

Witness Name: Stacey Haydock

Exhibits:SH/01-04

Dated 29 August 2025

THE SOUTHPORT INQUIRY

FIRST WITNESS STATEMENT OF STACEY HAYDOCK

I, Stacey Haydock, will say as follows:

Introductory matters

1. I was a social worker employed within the Assessment and Duty Team of the Children's Social Care department (CSC) in Lancashire County Council ("LCC").
2. I have a master's in social work which I was awarded in 2019, my experience was always with LCC in the Assessment and Duty team, I had a placement there as a student and then began working there after I qualified.
3. I left on 23 September 2021 to work for Active Case Management, carrying out case management for individuals: children and adults with brain injury or catastrophic injury. I no longer work for statutory services.
4. This witness statement is made to assist the Southport Inquiry (the "Inquiry") with the matters set out in the Rule 9 Request dated 24 July 2025.

Factual narrative of involvement

Referral/Allocation

5. I became involved with AR and his family when the case was allocated to me in June 2021. It was allocated to me by my team manager, Sarah Rainford. Sarah commenced maternity leave during this assessment period and oversight was passed to team manager Danielle Bowes.
6. I would first review all the documents including the MASH assessment which is **SH/01 – LCC000108** and I would also look back on the system for previous referrals that have

come through to CSC. I would review previous Child & Family assessments and look at everything on the system.

7. The MASH assessment has the continuum of need level at 4. It would need to be at 4 to reach the threshold for a for a section 17 investigation. Anything that initially came up as a level 3 would go to Child and Family Wellbeing.
8. It was an appropriate referral to CSC, as it was a parent seeking an assessment and they had a statutory entitlement to an assessment under section 17 of the Children Act 1989. The parents of a child that has additional needs, have a statutory right to request an assessment at any time. We got a lot of this type of referral through to the Assessment and Duty Team. Often the requests that came through were similar, a lot of parents asked because they thought they might be entitled to more financial help.

9. At the time, AR's brother [redacted] **DPA**
[redacted] **DPA**
[redacted] **DPA**

10. In the MASH assessment and referral father reported no safeguarding concerns at home for AR or DR. It was a request for an assessment for financial assistance primarily. It is right to say that a request for a section 47 assessment would be prioritised as they are required to be completed in a shorter time frame and there are legal processes required. Any child protection issue takes priority, but a section 17 assessment still has a process that takes place around it.

11. The MASH assessment outcome was a transfer to CSC and the reasoning for the outcome was:

13:05 24/06/2021 JH

Father, Alphonse, requests a statutory needs and carers assessment is carried out in respect of both children, [redacted] **DPA**

Alphonse hopes to secure a financial support package around respite care and personal assistant provisions for both children.

[redacted] **DPA**

Axel is reported to struggle with social communication / social interactions.

[redacted] **DPA** whilst Axel's disability needs are Social, Emotional and Mental

Health Speech, Language and Communication.

Appropriate information and advice was provided to Alphonse in respect of the support available to the family via the early help services, however, Alphonse is strongly of the view

that a statutory assessment is required at this point. Health information has been requested via appropriate form and will be added to LCS case notes / allocated Social Worker upon receipt.

CON 4 S.17 - Threshold for assessment by the Children with Disabilities team not met, therefore a mainstream assessment by the Safeguarding and Assessment team is required, which Alphonse consents to.

Minimum screening undertaken as per new process where CON 4 threshold is identified as met at initial screening stage.

12. As can be seen AR's parents were requesting the assessment for both AR and his brother in the hope of securing a financial support package around respite care and personal assistant provisions. The threshold for a section 17 assessment by the Children with Disabilities team was not met. That team deals with children who have severe to profound physical and learning disabilities. AR: DPA had autism but DPA high functioning. My team dealt with all the mainstream assessments. I note the MASH referral calls my team the Safeguarding and Assessment team which is what we used to be called. There were various different names for the team due to restructures, I cannot remember what my team was called at this time.

13. I can't remember reading anything current that alarmed me at the time. I remember reading about the previous behaviours and prevent referrals noting that every issue that had previously been referred to children's services had been actioned and had either closed or was low risk at closure.

14. There was nothing within the current referral that was a red flag to me. I did not think it was beyond my capabilities, and the assessment was something I had done regularly. Obviously when you read that a child has taken knives into school there is a concern, but I read that risk had been managed appropriately at the time, AR was under a TAF plan and had been open to police and the criminal justice system. It was clear on referral there were no further concerns raised in that regard; it was father requesting a section 17 assessment.

C&F Assessment

15. A copy of the C&F assessment is exhibited at **SH/02 – LCC000247**.

16. To prepare for an assessment I would usually ring and have a telephone call with the other agencies involved, occasionally I followed this up by email or phone call if I needed further information.

17. On contacting the agencies and speaking to them, I didn't feel at that time that anybody was overly concerned. There were concerns there, but people were working with these concerns to try and improve AR's thoughts and how he viewed items he saw on the news. He had professionals with autism specialisms working with him. I cannot recall that that anyone told me anything I didn't already know from having read the information we held on file.
18. AR was receiving a lot of support from a lot of different agencies.
19. I completed the assessment on 7 September 2021. It took me 10 weeks which is longer than it should have taken. I had a high caseload at the time. It was in fact one of the reasons why I left even though I really enjoyed the work in the Duty and Assessment team. I had a caseload of about 44 children, and I was working into the early hours every single night. I knew that LCC were trying to recruit as people were burning out. It was a national problem with Local Authorities. It was very difficult to manage.
20. In addition, at the time COVID risk assessment still had to be completed and these were done by 29 June 2021. The children were to be seen alone and due to the family's request, specifically DR's college commitments, this was delayed from 30 June 2021 until 14 July 2021. The parents also needed to be seen by that date. There were further delays, and I eventually saw DR and his parents on 2 August 2021. I saw the parents alone on 9 August 2021.
21. My colleague Janine Rhodes saw AR, DR and the parents on 18 August 2021.
22. I can remember that when I spoke to CAMHS to prepare my assessment they notified me that during a virtual session there had been allegations of AR's father being violent towards him and DR. These are the notes of my telephone log dated 18 August 2021.

Detailed Notes Referred due to anxiety, struggles to leave the home except for attending school. Father is saying that he is refusing to go to school. Been supporting Axel for around 4/5 months
Referred to psychiatrist, started on medication Propranolol. Sessions are virtual.

During a virtual session Axel has made a few allegations against father. Father is unhappy about this and will not converse with Sam over it so she cannot get any context to the incidents.

Axel has said he gets very frustrated with father and shouts at him said he almost hits him with plates.
father waved a knife at him and said I could kill you right now
said Father hits Dion. Father and Dion had an argument and father hit Dion. said he doesn't hit him as he would hit father back.

Axel also said that he throws water on father when he says things like he is going to go into care Parents said in the past that Axel has made allegations to professionals in the past.

Father is cross that Sam would entertain this conversation.

Having graded exposure work, advising father to implement this, but this has stopped and Axel feels frustrated about this. Axel will say that father is a terrible cook, tried to implement some cookery skills.

feels Alphonse is shutting down to CAMHS input.

23. CAMHS were managing the situation through family mediation. I cannot remember if I had a pre-planned meeting to see AR as part of my assessment on 18 August or whether it was because of this safeguarding referral from CAMHS, but my colleague Janine Rhodes went out to visit AR on 18 August 2021. Janine was in the Duty and Assessment team and lived in Southport.
24. It quite often happened that the social worker who was carrying out the assessment did not do all the home visits due to caseload requirements and annual leave.
25. In the Duty and Assessment Team there were 3 teams of social workers. Each social worker team was on duty for one out of 3 weeks. The other 2 weeks were used to work on your cases. When you were on duty new referrals had to be responded to each day. The Team Manager would allocate the new referrals. Again, I cannot remember precisely but I assume I was on duty, as was Janine, we had received a lot of referrals that day and had divided the visits up between us in the most practical way and that it would have made sense that as Janine lived in Southport, she did the AR visit arranged for 18 August 2021. We were a busy team, and we needed to work efficiently.
26. Even if this was a visit primarily caused by the CAMHS safeguarding referral it would still be considered part of the assessment process for the section 17 report I was doing at the time. It was a social worker visiting the family. We would not have carried out a separate safeguarding visit to AR because of the CAMHS referral because the family were currently being assessed for the section 17. Both reasons for the visit would have been rolled together and just one visit made. I am sure this is what happened.

27. I had a discussion with Janine following her visit on 18 August 2021 and what she had discussed with AR and I included that visit within my assessment.
28. It is correct that I do not seem to have recorded notes of my visits with AR and his family on the system. I cannot explain why, and it was not my normal practice. I kept notes of all my family visits, and I would write them up after. I can only assume that it was an oversight on my part that I added information directly into the assessment, and not made a separate record of my visits. It was probably a combination of a heavy caseload, and having many assessments to complete before I was leaving that I have not gone back and written up the visits in the contact records.
29. I did meet with the family and the dates recorded in the C&F assessment of 2 August 2021 and 8 August 2021 are correct. I definitely met with AR, but my main interactions were with his brother and parents. I had a fleeting interaction with him on one visit, and he did not want to engage with me. I also remember that his mum went up to his bedroom and tried for a long time to get him to come down and speak to me. I also tried to speak to him through the bedroom door. I would emphasise I was his social worker not his parents' social worker.
30. It is not unusual with teenage boys that they shut down, it didn't stand out as being unusual at that time. He also had autism. The family were very open to the assessment, open to answering questions, they didn't come across as being guarded. The parents were supportive of both boys.
31. I remember AR's parents telling me that AR liked watching the news. He was clean, neatly dressed and had short hair. It is common that people with autism have sensory issues around their hair being cut. I wouldn't say I was not concerned with his presentation. I just thought he was struggling socially and must be quite difficult for his parents to manage. It was a presentation typical of a teenage boy with autism.
32. As explained Janine went to visit the family on 18 August 2021, and this is a note of her visit:

Wednesday 18 August, 2021	Type of Contact	Visit	Created By	Janine Rhodes	Job Title	Social Worker	Finalised on
Home visit carried out -re allegations of physical abuse from CAHMS worker							
<p>35. Visit was carried out at 6.15pm as dad Alphonse wanted mum to be present. I entered and Axel was in the sitting room with mum. I explained the reason for the visit and asked Axel if he understood. Axel was very literal in his answers and very direct and calm initially until his dad came into the room, then the atmosphere got tense.</p> <p>I asked Axel if it would be ok to speak to him on his own, but refused this stating 'he had nothing to hide'. I continued to ask about his conversation with his CAHMS worker and he stated that 'his dad hits eight year olds and he hits Dion.' I asked what eight year old was and he replied 'me'. I then asked if his dad had hit him recently and he said 'no, but he has hit me'. There was a lot of tension between Axel and his dad as Axel kept on shouting at his dad to 'shut up and stop talking rubbish' deflecting away from what is important'. It was difficult to speak to dad as he was always interrupted by Axel and Axel would leave the room.</p> <p>On speaking to Dion he said that he had no worries and that his dad had not hit or slapped him in the last two weeks. Dion stated that when both he and Axel were younger that they would 'get a smacked bottom for being naughty'.</p> <p>When Returning downstairs I relayed that Dion had not raised any concerns. Axel then stated 'that everyone was lying'. Axel stated that he 'hated' his dad and did not call him dad but Alphonse. Axel stated he used to throw plates at his dad as his dad was a terrible cook but now he just throws water at him. Axel then proceeded to get milk from the kitchen and take it upstairs and pour it on his parents bed. This was because everyone had lied.</p> <p>Both parents had to whisper that they did not want to discuss anything further as this would make Axel's behaviour worse. Axel does not like being discussed.</p>							

33. I discussed her visit with Janine in preparation for my assessment. She said that AR did not engage with her but only to discuss his allegation that his father had hit him. He engaged for that purpose only; he did not speak about anything else. He took his opportunity to make his complaint about his father and when he was talking about that he was very engaged. He very quickly disengaged when he was asked about something he didn't want to talk about. I cannot tell whether this would have happened if I had gone to visit AR but I can say that Janine had more engagement with AR on that visit than I had managed so far.
34. The only adverse behaviour that Janine observed was that he went upstairs and poured a glass of milk on his mum and father's bed which happened after they had disagreed with him.
35. I struggled to get input and engagement from AR and I record in my assessment that AR "did not give an opinion on the recommended plan as he only engaged in one visit where his allegation was being explored".
36. I have also seen a note of the call I had with AR's teacher at The Acorns school again this would be in preparation for my assessment. The call was on 3 September 2021:

Mrs Allred spoke to Stacey Haydock at 4.30pm. 1.9.21 regarding Axel Rudakubana. Stacey explained that she is the social worker who is completing a family assessment with the family and wanted to know Axel's progress in school. Mrs Allred explained that he has engaged well last year and built a very positive relationship with me-Mrs Allred- as his teacher, and he was able to access the GCSE curriculum (grade 3-4 in Maths and grade 1-2 in English) as well as address his social needs through social stories all of which was very positive.

However, this relationship broke down after a formal meeting in school (in May 2021) when school documents were shared with father which were then shared at home with Axel. This has resulted in distrust and paranoia from Axel which has eroded the relationship despite efforts to review some documents with him in an age- appropriate way. At the end of term Axel said he would not attend school until he could discuss the prevent referral written about him as he didn't think it was accurate. Mrs Allred explained we are currently liaising with his CAMHS worker and legal advice how to proceed with this and would keep her informed as to their progress.

Mrs Allred explained she had a meeting a 10am tomorrow with Axel to explain his timetable and starts his timetable every school day 9-12 from Monday. Mrs Allred explained school has progressed his provision since July 2020 from initially 2:1 to 1:1 provision and next week he will be studying with another student at the same time.

Stacey explained that she has not been able to speak with Axel as he barricaded himself in his room and refused to see her. when she visited the home. Stacey said she was very aware the relationship between Axel and Father is difficult and work is needed in this area. Mrs Allred agreed with Stacey that Mum seems very positive and keen to help.

Stacey said Axel has alleged that his father has hit his brother in the summer, but his brother denied this when Stacey asked his brother.

Stacey explained that she had contacted SEND to find out the progress regarding finding him an SEN provision. Stacey said there was nothing recorded on the system however when she rang up, they had the record of the meeting and outcomes that an SEN school needs to be found. Stacey asked what Mrs Allred recommended for Axel and Mrs Allred suggested an SEN provision that meets Axel's academic needs as soon as possible that has a 16+ provision. Also, a keyworker to build a relationship with Axel in the home (at least 6 months ideally longer) to encourage him to get out of the house and engage in physical or social activities that interest him.

37. As can be seen whilst AR's teacher had a good relationship with AR the relationship had become strained due to the school's Prevent referral. I also explained that I had been unable to speak with AR as he had barricaded himself in his room.

38. I did note that the plan was for school to offer AR more hours. They had already moved down from 2:1 teaching to 1:1. It was the plan for AR to be taught from 9-12 each day with another pupil starting at the beginning of the new school term.

39. I was aware of 2 Prevent referrals for October 2019 and April 2021 but by the time of my involvement neither were current. Both Prevent referrals had been no further actioned and even though Prevent didn't take it any further, the youth offending team had been in place previously as well as CAMHS.
40. There had been a third Prevent referral by Acorns in April 2021 around AR's internet usage and searching for the IRA London Bridge bombings.
41. I mention the Prevent referrals in the education section of my assessment. There is an error in the history section where I say that AR was excluded from the Range High School following an incident in December 2019 where he physically assaulted a pupil with a hockey stick and was found with a kitchen knife in his bag. He had been excluded from The Range in October 2019 when he called ChildLine re bullying and stated that he had carried a knife into school as a result. By the December 2019 incident he was a pupil at the Acorns. Maggie, AR's teacher at Acorns, was doing the work with AR around being open. The difficulty was that Prevent had said they did not have any concerns. I would not be able to ask them to have a look at it again without there being any further incidents of a similar nature.
42. I raised the Prevent referrals with AR's parents, they said there had been no similar incidents since and they didn't seem too concerned themselves.
43. In relation to issues with AR's violence again, the throwing of plates had taken place historically it was not a current issue. AR said that he used to throw plates at his father and now threw water at him. A lot of the disputes were about food and eating. With AR being autistic, I understood this to be that if food didn't look like it did on the picture in the recipe he had selected for his father to cook for him, he may not see it as the same meal and would refuse to eat it. There was a lot of tension between AR and his father. His parents appeared to be lovely people; I could tell that his father was trying hard to accommodate his needs and wants.
44. I could only remember the incident where father had a knife after looking at the notes, I remember AR's parents telling me that they had removed all the knives apart from one that they used for preparing food and that this knife was locked away.
45. In relation to AR's allegations around his father's abuse, as stated this was raised by my colleague Janine on her home visit. DR denied that his father had hit him recently and it turned out that AR's allegations about hitting an 8-year-old were about him and when he was 8, he was then a 14/15-year-old, so they were historical not current allegations.
46. I mention in my assessment that AR's subsequent diagnosis may in some way explain what he did in October and December 2019, what I meant by that was he wanted to hurt

someone that was bullying him and that person wasn't in school when he went there armed with the hockey stick and knife. So, he hit anyone. His autism may have caused him to carry on with his plan even though the person he perceived was his bully was not present at school that day. My comment was not in any way minimising his actions it was an attempt at explaining them.

47. The problems at home were AR and father not getting on, there were no concerns for parents' capacity at home, no concerns he was unsafe at home, his parents were trying their hardest to accommodate all of his needs and trying to put appropriate boundaries in place. He was pushing back against them which a lot of teenagers do at that age, and he had the added complications of his autism.
48. He needed someone to work with him on that behaviour, he had an autism teacher and CAMHS working with him on those behaviours, similarly with the knives and online material. His teacher was breaking things down with him. Many people with autism struggle to understand the nuance of things. For example, stories reported in the news are not in the news because they are a good thing rather, they are a negative thing. When working with a child with autism social nuances and norms need to be unpicked and explained. My understanding is that children with autism need to be taught social norms very early on as they can become rigid in their thinking process.
49. I understood that CAMHS were carrying out graded desensitisation work with AR which was around his anxiety, and it was hoped would help him get back into school and going out socially. The problem had been that the work was originally done by his father who was AR's main carer but that was not working due to the relationship between father and AR. The person doing the work with AR was the person he found most frustrating, so CAMHS were working with AR directly. Again, I thought this was the appropriate work to be done with AR.
50. I considered what services AR required but they were in the main already in place and the correct agencies were already working with him and his family. I didn't observe any aggression or violence towards others. There were no new incidents of violence towards people nor violence within the home.
51. My understanding was that AR had not thrown anything at his father for a long time, except water and there was also an incident with milk, that Janine had observed.

Step across to CFW

52. At the time of the step across from CSC to CWF, we had had a restructure to the family safeguarding model. When I was assessing on Duty you could either step up to the

family safeguarding team at level 4 (for children on child protection plans) or refer to the CFW service, who held level 3 child in need plans or level 2 team around the family plans. Level 3 was held in the CFW service. Under some circumstances the family safeguarding team would hold some high risk level 3 child in need cases, and these tended to be families who were at risk of meeting level 4 concerns. We didn't hold anything on our team we were just carrying out assessments.

53. I assessed AR **DPA** to fall at Level 3 on the CON. The process was to transfer the family to the CFW team. Whatever level the cases are at they are subject to manager scrutiny.

54. This is my plan for AR following on from my assessment:

<p>What is the proposed plan? If the proposed plan is not possible, what are the alternatives?</p>	<p>Social Worker to request Senior Management Panel for consideration for funding for a carer to support Axel once a week to access the community and attend social activities appropriate to his needs. This should be reviewed once Axel is settled into an appropriate SEN school as they will also support his social needs.</p> <p>It is then recommended that Axel be supported under level 3 Family Intensive Support. the following actions are proposed:</p> <p>Explore with parents support groups for them to be able to link with other parents of young people with additional needs.</p> <p>Consider Stepping Stones course for parents.</p> <p>Direct work sessions with Axel and father to address their relationship issues and work to re-build their relationship. Consideration to be given to mediation if unsuccessful.</p> <p>Direct work with Axel to consider his wishes and feelings and provide emotional support.</p> <p>Parents to speak with GP regarding Axel's eating to consider if a referral to the eating disorders clinic is appropriate.</p> <p>CAMHS to look at Axel's sensory needs to assess if eating is caused</p>
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by a sensory issue/need. CAMHS to continue their support to Axel to understand his anxieties, emotions and reactions.

55. The plan was to request the senior management panel to support AR with a carer to assist in accessing the community. That panel can approve funding for the family for extra support for AR.
56. I did think that there was a gap for AR as he wasn't getting any sort of social activity and he was very isolated. He didn't leave the house unless he went to school, and he only went to school for one hour per day at that point. His specialist teacher had suggested ".....Also, a keyworker to build a relationship with Axel in the home (at least 6 months ideally longer) to encourage him to get out of the house and engage in physical or social activities that interest him."
57. We were also looking at another school that would be better for AR's needs but that could take time.
58. I recommended he be supported under level 3 of the CON which would be with CFW. I felt AR needed support for his emotional needs. My main concerns were his social isolation, his family relationships and his education.
59. I drafted the referral to CFW, I extracted the relevant parts from my assessment. These actions would become their plan, although they were worded slightly differently.
60. Only one of my actions within my assessment was missed out that from my referral to CFW which was my recommendations for the carer, my manager agreed that a step across to CFW was needed but she did not agree the additional financial support, her comments were as follows:

Manager comments/oversight: TM is in agreement that a referral is needed for DPA DPA but also for Axel as referrals can be made 13+. I have considered the social

workers request for SM oversight for direct payments but actually believe this need can be met without DP. I am aware that Axel has had a review of his EHCP plan which has identified a school who supports children with additional needs is appropriate and a provision is being sought. He currently attends a PRU provision which isn't appropriate for his needs and only attends an hour a day, therefore it is my view that his social isolation is only present by virtue of not having the appropriate provision in place during the educational day. Therefore education should be providing more for this young male to meet his needs both on an educational and social basis until appropriate provision is sourced as identified in his EHCP. The case can step down to early help, however I think a meeting needs to be held as part of this step down to highlight the concerns and unmet needs due to his lack of appropriate provision and a plan of how to change this. EH can offer support for Axel to also access Lancashire breaktime outside term time and out of school hours. If at the point all of his other needs are met as identified and there is still a need for additional support that falls within CSC remit then this can be reconsidered.

61. So that recommendation did not cross over into the referral. Instead I requested that AR receive direct work sessions to access activities in the community.

Please provide details of any remaining unmet needs that CFW should look to meet

SEN school to be sourced for Axel. In the meantime, joint working with current school to provide support around social skills and accessing the local community. Axel is only accessing school for part of the day, explore if school can assist in providing this support.

Direct support for Axel to access activities in the community.

Explore with parents support groups for them to be able to link with other parents of young people with additional needs.

Consider Stepping Stones course for parents.

Direct work sessions with Axel and father to address their relationship issues and work to re-build their relationship. Consideration to be given to mediation if unsuccessful.

Direct work with Axel to consider his wishes and feelings and provide

emotional support.

Parents to speak with GP regarding Axel's eating to consider if a referral to the eating disorders clinic is appropriate.

CAMHS to look at Axel's sensory needs to assess if eating is caused by a sensory issue/need. CAMHS to continue their support to Axel to understand his anxieties, emotions and reactions.

62. There would also be a meeting for a handover. I note my Team Manager refers to a meeting on the step across to CFW is needed. I did not have the handover meeting because I left LCC on 23 September 2021, the records confirm that my Team Manager did have a case step down discussion with CFW on 27 September 2021. The Early Help plan for the last time AR had been open to CFW is rather confusingly shown on the Closure record **SH/03 - LCC000120**, EH plan. I see that EH accepted the referral and the case was allocated.
63. **SH/04 - LCC121**, is the episode record created by CFW/family intensive support. I would not have seen this as a social worker on a different system as it was not part of our forms. It gives the referral a RAG rating of green which I imagine would be low risk. The episode record records contact information and lists the services working with AR at the time of the step across which are listed as the GP and community health. CAMHS, SEND and the school were also involved.
64. The step across to CFW was correct in my view. The threshold was not met for the family to be managed on level 4 of the CON, that is, within the statutory service. At the time of my assessment there was no recent information to suggest either child was at risk of significant harm, however there were concerns that required support.
65. Further in relation the 2019 incidents, AR had a specialist autism teacher to support with all those concerns since July 2020 and a formal diagnosis of ASD on 16 February 2021. So, specialist services were in place looking at his behaviours and exploring them with him.
66. The only new incident of violence was the abuse reported by AR in the virtual CAMHS session. This was explored with DR who denied that his father had hit him recently and

when the allegation was explored further with AR he conceded that the alleged abuse had happened when he was 8 years old, he was 14/15 at the time. Without new evidence of risk, I was of the view that the family's needs would be appropriately managed within CFW. This was agreed by my manager.

67. The assessment complied with my training and the standards expected. I regret and I am disappointed with myself that I do not seem to have kept comprehensive notes of my meetings with the family. Even if I had visited the family once a week for the 10 weeks of my assessment it is unlikely that I would have managed to build a relationship of trust with AR, and I am not convinced that would have been the correct way to approach a teenage autistic boy as I would not remain involved longer term. I only managed 2 visits and did not get him to engage, my colleague Janine got him to speak to her but it was only about what he wanted to discuss.

68. LCC 372- 24 March 2020, this document comes from before my involvement. This is the step down to EH in March 2020.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signed: **Signature**

Dated: 29/08/2025

Index to the Witness Statement of Stacey Haydock

Exhibit No.	Inquiry reference no.	Document Description	LCC reference
SH/01	LCC000108	MASH assessment date 25 June 2021	LCC000108
SH/02	LCC000247	C&F assessment 7 September 2021	LCC000247
SH/03	LCC000120	Closure record dated 27 September 2021	LCC000120
SH/04	LCC000121	Episode record dated 28 September 2021	LCC000121

