull this.
 23 **SIR ADRIAN FULFORD:** As it seemed to me, that probably, if
 24 it is done correctly, is the forum at which you are
 25 going to have the best input and the best chance of

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1 next witness. May I suggest 1.40 pm?
 2 **SIR ADRIAN FULFORD:** I will sit again at 1.40 pm.
 3 (12.52 pm)
 4 (The short adjournment)
 5 (1.40 pm)
 6 **PAUL TURNER (affirmed)**
 7 **Questioned by MR BOYLE**
 8 **SIR ADRIAN FULFORD:** Thank you very much. Please have
 9 a seat.
 10 Yes, Mr Boyle.
 11 **MR BOYLE:** Thank you.
 12 Mr Turner, could you give your full name, please?
 13 **A.** It is Paul Turner.
 14 **Q.** Thank you. Could we have on screen, please, LCC001802.
 15 Do you recognise that as your statement, Mr Turner?
 16 **A.** I do, yes.
 17 **Q.** We see in the top right it's dated 12 September 2025.
 18 Is it true to the best of your knowledge and belief?
 19 **A.** It is, yes.
 20 **Q.** Thank you. Could we have page 23, please. You have
 21 helpfully prepared an annex to your statement which is
 22 a chronology. Can you confirm that that is true to the
 23 best of your knowledge and belief too?
 24 **A.** It is, yes.
 25 **Q.** Thank you. Mr Turner, I want to ask you first about

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1 your background. You tell us that you've worked in
2 education since 2001, including as a teacher, and in
3 various management roles in education; is that correct?

4 **A.** That's correct.

5 **Q.** You have worked in local government since 2015,
6 including as a school safeguarding adviser; is that
7 right?

8 **A.** That's correct yes.

9 **Q.** You've worked for Lancashire County Council since
10 1 February 2024?

11 **A.** That's correct, yes.

12 **Q.** Your role is as Director of Education, Culture and
13 Skills. Can you just shortly tell us what that entails?

14 **A.** So I have overall strategic responsibility below the
15 Director of Children Services, the statutory director
16 for everything related to education, special educational
17 needs, early years, cultural services, child and family
18 wellbeing, libraries, a large portfolio of areas. But
19 the vast majority of the work is in education and
20 special educational needs, on a daily basis.

21 **Q.** Clearly, you were in role from February 2024, so for
22 most of the period that we're looking at you weren't in
23 role. Although there was an overlap for a few months,
24 is this right, you had no direct involvement in AR's
25 case?

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1 largely, special educational needs and disabilities.

2 **Q.** I think we saw supporting people who are missing from
3 education as part of the education team as well. Is
4 there a crossover?

5 **A.** That's correct. There is a crossover. The nature of
6 the cohorts is such that we need to have a crossover
7 between teams to effectively monitor the welfare and
8 education of those children.

9 **Q.** Thank you. If we just have up please page 4,
10 paragraph 9, we have the roles and responsibilities of
11 the Inclusion department there. We see the list but it
12 includes processing EHCP, Education Health and Care Plan
13 assessments; arranging educational psychology
14 assessments; providing specialist teacher support for
15 SEND and preventing exclusion; procuring and
16 commissioning alternative education provisions; and
17 commissioning and arranging specialist placements for
18 children and young people with an EHCP. We will come
19 onto what SEND and EHCP are shortly.

20 How are these separate teams expected to work
21 together?

22 **A.** So they work together in respect of we all work for the
23 benefit of children and families, so under my direction
24 we come together for meetings across the wider education
25 directorate and wider social care directorate as well.

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1 **A.** That's correct, yes.

2 **Q.** I want to ask you, please, about the corporate
3 structures at Lancashire County Council, in relation to
4 your role. Is this right, I think you tell us at your
5 paragraph 7 that the structure of the Education
6 Department includes teams for pupil access, admissions,
7 attendance, SEND and children missing from education?

8 **A.** That's correct.

9 **Q.** It might help to have up on the screen page 3,
10 paragraph 8 where you set out the roles of that
11 department. They include monitoring and advising in
12 respect of permanent exclusions, brokering online
13 education or face-to-face tutoring for children who are
14 unable to attend school, supporting schools with
15 attendance matters, and monitoring children who are
16 missing from education, we see on that list?

17 **A.** Yes, that's correct.

18 **Q.** There's also the Inclusion Team.

19 **A.** Yes.

20 **Q.** What is the difference between the Education Department
21 and the Inclusion Team?

22 **A.** So it is one directorate. Education is probably what
23 you'd loosely term to be school improvements, school
24 standards, attendance, and so on and so forth.
25 Inclusion is children missing from education and,

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1 So although they are classified as different structures,
2 in essence, they are parts of a big team and we have
3 regular conversations and we'll do cross-team working
4 quite regularly. So if you're working with a child or
5 a child and their family, those conversations about
6 which school they went to, what their special
7 educational needs were, whether they are in school at
8 that present time are regular conversations.

9 So I think the separation of them on paper disguises
10 the actual working of the team: we work together very
11 closely. It is a very large county council, with a very
12 large geographical area, so the nature of some of these
13 teams are disbursed across the County Council and the
14 nature of the working is we do work together on Teams,
15 as well, or other online video platforms. So I think
16 the separation on paper covers up the nature of the
17 actual reality of the work.

18 **Q.** So if you were an individual working in the department,
19 you would be working for one of these teams; is that
20 right?

21 **A.** So you'd be working for one of these teams. However,
22 that work would then encompass work across those teams.
23 For example, if you were working in the elective home
24 education team, you would also be speaking to the
25 special educational needs and disabilities team, to try

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1 and capture as good a picture of that child and their
2 circumstances as you possibly could.
3 **Q.** Have you reflected at all on that structure when you
4 came in? There would seem to be potential risk for
5 fragmentation and losses of information sharing when you
6 have so many different teams?

7 **A.** Yes, extensively. As you pointed out, I started in
8 February 2024 and one of my mandates was to look at the
9 structures. You'd expect that from a new leader, to
10 review and revise structures. So there is a potential
11 for, I would say, ineffective cross-team working because
12 of the nature of the sheer number of children and the
13 expectations around the legislation and statutory
14 guidance. So, my feeling is, and I've said this or
15 alluded to it in my statement, that we have too much
16 work and not enough people in Lancashire and the
17 complexity of the work has increased exponentially since
18 2020.

19 So, therefore, we have sought to -- and we have
20 done -- put in place some additional staffing into those
21 teams and we are building it further because the nature
22 of that expectation is that the numbers of children
23 which those teams have to work with has grown beyond
24 measure in recent years.

25 **Q.** Thank you. I will pick up on training and staffing

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1 know how to contact the Education Department and we have
2 regular bulletins go to schools with information on
3 education and special education needs. The
4 communication is quite free flowing between schools and
5 we have members of staff who go out to particular areas
6 regularly to see headteachers and headteacher groups in
7 Lancashire.

8 **Q.** Picking up on one thing you mentioned, the emails. As
9 part of your preparation and particularly preparing the
10 chronology, you must have had to or had assistance in
11 unpicking a large amount of emails in trying to build
12 your chronology. Would you agree that that probably was
13 not the easiest exercise to undertake?

14 **A.** Very difficult exercise. One of the things which we're
15 seeking to do at the moment, which we've implemented but
16 will roll out over the next year, in totality is
17 an Education Health and Care Plan portal. So
18 essentially it's an add-on to our systems to allow more
19 effective communication between parents and workers
20 because I acknowledge and I think we generally
21 acknowledge that the email system does not work in the
22 way which it should do, primarily because of the sheer
23 volume of emails that come in on a daily basis.

24 **Q.** Thank you and we might come to some examples of that.

25 I just want to ask you about types of schooling that

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1 shortly.

2 Can I ask, from the kind of other side of things --
3 so, for example, a member of school staff who is trying
4 to make contact with someone in LCC -- how are they to
5 navigate the different ever different teams and ensure
6 that they speak to the right person?

7 **A.** So we have a structure where, if they make contact, for
8 example, with myself, I would signpost them to the
9 correct team. I'm accessible to school leaders. We
10 have a number of different heads of services and team
11 managers who are also freely available on email and do
12 see members of school staff regularly. So each member
13 of school staff will have somebody who they know within
14 the local authority, we hope, to be able to make contact
15 with. They can phone the general phone numbers for
16 Lancashire County Council as well and make contact and
17 be directed via a switchboard to the most appropriate
18 team that they determine.

19 I mean, the primary methods of communication are via
20 email. So it does become convoluted using email. It is
21 one of those systems which you can be overwhelmed by the
22 sheer number of emails. So I think this is fair to say
23 that most schools in Lancashire -- and I won't say all
24 because there's always an inevitability that one or two
25 schools will say they don't know how best to contact --

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1 are available to the council. Clearly, obviously, we
2 have mainstream schools, whether they are academies or
3 local authority maintained. Can you just explain what
4 a Pupil Referral Unit is, please?

5 **A.** So it's a short-stay school but, in practice, may
6 require longer stays for children who have been
7 permanently excluded from schools or who sometimes
8 require short-term respite placements or intervention
9 placements or, in the case of Lancashire and other local
10 authorities, may constitute a medical placement for
11 children who are too unwell to attend their school at
12 that point in time. So they do have a governing body,
13 in the same way that a school would have. They used to
14 have -- well, it's called a management committee. So
15 they function as a maintained school in exactly the same
16 way as a mainstream secondary or primary school would
17 but they're predominantly for children who, at that
18 moment in time, there is not a mainstream place
19 available for them and, occasionally, not a special
20 school place available for them either.

21 **Q.** So if they will receive pupils who've been excluded,
22 presumably you'd expect them to be experienced in
23 dealing with pupils who have a history of violence or
24 use of weapons or knives?

25 **A.** Yes, very experienced.

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1 Q. But less so for pupils with, for example, special
 2 educational needs, like autism?
 3 A. I would say -- and this is a generalisation because it
 4 would be different across the different schools -- they
 5 will have significant experience in special educational
 6 needs and will have a special educational needs
 7 coordinator and staff who have worked in mainstream
 8 primary and secondary schools who would be well aware of
 9 special educational needs. What I don't know, in terms
 10 of specific special schools, is what their level of
 11 specialism is within each school but they definitely
 12 have experience of SEND.
 13 Q. But, of course, not the same level of experience as
 14 a specialist school?
 15 A. No.
 16 Q. We'll come onto talk about Presfield School as
 17 an example, which specialises in treatment of pupils
 18 with autism; is that right?
 19 A. Well, the education of children with autism. The
 20 treatment -- so the education of children with autism.
 21 Q. Specialist schools will specialise in dealing with
 22 a particular type of special educational need; is that
 23 right?
 24 A. Or a range of special educational needs.
 25 Q. Outside of those three options, there is also mention of

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1 That's a child that resides in LCC area?
 2 A. Yes.
 3 Q. "This applies even if they go to school in another local
 4 authority ... Residence is the criteria for placement.
 5 [Pupil Referral Units] ..."
 6 You give the age there, and you say:
 7 "The school where the child is educated should make
 8 the referral to the local authority area where the child
 9 lives."
 10 Is that in relation to exclusion, which we'll come
 11 onto?
 12 A. Yes. So if the child lives in Lancashire, we would
 13 reasonably expect them to go to a Lancashire Pupil
 14 Referral Unit and most of the referrals to Pupil
 15 Referral Units in Lancashire come from Lancashire
 16 schools but, if a child is going to school in another
 17 area and they're permanently excluded, we would pick up
 18 their education in a Lancashire Pupil Referral Unit.
 19 Q. Thank you. In terms of jurisdiction, this also applies
 20 to an EHCP. It's the area where the child is resident
 21 which is responsible for an EHCP; is that right?
 22 A. That's correct.
 23 Q. We've seen maps of this very early on in the hearings
 24 but AR resided in Banks, so inside LCC. The Range
 25 School and Presfield School were both inside Sefton

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1 provision for social, educational and mental health,
 2 SEMH. Can you just explain what that is?
 3 A. That is a wide description of needs. So children may
 4 have a number of different reasons why they find it
 5 difficult to engage with their education or perhaps deal
 6 with other children, you know, specific environments.
 7 So it's a large catchall determination, actually, of
 8 their needs, a number of different needs would fall into
 9 that and the children will have varying degrees of
 10 complexity within SEMH as well.
 11 Q. Is the council able to provide one-on-one teaching and
 12 tutoring as well?
 13 A. Yes, on occasion.
 14 Q. I want to move on to the statutory framework and
 15 governance. Is it fair to say that this is an area
 16 where there is a considerable amount of statutory
 17 guidance and legislation?
 18 A. Absolutely.
 19 Q. I just want to try and break that down as simply as
 20 possible, so far as relevant. Firstly, jurisdiction.
 21 Could we have up your statement, please, at page 6,
 22 paragraph 18. So, we see there, from the third
 23 sentence:
 24 "The duty for Lancashire County Council is to
 25 provide for a Lancashire child."

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1 Metropolitan Borough Council's jurisdiction?
 2 A. That is correct.
 3 Q. Acorns was also inside Lancashire County Council?
 4 A. Correct.
 5 Q. So during the period that AR was at those schools, LCC
 6 retained responsibility for ensuring that AR attended
 7 school, while he was of compulsory school age; is that
 8 right?
 9 A. So this is where it's complicated, in that we have
 10 a duty around all the Lancashire children to safeguard
 11 them and their welfare, and that would reasonably
 12 extend, wouldn't it, if we knew about them attending or
 13 not attending another school, to be able to intervene in
 14 that process. However, the reality of it is, if a child
 15 is attending a school in Sefton, the Sefton local
 16 authority would usually pick up the attendance duties
 17 for that child in that area, whereas, if a Sefton child
 18 was residing in Lancashire, we would pick them up for
 19 the child at a Lancashire school -- sorry, going to
 20 a Lancashire school.
 21 That helps because we would see the registers or
 22 would hope to be able to see the registers of all
 23 Lancashire schools and, therefore, all Lancashire
 24 children and Sefton would be able to see all the
 25 registers for Sefton schools and Sefton children, which

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1 might also incorporate Lancashire children, if that
 2 makes sense. West Lancashire borders a number of
 3 different local authorities so, for us to be able to
 4 intervene and even monitor the attendance of children
 5 attending schools outside of Lancashire, adds another
 6 level of complexity to the monitoring of the education.

7 **Q.** So I understand what you are saying about it being
 8 picked up because Sefton have access to the registers --

9 **A.** Yes.

10 **Q.** -- but it's right, isn't it, that the responsibility for
 11 providing the education sits with Lancashire?

12 **A.** So the responsibility for ensuring that a child attends
 13 an education, I would say, falls across both local
 14 authority areas because, if we know about a child who's
 15 resident in Lancashire who is not attending a school, we
 16 have a duty around a child missing education. If
 17 a child is attending a school but not attending
 18 regularly, then the attendance duties around -- the
 19 standard attendance regulations would fall on Sefton
 20 Council via the school.

21 The school would, for example, instruct the local
 22 authority to issue penalty notices for periods of
 23 holiday and periods of non-attendance for a child that
 24 was attending in Sefton and we would do the same for
 25 Lancashire, no matter where they were resident. This is

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1 Care Plan ceases.

2 **Q.** I just want to talk about or look at the provisions for
 3 transfer. I think the easiest way to do this might be
 4 to look at Ms Kate Dixon's, who is the witness from the
 5 DfE, statement, which is at DFE000256, page 95
 6 paragraph 376:

7 "When a pupil moves schools there is a statutory
 8 duty placed on local authority maintained schools to
 9 transfer data relating ..."

10 She gives the regulations which apply here. She
 11 talks about the transfer in the common transfer file.

12 Could you just explain what that is, please?

13 **A.** So it's usually a download from their management
 14 information system, which is then sent across to the new
 15 school's management information system, which contains
 16 all the key details of that child's education up to that
 17 point.

18 **Q.** That data is to be transferred within 15 school days, we
 19 see there?

20 **A.** Yes.

21 **Q.** Could we just scroll down two pages to page 97 and
 22 paragraph 380, and just expand that, please. So the
 23 child protection file, we see there, is to be
 24 transferred by the designated safeguarding lead,
 25 separately from the main pupil file; is that right?

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1 where it becomes quite a complicated interface across
 2 the local authority boundaries.

3 **Q.** You are talking about practice which comes down to who
 4 has access to the data, principally, doesn't it?

5 **A.** Absolutely.

6 **Q.** But the duty, as you say in your statement, is for
 7 Lancashire County Council to provide for a Lancashire
 8 child, is it not?

9 **A.** So if the child is not attending an education, we will
 10 pick up the responsibility, at least part of, but the
 11 duty is for us. If we identify a child who is resident
 12 in Lancashire, who is not receiving an education, the
 13 duty falls upon us.

14 **Q.** For the Education, Health and Care Plan, again
 15 Lancashire retains the duty, does it not?

16 **A.** We always retain the duty with an Education, Health and
 17 Care Plan around ensuring the provision which is in the
 18 Education, Health and Care Plan is delivered and that's
 19 an absolute duty in law to do so.

20 **Q.** That continues after a child turns 16, correct --

21 **A.** It does.

22 **Q.** -- because an EHCP can continue to the age of 25?

23 **A.** It can do, yes. So the absolute duty to ensure the
 24 provision in the Education, Health and Care Plan is
 25 carried out, is ours until that Education, Health and

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1 **A.** That's correct.

2 **Q.** Are you able to explain why that is?

3 **A.** So -- and this has changed over a number of years
 4 because it used to be as soon as possible, then it was
 5 five days. So the nature of this is the common transfer
 6 file does not contain some -- will not contain all the
 7 information available about that young person,
 8 especially pastorally and in relation to their conduct
 9 with social care and safeguarding concerns and incidents
 10 of bullying, and so on and so forth. Now, I say that as
 11 a sort of general statement because each school will
 12 record different things on their MIS system and
 13 sometimes my experience of working in schools is that
 14 some of those records will only be accessible to some
 15 practitioners and not others. So, therefore, they are
 16 locked down for security reasons.

17 The nature of it is that a school will hold, as
 18 you'd expect significant safeguarding information, where
 19 they've interacted with multi-agency processes around
 20 safeguarding. This has been put in the legislation,
 21 from my memory, to guarantee that that information
 22 follows the child to that school, and some of the
 23 expectation -- it used to be, when I was working with
 24 schools on safeguarding, that they would hand deliver
 25 the file, which was sometimes quite significant in size.

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1 These days most schools will use some form of electronic
2 record system, like MyConcern or CPOMS or Safeguard, and
3 it then forms another common transfer file, which can be
4 uploaded to the new system, and is done in a way which
5 holds all the information in a timestamped, unalterable
6 way, so that if that safeguarding team ever has to go to
7 court around something or present evidence in this case,
8 it's sort of -- you can't change it. It's there.

9 So it's really important that that follows the child
10 to the new setting because the integration, the
11 education, the pastoral support, special educational
12 needs, and so on and so forth, hang upon a body of
13 evidence which may not be contained in one source at one
14 point in time.

15 **Q.** Easy to slip into technical terminology but "MIS
16 system"?

17 **A.** Sorry, Management of Information System. So it's
18 a system which holds the names of the children, their
19 attendance, and so on. Sorry.

20 **Q.** Moving on, please, to the provisions around attendance.
21 Parents are under a duty to secure the education of
22 children of compulsory school age, correct?

23 **A.** Correct.

24 **Q.** The general provision is that students are to be
25 educated according to parent's wishes?

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1 So is that the mechanism by which the Council
2 becomes aware of an absence, at least back in 2019?
3 **A.** It would definitely have been the only way in 2019 that
4 we would know, by a school directly informing us about
5 the level of absence.

6 **Q.** Could we have, please, page 17:

7 "Can a school place a pupil on a part-time
8 timetable?

9 "As a rule, no. All pupils of compulsory school age
10 are entitled to a full-time education. In very
11 exceptional circumstances, there may be a need for
12 a temporary part-time timetable to meet a pupil's
13 individual needs."

14 I assume you are familiar with that?

15 **A.** I am, yes. Thank you.

16 **Q.** Is this right, that this guidance in 2022 was
17 supplemented by some rather more detailed guidance,
18 Working Together to Improve School?

19 **A.** It was.

20 **Q.** Penultimate topic on guidance, Mr Turner: Covid-19.
21 There was guidance issued by DfE on vulnerable children
22 in Covid; is that right?

23 **A.** That is correct.

24 **Q.** Sir, for your note, DFE000048. Is this right, a child
25 who was on an EHCP was deemed vulnerable?

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1 **A.** That's correct.

2 **Q.** Local authorities have a statutory duty to arrange
3 suitable full-time education for children of compulsory
4 school age who otherwise might not receive it; is that
5 correct?

6 **A.** That's correct, yes.

7 **Q.** Could we have up, please, the School Attendance Guidance
8 2019, DFE000096, and page 4. This, I think, is guidance
9 that was in place in 2019?

10 **A.** Yes.

11 **Q.** You will see there:

12 "The Government expects schools and local
13 authorities to promote good attendance and reduce
14 absence, including persistent absence, ensure every
15 pupil has access to full-time education to which they
16 are entitled and act early to address patterns of
17 absence."

18 Could we see, please, page 8. We see at the top
19 there:

20 "All schools ... must agree with the relevant local
21 authority, the regular interval that the school will
22 inform the local authority of any pupil who fails to
23 attend school regularly or has been absent without the
24 school's permission for a continuous period of 10 days
25 or more."

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1 **A.** Yes.

2 **Q.** Schools were expected to complete a risk assessment for
3 children with an EHCP, to consider whether they could
4 attend?

5 **A.** Correct, yes.

6 **Q.** Local authorities were to continue monitoring that
7 vulnerable child's attendance, during Covid?

8 **A.** That's correct.

9 **Q.** Alternative provision, does that include a Pupil
10 Referral Unit?

11 **A.** It does, yes.

12 **Q.** They were to keep open, where it was feasible to do so;
13 is that right?

14 **A.** Yes, in practical terms, it depended upon levels of
15 staff absence, as well, due to Covid. But, in practical
16 terms, the expectation was to remain open.

17 **Q.** Last topic of the guidance. EHCP, could you just
18 explain please briefly what an EHCP is?

19 **A.** So it is an Education, Health and Care Plan which is
20 essentially a legal document that guarantees provision
21 for children and young adults up to the age of 25. So
22 it runs from 0 to 25. It's set out in the Special
23 Educational Needs and Disabilities Codes of Practice
24 2015, which comes from the Children and Families Act
25 2014, and an Education, Health and Care Plan contains

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1 information about the child or young person themselves;
 2 what their special educational needs are; their health
 3 needs and social care needs and the provision which they
 4 require educationally and in terms of social care and
 5 health as well; there may be information in there about
 6 the work which they do around the Chronically Sick and
 7 Disabled legislation, so for children with far greater
 8 complexity around a disability; and then naming
 9 a school; information about a personal budget; and
 10 information about the advice that was submitted to the
 11 local authority to compile the Education, Health and
 12 Care Plan. So it's a complex document which can be very
 13 long and takes a long time to produce.
 14 **Q.** As you say, it has a kind of legal weight, correct?
 15 **A.** Absolutely.
 16 **Q.** We can see a sort of brief description in this, in
 17 Ms Dixon's statement, DFE000256, page 27. We see the
 18 role of local authorities and this is within the context
 19 of EHCPs. She sets out provisions of the SEND Code of
 20 Practice and Part 3 of the Children and Families Act
 21 2014 and the obligations on local authorities are:
 22 "... to identify children and young people who may
 23 have SEND and carry out EHC needs assessments. Create
 24 and maintain EHC plans ..."
 25 In particular, if we look at the last sentence:

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1 **A.** Yes.
 2 **Q.** Second bullet point, that:
 3 "The duty to admit a young person if the institution
 4 is named on the EHC plan."
 5 Is this right, schools are obliged to admit a child
 6 if they are named on the EHCP?
 7 **A.** Absolutely.
 8 **Q.** Could we have page 172. If we look at the top two
 9 paragraphs, a child's parent has the right to request
 10 a particular school to be named in the EHCP. We see the
 11 next paragraph:
 12 "The local authority must comply with that
 13 preference and name the school or college in the EHCP
 14 unless it would be unsuitable for the age, ability,
 15 aptitude or SEN of the child or young person, or
 16 attendance of the child or young person there would be
 17 incompatible with the efficient education of others or
 18 the efficient use of resources."
 19 Are you familiar with that?
 20 **A.** I am, yes.
 21 **Q.** Could we have, please, page 186, and paragraph 9.131.
 22 I think, again, we see there the obligation to secure
 23 special educational provision specified in the plan.
 24 If we could have please page 202 and paragraph
 25 9.199:

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1 "... must secure the provision it specifies."
 2 So the local authority is obliged to carry out
 3 anything in the EHCP; is that right?
 4 **A.** Yes, absolutely. The expectation is that we secure the
 5 provision in the Education, Health and Care Plan.
 6 **Q.** I think the underlying statute for that provision is
 7 Section 42 of the Children and Families Act; is that
 8 right?
 9 **A.** It is.
 10 **Q.** There's also an obligation for funding and provision,
 11 monitoring and accountability and, if we look over the
 12 page, engagement and production.
 13 If we could just expand paragraph 91, please,
 14 perhaps we have covered the content of this. It says
 15 that the local authority must "prepare and maintain"
 16 a plan where it is needed?
 17 **A.** Correct.
 18 **Q.** And "legally enforceable entitlement", we see there.
 19 I just want to go to the SEND Code of Practice, just to
 20 look at one or two other points of detail, please, which
 21 is at DFE000042 and page 112, please. Looking at the
 22 two bullet points of paragraph 7.3, do we see there
 23 a duty to co-operate with the local authority for
 24 post-16 institutions; for children and young people with
 25 SEN?

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1 "A local authority may cease to maintain a EHC plan
 2 only if it determines that it is no longer necessary for
 3 the plan to be maintained or if it is no longer
 4 responsible for the child or young person."
 5 Correct?
 6 **A.** Correct.
 7 **Q.** So I'm afraid a lengthy trawl through the provisions but
 8 we will obviously come onto some matters which are
 9 relevant to those.
 10 Can I ask you, in practice, what the trigger is in
 11 typical situations to open an EHCP?
 12 **A.** So there is a request for assessment by somebody. So
 13 they say, in their opinion, that the criteria for
 14 an EHCP assessment has been met, so they ask us to
 15 assess whether that's true or not. So somebody submits
 16 a request for assessment to us and then we gather
 17 information to determine whether an EHCP is necessary.
 18 If it is then we compile information from numerous
 19 different parties to put that EHCP together.
 20 **Q.** There is a step-wise process to producing that document,
 21 which involves various consultations and presumably must
 22 take a little bit of time to compile; is that right?
 23 **A.** So it's set out in legislation how long the process
 24 should take. It is 140 days or 20 weeks, and it is very
 25 regimented in terms of what the SEN Code of Practice

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1 says and we have to follow the SEN Code of Practice to
 2 put together a legally compliant EHCP.
 3 **Q.** I want to move on to the internal practices at LCC. Is
 4 this right, staff presumably are trained to the
 5 statutory guidance that we have looked at?
 6 **A.** Yes.
 7 **Q.** Is it a challenge training them to a considerable amount
 8 of guidance, which of course there is much more that we
 9 haven't looked at?
 10 **A.** Definitely. The SEND Code of Practice is close to
 11 300 pages, so, yeah, it is. We have now, in Lancashire,
 12 a training academy, SEND Academy, to run staff through
 13 those processes.
 14 **Q.** You say in your statement, I think, that staff are not
 15 trained, this is your paragraph 11, on improving
 16 attendance and reducing suspensions and exclusions. Is
 17 that referring to social workers and other CSS staff,
 18 rather than the Education and Inclusion Departments?
 19 **A.** Sorry, I missed the first part of your question.
 20 **Q.** You talk about staff not being trained on improving
 21 attendance and reducing suspensions.
 22 **A.** So they have a general awareness of it, I would assume
 23 for most staff -- because a lot of our staff come from
 24 working in schools as well. I think when we talk about
 25 social workers' knowledge it is widening. We talk about

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1 **A.** They do.
 2 **Q.** Do you agree that that is something that would be of
 3 benefit --
 4 **A.** Absolutely.
 5 **Q.** -- for staff preparing EHCPs?
 6 **A.** Absolutely.
 7 **Q.** Is that something that you are looking to introduce?
 8 **A.** Yes. Well, we have begun an extensive training
 9 programme for SEND staff. We do have an extensive
 10 training programme for school staff in general and the
 11 expectation is that they would be skilled in a number of
 12 these areas. I think some of the things you're
 13 describing are very complex and nuanced and require
 14 detailed training. So you could attend a safeguarding
 15 board training, through the local safeguarding board
 16 arrangement, so some of those elements you've described.
 17 Certainly, when I was a safeguarding adviser in another
 18 local authority, I used to train school staff on some of
 19 those elements but not all.
 20 **Q.** You've already mentioned but you also say in your
 21 statement that staffing levels were and are still low
 22 for the number of children in Lancashire?
 23 **A.** Yes.
 24 **Q.** We will come onto specific examples but, just in short,
 25 are you able to see what impact that had on the

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1 it regularly in things such as child protection
 2 conferences and reviews. So in terms of specific
 3 training, they'll have an input from me perhaps in
 4 a collaboration leadership team meeting, or have some
 5 bulletins about it from the safeguarding assurance
 6 partnership, but no specific training in it.
 7 **Q.** You also say that there is no specific training for
 8 staff on violence or weapons, extremism, radicalisation
 9 or risk assessments; is that right?
 10 **A.** So we do have a mandatory training for the council on
 11 radicalisation and the Prevent duty, and we have courses
 12 which members of staff can opt into, but there is no
 13 mandatory provision in relation to that. Most of our
 14 staff who prepare Education, Health and Care Plans do
 15 not work directly with children, if that makes sense.
 16 They compile information from professionals into
 17 an EHCP. Those staff who work directly with children
 18 have significantly more training in how to navigate the
 19 complexities in the legislation and the expectations.
 20 **Q.** Nevertheless, we'll obviously come onto detail in AR's
 21 case about exclusions, information sharing, appropriate
 22 schooling and Prevent. It is right, isn't it, that the
 23 features that we were just talking about -- violence,
 24 weapons, radicalisation -- all feature heavily in his
 25 case?

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1 management of AR?
 2 **A.** There is a number of things about the number of staffing
 3 which impacted on the management of the EHCP and that
 4 was staff transience, so staff turnover, staff illness;
 5 obviously, the Covid pandemic and the difficulties of
 6 working in and out of that period also impacted. The
 7 biggest thing I see daily in SEND work is a significant
 8 volume of work and a significant under-resourcing of
 9 people within the system to be able to deal with that
 10 demand for assessment, if I call it that.
 11 **Q.** In your statement, you also talk about the SEND
 12 improvement board, which I think you say is attended by
 13 the Department for Education and NHS England, which was
 14 established after LCC and its partner agencies were
 15 judged to require intervention. Can you briefly say why
 16 there was an intervention required?
 17 **A.** So each local authority area has what's called an area
 18 SEND inspection. So it's a joint inspection between
 19 Ofsted and CQC, Care Quality Commission, which is NHS
 20 England, we'll will have an adviser from NHS England
 21 there as well.
 22 Lancashire County Council has had three consecutive
 23 judgements as a range of partners around SEND, which has
 24 required significant improvement. So the latest
 25 inspection, which was December 2024, highlighted issues

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1 around strategic leadership across the partnership so
 2 bringing people together to make improvements; quality
 3 and timeliness of Education, Health and Care Plans,
 4 communication, the neurodevelopmental pathway -- which
 5 is in relation to autism -- and then, as I said,
 6 communication and preparation for adulthood, sorry for
 7 repeating myself.

8 So the expectation there is that we comply with
 9 an improvement notice at Lancashire County Council, to
 10 improve special educational needs and disability
 11 provision within what is a 18 month period. So the
 12 regulator is Ofsted. The Department for Education
 13 issued the improvement notice. We work to discharge the
 14 improvement notice and then Ofsted will re-inspect us
 15 against the same area SEND framework within 18 months to
 16 three years. We usually get a monitoring inspection
 17 within 18 months and then a full inspection within
 18 three years. The primary issue for us was a significant
 19 lack of timeliness in preparing EHCPs.

20 **Q.** So when you came in role, there had already been
 21 a "Requires Improvement" decision made and, presumably,
 22 it has been your role to try and fix the issues that
 23 have arisen?

24 **A.** Mine with other people, obviously. So it serves nobody
 25 to have a system which doesn't work well enough and,

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1 **Q.** The selection of the Acorns School. After the
 2 exclusion, LCC had a statutory obligation to provide
 3 alternative education within six days; is that right?
 4 **A.** That's correct.
 5 **Q.** So The Acorns School had to be selected within that
 6 timeframe, correct?
 7 **A.** That's correct.
 8 **Q.** I think the letter that we see says that AR is going to
 9 The Acorns because he is a West Lancashire resident.
 10 Sir, the citation for that is LCC001376.
 11 Would the choice be as simple as the accessibility?
 12 **A.** Yes.
 13 **Q.** You have already used the phrase "short-stay school" but
 14 it's right, isn't it, that Acorns is a short-stay
 15 school?
 16 **A.** It is, yes.
 17 **Q.** You say in your statement at paragraph 17, that the
 18 intention is for pupils, when they go to a Pupil
 19 Referral Unit to reintegrate to a mainstream school,
 20 although you say in your experience that's actually
 21 uncommon for the majority of pupils and stays are often
 22 long?
 23 **A.** Absolutely.
 24 **Q.** Why is that because it's difficult for a student who has
 25 been excluded to find provision at a mainstream school?

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1 practically, it is a very expensive, resource heavy
 2 system where the expectation placed upon local
 3 authorities has risen exponentially, just in terms of
 4 numbers. So Lancashire has just currently between
 5 16,000 and 17,000 EHCPs and close to 300,000 children
 6 within the system. The nature of it was that that
 7 number of EHCPs has almost doubled within the last five
 8 years, so actually, in terms of keeping up with the
 9 level of need in the system, that's been an exponential
 10 growth in need. I'll be honest, when I arrived in
 11 Lancashire, the staffing hadn't kept up with the level
 12 of need.

13 **Q.** I want to move on now to the timeline, starting with the
 14 exclusion from the Range, and an initial period of
 15 Acorns for AR.

16 To your knowledge, did LCC have any involvement in
 17 the decision to permanently exclude AR from the Range?

18 **A.** Not to my knowledge.

19 **Q.** Do you have experience of dealing with exclusions in
 20 your role?

21 **A.** Yes.

22 **Q.** In your experience, is it typical or unusual -- usual or
 23 unusual -- to exclude a pupil for possession of a knife
 24 at school?

25 **A.** Not unusual.

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1 **A.** Absolutely. So the admissions system is difficult to
 2 navigate and the nature of the differences in admissions
 3 systems, where you have academies who control their own
 4 admissions, local authority schools who we're the
 5 admissions authorities for them. So we do have
 6 something called an in-year fair access protocol, which
 7 allows children and their families who may find it hard
 8 to secure a school place in either the normal admissions
 9 round or what we'd call an in-year admission, to secure
 10 a place through a different methodology. But it is
 11 incredibly different in my experience to find a school
 12 which will accommodate the needs of a child who's been
 13 excluded for significant violence or carrying a weapon,
 14 without some significant conversation around how that
 15 would be handled in school.

16 A headteacher's duty is for the health and safety of
 17 all children and staff in that school, so it carries
 18 a huge level of responsibility and decision-making, upon
 19 whether educating that child for example will prejudice
 20 the education of all the other children in that school,
 21 and it may well be that the behaviour of that child is
 22 so significant that the headteacher will say it would
 23 do. So we do encounter this all the time.

24 So we do have very robust discussions with
 25 headteachers about their concerns and it wouldn't be

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1 right to say that no child who's been permanently
2 excluded for carrying a knife is ever not admitted into
3 a mainstream school because that is not the case, some
4 children do but it adds a level of complexity.

5 If you add the level of complex special educational
6 needs as well into the picture for some children, it
7 adds an extra level of complexity too, which makes it
8 very difficult to navigate.

9 The thing about West Lancashire as well is, when you
10 talk about PRUs, we had nine PRUs in Lancashire for the
11 whole county and West Lancashire is bordered by a number
12 of different local authorities and we have to consider
13 travel distance as well, proximity to home, but,
14 equally, whether there is available places.

15 So sometimes there are no places available in our
16 PRUs.

17 **Q.** Can I ask you about transfer of information between
18 schools. We've looked at the policy for this already.
19 We will hear evidence that The Acorns were aware of the
20 reasons for the exclusion but that not all information
21 about risk was passed at least initially to them and
22 also much more fundamental issues with the transfer of
23 risk information from The Acorns School to Presfield
24 School.

25 I think we saw from the policy that the
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1 will do work with our schools. If somebody raises
2 a significant issue with us or an issue of concern we
3 will visit that school and do work with that school.
4 So, yes, we do have a duty to ensure our schools are
5 operating in the way which is expected by statute. The
6 nature of it is we have 628 schools across Lancashire
7 and 500 plus of those schools are maintained, so where
8 we are the employer in law, the rest are academy trusts.

9 We have a duty to ensure that schools operate in
10 a way which is acceptable. The minutiae of the
11 safeguarding detail would come out through safeguarding
12 audits we might do, we do have a service level agreement
13 with some schools for school safeguarding advice and
14 guidance, so one of the things we offer is
15 a safeguarding audit.

16 **Q.** The oral evidence is still to come but you will have
17 read the statements about these transfers of information
18 and the issues. Did those cause you concern?

19 **A.** It always causes me concern when I hear that information
20 hasn't been passed with the child to the new school
21 because I think you're not working with the totality of
22 the nature of the need and the picture. I've worked
23 with and alongside keeping children safe in education
24 for a long time, giving advice to schools, and that's
25 been in there for a long time, it would be my reasonable

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1 responsibility for passing on that information is on
2 schools, correct?

3 **A.** Correct.

4 **Q.** Does that remain the case where a child has been
5 excluded and then is re-assigned later -- a few days
6 later -- by the council?

7 **A.** So it's a duty which I think falls upon anybody who has
8 that information. So if I was in receipt of that
9 information, I would pass it to the school and my staff
10 would pass it to the school as well. So we are reliant
11 upon schools to facilitate a transfer of information in
12 whichever way they see is most appropriate to do so. If
13 we have it in the local authority, we pass it to the
14 receiving school.

15 **Q.** So I think you say in your statement the responsibility
16 is on schools but you provide support if requested?

17 **A.** Absolutely.

18 **Q.** Presumably that's part of what your answer is referring
19 to. Is it any part of Lancashire's role to ensure that
20 schools have sufficient systems in place for
21 transferring safeguarding or risk information?

22 **A.** So we have a role to ensure that all our schools operate
23 in an effective and safe manner. So the regulator is
24 Ofsted, who inspect our schools regularly. We have
25 school advisers who are connected to our schools, who

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1 expectation to pass it on with urgency to the new
2 setting. So it is concerning whenever I hear that
3 a file has not followed a child where there's
4 significant safeguarding issues, so yes.

5 **Q.** Given the council's role that you have said about
6 ensuring safe ways of working, does that evidence cause
7 you to consider whether there should be some sort of
8 system of auditing or checks on the passing of this
9 information?

10 **A.** Absolutely. We do, as we said, have a service level
11 agreement with a number of schools where we can offer
12 that audit facility, I suppose, process. I think, in
13 terms of the nature of our reliance upon the regulator,
14 for example of Ofsted -- so part of Ofsted's framework
15 is ensuring that safeguarding and what you've described
16 as a system is appropriate and robust, and our schools
17 are usually inspected every three to five years.

18 Governing bodies will have training from our
19 governing body services on what effective safeguarding
20 is as well. So your point is a really good clear point.
21 I think the nature of it is we do have to rely upon the
22 regulator, we have to rely upon the governing bodies and
23 the school lead as well, just because of the sheer
24 number of schools in Lancashire. I think it would be
25 very difficult for us to audit every single school

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1 safeguarding arrangements across the whole of the county
 2 with the staff we currently have.
 3 **Q.** So you have said, I think already implicit in your
 4 answer, that resources are tight and you simply don't
 5 have the resources to do this?
 6 **A.** Absolutely.
 7 **Q.** Moving on to levels of attendance. You will have seen
 8 that AR's initial attendance at The Acorns School was
 9 for two hours a day but the plan was to build that up by
 10 September 2019 to longer attendance.
 11 I think you recognise in your statement that's below
 12 the expectation for full-time education, which is
 13 usually set at 18 hours or more, correct?
 14 **A.** Yes.
 15 **Q.** But you say, I think, that a lesser amount may be deemed
 16 suitable in certain circumstances; is that right?
 17 **A.** Yes.
 18 **Q.** Is this right, it's your view that given what AR had
 19 been excluded for, it was reasonable to build up his
 20 engagement?
 21 **A.** I think it was reasonable for the headteacher to make
 22 a decision about what was appropriate at that time for
 23 his education.
 24 **Q.** That build up was overtaken by events because AR
 25 returned to the Range with a knife and struck a pupil
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1 reiterated across many different bodies for a good
 2 number of years now. One of the reasons for that it
 3 because it was apparent that many children -- I say
 4 "many children", a number of children were not in
 5 receipt of a full-time education when they revised the
 6 guidance.
 7 It is very difficult sometimes, though, to offer
 8 a full-time education to some children and, actually,
 9 what has been described in the legislation is where
 10 there is an intensity of tuition or provision, so small
 11 groups for very short periods of time, it can add up to
 12 what might constitute the equivalent of a full-time
 13 education but it would be very short-term. I think the
 14 nature of the circumstances here were that there were
 15 a number of things in play, is my reading of it, which
 16 people needed to ascertain before they integrated the
 17 pupil into the school fully.
 18 **Q.** I think you will have seen a note of the strategy
 19 meeting on 6 January 2020, where Ms Oats, who was
 20 a member of LCC staff, described the arrangement as
 21 illegal.
 22 Sir, it's LCC000031, page 2.
 23 It appears you don't agree with that description?
 24 **A.** I'm not saying I don't agree with it. What I'm saying
 25 is, in terms of following the guidance it had been
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1 with a hockey stick. During the police investigation,
 2 bail conditions were set which actually precluded AR
 3 from attending the Acorns School; is that right?
 4 **A.** Yes.
 5 **Q.** Acorns also decided not to allow AR to return in any
 6 event, until appropriate risk assessment had been
 7 carried out; is that right?
 8 **A.** That's correct.
 9 **Q.** Again, at your paragraph 22, I think you say that that
 10 was an appropriate decision for Acorns to take in the
 11 circumstances, given the safeguarding duty is to all
 12 children and staff in the school; is that right?
 13 **A.** That's what I believe, yes.
 14 **Q.** You talk about the inability of educators to carry out
 15 a full risk assessment of AR. I'm going to come onto
 16 grapple with that in more detail.
 17 Nonetheless, was that situation consistent with the
 18 provisions of the guidance that we have looked at this
 19 afternoon?
 20 **A.** So in the guidance, it does say that, for short-term
 21 periods, a reduced timetable can be offered, usually
 22 with the agreement of parents, with an expectation for
 23 relatively prompt reintegration back into school
 24 full-time. The expectation for all children is to have
 25 an appropriate full-time education and that has been
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1 short-term, with a plan of reintegration, with the
 2 agreement of parents, it does fit the description in the
 3 guidance. I think it would be seen to be necessary for
 4 a short-term. The description of "illegal", I think, is
 5 referencing to the concern which has been evident for
 6 a long time about children not being in school, not
 7 being seen, not in receipt of a full-time education, and
 8 I think it's common for people to refer to a part-time
 9 timetable as being outside of the statute and the
 10 legislation. So that was my interpretation of it.
 11 **Q.** So it's outside the statute but, is this right, the
 12 obligation is on Lancashire County Council to ensure it
 13 stays within?
 14 **A.** Absolutely.
 15 **Q.** So for a short-term, there might be an element of
 16 discretion in the guidance but, in the long-term --
 17 **A.** In the long-term, we want children to be back in school
 18 full-time.
 19 **Q.** Could we have up, please, Kate Dixon's statement, again,
 20 which is DFE000256, page 24, paragraph 79. AR's level
 21 of attendance at the Acorns varied over the time that he
 22 was there. It coincided, obviously, with Covid but he
 23 also engaged at varying levels throughout. This is
 24 a broad summary from Ms Dixon but she says that:
 25 "Prior to the exclusion, (*unclear*) attendance was
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1 good but it rapidly fell at The Acorns School and
2 worsened further after the Covid lockdowns in 2020. Of
3 some concern is the fact that a large proportion of the
4 absence from Acorns School was classified as 'other
5 authorised absence'."

6 At the time, the schools did not have a separate
7 attendance and absence code for part-time timetables
8 which may be one of the reasons for such a large number
9 of other authorised absences.

10 Is this right: that quite a high percentage of AR's
11 attendance was what's called other authorised absence?

12 A. That's what I understand. I've not seen the register
13 entries.

14 Q. But I think Ms Dixon might be sounding a word of caution
15 with that and saying that that actually might have been
16 part-time learning?

17 A. It might well have been, yes.

18 Q. Such a high rate of absence should have been seen as
19 a risk factor and reported to the local authority via
20 a statutory attendance return in line. It's right,
21 isn't it, Lancashire was aware of this at the time?

22 A. Yes.

23 Q. Then she finally says that it's unclear whether the
24 local authority took action to investigate the high
25 levels of non-attendance and put in place any necessary

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1 Q. Do you accept that that was a fundamental gap in AR's
2 education at this time?

3 A. So I would always accept that, if there is a requirement
4 for a child to have a full-time education and we can
5 bridge that gap, that we should try to do, at all
6 possible opportunities. So that's what I would expect
7 today from my teams. So, yes, it would be a gap.

8 Q. So "illegal" is perhaps quite strong language but, is
9 this right, Lancashire wasn't complying with its
10 statutory obligations?

11 A. In terms of ensuring a full-time education for children
12 who, for reasons of illness or otherwise, couldn't
13 attend school, yes, that's true.

14 Q. Can you help us with why that was?

15 A. I would be speculating because I wasn't there at the
16 time and wasn't dealing with the case. I think one of
17 the reasons, if we are looking at similar cases today,
18 would be lack of resource and lack of ability to
19 commission that sort of provision, find suitable people
20 to deliver it within the timescale and just the sheer
21 numbers of children where that might be applicable to
22 them at any given point in time.

23 Q. So we've already addressed, I think, that there was
24 a kind of required improvement notice on Lancashire. So
25 those issues were writ large. But it might be thought

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1 support at the time.

2 Do I summarise this fairly, that the lack of
3 attendance or this issue was known about by Lancashire
4 County Council, correct?

5 A. Yes.

6 Q. But there was any necessary support put in place?

7 A. Not that I'm aware of.

8 Q. So by way of example, at that 6 January meeting, one
9 thing that was mentioned was the idea of a possible
10 one-to-one tutor. That might have been something that
11 could have filled the lack of attendance by AR; is that
12 right?

13 A. Absolutely.

14 Q. That was also, I think, suggested by the rapid review
15 that was carried out after the attack?

16 A. Absolutely.

17 Q. That was never provided by LCC and I think Ms Hodson
18 says in her statement, paragraph 23, that she tried at
19 first to source a specialist teacher with funding from
20 LCC but was unable to do so; have you seen that?

21 A. I don't think I've seen that no.

22 Q. That's what she says, I'm not sure it needs to be pulled
23 up on the screen. You have, I think, fairly accepted
24 that the necessary support was not put in place?

25 A. Yes.

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1 quite shocking that the provision wasn't in place and
2 that was known but nothing could be done about it?

3 A. No, I agree. The aim is always to provide a full
4 satisfactory education provision for children who aren't
5 in receipt of a full-time education, and it's not
6 something that we want to happen. Sometimes it does
7 happen and we find out about it a little bit later on
8 and put it in place. But you're absolutely right, it is
9 a gap and I absolutely have put measures in place to
10 make that better, since I have been in Lancashire.

11 I think one of the things is that, you know, we
12 talked about resourcing, we talked about ability, one of
13 the things which we didn't routinely have in Lancashire,
14 as well, which is in my statement, is regular attendance
15 updates from all schools. So you had to ask schools for
16 it so, therefore, you relied upon schools to tell you
17 that children were not attending --

18 Q. Sorry to interrupt but that wasn't the case with The
19 Acorns School, was it? There was pretty regular
20 communication?

21 A. There was regular communication but there wouldn't have
22 been regular electronic communication of their registers
23 to us, which is what we receive today.

24 Q. Of course, for a Lancashire child, the Council has to
25 make sure that it gets that information?

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1 A. Absolutely.

2 Q. I just wanted to touch on risk assessment because

3 I think you've identified that one of the barriers to

4 Acorns having AR back was a lack of risk assessment.

5 I think you suggest that MAPPA might have been the

6 organisation that could have done that but you fairly

7 accept you are not an expert in MAPPA?

8 A. Yes.

9 Q. So that's perhaps a matter for others. The guidance, as

10 I think you've acknowledged, gave a discretion for MAPPA

11 to take on a person that was convicted, if they were

12 capable of causing serious harm to the public; were you

13 aware of that?

14 A. I was aware of that, yes. My mention of that was

15 because of my reading of the information, when I read

16 through it all, was that people were desperate for

17 somebody to make a judgement about, I suppose, the level

18 of appropriateness of that placement and couldn't find

19 anybody who was able to give assurance in the detail.

20 But that's just my reading of what I saw in emails.

21 Q. I think that's something that would have to be

22 identified by the Youth Offending Team, MAPPA. That's

23 perhaps a matter for somebody else. From your

24 experience, do you suggest MAPPA because you're familiar

25 with it being adopted in situations such as this?

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1 A. No, not in my experience. I don't think we have staff

2 who are able to step into that space professionally and

3 reliably and sort of absolutely say that that was the

4 case. No, I don't think so.

5 Q. In your role now, do you see cases where another

6 organisation does step in, in Lancashire, for similar

7 circumstances?

8 A. I haven't recently, no. I think we are always working

9 with other agencies to compile relevant information

10 about levels of risk because we do place children, as

11 I said, in PRUs and special school settings very

12 regularly. What we rely upon is an amalgamation of

13 information from different sources to make that

14 judgement and it's often a paper-based exercise, as

15 well, at a panel, but, no, I think that's an area which

16 needs to be developed and looked at in terms of

17 assessing the risk about placing young people in

18 settings.

19 Q. I want to turn, please, to the EHCP. It was suggested

20 as something that would be necessary at the 6 January

21 strategy meeting again, correct?

22 A. Yes.

23 Q. But the process had to be undertaken and it wasn't

24 finalised until 6 August 2020; is that right?

25 A. Yes, that's my understanding.

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1 A. I'm only familiar with it in being adopted in situations

2 from my previous work in another local authority.

3 I haven't come across it in Lancashire because

4 I wouldn't be in that space but it is a mechanism for

5 assessing risk, and when I was thinking about who might

6 successfully assess the level of risk, I was thinking

7 about a multi-agency risk assessment. So taking the

8 responsibility away from a member of staff in

9 an organisation was my thinking but, as I said, I'm not

10 an expert in that but I do know that those sorts of

11 multi-agency assessments of risk do take place and, from

12 my reading, I thought that that might have been one of

13 the places you might have found enough expertise to be

14 able to assess the risk but I was speculating.

15 Q. You will understand these are issues that the Inquiry is

16 grappling with, as to who is the appropriate person to

17 carry out the risk assessment and, is this right, your

18 reading of the evidence was that the schooling -- and

19 we'll hear perhaps from Ms Hodson -- wanted someone to

20 do that and no one was stepping in to do it?

21 A. I read that very clearly, that was my interpretation of

22 the information.

23 Q. Putting aside MAPPA, in your experience, would the

24 council have any role in carrying out that risk

25 assessment?

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1 Q. There were indications that AR, for example, might have

2 autism before -- months before -- January 2020.

3 A. Yes.

4 Q. From the papers you've reviewed, did you identify any

5 moment where it appeared to you that that was the sort

6 of moment where Lancashire would normally see an EHCP

7 being opened?

8 A. So I haven't seen the detailed information about the

9 information which was submitted in terms of respect of

10 the request for an EHCP assessment. My understanding of

11 it is that EHCPs are requested at different points in

12 time, for lots of different children, for various

13 different reasons, and it may be, you know, that at the

14 point of exclusion, somebody decides that their special

15 educational needs are such that they need an EHCP.

16 I wouldn't want to make a sweeping statement about

17 whether it was appropriate or not because I think you

18 need to be sighted on all the information in front of

19 you at that point in time to be able to make that

20 judgement.

21 Q. Thank you, we will ask the question of other witnesses.

22 The 2020 EHCP of August stated that the educational

23 placement was to be a local authority maintained

24 secondary school, correct?

25 A. Correct, yes.

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1 Q. There was also, I think, a statutory resumption of
 2 mainstream schooling for an EHCP --
 3 A. Yes.
 4 Q. -- and that was also at the request of AR's parents and
 5 we've seen the statute around that?
 6 A. Yes.
 7 Q. We've also seen the statutory guidance which said that
 8 the council is not obliged to provide the school that is
 9 requested by the parent where the school named is
 10 a school or other institution that's unsuitable for the
 11 age, ability, amplitude or special education needs of
 12 the child or young person concerned.
 13 AR being excluded for carrying the knife, I think
 14 you've acknowledged that, in those circumstances, it is
 15 very difficult for a student to go back into mainstream
 16 schooling.
 17 It's been suggested by Ms Hodson that he wouldn't
 18 have been accepted. In those circumstances where the
 19 EHCP was going to make a recommendation for a schooling
 20 which was unlikely to come to pass, shouldn't those at
 21 Lancashire County Council looking at this have stepped
 22 in and said it wasn't a suitable placement?
 23 A. Yes, potentially and the law is such that, if a school
 24 or we decide that the school is unsuitable for the
 25 special educational needs, age and aptitude of the

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1 Presfield High School and that was started in April
 2 2021?
 3 A. Yes.
 4 Q. The consequence of the EHCP naming a mainstream school
 5 when that was unlikely meant that AR was at the Acorns
 6 for much longer than he should have been; do you agree?
 7 A. So I do agree from what I have read from the
 8 documentation. I think not having seen the pupil in
 9 school and, you know, not being the headteacher offering
 10 that information up to the local authority about what's
 11 suitable at that point in time, I think it would be
 12 wrong of me to make an absolute judgement about it.
 13 But the to-ing and fro-ing of EHCPs, which school is
 14 most appropriate, is common in the system and, you know,
 15 parental preference -- we have to listen to parental
 16 preference as well, we have to listen to lots of
 17 professionals. So it wouldn't be uncommon but
 18 I absolutely take your point that an earlier provision
 19 in a specialist provision may have benefited.
 20 Q. Of course, between that 2020 and 2021, LCC had the
 21 obligation under the EHCP to find a place in mainstream
 22 school. Correct me if I'm wrong but, looking at the
 23 chronology, I can't see much evidence of that actually
 24 taking place; is that right?
 25 A. In terms of finding a placement within a mainstream

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1 child, or it's not a good use of public resources to
 2 send the child to that school, parents can still request
 3 that and we would then go through mediation and/or to
 4 tribunal if we disagreed at that point in time. So it's
 5 always a delicate balancing act between what parents
 6 want, what we think is right, what they are able to
 7 request in law and what the tribunal may or may not
 8 uphold. That's pure speculation.

9 I wasn't sighted on the information which was used
 10 to make that decision about the recommendation at that
 11 panel, which they would have done, as to why mainstream
 12 was most suitable. What we go off when we're making
 13 a recommendation is all the advice that comes in from
 14 the school, from health professionals, social care
 15 professionals, and so on and so forth, and make
 16 a decision. I go back to my point as well that there
 17 are children who are successfully placed in mainstream
 18 schools with significant factors in their lives and some
 19 are successful, others are not.

20 Q. If we play it forward, what happened was that,
 21 eventually, in late 2021, so a year and a third or so
 22 afterwards, the conclusion was changed that AR should
 23 move to a special school --

24 A. Yes.

25 Q. -- and, following that, a placement was found at

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1 school, so I think the obligation is dual. So the
 2 obligation falls upon parents as well to -- they are
 3 entitled to -- any parent or parents or guardians are
 4 entitled to apply for any school place at any time
 5 during the educational career of that young person. We
 6 would be seeking a placement for them but, equally,
 7 parents could request a placement at a school as well,
 8 which, outside of the EHCP process, would just navigate
 9 the standard admissions process.
 10 Q. Again, perhaps differentiating practice with what was
 11 required under the statutory guidance, there was
 12 an obligation on the council, wasn't there, to find that
 13 mainstream schooling?
 14 A. There is an obligation placed upon the council to ensure
 15 the child is attending -- has an education and the
 16 education, if they're attending a school, should be
 17 full-time.
 18 Q. Sorry, under the EHCP?
 19 A. Oh, under the EHCP?
 20 Q. Yes.
 21 A. So there's a requirement for us to find an education
 22 placement for that child which is suitable for that
 23 child's special educational needs and disabilities. The
 24 presumption in law is mainstream but we would find
 25 a place that's suitable.

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1 Q. Sorry, the EHCP said that the provision was going to be
2 a mainstream school?
3 A. But we would consult with all mainstream settings until
4 we found a suitable placement and, if no mainstream
5 setting said that they felt that they could meet the
6 need of the child then we'd have to search further
7 afield or direct that school to admit.
8 Q. Have you been able to find any evidence that that
9 actually happened?
10 A. No, I haven't seen any.
11 Q. Can we have up, please, Ms Hodson's statement, it's
12 LCC001773. It's page 77, paragraph 292.
13 She says that she recognised that they are not
14 a special school and:
15 "It was clear, right from the very beginning, that
16 [AR] was extremely unusual and we were not the right
17 setting. This was discussed at the Forensic CAMHS
18 meeting on 21 January 2020. They agreed that he needed
19 a specialist setting but said, 'You've been left holding
20 the baby'. That's exactly how it felt. That it took
21 from January 2020 until January 2022 to find
22 a specialist provision (delayed because of the parental
23 preference for mainstream education) highlights
24 a shortcoming in the EHCP process. There was a dearth
25 of available guidance, policy or support for how to deal
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1 them, more suitability of them at that time.
2 Q. One other final issue with the EHCP is that the extent
3 to which it passed on risk information about AR. So,
4 Ms Hodson talks about the EHCP being -- risk information
5 being taken out because AR's father -- and also, she
6 says, with the intervention of CAMHS staff -- wanted
7 sort of concerning language, for example use of the word
8 "sinister", about AR taken out of the EHCP, and she says
9 that that is what happened.
10 On the other side of things, Ms McLoughlin of
11 Presfield School says that Presfield wouldn't have
12 accepted AR if it had known about the risk that he
13 presented. You must agree that it was an unsatisfactory
14 outcome that AR was eventually placed in a specialist
15 school but one which didn't deem him as suitable.
16 To what extent should LCC have ensured that the EHCP
17 gave a full picture of AR's risk?
18 A. So I thought about this long and hard because the SEND
19 Code of Practice details, what should be in an EHCP,
20 it's very specific about it, and I looked for where you
21 would include that level of concern about risk in
22 an Education, Health and Care Plan. It's definitely not
23 in the Special Educational Needs and Disability Code of
24 Practice specifically as a phrase. The sections it
25 would go in would be the first section about the young
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1 with a situation like [AR] ... We wouldn't have foreseen
2 [an] attack ..."
3 You must find that characterisation quite
4 concerning; do you agree?
5 A. Yes, I do and I think the process around finding
6 suitable placements for children with an EHCP is very
7 difficult.
8 Q. If the matter had been grasped and progressed,
9 alternative provisions could have been, for example,
10 specialist schooling at an earlier stage than January
11 2022, correct?
12 A. Possibly.
13 Q. Tutoring?
14 A. Yes.
15 Q. What other provisions could have been put in place?
16 A. We have a range of available options, as in we could
17 find a maintained special school, we can find
18 an independent special school, we can commission
19 tutoring or we could commission an alternative provision
20 setting, which is not a PRU and not a special school,
21 and then we can provide online education, we can provide
22 a whole range of different educational options today, so
23 in my working today, we have a range of different
24 things, so there is a wide spectrum of things which
25 could be provided. The issue there is availability of
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1 person or potentially in the social care or health
2 sections.
3 I think the oversight, really, is that, in the
4 passing of the EHCP to settings, without supporting
5 safeguarding information, you can't make a rounded
6 decision about the ability of that school to meet that
7 child's needs, if you're not sighted on absolutely
8 everything. So, given that it's not in the SEND Code of
9 Practice in detail, so it's not laid out about that high
10 level of risk, I think that is a gap.
11 But I also think we do rely upon people to share
12 safeguarding information confidentially, for the
13 benefits of safeguarding children in general. So
14 I don't believe that an EHCP was going to be a vehicle
15 for that but I do believe there should have been
16 a wraparound composite of information around the EHCP or
17 at least a conversation to be able to let people know
18 the level of concern, for people to be able to make
19 a considered decision. I have thought long and hard
20 about that legislation and whether it was appropriate
21 for it to be in the EHCP because the purpose of an EHCP
22 is about educational provision, so I get both sides of
23 it. But in terms of striking information out of the
24 EHCP, there is guidance in the SEND Code of Practice
25 about -- with the consent of parents around things such
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1 as social care information as well being shared in
 2 an EHCP. So I think it is very difficult but I think it
 3 is a gap.
 4 **Q.** The sort of logical conclusion is, well, if there's
 5 a gap or if it's not in the EHCP, where should it be?
 6 I think Ms McLoughlin talks about the fact that the
 7 safeguarding information would actually come at a later
 8 stage, normally after the place has been offered?
 9 **A.** Yes.
 10 **Q.** But should there not be a provision for a school to
 11 understand the risk that a pupil presents before they
 12 make that offer?
 13 **A.** Yes.
 14 **Q.** Just think about the EHCP, is it not an important
 15 feature of how someone is to be educated, if they can't,
 16 for example, be in a classroom with other pupils?
 17 **A.** No, it is, yeah, and I think there's nothing, as far as
 18 I can see in the law, as well, which precludes one
 19 safeguarding professional speaking to another, as part
 20 of that whole process. I haven't been able to find that
 21 as a notion, that you shouldn't share that information.
 22 I think the legislation actually says the opposite, that
 23 you should be able to share safeguarding information
 24 confidentially for those particular reasons. So,
 25 whether it had been in the EHCP or not, I don't think it

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1 **A.** Absolutely.
 2 **Q.** Would you agree that, in reality, nothing of substance
 3 actually seemed to come back from the council to help
 4 with this problem?
 5 **A.** I agree.
 6 **Q.** From page 16 -- and I think the third bullet point from
 7 the bottom -- you go through a series of issues, which
 8 I think are taken from the rapid review in the way that
 9 the council handled AR's placement at Presfield. You
 10 talk about January 2023, no alternative provisions were
 11 explored; it was felt Presfield had not provided good
 12 enough evidence that they were unable to meet the need;
 13 it was noted that, as AR was not on the roll, he may not
 14 have been treated as much as a priority; the learning
 15 was that if AR was not attending, further placements
 16 should have been sought?
 17 **A.** I agree.
 18 **Q.** Underlying that, was there a kind of misconception by
 19 council staff that because AR was not of compulsory
 20 school age, there wasn't an obligation to provide
 21 educational provision?
 22 **A.** Well, it's possible but I'd be presuming that because
 23 I wasn't the decision-maker at that point in time.
 24 I think it's fair to say that we should have put more in
 25 place or more consideration around alternatives at that

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1 would be unfair to expect somebody to have had those
 2 conversations, but I wasn't having those conversations
 3 and I don't know whether those conversations took place
 4 or not.
 5 **Q.** Moving on to Presfield School. AR turned 16 in August
 6 2020. From that point, the council's obligations around
 7 the compulsory school obligation ceased, give or take
 8 the school terms. The council still had the statutory
 9 obligation to comply with the requirements of the EHCP?
 10 **A.** That's correct, yes.
 11 **Q.** Could we have up, please, your statement at page 16.
 12 There is quite a lot of correspondence which underlies
 13 this, which we'll probably pick up with Ms Smith
 14 tomorrow.
 15 But you will have seen, particularly in putting
 16 together your chronology, that there was a series of
 17 correspondence from 2022 onwards from Presfield School
 18 to the council, and do I characterise this fairly,
 19 Presfield School were saying, in quite strong terms,
 20 firstly, that AR wasn't engaging and wasn't attending?
 21 **A.** Yes.
 22 **Q.** Secondly, seeking the assistance of the council to carry
 23 out visits. Would you agree that they were frustrated
 24 with the responses that they received back from the
 25 council?

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1 point in time. Everything around an EHCP is done
 2 through a process of review. So we should have been
 3 reviewing the EHCP as to whether it was still suitable
 4 and whether the placement was still suitable at that
 5 time.
 6 **Q.** Again, in this period of time, there was actual
 7 confusion, wasn't there, as to whether AR was on the
 8 roll for Presfield or not?
 9 **A.** Absolutely.
 10 **Q.** Again, would you agree that that is a most
 11 unsatisfactory place to be in --
 12 **A.** Absolutely.
 13 **Q.** -- where it's not known whether a pupil is on the roll
 14 of a school or not?
 15 **A.** Totally agree.
 16 **Q.** There was a disagreement between the two parties,
 17 Presfield and the council, as to whether that was, in
 18 fact, the case and the council asked, or forced, is this
 19 right, Presfield to take AR back on the roll?
 20 **A.** My understanding is that that was the request which was
 21 made, that the education should be provided. If
 22 a school is named in -- school or college is named in
 23 an EHCP it is named until that placement is changed or
 24 that EHCP ceases, and that's the nature of it. I'm not
 25 saying that they shouldn't have reviewed that, if the

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1 college was saying that they couldn't meet the needs of
 2 the pupil. I think that should have been the case, that
 3 we should have done a review, looked at everything in
 4 the round again, compiled more information and looked
 5 for alternative placements. Whether an alternative
 6 placement or provision would have been possible or
 7 available or right at the time, I can't say, but I think
 8 that's what should have happened at that point in time.
 9 Q. Just thinking about visits. It doesn't appear that the
 10 council had any ability to carry out visits at all at
 11 that time; is that right?
 12 A. No, that's true.
 13 Q. We see that, actually, workers from Sefton Council
 14 carried out a visit, even though it wasn't their
 15 obligation to do so?
 16 A. That is correct.
 17 Q. Why is it Sefton was able to provide that service and
 18 Lancashire wasn't?
 19 A. I'm speculating again, but my current understanding of
 20 the staffing at that point in time was there was very
 21 few people in the attendance team at Lancashire County
 22 Council. It is still a very, very small team for
 23 a large county.
 24 Q. We perhaps see that in the wording of Ms McLoughlin in
 25 her statement, where she says:

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1 a lack of resource and lack of people available to do
 2 annual review processes and to work alongside the
 3 professionals who were educating those children to make
 4 sure that it was appropriate. Within the SEND
 5 inspection reports from Ofsted, there is significant
 6 backlog of annual reviews in EHCP applications. So,
 7 regrettably, having looked at the information, I think
 8 that was down to a lack of resource and a significant
 9 increase in work for that workforce available at that
 10 time.
 11 Q. Was there also a lack of professional grip, though, by
 12 those that were working and had oversight of the case?
 13 A. I don't think I can say that without seeing more
 14 information than I've seen about those conversations
 15 and, actually, I haven't spoken to those individual
 16 workers about what was happening at that time.
 17 Q. You have looked back at the correspondence --
 18 A. Yes.
 19 Q. -- and you will have seen fragmented responses, whereby
 20 the school had passed onto another team within the
 21 council, or there is no response to an email simply
 22 because someone appears to have left their role and
 23 perhaps not provided a redirecting address.
 24 A. Yes.
 25 Q. I understand staff may have been overfaced but wasn't

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1 "In my view, the support from Lancashire County
 2 Council was virtually non-existent and they did not
 3 attend [AR's] case annual reviews."
 4 Do you recognise that characterisation?
 5 A. I recognise that, yes.
 6 Q. The upshot of that was that there was a further two-year
 7 period where AR had next to no educational provision,
 8 correct?
 9 A. Correct.
 10 Q. So he had no purposeful activity in that time, at least
 11 from an educational perspective?
 12 A. That's what I can ascertain from the information.
 13 Q. Again, you will have ascertained that he became
 14 increasingly isolated in this period, correct?
 15 A. Correct, yes.
 16 Q. Of course, he was, during that period, left spending
 17 large amounts of time online?
 18 A. Correct.
 19 Q. Are you able to help us with how that could have come to
 20 happen? I know you've said lack of resources --
 21 A. In terms of being without an education for a long period
 22 of time without somebody determining that something
 23 different needed to be done?
 24 Q. Yes.
 25 A. I think I've highlighted in my evidence, haven't I,

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1 there a fundamental issue here?
 2 A. I don't disagree with you at all. I think the nature of
 3 the circumstances could have been different, could have
 4 been better, and I think, if we were to think about what
 5 could have been provided, which wasn't provided, then
 6 there could have been a different educational provision
 7 in place.
 8 Q. Can we talk about that then, please, what alternatives
 9 were available?
 10 A. I think this is where it becomes quite difficult
 11 because, as I said, in Lancashire we have 29 or so
 12 special schools. So we have a significant minority of
 13 provisions in Lancashire, which are special schools. We
 14 have to use significant independent special school
 15 places. So we spend over £50 million a year on
 16 independent special school places for children in
 17 Lancashire. Obviously, we've got the Pupil Referral
 18 Units, which we could have used; then online tutoring;
 19 one-to-one tutoring; and alternative provisions.
 20 The likelihood is it would have been extremely
 21 difficult to find something within reasonable travel
 22 distance suitable to the level of educational need and
 23 special educational need, which was not something which
 24 we call education other than at school, which I think,
 25 from my reading, would have been wholly unsatisfactory

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1 at that point in time, to put in place, an online
 2 education.
 3 My current working is it's very difficult to find
 4 a very specialist provision outside of special schools.
 5 The nature of it is that there's high demand for all of
 6 the special school places. Some would have been wholly
 7 unsuitable and some would have been very far away. To
 8 travel from one part of Lancashire up to the top part of
 9 Lancashire is going to take up to 90 minutes to 2 hours
 10 to get there, so we've got a big breadth as well, across
 11 the width of the county and into other local authority
 12 areas. So, in an ideal world, we would have been able
 13 to find something but my daily lived experience is great
 14 difficulty finding suitable educational placements.
 15 **Q.** So it's hard to know what should have been offered
 16 exactly at the time --
 17 **A.** Yes.
 18 **Q.** -- and what the response would have been if it had been
 19 offered but there were options that were available,
 20 there would have been options --
 21 **A.** There would have been options.
 22 **Q.** -- correct?
 23 **A.** There would have been options available at the time.
 24 **Q.** It's possible, isn't it, that some of those options
 25 would have certainly reduced the isolation that AR had

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1 action plan, to put in place those things which were
 2 deemed to be significant failures at the inspection of
 3 December 2024.
 4 **MR BOYLE:** Thank you, Mr Turner. Those are my questions.
 5 I'll just look to see if anyone else has any?
 6 **SIR ADRIAN FULFORD:** That was a lot of evidence, Mr Turner.
 7 Thank you very much indeed.
 8 **A.** Thank you.
 9 **SIR ADRIAN FULFORD:** You are now free to go.
 10 **A.** Thank you.
 11 **MR BOYLE:** Sir, the next witness is Mr McGarry. I'm not
 12 sure that we might need to rise to swap them.
 13 **SIR ADRIAN FULFORD:** It would probably be merciful to the
 14 stenographer.
 15 **MR BOYLE:** Oh yes, you're quite right. We're probably at
 16 the right time anyway.
 17 **SIR ADRIAN FULFORD:** I will sit again at 3.25 pm.
 18 (3.14 pm)
 19 (A short break)
 20 (3.25 pm)
 21 **MICHAEL MCGARRY (sworn)**
 22 **Questioned by MR BOYLE**
 23 **SIR ADRIAN FULFORD:** Thank you very much. Please have
 24 a seat.
 25 Mr Boyle.

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1 at this time?
 2 **A.** That's absolutely possible, yes.
 3 **Q.** You set out your reflections at paragraph 19 of your
 4 statement and you refer to live school attendance data,
 5 which the council has, correct?
 6 **A.** Yes.
 7 **Q.** Staffing levels have been improved; is that right?
 8 **A.** So there's approximately 50 per cent more people in the
 9 SEND team than there was when I started in February
 10 2024. The Children Missing Education teams and Elective
 11 Home Education teams have still got small numbers of
 12 staff in them but they've got double the number of
 13 staff, albeit starting from a very low base point, so we
 14 have invested quite heavily in staffing in Lancashire
 15 County Council.
 16 Do we need more staff? Categorically we do because
 17 the level of need has grown exponentially but we have
 18 invested in new systems and processes and practices.
 19 I'm a relatively new leader to the local authority and
 20 have brought some different ways of doing things. So in
 21 terms of better data, more oversight, more people in the
 22 system, it's definitely developing, I wouldn't say it
 23 was perfect at all and, going back to your point about
 24 the improvement board, that's overseen by an independent
 25 children and the DfE, against what's called a priority

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1 **MR BOYLE:** Could you give your full name, please?
 2 **A.** Michael McGarry.
 3 **Q.** Thank you. You are headteacher at the Range High School
 4 in Formby; is that right?
 5 **A.** At Range High School, yes?
 6 **Q.** Thank you very much. Could we have up, please,
 7 RAN000039. Do you recognise that as your statement?
 8 **A.** I do.
 9 **Q.** Thank you. We see the date of 19 August 2025. Is it
 10 true to the best of your knowledge and belief?
 11 **A.** It is.
 12 **Q.** Thank you. You've also provided a statement to the
 13 police, following the 2019 hockey stick incident that
 14 we'll come to, which is MERP002902, and also a statement
 15 to the police after the 2024 attack, which is RAN000026,
 16 and you have been able to review those before giving
 17 your evidence?
 18 **A.** Yes.
 19 **Q.** You happy that those are true to the best of your
 20 knowledge and belief?
 21 **A.** Yes.
 22 **Q.** I understand there was something you wanted to say?
 23 **A.** I just want to begin by expressing my condolences,
 24 especially to the families of Elsie, to Alice and to
 25 Bebe and also to express sympathies to all children who

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1 were affected and families affected by the tragic
 2 events.
 3 **SIR ADRIAN FULFORD:** Thank you very much.
 4 **MR BOYLE:** Mr McGarry, before you became headteacher at the
 5 Range High School, you were associate principal at the
 6 Belvedere Academy in Liverpool for 11 years and Deputy
 7 Headteacher at Fred Longworth in Wigan for five years;
 8 is that right?
 9 **A.** That's correct.
 10 **Q.** You were appointed headteacher of the Range High School
 11 in September 2019?
 12 **A.** That's correct.
 13 **Q.** The Range has, you tell us, 1,100 pupils aged 11 to 19?
 14 **A.** Yes.
 15 **Q.** In terms of the type of pupil, if I can put it that way,
 16 on the roll, does the range have any sort of specialism
 17 in terms of the pupils that it takes on?
 18 **A.** No.
 19 **Q.** So, in terms of pupils with special educational needs,
 20 for example, is there any sort of specialism in that
 21 respect?
 22 **A.** No specialism. We do have children who have special
 23 educational needs, some of whom have a statement or
 24 an EHCP but there is no specialism in that area; we're
 25 a mainstream school.

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1 been passed to them. There was also a designated
 2 safeguarding lead appointed, a member of the senior
 3 staff at the time I got there, and they would have been
 4 responsible for the day-to-day safeguarding matters as
 5 well as myself, ultimately, as the headteacher of the
 6 school as well.
 7 **Q.** So we'll come, of course, to Mr Cregeen's evidence as
 8 designated safeguard lead but do I understand your
 9 evidence that is it the house log that recorded
 10 safeguarding information?
 11 **A.** Yes.
 12 **Q.** AR's behaviour in years 7 and 8: so AR enrolled as
 13 a year 7 pupil on 4 September 2017, so before your time,
 14 correct?
 15 **A.** Correct.
 16 **Q.** But you have been able to review his records and also
 17 speak to your colleagues about his time at the school?
 18 **A.** Yes.
 19 **Q.** You tell us at your paragraph 12 that his attendance
 20 remained excellent throughout; is that right?
 21 **A.** 98 per cent in year 7 and approximately 95 per cent in
 22 year 8, which are very good figures.
 23 **Q.** We'll look perhaps at the various incidents with Mr
 24 Cregeen but, until October 2019, his behaviour hadn't
 25 triggered any suspensions or exclusions, correct?

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1 **Q.** When you took over in September 2019, what was your
 2 impression of how the school was running; were there any
 3 issues that arose quickly on your desk?
 4 **A.** Yes, I had been aware of the school. The school had had
 5 an Ofsted inspection in 2018 and there had been some
 6 issues identified by Ofsted at the time. So I was
 7 aware, as the new headteacher, what my main tasks were
 8 in trying to drive an improvement agenda across the
 9 school. It was around -- there were some relationship
 10 issues among some of the older students and some other
 11 systemic things around teaching and learning that needed
 12 some careful work as well.
 13 **Q.** In terms of the issues that we'll come to for AR, were
 14 any of those wrapped up in that Ofsted assessment?
 15 **A.** Not particularly, no.
 16 **Q.** In terms of systems that were in place for safeguarding,
 17 how did you assess those when you joined in September
 18 2019?
 19 **A.** Good, fine and, even with the 2018 report, Ofsted in
 20 that report were critical of certain areas but
 21 safeguarding certainly wasn't one of them.
 22 **Q.** How was safeguarding information recorded at that time?
 23 **A.** Through a safeguarding log. There were pastoral leads
 24 at the school. There was a house-based system at the
 25 school at that time and safeguarding concerns would have

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1 **A.** That's correct.
 2 **Q.** You say he could be distracted and received detentions
 3 but that wasn't out of the ordinary?
 4 **A.** Correct.
 5 **Q.** There is a reference in the papers, which I think you
 6 acknowledge at your paragraph 75, to AR being verbally
 7 bullied in April 2019. I think you say that that
 8 appeared to be an isolated incident; is that right?
 9 **A.** Yes.
 10 **Q.** You also go on to say that no concerns over bullying
 11 were raised with the school from AR, his parents or
 12 others, prior to September 2019, perhaps with that
 13 absence?
 14 **A.** To the best of my knowledge, yes.
 15 **Q.** Is this right, from what you have read, none of AR's
 16 behaviour suggested that he was being bullied?
 17 **A.** Correct.
 18 **Q.** There was an incident in June 2019 where AR made
 19 comments about Jihad and referred to the Manchester
 20 Arena bombing as a "good battle". That happened again
 21 before your time but you've been able to read or find
 22 out about that; is that right?
 23 **A.** That's correct.
 24 **Q.** Your explanation at paragraph 20 is that, as an isolated
 25 incident with no other factors causing concern, you

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1 would not necessarily have expected further action to be
 2 taken; is that right?
 3 **A.** That's correct, yes.
 4 **Q.** Do you agree that that was a worrying comment,
 5 regardless?
 6 **A.** In the context of it being an isolated incident, no.
 7 Children will at times -- especially children of
 8 a younger age can say things, sometimes for attention,
 9 you know, they've heard something on the television,
 10 something from the internet and, as long as there isn't
 11 a pattern that's starting to emerge of behaviour and
 12 comments like that, it's -- you know, it should be dealt
 13 with and, even as an isolated incident, it should be
 14 dealt with but, unless a pattern develops, it's not
 15 really something that would raise too many red flags.
 16 **Q.** That wasn't, I think, recorded at the time that it
 17 happened, I'm just going to come onto some other records
 18 but we might come back to that.
 19 Before I ask you about year 9, can I just ask you
 20 about internet usage at the Range, please. The school
 21 had, I think, acceptable use policies and e-safety
 22 policies, correct?
 23 **A.** That's correct.
 24 **Q.** You tell us at your paragraph 49 and onwards about
 25 software that was used at the Range and, is this right,

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1 student during an English class; and another where he
 2 made the comment, "That's why teachers get murdered",
 3 during a detention? We'll pick up those incidents with
 4 Mr Cregeen. I think you say that you first became aware
 5 of AR's adverse behaviour in October 2019; is that
 6 right?
 7 **A.** That's correct.
 8 **Q.** So those September incidents hadn't been enough to come
 9 onto your desk?
 10 **A.** No, not at that time because of his previous record, as
 11 well.
 12 **Q.** You describe what you call a marked and rapid escalation
 13 in AR's behaviour in October 2019 at paragraph 15,
 14 correct?
 15 **A.** Correct.
 16 **Q.** So, on 7 October, there was a fight in an English lesson
 17 with another student?
 18 **A.** That's right.
 19 **Q.** I think you might have been off from school but you
 20 received a call and you asked for both boys to be sent
 21 home to investigate what happened; is that right?
 22 **A.** Yes.
 23 **Q.** Presumably the incident must have been relatively
 24 significant for you to be put on notice and send both
 25 boys home?

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1 it was in place at the time that you joined?
 2 **A.** The Impero software, yes, it was.
 3 **Q.** Is this right, it allowed the teacher to monitor and
 4 control students as they used computers?
 5 **A.** That's correct, yes.
 6 **Q.** So, in addition, devices were monitored in real time for
 7 the words and phrase typed; is that right?
 8 **A.** That's correct.
 9 **Q.** So if a violation was flagged, in other words
 10 an inappropriate phrase seemed to be typed, the IT team
 11 would check the screenshot to see whether it was
 12 actually a concerning thing that was typed?
 13 **A.** That's correct, yes.
 14 **Q.** If that did happen, it was to be raised with the head of
 15 house and the safeguarding lead, correct?
 16 **A.** Correct.
 17 **Q.** Is this right, the system now in place uses an AI
 18 evaluation of things that have been typed?
 19 **A.** Yes.
 20 **Q.** You tell us that there weren't any reports flagging AR's
 21 use whilst he was at the Range?
 22 **A.** That's correct.
 23 **Q.** Thank you.
 24 Moving on to year 9, I think there were two
 25 incidents in September 2019: one where AR hit another

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1 **A.** Yes.
 2 **Q.** Are you able to remember anything more about it?
 3 **A.** Well, it would be very unusual for a fight between two
 4 boys to take place in the classroom environment, where
 5 there is an adult there teaching the class, and when
 6 I took the phone call and it had appeared that it was
 7 serious, it was quite serious, and I was concerned to
 8 get the two boys off the school premises, to make the
 9 parents aware as soon as possible that we would be
 10 investigating it, and I was concerned for their safety
 11 and that's why I wanted them sent home as soon as
 12 possible.
 13 **Q.** We mentioned that the June 2019 Manchester Arena
 14 comments weren't recorded on the house log and I think
 15 it's right this incident wasn't recorded either. Is
 16 this right that it's a requirement for safeguarding
 17 information to be recorded in writing under the keeping
 18 children safe in education guidance?
 19 **A.** That's correct, yes.
 20 **Q.** So, these incidents should have been recorded; is that
 21 right?
 22 **A.** Yes, the June '19 incident, there was a different DSL in
 23 place at the time, who had retired that summer. So I'm
 24 assuming that she would have been in receipt of that
 25 information and would have dealt with it but it wasn't

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1 on the record at the time. We subsequently came into
 2 that knowledge a bit later on because the teacher
 3 reported it again when the incident with AR took place
 4 in the school, and that's when the current -- who was
 5 then the current DSL logged it on the register then.
 6 **Q.** So Mr Cregeen's predecessor knew that AR had come into
 7 the school with a hockey stick and that prompted the
 8 issue to be raised with school staff?
 9 **A.** Yes, the teacher who had originally raised it with the
 10 DSL who was in post in June '19, that would have been
 11 down to that person to log it. Why it wasn't logged,
 12 I don't know. They since had retired but when the
 13 incident happened with the hockey stick, the teacher
 14 came forward again to say, "I had asked for this to be
 15 recorded".
 16 **Q.** I think it's the RE teacher?
 17 **A.** Yes, the RE teacher, that's right.
 18 **Q.** Were you aware of any substantive issues with record
 19 keeping when you took over?
 20 **A.** Not -- we had -- the school had introduced -- following
 21 the Ofsted 2018 report, had introduced several new
 22 behaviour systems and had introduced a new system called
 23 Class Charts, which was an electronic system and rather
 24 than it being a series of four different house logs of
 25 things being recorded on a spreadsheet, it was a much
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1 is this right, you asked for AR and his parents to
 2 attend the school the next day to investigate that
 3 police report?
 4 **A.** That's correct.
 5 **Q.** You weren't present the next day but, is this right, AR
 6 attended with his father?
 7 **A.** That's correct.
 8 **Q.** You subsequently learnt that AR had brought in the knife
 9 and he said it was to stab someone because he was tired
 10 of being pushed around, correct?
 11 **A.** Correct.
 12 **Q.** The next day, so 9 October, you made the decision to
 13 permanently exclude AR, on the basis of this report, and
 14 the fight in the classroom?
 15 **A.** The fight in the classroom, no. Much, much lower level
 16 tariff would have been in terms of, you know, a sanction
 17 put in place if it was just that. The permanent
 18 exclusion was solely down to the fact that he admitted
 19 to bringing a knife a number of times into school and
 20 potentially would have used it.
 21 **Q.** Thank you. Just before we pull up the letter, could we
 22 just go to page 5 of your statement, paragraph 25.
 23 Sorry, I did say I would come back to the point
 24 about the recording. It is paragraph 25, you talk about
 25 the 7 October fight and you say you were aware that the
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1 more sophisticated system to allow sharing of
 2 information across the school much easier.
 3 **Q.** But is this right, was that system in place after the
 4 events that we are talking about?
 5 **A.** Yes.
 6 **Q.** So the system is now improved at the time there clearly
 7 was the possibility of oversight?
 8 **A.** For that June '19 recorded incident, yes.
 9 **Q.** The September incident as well?
 10 **A.** The September incident was recorded on his log.
 11 **Q.** At the time?
 12 **A.** To my knowledge, yes.
 13 **Q.** We might come back to that?
 14 **A.** Okay.
 15 **Q.** That evening, Mr Cregeen was contacted by PC McNamee
 16 stating that:
 17 "The school had received an email from Lancashire
 18 Police, notifying us that they had visited AR, following
 19 a knife crime concern reported to them by Childline."
 20 Correct?
 21 **A.** That's correct.
 22 **Q.** That was forwarded to you that evening and I think
 23 Mr Cregeen called you as well; is that right?
 24 **A.** That's correct, yes.
 25 **Q.** AR was already temporarily excluded at that stage and,
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1 incident is not recorded in the house log; do you see
 2 that there?
 3 **A.** So this isn't the September incident. This is referring
 4 to the --
 5 **Q.** Sorry, do I have the wrong date?
 6 **A.** Okay.
 7 **Q.** Could we have up, please, MERP001170.
 8 Could we look at the first substantive paragraph,
 9 please, of the letter. This is your letter to AR's
 10 parents, communicating your decision to exclude. You
 11 recognise that that might be upsetting for AR and the
 12 family but you say the decision hasn't been taken
 13 lightly, excluded due to the fact that he admitted being
 14 in possession of a knife over a prolonged period. He
 15 also claimed that he was quite willing to use it, if he
 16 thought it necessary:
 17 "I deem this completely unacceptable when
 18 considering the safety of [AR] and all other members of
 19 the school community."
 20 Correct?
 21 **A.** Correct.
 22 **Q.** In terms of exclusion decisions that you have made,
 23 where did this sit in the Range? Was it a difficult
 24 decision?
 25 **A.** It's always a difficult decision to come to the
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1 conclusion that you need to permanently exclude any
 2 child but in going through very carefully the guidance
 3 that's laid out to schools and headteachers, I found the
 4 actions extremely dangerous and I was not willing at all
 5 to take any risk for him but most of all for the rest of
 6 the school community.

7 **Q.** AR had the right to appeal that decision to a governing
 8 board meeting; is that correct?

9 **A.** That's correct.

10 **Q.** He took that or his family took that opportunity?

11 **A.** They did.

12 **Q.** You may not have seen this at the time but, before that
 13 hearing AR's father, Alphonse R, wrote to PC McNamee who
 14 handled the Childline call investigation, and can we
 15 have up that email, please. It's LANC000069 and page 2.
 16 We have here the email. If we could perhaps just
 17 highlight -- do you see the middle paragraph:

18 "As the logic can tell, [AR] knew that what he was
 19 doing was wrong but he also knew that the school was
 20 relaxed about fightings, intimidation, a really gang
 21 culture among students in the school. One must be
 22 terrified to carry a weapon knowing that it is extremely
 23 dangerous. However, he deserves credit to have reported
 24 himself to carry knife. And with it a second chance to
 25 stay at the school if he wishes to. He is a good boy.

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1 paragraph. So what Dion R says is:
 2 "[He wonders] whether the school tried to make
 3 an example of [AR] when they expelled him, rather than
 4 supporting him or trying to understand his situation.
 5 I say this because Range High School had received poor
 6 Ofsted ratings in December 2018 and there was a new
 7 headteacher, Mr McGarry, who started in September 2019,
 8 who, it was understood, was trying to crack down on bad
 9 behaviour including the carrying of knives, which
 10 I understood from friends was pretty common at our
 11 school."

12 Just pausing there, just on whether it was common to
 13 carry knives at school. Was that --

14 **A.** Absolutely not.

15 **Q.** "However, I understood that, typically, if someone was
 16 caught carrying a knife, they got a detention or
 17 suspension. I did not know of anyone who had been
 18 expelled for that before my brother."

19 Are you able to comment on --

20 **A.** I had been appointed in -- obviously, prior to September
 21 as the new headteacher, and I had visited the school on
 22 several occasions, spoke to the then current
 23 headteacher. No one had ever mentioned at any time
 24 there was a problem with the school with a knife
 25 culture, students -- I wasn't aware of anyone who had

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1 I know him."

2 He goes on to refer to a bullying culture and says
 3 that the school has taken the shortcut option of
 4 punishing the victim. Do you recognise that
 5 characterisation of the school from Alphonse R?

6 **A.** I absolutely do not. As I still am, I walked around
 7 school on a daily basis then, throughout the day,
 8 visiting lessons, out at lunchtime. Every now and again
 9 things were happening in school, still do happen in
 10 school, I certainly don't recognise a gang culture and
 11 I don't know how that could be true because this family
 12 decided to keep their eldest child in the school. He
 13 was there before AR came to the school. He remained in
 14 the school after he had been permanently excluded. He
 15 was also a child who had complex needs and he stayed
 16 right through for his sixth form education and did very
 17 well and went on to one of the country's best
 18 universities.

19 **Q.** Sorry, we don't need --

20 **A.** So I certainly don't recognise --

21 **Q.** Mr McGarry, I just ask you not to provide any further
 22 detail on that. You are referring to Dion R, we have
 23 his statement at IWS000060. Could we have page 6,
 24 paragraph 24.

25 I'm asked to raise with you the contents of this

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1 been put out of the school for carrying a knife, and nor
 2 since has there been anybody suspended, and certainly,
 3 as a headteacher and a senior leader for many years,
 4 a child caught carrying a knife in school, it would not
 5 equate to a detention or a suspension; it would 99 times
 6 out of 100 lead to a permanent exclusion.

7 **Q.** So six years on, there's been no further suspensions for
 8 carrying of knives?

9 **A.** No.

10 **Q.** Sorry. Putting that a bit further: no one has been
 11 found with a knife; is that right?

12 **A.** That's correct.

13 **Q.** If AR had shown remorse for the carrying of knives into
 14 school, would he nevertheless have been excluded; are
 15 you able to say?

16 **A.** I still would have made the decision to permanently
 17 exclude him, yes.

18 **Q.** Can we go, please, to the governors' decision. So
 19 that's at MERP001170, and page 7. So we see here,
 20 I think, the list of attendees, the documentation, and
 21 you give an appraisal and background. Could we go over
 22 the page, please. In your account, you say at the top
 23 bullet point:

24 "AR appeared to show no remorse, regret or emotion,
 25 as if this was a normal, proportionate reaction."

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1 Is that right?

2 A. That was correct, yes.

3 Q. From what you knew, did you question whether he

4 understood the consequences of his actions?

5 A. When he was questioned by my two colleagues, both

6 assistant headteachers, they asked him about that, if he

7 understood it, and to my knowledge he said that he did.

8 Q. Could we look at the bottom third of the page, please:

9 "The Chair invited AR's parents to speak."

10 Have you had the opportunity to look at the account

11 that was given by AR's parents here?

12 A. Yes.

13 Q. In terms of the description of the bullying that they

14 give, did you have any evidence to show that was the

15 case?

16 A. Not in any kind of systematic basis, no. I understood

17 that he was having name calling, verbal abusive

18 incidents with one boy in particular and the school had

19 investigated some of this. There were other incidents

20 that had been investigated but it was always, you

21 know -- he was name calling, they were name calling, it

22 was a bit of tit for tat.

23 Q. In terms of the incidents that had been in September/

24 October, is this right, did AR's father suggest that AR

25 was being bullied around those incidents?

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1 statement. He was subsequently excluded but it was some

2 months after AR had been permanently excluded and it was

3 for an entirely different matter.

4 Q. Thank you. Just looking at the bottom four bullet

5 points on that page, there is, I think, a reference to

6 AR being assessed for ADHD, said to be below the

7 threshold for ADHD. In the next bullet point:

8 "He has seen a counsellor who thinks he has autism

9 spectrum disorder. Mrs Alexander suggested that AR be

10 assessed for ASD. This has not yet been taken place."

11 This is obviously the last stage of AR's days at the

12 school?

13 A. Correct.

14 Q. I think he comes off the roll once this decision is

15 confirmed --

16 A. Yes.

17 Q. -- and has five days before he moves on to the Pupil

18 Referral Unit, correct?

19 A. Correct.

20 Q. Nevertheless, did that information cause any questions

21 to arise for you as to whether the school ought to think

22 about putting in place any kind of assessment for ASD or

23 a special needs assessment to help for the next school?

24 A. Well, for most of year 7, and it was only the back end

25 of year 8 that some of his behaviours were starting to

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1 A. AR's father suggested that, yes.

2 Q. I think you say that you were aware of both AR and the

3 other pupil at the time that these reports came to you,

4 correct?

5 A. Correct.

6 Q. Obviously, without naming or going into personal

7 characteristics of the other pupil, you say that you

8 were concerned that they could have been bullying and

9 you wanted to investigate that?

10 A. Correct.

11 Q. Did you make any progress with that investigation?

12 A. It was really at the point where the fight had happened

13 on the Monday, and that's the point where I felt we

14 really needed deep investigation to look further into

15 these allegations of bullying, but then it was

16 subsequently that evening when it came to light from

17 Childline and the police that the knife had been brought

18 into school.

19 Q. So it was overtaken by events?

20 A. Absolutely.

21 Q. You say in your statement that the other pupil was

22 excluded, was that because the fight had happened or as

23 a result of an investigation into whether there was

24 bullying or not?

25 A. No, sorry. It's probably a tad ambiguous in my

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1 become a little concerning, and my understanding is that

2 that's when parents had discussed with Range the

3 responsibility of assessments. Range, with the

4 Associate SENCO, who is named there, she did the

5 assessment and he was found not to meet the threshold

6 for it. There were other things put in place, the

7 counsellor referred to here is a school counsellor, so

8 that was a Range strategy and then having several

9 sessions with that person, what came out of that was

10 that there was the potential of ASD and that should be

11 investigated further, and then we got into the new

12 academic year and that may have been picked up but

13 obviously other events overtook that.

14 Q. If we go, please, to the bottom third of page 9, we see

15 the reasons for this decision in the bottom list:

16 bringing a knife into school for ten days along with

17 AR's admission that he would have used it to stab; lack

18 of empathy is worrying; admitted that he understood the

19 seriousness of the situation; the safety of other pupils

20 and all school community was compromised; and the risk

21 assessment for all pupils in the school is the primary

22 consideration.

23 Then if we please go over to page 10, we then see

24 the letter that was communicated to AR's parents and, if

25 we look at the inset paragraph in the middle, it says:

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1 "The panel were particularly mindful of the
2 overriding duty to keep safe all members of the school
3 community. Clearly, a situation in which a pupil brings
4 a knife into school and states that he is prepared to
5 use it, compromises his safety and that of the rest of
6 the school community."

7 Is this right, AR's parents had a right to review
8 this decision from an independent panel --

9 A. That's correct.

10 Q. -- but they didn't take that opportunity?

11 A. That's correct.

12 Q. Thank you.

13 Just in terms of information sharing then with The
14 Acorns School. The Range High School wouldn't have
15 known where AR was going to be placed at the time the
16 exclusion happened, correct?

17 A. That's correct.

18 Q. I think you describe in your statement a process of
19 sharing information with the local authority as
20 an intermediary between the Range and AR's new school,
21 correct?

22 A. Yes.

23 Q. But are you aware that there was correspondence between
24 the Range and Acorns direct about the sharing of
25 information?

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1 review. That's the decision of the headteacher to
2 permanently exclude. So that's why there has been the
3 intervening time lag.

4 Q. So that's why we see the letter comes a bit later?

5 A. Yes.

6 Q. Thank you. There was information sharing later, as you
7 say, and we will hear from Mr Cregeen. But he was
8 contacted on 21 November by The Acorns School as
9 a result of concerns they had about AR; are you aware of
10 that?

11 A. Yes.

12 Q. I think it's a fair characterisation to say that, before
13 they contacted Mr Cregeen, they knew about the reasons
14 for the exclusion but not about the history of fighting,
15 the comments about Jihad, which came a bit later, and
16 the Manchester Arena, the comment, for example, that was
17 made about teachers being murdered. There was only
18 quite a short delay between that letter and it being
19 provided. But would you agree that it ought to have
20 been provided when that letter was responded to?

21 A. Yes.

22 Q. Are you able to say why there was, albeit brief,
23 a failure to pass on that information?

24 A. I assume it would have been in the common transfer file.
25 I don't know why that information wasn't there. I have

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1 A. Later on after, but later after the exclusion.

2 Q. Could we please have up LCC001367. So there was
3 correspondence to you from Lancashire County Council on
4 9 November, informing you that the Acorns was the new
5 school and asking you to transfer the common transfer
6 file to the same establishment; do you see that there?

7 A. Yes.

8 Q. Can you recall that happening?

9 A. Yes.

10 Q. In terms of information that would have been passed
11 following that letter, are you able to remember what
12 would happen and, if not, what would you have expected
13 to be passed?

14 A. That the information was forwarded in the common
15 transfer file. Immediately after a permanent exclusion,
16 there's local authority paperwork that has to be filled
17 in with the child's details, reasons for the exclusion,
18 a brief outline of perhaps any support that has been put
19 in place, any contact with other agencies, and so on.
20 That's sent off to the local authority. After the fifth
21 day, they then assume full responsibility for the
22 education of the child. But there is that intervening
23 period where they remain on the school's register to see
24 whether or not the child's parents or guardians want to
25 take it right through to an independent panel for

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1 reviewed the information that went off on the day of the
2 exclusion that went to the County Council, along with
3 copies of referrals that were made to CAMHS, and a MASH
4 referral as well.

5 Q. Again, only a short period but clearly information was
6 sent earlier in November which wasn't complete. Is that
7 a wider issue, as far as you're aware? Are you
8 confident that full information is provided when a pupil
9 leaves the Range?

10 A. I am certainly now, yes, with the advent of new
11 electronic systems.

12 Q. That's the Class --

13 A. The Class Charts.

14 Q. Thank you. In terms of the Class Charts, is that
15 a different software used by the Range to other schools?

16 A. Most schools use a system called CPOMS. It's just
17 a different system that tallied well with other
18 behaviour systems that we had in place at the school.

19 Q. I want to move on, please, to the hockey stick attack on
20 11 December 2019. I'm not going to show the CCTV
21 footage of it because it's distressing but, sir, for
22 your review, it is MERP008145.

23 You've been able to view that CCTV?

24 A. I have.

25 Q. Is it right it shows that AR arrives outside the Range

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1 in a taxi and he throws his bag over the fencing into
 2 the school grounds, tries to climb up the fencing but
 3 fails to do so, correct?
 4 **A.** Correct.
 5 **Q.** His bag is picked up by a member of staff. AR manages
 6 to get into the school. He'd been excluded by this
 7 stage, do you know how he did so?
 8 **A.** He tailgated -- we have the main entrance to the front
 9 of the school, where visitors obviously come and they
 10 sign in if they're coming to have a meeting but sixth
 11 form students also would come in and can go in and out
 12 of the school that way and, if there were latecomers
 13 from anybody else in the school community, they would
 14 come in and sign in at that part of the school, in the
 15 morning as well. So he tailgated on the back of someone
 16 who was doing -- signing in and got in through the door
 17 that way.
 18 **Q.** I think you tell us the school has done a safeguarding
 19 audit and put in measures now to prevent that?
 20 **A.** Correct.
 21 **Q.** AR was met by a teaching assistant and brought to the
 22 hall, where you were delivering an assembly?
 23 **A.** That's correct.
 24 **Q.** The bag was given back to him; is that right?
 25 **A.** Correct.

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1 puffer jacket on him, on the top but from lower down,
 2 the grey trousers, the black shoes, he could have been
 3 mistaken for someone in school uniform with just
 4 a brightly-coloured jacket on, as some of them sometimes
 5 will.
 6 **Q.** After you had finished delivering the assembly, you saw
 7 AR, correct?
 8 **A.** Correct.
 9 **Q.** You recognised him, approached him and asked him why he
 10 was there and said he was supposed to be at his new
 11 school, correct?
 12 **A.** Correct.
 13 **Q.** What did AR do next?
 14 **A.** He didn't really say anything. He wouldn't give me
 15 an answer but he simply -- he ran off from the assembly
 16 hall, very quickly.
 17 **Q.** Did you follow him?
 18 **A.** Yes.
 19 **Q.** What did he go on to do?
 20 **A.** He obviously knew his way round the school. I had asked
 21 the TA to go immediately and actually find Mr Cregeen or
 22 another senior member of staff and also to call the
 23 police. I went off in pursuit of him. He came round
 24 a corridor, it was a busy point in school, the bell
 25 hadn't long gone, children were making their way from

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1 **Q.** Did the teaching assistant know why AR had been
 2 excluded?
 3 **A.** No, it wasn't the teaching assistant who had given him
 4 the bag. It was another member of teaching staff who
 5 had seen the bag lying on the other side of the fence,
 6 sometimes students -- because there is a bike park
 7 there, when they're parking their bikes in the
 8 morning -- and if a member of staff sees something they
 9 will take it round to the main office of the school,
 10 which is what this teacher was doing. He happened to be
 11 passing. He had himself disguised as if he was in
 12 a school uniform, it was grey trousers, he looked like
 13 he was still -- and it's a large school. The teacher
 14 himself had never taught him so he wouldn't have
 15 realised that he had been permanently excluded or who he
 16 was and it's my understanding that he said, "Sir, that's
 17 my bag", and the member of staff, trusting, gave him the
 18 bag back at that point.
 19 It was shortly after that that the teaching
 20 assistant who did recognise him, stopped him and asked
 21 him what he was doing on the school premises.
 22 **Q.** Thank you. I hadn't seen evidence of this before but
 23 you said that AR was wearing clothes that matched his
 24 school uniform?
 25 **A.** It certainly -- lower down, he had a -- he had a yellow

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1 their registration to the first lesson of the day. When
 2 he came round a corner I was maybe two or three yards
 3 behind him and there was a group of students coming
 4 towards him, which meant he couldn't easily get past
 5 them in the corridor because of the number of them and
 6 that was the point where he produced this hockey stick
 7 out from underneath the puffer jacket that he had on.
 8 He went to -- the student sort of stopped -- I sort
 9 of realised then what was happening. He raised the
 10 hockey stick back as if he was going to swipe it towards
 11 these students. It hit another student, I believe, in
 12 the arm, the side of his neck and that was just at the
 13 point when I got to him and sort of bear hugged him and
 14 just at that point then another senior colleague
 15 arrived, the Deputy Head, and grabbed the hockey stick
 16 off him.
 17 **Q.** So we have the footage to show that moment but, is this
 18 right, he did strike the student on a number of
 19 occasions?
 20 **A.** No, he didn't strike on a number of occasions. He
 21 went -- I think because -- I don't know whether he was
 22 just frustrated or not or whether it was an attempt to
 23 get these students out of his way. But that was -- he
 24 went back and in the coming back, in the swinging back,
 25 my recollection is that's when he hit the student who

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1 was here to the right of him. I don't believe he was
 2 deliberately trying to hit that student. The student
 3 was in the wrong place at the wrong time but,
 4 nonetheless, was struck and was injured by it.
 5 **Q.** There was more than one attempted strike, wasn't there?
 6 **A.** Yes.
 7 **Q.** Thank you. We have the footage. AR was taken to your
 8 office, what did he say?
 9 **A.** Very little. He was breathing very heavily. Not really
 10 making any attempt. I was asking him what he thinks he
 11 was doing, why he was doing this, did he realise the
 12 serious trouble, how he was putting himself and other
 13 people at harm. I wasn't really getting anything from
 14 him. Another colleague came in, the deputy head and, at
 15 that point, he said that he -- I was asking about the
 16 student who'd been hit with the hockey stick, of the
 17 Deputy Head, did he know about him. We knew the name of
 18 the boy, the Deputy Head had been to check that the boy
 19 was okay and I was asking about him. At that point he
 20 said some comment about he didn't mean to hit him and we
 21 said, "Well, why were you here", and he made some
 22 utterances about that he was looking for the boy that he
 23 blamed as to why he had been permanently excluded from
 24 Range.
 25 **Q.** Did he say that he wanted to kill the alleged bully --
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1 police were in my office. When he came in he sort of
 2 looked at the boy. He said his name, and it was kind
 3 of, you know, "What have you done?", and there wasn't
 4 really any reaction from AR.
 5 The police then started explaining to AR's father
 6 what was going to be happening, where they were going to
 7 be taking him. They decided at that point they were
 8 going to arrest him and they were going to take him to
 9 be processed at St Anne Street Police Station. Dad very
 10 quickly became quite argumentative with the police about
 11 why were they doing that and it wasn't convenient for
 12 him to be taken there, why couldn't he be taken
 13 somewhere closer to home. Again, I remember being quite
 14 shocked at this and the policeman sort of remonstrated
 15 verbally a bit with Dad, and I remember saying to Dad,
 16 you know, do you realise the seriousness of what your
 17 son has done today to himself but also to the school
 18 community here at Range.
 19 I didn't really get any reaction whatsoever. Again,
 20 he just kept on arguing on the police and I think but it
 21 is quite a number of years ago, I think the police
 22 officer threatened to arrest him if he didn't sort of
 23 change his attitude and stop arguing with him about what
 24 they were doing and then, very shortly after that, they
 25 took him out, put him in the car and Dad went off in the
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1 well, he wouldn't have used the word "alleged" but the
 2 name.
 3 **A.** That's my recollection of it, yes.
 4 **Q.** Is this right, that he was insistent that his actions
 5 weren't wrong and showed no sense that he thought that
 6 they were?
 7 **A.** No. No sense of remorse or any wrongdoing on his part.
 8 That's my recollection.
 9 **Q.** The police were called, they searched AR's bag and found
 10 the knife?
 11 **A.** That's correct.
 12 **Q.** What did AR say about the fact that he had a knife on
 13 him?
 14 **A.** He didn't seem very concerned about it. There was no
 15 sense of shock. I remember being very shocked at what
 16 I had seen the police had taken out of his rucksack,
 17 which was sitting on a large table in my office by this
 18 stage. They are already in possession of the hockey
 19 stick. I just found his reaction quite bizarre. It was
 20 quite matter of fact.
 21 **Q.** What was the reaction of AR's parents?
 22 **A.** His father -- I had asked for his father to be called.
 23 Once I had him in my office and I knew that he was no
 24 longer any danger to anybody else in the school, I had
 25 asked for his father to be called. He arrived when the
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1 car and followed them.
 2 **Q.** Did you ever hear it said that AR had a list of targets
 3 for the attack?
 4 **A.** I've heard it said but I've never seen such a list.
 5 **Q.** Sorry, heard it said at the school, while preparing for
 6 this Inquiry?
 7 **A.** I just think in the number of things that have happened
 8 certainly from the awful events of last year, you know
 9 lots of -- so I can't recall but I've heard it said.
 10 **Q.** Moving on to 22 July 2024. That was the last day of the
 11 summer term for the Range, correct?
 12 **A.** That's correct.
 13 **Q.** Was their end of term date published on the Range
 14 website?
 15 **A.** Yes, it was.
 16 **Q.** What time were students due to leave that day: 12.30?
 17 **A.** 12.30, if memory serves me correct, yes.
 18 **MR BOYLE:** Thank you. Those are my questions.
 19 **SIR ADRIAN FULFORD:** I'm very grateful for your assistance.
 20 Thank you very much for coming along. You are now free
 21 to go.
 22 **A.** Thank you.
 23 **MR BOYLE:** Sir, if we could take a five-minute break between
 24 witnesses, and we will call Mr Cregeen.
 25 **SIR ADRIAN FULFORD:** Five minutes. 4.20 pm.
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1 (4.15 pm)

2 (A short break)

3 (4.20 pm)

4 **SIR ADRIAN FULFORD:** Just remain standing for a moment
5 Mr Cregeen, you will need to take the oath.

6 **DAVID CREGEEN (sworn)**

7 **Questioned by MR MOSS**

8 **SIR ADRIAN FULFORD:** Thank you very much. Please, take
9 a seat.

10 **A.** Thank you.

11 **MR MOSS:** Thank you, sir. Just start by giving us your full
12 name, if you would.

13 **A.** My name is David Cregeen.

14 **Q.** Mr Cregeen, if we could look at the screen together
15 please at RAN000036. Do we see there your statement to
16 this Inquiry dated 20 August this year?

17 **A.** Yes, I can confirm.

18 **Q.** Are the contents of that statement true to the best of
19 your knowledge and belief?

20 **A.** They are, sir.

21 **Q.** We can also see at RAN000035, please, if we just go to
22 the next page, the numbering is slightly different from
23 my version, we see an earlier statement that you gave to
24 Merseyside Police, dated 17 September 2024; is that
25 right?

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1 leadership team as an Associate Leader; is that right?

2 **A.** That is correct.

3 **Q.** As you explained in your statement, you held that role
4 but in September 2019, as well as continuing as
5 Associate Leader, you took on an additional
6 responsibility as the Designated Safeguarding Lead?

7 **A.** That is correct, yes.

8 **Q.** Just help us with what the role of the Designated
9 Safeguarding Lead is?

10 **A.** Along with the headteacher, the role of the Designated
11 Safeguarding Lead is to have overall responsibility for
12 safeguarding and the welfare of all of the students in
13 your care.

14 **Q.** Thank you. So we should understand that you had contact
15 with AR in two slightly different roles. Both involving
16 some safeguarding responsibilities, I think. First of
17 all up until July 2019 as his Head of House and then
18 from September onwards as the DSL?

19 **A.** Correct.

20 **Q.** In terms of qualifications and specialist training, we
21 don't need to turn it up, but you tell us in your
22 statement that you had level 3 training in safeguarding
23 from Sefton Borough Council; is that right?

24 **A.** That's correct.

25 **Q.** You set out in your statement your familiarity with

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1 **A.** Yes, that's correct.

2 **Q.** Mr Cregeen, you made a correction in your Inquiry
3 statement, I think you may remember, to one of the dates
4 within that but we can see that you signed that police
5 statement confirming that that statement also was true
6 to the best of your knowledge and belief?

7 **A.** That's correct, yes.

8 **Q.** Thank you. Just turning to your background now. You're
9 currently employed, is this right, as an Assistant
10 Headteacher in the Ballakermeen High School in the Isle
11 of Man?

12 **A.** That's correct.

13 **Q.** When AR first enrolled at the Range High School in 2017
14 you were teaching there. I think you were quite senior
15 at the time, were you head of one of the houses?

16 **A.** Yes, I was head of Weld House.

17 **Q.** That was AR's house?

18 **A.** That's correct.

19 **Q.** You held that role as Head of House. Were you also
20 a subject matter teacher?

21 **A.** Yes, I also taught as well, yes.

22 **Q.** What was your subject?

23 **A.** Physical education.

24 **Q.** Thank you. You held that role as Head of House until,
25 I think, July 2019, when you joined the senior

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1 matters relating to safeguarding, in the sense that you
2 yourself gave training to other staff at the school?

3 **A.** Yes, that's correct on an annual basis.

4 **Q.** On an annual basis, thank you.

5 Completing the picture, I think, in July 2020, you
6 became an Assistant Headteacher?

7 **A.** Yes, that position was made permanent then.

8 **Q.** But you left the Range in September 2022, heading to
9 work in the Isle of Man?

10 **A.** That is correct.

11 **Q.** We have heard about, from our previous witness, the
12 Range High School in general terms but tell us a little
13 bit about the safeguarding systems. So during your
14 tenure, when you took over as the DSL, you tell us in
15 your statement that you expanded the framework. So what
16 was it previously and how did you change it?

17 **A.** Prior to me becoming the DSL, we had the DSL who was
18 an assistant headteacher and there was the headteacher
19 and myself as a Deputy DSL. So, I considered that team
20 to be somewhat small and wished to expand the team,
21 which we did by including other members of staff, such
22 as heads of year, as well as the Assistant SENCO as
23 an additional Deputy Safeguarding Lead.

24 **Q.** Thank you. Did you bring in the heads of house to have
25 a greater responsibility in safeguarding?

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- 1 **A.** Yes, at the time, there were heads of house but it then
 2 changed to heads of year and the heads of year had
 3 safeguarding responsibilities, as well. As I say, the
 4 team expanded. It was felt better that the respective
 5 head of year would deal with safeguarding matters, for
 6 example, attending call groups and conferences on my
 7 behalf, while I had an overall strategic view of
 8 safeguarding in the school.
- 9 **Q.** Thank you. It is always difficult to make judgements on
 10 these matters but you've obviously ensured by those
 11 changes that more teachers were involved in holding
 12 safeguarding responsibilities. Did you feel that there
 13 were shortcomings in the safeguarding system previously.
- 14 **A.** Not shortcomings. I just wanted to expand the team, so
 15 we had a bigger safeguarding team and also some members
 16 of staff, for example, as I said, the Assistant SENCO,
 17 because students with SEN might feel more comfortable
 18 approaching the Assistant SENCO about a safeguarding
 19 concern, than other members of staff.
- 20 **Q.** In terms of record keeping, in relation to that,
 21 I think, at the time, as we've heard from Mr McGarry,
 22 a spreadsheet was being used as a house log and that was
 23 where safeguarding information was collated; is that
 24 right?
- 25 **A.** That's correct, yes.

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- 1 **A.** Yes, I was part of the process of securing the Class
 2 Charts additional software, so that we could record
 3 behaviour and safeguarding incidents more effectively.
- 4 **Q.** That's just an alternative to CPOMS, that I think many
 5 other schools use; is that right?
- 6 **A.** Yes, we investigated CPOMS as well but we felt that,
 7 because we were using Class Charts anyway, it felt more
 8 appropriate to use this safeguarding element of the
 9 Class Charts software.
- 10 **Q.** Thank you. We are not a trial, you've quite rightly
 11 been in the hearing room when Mr McGarry was giving his
 12 evidence but, because you were at the school before he
 13 was, you have heard the questions that my learned friend
 14 Mr Boyle asked, can I understand from you what your
 15 sense was of the school generally at that time,
 16 2018/2019: was there a problem with bullying, generally?
- 17 **A.** Not with bullying generally. There was a particular
 18 issue with a year group that was identified by Ofsted
 19 but following the Ofsted inspection, we put things in
 20 place to address that concern with that particular year
 21 group but not with bullying --
- 22 **Q.** Was that with AR's year group or a different year group?
- 23 **A.** No, it was a different year group.
- 24 **Q.** Was that issue interrelationships between pupils that
 25 you were referring to there?

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- 1 **Q.** Would pupils tend to remain in the same house throughout
 2 their time at the school?
- 3 **A.** Most of the time they did, yes.
- 4 **Q.** So was there any issue about it being house based, was
 5 that a problem in terms of staff having visibility of
 6 past issues on the house log?
- 7 **A.** Well, the access to the log was for myself and the
 8 assistant head of Weld House. Other people would not
 9 have had access to the log, as main scale teachers, no.
- 10 **Q.** Did that create any difficulties in terms of visibility,
 11 if that was safeguarding information?
- 12 **A.** No. The information was available to myself and my
 13 assistant but also to members of the senior leadership
 14 team, if they required to see the information.
- 15 **Q.** I'm not here raising any specific issue in relation to
 16 AR, so take it away from AR's immediate circumstances.
 17 But if there was an issue between two lads at the school
 18 in different houses, would a teacher who was seeking to
 19 deal with that be able to access both house records?
- 20 **A.** They would have had to have spoken to the relevant Heads
 21 of House for information.
- 22 **Q.** I think, subsequent to that, was this in your time that
 23 they moved to the new system, which had a more
 24 sophisticated way of recording that and sharing that
 25 information?

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- 1 **A.** I can't remember what the issues were. There was
 2 problematic behaviour with a particular year group but
 3 I can't remember the exact --
- 4 **Q.** But that wasn't his year group?
- 5 **A.** It wasn't his year group, no.
- 6 **Q.** A problem with gang culture, as has been referenced
 7 later on by Alphonse R; is that something you recognise?
- 8 **A.** No, certainly not.
- 9 **Q.** Any sense of a culture of knife carrying or a problem
 10 with knife behaviour or knife crime at the school?
- 11 **A.** No, certainly not.
- 12 **Q.** Other than AR, in the months or years before the
 13 incident in October 2019, and then in December 2019, had
 14 you been aware of any cases of other pupils found
 15 carrying knives?
- 16 **A.** Not to my knowledge in Weld House, no. I'm not sure
 17 whether there had been a previous incident where
 18 a student had brought a knife in but I don't know the
 19 full details of that.
- 20 **Q.** But certainly if it was suggested that students were --
 21 or a number of students were regularly carrying knives,
 22 that's not something that you recognise?
- 23 **A.** No, certainly not.
- 24 **Q.** If there had been a behavioural problem, a cultural
 25 problem at the school with knife carrying, as the head

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1 of one of the houses, do you think that that is
 2 something that would have come to your attention?
 3 **A.** I'm sure it would. I would be confident that the
 4 students would have reported concerns to us.
 5 **Q.** May I turn then to deal relatively briefly but in
 6 a little bit more detail than Mr McGarry did, with AR's
 7 behaviour in years 7 and 8.
 8 You tell us, and Mr McGarry did touch on this, that
 9 there was no difficulty with his patterns of attendance
 10 in year 7, that's 2017/2018?
 11 **A.** No, attendance in year 7 was excellent.
 12 **Q.** I think no significant behavioural concerns at all in
 13 year 7, the academic year 2017 to 2018?
 14 **A.** No, any interactions I had with AR were genuinely
 15 positive, talking about his extra curricular activities.
 16 **Q.** What were his extra curricular activities; can you
 17 remember?
 18 **A.** Yes, he had taken part in some film productions outside
 19 of school. I think he took part in something to do with
 20 Children In Need, as well a TV production.
 21 **Q.** Thank you. Then year 8, so that would have been the
 22 academic year 2018/2019, attendance slightly lower but
 23 still not problematic?
 24 **A.** No, attendance was still good around the 95 per cent
 25 mark.

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1 happened on that occasion, yes?
 2 **A.** In what way, sorry?
 3 **Q.** Unclear in that a concern had been raised that a pupil
 4 had said to AR that other pupils had been saying racist
 5 things about him but that was not substantiated. So it
 6 was unclear whether that was true or not, an allegation
 7 had been made but there was no evidence to back it up?
 8 **A.** From my recollection, the Head of House who investigated
 9 that said that there was nothing further in there,
 10 nothing further to investigate. The claims were
 11 unsubstantiated.
 12 **Q.** Would this be a fair summary that there was no
 13 indications at around that time, spring of 2019, so
 14 towards the latter half of year 8, there was no
 15 indications that that was a pattern of concern. That
 16 appeared to be an isolated complaint that was, in fact,
 17 unsubstantiated?
 18 **A.** Yes, it was an isolated incident.
 19 **Q.** So, as you tell us in paragraph 18, I think at the end
 20 of year 8, your assessment at that time was that he was
 21 overall a good student, he could be distracted, he got
 22 detentions for that but that wasn't unusual.
 23 **A.** That is correct.
 24 **Q.** Also in year 8, I think, towards the end of the year, as
 25 you tell us in paragraph 19 at the top of the next page,

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1 **Q.** What you tell us in paragraph 16 of your statement,
 2 RAN000036, at page 3, in terms of behaviour, his end of
 3 year assessment mentioned concerns over distracting
 4 other students or being distracted by other students but
 5 this wasn't reported in all his subject areas; is that
 6 correct?
 7 **A.** That's correct, it was only in some of the subjects, not
 8 all of them.
 9 **Q.** One of those you detail in paragraph 17:
 10 "A student had told him that another student had
 11 used a derogatory and racist term while referring to
 12 [AR]."
 13 You asked the respective heads of house -- so two
 14 other houses involved in that -- to investigate this and
 15 report back. It was investigated but the claim was not
 16 substantiated; is that right?
 17 **A.** That is correct.
 18 **Q.** He said:
 19 "I am unable to ascertain their responses on the
 20 house log but it wouldn't have been out of the ordinary
 21 for the follow-up and outcome to have been
 22 a conversation.
 23 "If there had been any further action required that
 24 would have been recorded."
 25 Would this be fair: unclear what exactly had

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1 AR was assessed for the possibility of having ADHD, and
 2 you say:
 3 "The results of this survey indicated poor behaviour
 4 traits rather than ADHD."
 5 Can you remember who did that survey?
 6 **A.** If I remember, it was conducted by the Assistant SENCO.
 7 **Q.** Thank you. You say that was reported to AR's father and
 8 he didn't agree with the outcome of the assessment. Can
 9 you remember anything more about that, why he didn't
 10 agree?
 11 **A.** No, just he did not agree with our assessment that the
 12 issues related more to behaviour rather than ADHD.
 13 **Q.** Thank you. Do you remember an issue coming up still in
 14 year 8 about a concern about detentions and that issue
 15 being raised? I think it would have been the start
 16 actually of year 9 in September, about detentions and
 17 social media concerns?
 18 **A.** Yes, I can.
 19 **Q.** So rather than bringing it up, it's quite difficult to
 20 read on our system, so there is an entry for 7 September
 21 2019. Sir, for your note, this appears in the house
 22 log, which is an Excel spreadsheet, RAN000023?
 23 **SIR ADRIAN FULFORD:** Thank you.
 24 **MR MOSS:** Forgive me, it's 9 July. I was right the first
 25 time, it's the American dating system. So it is the end

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1 of year 8, Mr Boyle corrects me.
 2 So 9 July:
 3 "VA produced results from the ADHD survey completed
 4 by staff which showed poor behaviour not ADHD traits.
 5 Dad was not convinced. So DC ..."
 6 You presumably?
 7 A. That's me, yes.
 8 Q. "... fed back key findings from AR's recent report that
 9 supported VA's findings. Dad felt AR was singled out.
 10 This was refuted. VA to spend some time with AR during
 11 detentions to review behaviour and progress
 12 (mentoring)."
 13 Pausing there: that seems to be Alphonse suggesting
 14 that it was ADHD related but the school having evidence
 15 that AR's recent report showed some behavioural issues
 16 and some detentions, and time was then going to be spent
 17 in AR's detentions to review his behaviour and try to
 18 give him mentoring and support about his behaviour; is
 19 that a fair summary?
 20 A. Yes, that's correct.
 21 Q. It then says:
 22 "Dad not on SMHK."
 23 What's that a reference to?
 24 A. That's Show My Homework, so that was a communication
 25 system with parents.

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1 A. The teachers who expressed the concerns raised concerns
 2 about poor attitude.
 3 Q. Was that to work, to others, behavioural, a mixture; can
 4 you remember? If you can't, you should say so?
 5 A. I can't remember, sorry.
 6 Q. Thank you. We then go to year 9, so the academic year
 7 2019/2020. You tell us in paragraph 20 of your
 8 statement that AR's behaviour began to markedly
 9 deteriorate at the start of that year. Mr McGarry
 10 touched on this but we start, I think, with the fact
 11 that, on 20 September, AR hit a fellow class mate on the
 12 head in a lesson; is that right?
 13 A. Yes, that's correct.
 14 Q. In that September issue, which I think is that one that
 15 is recorded in the log, do you remember what the
 16 investigation showed about that incident, about what had
 17 been going on?
 18 A. Could you repeat that, please, sorry?
 19 Q. Can you remember what the investigation showed about
 20 that incident, what had been going on?
 21 A. Just that there was friction between AR and one boy in
 22 particular but not just one boy, some other boys as
 23 well.
 24 Q. Would this be a fair summary that I've taken from the
 25 log that the concern that was raised when asked about

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1 Q. You, Mr Cregeen, were to arrange that so Alphonse R
 2 could help AR get organised, reduce detentions, improve
 3 behaviour, et cetera. Then it says:
 4 "Social media concerns discussed too and printouts
 5 of AR's comments forwarded to Dad."
 6 Can you remember what the social media concerns were
 7 that were discussed?
 8 A. No, I couldn't remember when I completed this statement
 9 for the police, so I have no recollection, sorry.
 10 Q. There appears to have been a perception, perhaps from
 11 Alphonse R, that teachers were unfairly targeting AR.
 12 Did you see any evidence of that?
 13 A. No. Several teachers expressed concerns about his
 14 attitude and behaviour and that was communicated with
 15 AR's father and I arranged for the members of staff to
 16 speak directly to him as well.
 17 Q. Thank you. At that stage, so we're still in July, at
 18 the very end of year 8, when you say several teachers
 19 mentioned concerns, was that still in the sphere of
 20 being distracted, distracting others, perhaps not wholly
 21 unusual for teenage boys?
 22 A. Yes. Losing focus and a general poor attitude.
 23 Q. Can you remember -- if you can't remember, you must say
 24 so -- how did the poor attitude side of it display
 25 itself?

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1 why AR had hit a fellow classmate, indications had been
 2 that other boy had been poking AR in the forehead or
 3 slapping him on the head but the other boy said that had
 4 followed a number of incidents in which AR had been
 5 calling that other boy fat --
 6 A. Correct, yes.
 7 Q. -- on that day but also on a previous occasion?
 8 A. I believe so, yes.
 9 Q. In general terms, we see that -- from your statement and
 10 also from the records that the other boy -- please don't
 11 use their name -- concerned, I think, was willing to
 12 enter into mediation and discussion to try to diffuse
 13 things; is that right?
 14 A. That's correct, that was offered.
 15 Q. But AR was not prepared to engage in that?
 16 A. Yes, he declined the offer.
 17 Q. If we go back to paragraph 21 of your statement which
 18 helpfully is on screen. You say you recall:
 19 "... AR being frustrated as he was of the view that
 20 a student was bullying him, however when we suggested
 21 mediation ... to resolve this [he] refused to engage."
 22 A. Correct, yes.
 23 Q. At that stage, at that level, you say in this paragraph
 24 that there was little that the school could do without
 25 AR's co-operation and willingness to provide any further

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1 information; is that right?
 2 **A.** With regards to mediation, yes.
 3 **Q.** You go on to explain in paragraph 22 that, on 4 October,
 4 so a fortnight or so, I think, later, AR's father
 5 contacted you by email to express concerns over
 6 a student who he said had threatened AR. You say the
 7 school investigated that. Both students were spoken to,
 8 and the other student informed his Head of House that AR
 9 said they were going to have a fight but they were only
 10 "messaging".

11 Just pausing there. Please do not use the name but
 12 was that the same boy, can you remember, as the
 13 September incident or a different boy?

14 **A.** It's the same boy.

15 **Q.** As a result of that, AR and the other boy were going to
 16 be in several lessons together and is this right that
 17 seating plans were re-arranged, presumably to keep them
 18 well apart --

19 **A.** Correct, yes.

20 **Q.** -- and teachers told to remain vigilant about that?

21 **A.** Yes, and report any concerns.

22 **Q.** In relation to matters at that stage, just help us with
 23 this, you will have a good deal of experience of this
 24 from your safeguarding work.

25 There are strongly expressed views in the statements
 221

1 it and would have informed?
 2 **A.** I think the students would have got to know about it and
 3 they would have informed us.
 4 **Q.** Thank you. We turn then to 7 October, paragraph 23, and
 5 Mr McGarry has told us something of that: involved in
 6 a fight with another student leading to a temporary
 7 fixed-term exclusion. Again, being careful about names,
 8 was that with the same boy or with a different boy?

9 **A.** I can't remember who that person was, sorry.

10 **Q.** I think that is an incident that was not, I think,
 11 recorded in the house log; do you know how that came to
 12 be?

13 **A.** No, I've not worked at the school for over three years
 14 now, I've not had primary access to information, so
 15 I don't know why that was omitted.

16 **Q.** Thank you. Before we then get onto the events of the
 17 following day, can I ask this in general: the
 18 information that had come to you and to others in
 19 relation to these events was that there may have been
 20 an element of AR, in fact, making comments to other
 21 boys, leading, in some cases, to retaliation.

22 In the dealings that you had with AR's parents
 23 particularly his father, was he receptive to the
 24 possibility that AR may have been a protagonist in
 25 tensions with other boys, rather than a victim of

223

1 from Alphonse R in particular that there was bullying
 2 going on, and all of us have some insight into the fact
 3 that bullying can be insidious, it can be done
 4 deliberately out of sight and in ways that are difficult
 5 to detect.

6 Are you able to help the Inquiry to understand
 7 whether AR could, in fact, have been the subject of
 8 bullying by this other boy, and it wasn't picked up on?
 9 **A.** There could have been incidents that were undetected
 10 but, from the investigations that we conducted, we found
 11 no evidence of that. Had we have done so, then we would
 12 have acted accordingly.

13 **Q.** Obviously, there were two later very significant events,
 14 there's the October incident, leading to the permanent
 15 exclusion and then the hockey stick attack later on.

16 Did any credible information come forward from other
 17 pupils after those significant events, saying, "Well,
 18 actually, I ought to report that another boy or boys had
 19 been bullying AR". Did anyone come forward and say he
 20 was the victim of bullying?

21 **A.** Not to my knowledge, no.

22 **Q.** If there had been any systemic pattern of AR being
 23 bullied, given the very serious events that happened
 24 later, do you think it is likely that pupils or the
 25 school community generally would have got to know about
 222

1 bullying?

2 **A.** No, he believed that his son was the victim of bullying.

3 **Q.** We know then that on the evening that followed,
 4 Lancashire Police contacted the school, and we have
 5 heard from PC McNamee about that, and I think the
 6 initial contact was because it was out of hours that the
 7 information had come in, I think the initial information
 8 came in, is this right, by email?

9 **A.** That's correct.

10 **Q.** It's perhaps only fair of me to note that I think that
 11 the email, I think, came in at 10.00 at night or after
 12 10.00 at night?

13 **A.** Just after 10.00 pm.

14 **Q.** One should note that not only were you picking up
 15 safeguarding emails at that time of night but I think,
 16 as Mr McGarry has told us, you contacted the head that
 17 evening about that information, yes?

18 **A.** That's correct, sir.

19 **Q.** As a result of that, when AR then came to school,
 20 measures were in place to ensure that his bag was
 21 searched?

22 **A.** That's correct, at 8.30 the following morning, as soon
 23 as we could.

24 **Q.** Thank you. Can I ask you to look next, please,
 25 LCC001551, page 2.

224

1 This is much later on. You see the date of it 4 May
2 2021, sent on Tuesday, 4 May 2021. Do you see that
3 there? It has been highlighted for you.

4 A. I never received --

5 Q. Don't worry about that. We'll take it in stages. I'm
6 just introducing the document for you?

7 A. Yes, I received --

8 Q. First of all, you see the date 4 May 2021 --

9 A. Yes.

10 Q. -- and you wouldn't have seen this at the time but I'm
11 just giving you an opportunity to comment on it. So
12 this is representations that Alphonse R was making about
13 AR's later EHCP file and he asked for information that
14 he is giving to be printed off and put on the file and
15 he is really asking for, from his point of view, the
16 record to be put straight or for his views on it to be
17 made clear.

18 So:

19 "The fact that no one at the Range, especially
20 Mr Cregeen, who is my regular contact, reported that
21 I had asked the school to protect [AR] disappoints me.
22 I recall two weeks before this forwarded email to
23 Mr Cregeen, because of [AR's] insinuations, fear and
24 worry, when I verbally reported my concerns to
25 Mr Cregeen as an officer I was familiar with (he stands

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1 was saying that threatening behaviour by [the other boy]
2 had become normal. I had encouraged him to speak to
3 Mr Cregeen but he would decline saying, 'You are the
4 adult', do it for me. In hindsight, I wish I had taken
5 the matter to the headteacher soon after [AR] told me,
6 rather than entrusting it to Mr Cregeen. [AR] lived in
7 constant fear several months before leaving the Range
8 High and I will live to regret how and why I failed to
9 realise the magnitude of it."

10 Mr Cregeen, I introduce that by saying this was
11 Alphonse R's perception that he was later putting
12 forward and it's only right I give you the opportunity
13 to comment on that?

14 A. Yes, those aren't my perceptions of the situation.

15 This, as I said, was sent almost two years after he left
16 the school. I only became aware of this just this week.
17 Those are not my recollections of the time.

18 Q. Do you recognise that sort of description at all as
19 being a fair reflection of what was happening, both what
20 may have been happening between AR and the other boy and
21 the criticisms of your lack of responsiveness to it?

22 A. I don't have any recollection of him being thrown to the
23 floor on that occasion, no, and that wasn't my
24 impression of our relationship when AR was a student at
25 the school.

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1 at the pedestrian crossing as a safeguarding officer
2 ...) I approached him and told him that [another boy],
3 a practitioner of mixed martial arts, had slammed [AR]
4 on the floor a few days earlier and [AR] had to be
5 rescued by others. Mr Cregeen had assured me that he
6 was going to speak to [the boy]. He seems to have done
7 nothing in his email (see attached). Again in my email
8 to Mr Cregeen is a reference to my verbal report to him
9 of the attack on [AR] by [this other boy] two weeks
10 earlier.

11 "Every now and then, stressed and fearful, [AR] was
12 asking me to do something about it, that he had to stay
13 behind at the end of the French lesson that he shared
14 with [the other boy]. French was the last lesson before
15 his home time ... The French teacher had been aware of
16 [this boy], and his two other friends (they were just
17 friends but they did not threatened [AR] as [the other
18 boy] has). [AR] had become lonely because [the other
19 boy] was popular and [AR] had to keep his distance from
20 anywhere where [the other boy] was at break time.
21 Consequently [AR] was waiting for me with the French
22 teacher who by now was well aware of [AR] and [the other
23 boy] and stayed behind with [AR].

24 "I regret that I did not understand the trauma [AR]
25 was going through. He was used to the bullying that he

226

1 Q. We come back then to the events on 8 October. You have
2 explained that, on arrival, AR was met. Would you have
3 been expecting the police themselves to attend school
4 that morning, in light of the information given the
5 previous night?

6 A. I'm not sure, to be honest with you. I know they passed
7 on the information to us but not necessarily expecting
8 them to attend.

9 Q. You explain in paragraph 37 of your statement that the
10 bag was searched and he had no knife on him that
11 morning?

12 A. That's correct, yes.

13 Q. But he did admit to you, I think, that he had brought
14 a knife in previously; is that right?

15 A. Yes, he confirmed that he had brought the knife in
16 previously because he was, in his words, "sick of being
17 pushed around".

18 Q. If we could have paragraph 37, please, on screen, it is
19 page 6, paragraph 37. RAN000036, page 6, paragraph 37.
20 It says he was being tired of being pushed around:

21 "He admitted that he would have used the knife to
22 stab someone but that he would not bring one in again."

23 Is that right?

24 A. That's correct, yes.

25 Q. It may be an obvious question but what was your reaction

228

1 to that?

2 **A.** Complete shock.

3 **Q.** Because?

4 **A.** Because he said he had been -- or he was prepared to use

5 it and that was despite knowing the consequences of

6 taking such action.

7 **Q.** So in paragraph 38, you deal with that. You say -- you

8 asked him if he understood the significance of his

9 actions, to which he responded that he did.

10 What did you make of that? Did you form the

11 impression that, at that time, he really did understand

12 the significance of his actions? He is then, I think,

13 13.

14 **A.** Well, he had said that to me so I assumed that he was

15 telling me the truth and he was aware of the

16 consequences of taking such action.

17 **Q.** Did it strike you just that morning that AR realised

18 that the combination of the information that had come

19 through the police and the admissions that he was making

20 were almost inevitably going to lead to his -- what in

21 old terms would have been being expelled -- permanent

22 exclusion?

23 **A.** Yes.

24 **Q.** He understood that, do you think?

25 **A.** Sorry, I thought you meant did I understand that. I'm

229

1 **A.** That is correct, yes.

2 **Q.** Mr McGarry has told us about his involvement with this.

3 Were you aware of the response of AR's parents to that

4 decision?

5 **A.** Only through the minutes of the pupil disciplinary

6 committee meeting that was on 5 November.

7 **Q.** Can I just deal with one aspect. We know you had

8 a discussion with PC McNamee about these matters. Do

9 you remember having a discussion with PC McNamee and

10 being advised by MASH to share additional information

11 about his recent behaviour, including the comment about

12 "That's why teachers get murdered"; do you remember

13 sharing that further information?

14 **A.** Which paragraph is this, sorry, sir?

15 **Q.** Forgive me. Shall we pick it up at paragraph 76.

16 I wanted to come back to this later on. You raised

17 a concern with MASH:

18 "I was of the view that it met the MASH threshold

19 for level 4 child protection."

20 In the context of that, I think you provided

21 additional information including about the earlier

22 comment in relation to his detention about "that's why

23 teachers got murdered". Do you remember sharing that

24 additional information?

25 **A.** Yes, that was discussed with PC McNamee and then

231

1 not sure he did understand that at the time.

2 **Q.** What was his demeanour when he was making those

3 comments?

4 **A.** He was very calm indeed. His expression was very matter

5 of fact. He wasn't emotional and he certainly didn't

6 express any remorse at any time.

7 **Q.** Understandably, as you set out in paragraph 39, given

8 the seriousness of that, Mr McGarry, the Head, was

9 immediately briefed and it was determined by him, as he

10 has told us about in evidence earlier today, that the

11 most appropriate form of action was going to be

12 permanent exclusion.

13 You tell us in paragraph 39 that you agreed with

14 that:

15 "Given the seriousness of the incident and the

16 dangerous posed to the rest of the school, it was

17 determined by Mr McGarry, and I agreed, that the most

18 appropriate form of action, and to ensure the safety of

19 the school, was to permanently exclude [him]."

20 Yes?

21 **A.** Correct, yes.

22 **Q.** So the same day, he is sent home with his father; is

23 that right?

24 **A.** That is correct, yes.

25 **Q.** The permanent exclusion taking effect from 9 October.

230

1 subsequently shared with Lancashire MASH.

2 **Q.** If we look at it at LANC000066. Forgive me, I was

3 trying to do it without going to the documents but let's

4 go to the documents. If we could go to page 2, please,

5 the bottom of the page, do you see there 8 October? So

6 this is PC McNamee and the information following

7 a discussion with you.

8 So there is the searching of the bag. You are

9 passing on the information about his comment about

10 teachers getting murdered. Do you see that there?

11 **A.** Yes. So that was included in the conversation, yes.

12 **Q.** So that is the information that you are giving. If we

13 just go over the page. Just to finish it off, at the

14 top of the page:

15 "AR has been indefinitely excluded from the school

16 whilst a conversation is held about his future at the

17 school and Mr Cregeen is to update me via email once

18 this is known."

19 A small matter but I think at that stage you don't

20 appear to have mentioned the earlier fight in the

21 English class. Was there any reason for that? It is

22 not perhaps the most important matter but --

23 **A.** No, perhaps it was just focusing on the concern of him

24 bringing a knife into school.

25 **Q.** Mr Cregeen, I apologise to some extent for going into

232

1 details on this, but it is an aspect of earlier evidence
 2 that the Inquiry heard about the police and to whom this
 3 matter was reported as a crime.
 4 So PC McNamee's recollection is that when he had
 5 this conversation with you, he advised you to report the
 6 fact that AR had brought a knife into the Range to
 7 Merseyside Police. Do you remember that?
 8 A. No, I don't. I think I would have remembered that and
 9 I would have made a note of that as well and asked who
 10 to report that on to.
 11 Q. I don't need to bring this document up on screen but if
 12 you would take it from me for the moment that there is
 13 a contemporaneous record in which PC McNamee -- sir, the
 14 reference is LANC000070, dated 24th November -- where he
 15 made a comment that he had asked the school to notify
 16 Merseyside Police of this. The reason for this would be
 17 that it would have been Merseyside Police's area in
 18 which the crime of bringing the knife into school had
 19 actually occurred. Do you follow?
 20 A. Yes.
 21 Q. But you don't recall a request to that effect?
 22 A. No, I don't recall that request, no.
 23 Q. PC McNamee also told us in evidence that he has a note
 24 in his police notebook. Again, the details of the note
 25 don't matter but it is dated 8 December 2019 and he

233

1 Is this the prompt MASH referral that you made on
 2 8 October 2019?
 3 A. Yes, to Sefton MASH.
 4 Q. The main paragraph of text:
 5 "School received an email on 08 ... from
 6 PC McNamee ... to say that AR had been carrying a knife
 7 to school. Please see quote from PC McNamee."
 8 Then you are emboldening in the original:
 9 "There is therefore considerable risk of this
 10 seriously escalating."
 11 By putting that in bold and in direct quote from
 12 what the police had said, were you there trying to alert
 13 the MASH to what you saw as this being a very serious
 14 matter?
 15 A. Yes, I was.
 16 Q. You explain that a search had been done and no knife had
 17 been found but you gave the excuse AR had given of being
 18 fed up of being pushed around and alarmingly AR said he
 19 would have used it to stab someone if he had to, yes?
 20 A. Yes, correct.
 21 Q. You will understand that part of the reason, Mr Cregeen,
 22 why I'm raising this with you is to follow the audit
 23 trail through. So the most concerning aspect of the
 24 conversation that you had been party to with AR, you
 25 passed onto the MASH?

235

1 thinks that he may have had a further call with you on
 2 that occasion.
 3 Do you have a recollection of a further conversation
 4 with PC McNamee?
 5 A. Not on that date, no, sorry.
 6 Q. In fairness, he wasn't sure about this but he thinks he
 7 may have mentioned to you again on that occasion that it
 8 would be appropriate for you to report this as a crime
 9 to Merseyside Police so that it was on their systems
 10 but, again, that doesn't mean anything to you now?
 11 A. No, sir.
 12 Q. Again, in fairness to you, it is right that PC McNamee,
 13 and I think as well also the constabulary, have accepted
 14 that they themselves should have done that. But do you
 15 think that there is a chance that that may have been
 16 mentioned to you but that it got overtaken by the later
 17 events of the December attack?
 18 A. I don't know. I don't recall that being put to me for
 19 me to make that referral to Merseyside Police.
 20 Q. I'm just going to deal briefly, perhaps before we break,
 21 with a number of documents with which you were involved
 22 that followed the events of 8 October. Could we have on
 23 screen, first of all, RAN000005. If we could go to
 24 page 2, we see "MASH" and if we could have the second
 25 half of the page highlighted, please.

234

1 A. I did, yes. Although, can I interrupt, sorry -- that
 2 was Sefton MASH and because AR did not reside in that
 3 jurisdiction, it was returned to me to explain that
 4 I needed to contact Lancashire.
 5 Q. I understand. You went on to say in a separate matter,
 6 which AR says was unrelated to this, after recently
 7 receiving a detention, AR was overheard saying, "that's
 8 how teachers got murdered". You passed on that
 9 information too --
 10 A. Yes.
 11 Q. -- and that you were concerned about his mental state?
 12 A. Yes, most definitely.
 13 Q. We see at the bottom of the page:
 14 "Please select the applicable threshold level."
 15 It refers to the threshold guidance for 2013. Was
 16 it you saying level 4 there?
 17 A. That was me determining it was level 4, yes.
 18 Q. What does level 4 mean?
 19 A. Level 4 means child protection, it is deemed that the
 20 child is at serious risk of significant harm -- is at
 21 harm or at serious risk of.
 22 Q. Is that the highest level?
 23 A. That is the highest level, yes.
 24 Q. If we turn next to RAN000006 please. This is
 25 a safeguarding report. Is this an internal Range High

236

1 School document? Can you help us with what this
 2 document actually is?
 3 **A.** So when a safeguarding concern is raised at the time,
 4 this was the safeguarding reporting form. So this was
 5 also completed and placed on AR's file as well as
 6 additional evidence.
 7 **Q.** Thank you. So we go to the second page. We set out the
 8 background on the first page. Second page please. I'm
 9 interested here in the professional opinion:
 10 "AR was a potential risk to himself and others and
 11 needs support to help his mental state which is of great
 12 concern."
 13 Yes?
 14 **A.** That is correct, yes.
 15 **Q.** "He has recently hit a pupil in an English lesson and
 16 also commented that's how teachers get murdered after
 17 receiving a detention."
 18 You comment on the fact he had been isolated and
 19 spoken about hitting a pupil and Alphonse R had been
 20 emailed on 5th October to express concerns and provide
 21 an update as to the situation with the other boy.
 22 You go on to explain that the information has been
 23 referred to VJA, MM and Sefton MASH. Can you help with
 24 those initials?
 25 **A.** Yes, VJA, Mrs Ashworth, Assistant Headteacher
 237

1 on that?
 2 **A.** My view was that AR needed support regarding his mental
 3 state and I determined that to be level 4 as opposed to
 4 Early Help and support level 2. So I felt that the risk
 5 was higher.
 6 **MR MOSS:** Sir, it was always planned for Mr Cregeen that he
 7 would be a witness, I'm afraid, who would go part heard
 8 overnight. I took the liberty of explaining to
 9 Mr Cregeen before he started that he shouldn't discuss
 10 his evidence that he is giving overnight, just as
 11 a formality, but would that be a convenient moment?
 12 **SIR ADRIAN FULFORD:** It certainly would and I'm sorry we
 13 have sat late. I'm sorry you've got to come back
 14 Mr Cregeen.
 15 **A.** It's no problem.
 16 **SIR ADRIAN FULFORD:** It's 9.30 am tomorrow, I think, isn't
 17 it?
 18 **MR MOSS:** 9.30, sir. Thank you.
 19 (5.15 pm)
 20 (The Inquiry adjourned until 9.30 am the following day)
 21
 22
 23
 24
 25

1 responsible for behaviour; MM, Mike McGarry,
 2 Headteacher; and Sefton MASH, obviously, the local
 3 authority.
 4 **Q.** Page 4, please. I think you are there dealing with the
 5 difficulties over the return of it and that because AR
 6 lived in Lancashire, a referral would need to be made
 7 there.
 8 If we go to the bottom of the page. You detail the
 9 fact that AR had been sent home. You had been advised
 10 to call Alphonse R to explain AR would have to remain
 11 out of school while the matter, which is very serious,
 12 is being investigated. That's referring to the
 13 safeguarding actions that have been taken in the short
 14 term; is that right?
 15 **A.** Yes, that is correct.
 16 **Q.** I think you detail the fact that, in terms of, slightly
 17 being passed from pillar to post perhaps, but it emerged
 18 when you rang Lancashire Social Care and spoke to
 19 somebody there, they took AR's details before
 20 transferring you to somebody else, who then told you
 21 that the police had made a referral already and the
 22 matter had been stepped down to Early Support and there
 23 was no need for you to re-refer to make an additional
 24 referral.
 25 The step down to Early Support, did you have a view
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