

Witness Name: Helen Coombes

Exhibits: 22

Dated: 12.09.2025

## THE SOUTHPORT INQUIRY

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### FIRST WITNESS STATEMENT OF HELEN RUTH COOMBES

I, Helen Coombes, will say as follows:

1. I am employed by Lancashire County Council ("LCC") as an Executive Director of Adults Social Services ("DASS"). I have held this position since 21 December 2024.
2. This witness statement is made to assist the Southport Inquiry (the "Inquiry") with the matters set out in the Rule 9 Request dated 5 August 2025 requesting a Corporate Witness Statement addressing LCC's dealings with AR. My statement deals solely with Adult Social Care's ("ASC") dealings with AR. Before going any further I would like to express my sincere sympathy to all of those affected by this terrible incident.
3. As I was not in post on 29 July 2024, I do not have direct knowledge of the work undertaken by ASC leading up to that date, or immediately afterwards and up to my arrival in December 2024. Therefore, I have prepared this statement by reference to the records held by LCC, reports prepared post incident (detailed below) and from knowledge gained during my time in the role.

#### **Personal Background**

4. I qualified as a social worker in 1994 and became an approved social worker in 1999 (this has since lapsed). I have a Masters in Public Health obtained from Nottingham University in 2005.

5. Throughout my career I have held numerous senior positions in both local authorities and the NHS including in the last 10 years holding the position of Executive Director of Adult Social Care ("DASS") in several English local authorities with responsibility for adult social care. I have also worked as an Associate to the West Midlands Association of Directors of Adult Social Care supporting sector led improvement, and most recently preparation for Care Quality Commission ("CQC") assessment of Local Authorities Care Act duties.

### **DASS Role and Responsibilities**

6. Local Authorities are required to have in place a DASS. The DASS role is underpinned by several key pieces of legislation, including:
  - a. Care Act 2014
  - b. Mental Capacity Act 2005 (including Deprivation of Liberty Safeguards)
  - c. Mental Health Act 1983 (as amended)
  - d. Human Rights Act 1998
  - e. Domestic Violence, Crime and Victims Act 2004
  - f. Local Authority Social Services Act 1970 (as amended by the Children Act 2004)
  
7. According to statutory guidance the DASS must:
  - a. Assess Local Needs - Ensure the availability and delivery of a full range of adult social services tailored to the needs of the local population.
  - b. Professional Leadership - Provide leadership for adult social care staff, including workforce planning and development.
  - c. Implement Standards - Ensure services comply with legal and regulatory standards and promote best practice and continuous improvement.
  - d. Manage Cultural Change - Promote person-centred care, equality, diversity, and inclusion in service delivery.
  - e. Promote Social Inclusion and Wellbeing - Champion the rights and needs of adults, including carers, and work to reduce inequalities.

- f. Drive Partnership Working - Collaborate with NHS, police, housing, voluntary sector, and other partners to deliver integrated services.
- g. Commissioning and Market Shaping - Ensure a sustainable care market, continuity of care, and quality assurance of commissioned services.
- h. Safeguarding - Lead on safeguarding adults at risk of abuse or neglect, ensuring robust systems and inter-agency cooperation.
- i. Financial Stewardship - Manage resources effectively, advocate for fair funding, and ensure value for money.
- j. Accountability and Governance - Be directly accountable to the Chief Executive and ensure transparency and scrutiny of adult social care functions.

**The Local Authority responsibilities for Adult Social Care (ASC)**

- 8. As an upper-tier local authority, LCC's ASC responsibilities include delivery and contribution to the delivery of but not limited to the following legislation:
  - a. Care Act 2014: Duties include promoting wellbeing, prevention, assessment, eligibility determination, care planning, safeguarding, and market shaping.
  - b. Mental Capacity Act 2005: Covers decision-making and Deprivation of Liberty Safeguards (DoLS).
  - c. Mental Health Act 1983/2007: Governs compulsory treatment and hospital admissions.
  - d. Health and Social Care Act 2012: Focuses on integration and commissioning.
  - e. Human Rights Act 1998: Ensures dignity, choice, and anti-discriminatory practice.
  
- 9. ASC is commissioned and delivered through a range of functions and operational teams which includes:
  - a. Adult Mental Health including Approved Mental Health Practitioner's, Prisons, Substance Misuse.
  - b. Learning Disability and Autism, and Transition into Adulthood Teams.
  - c. Neighbourhood and Community including Older People, Physical Disability, Teams.

- d. Hospital Social Work and Short-Term Services, reablement, Occupational Therapy and Discharge to Assess Teams.
- e. Adult Safeguarding, Deprivation of Liberty (DOL's).
- f. Commissioning, Market Management, Quality Assurance and Partnerships.
- g. Financial Assessments.

10. The initial access to LCC ASC is through the Wellbeing and Early Support ("WES") function which launched in July 2024. The WES function acts as the "front door" to ASC and provides:

- a. Skilled professionals to handle calls.
- b. Social care information and advice.
- c. Signposting to voluntary and community services.
- d. Short-term support arrangements.
- e. Eligibility assessments under the Care Act 2014 to prevent, reduce, or delay long-term care needs.

11. During 2023/24 LCC adult social care received 39,575 new requests for support. 22,970 individuals received long term support, and 13,880 family and informal carers received support.

### **Transition into Adulthood Team**

12. The Transition into Adulthood Team ("Transition Team") within LCC ASC is a specialist team working with young people between 14 and 19 years old, supporting them as they move from Childrens services into Adults services. The Transition Policy in place in July 2024 is attached at **exhibit HRC1 – LCC001953**

13. Young people who require support with transition planning are those likely to have eligible Care Act 2014 needs when they turn 18 years of age, they are also likely to have an existing Education, Health and Care Plan ("EHCP"). Referrals can come from Childrens Social Care ("CSC"), Special Educational Needs and Disabilities ("SEND") services, schools, and / or health professionals. Not all

young people notified to the Transitions Team will have eligible Care Act needs at the point of them turning 18 years.

14. For children open to CSC a Pathway Plan will have been prepared. This is a statutory plan that CSC is required to develop for all children in LCC's care at the age of 16. This will have input from ASC where there are social care needs to give an idea of future support that might be required at the age of 18 and helps inform the prioritisation process for allocation to undertake a Care Act assessment.
15. Once the referral is received it is triaged and allocated to a social worker. The Transition Team is notified on average of 23 new young people a month to include in its allocation list which then go through a prioritisation process.
16. The Transition Team uses a multistage referral and triage system enabled in the liquid logic adults system (LAS) and the liquid logic children's system (LCS) platform.
17. When allocated a case, the transition social worker will complete a Care Act assessment as defined in Section 58 and Section 59 of the Care Act 2014. The assessment is generally undertaken after the young person's 17<sup>th</sup> birthday.
18. The Care Act transition assessment will specifically focus on:
  - a. Current eligible Care Act needs for care and support and how these impact on wellbeing.
  - b. Whether the young person or carer is likely to have needs for care and support after the young person reaches 18 years.
  - c. If so, what those needs are likely to be, and which are likely to be eligible needs. A separate financial assessment will be undertaken if the young person is likely to require funded care and support, to establish whether they will need to contribute to these services. Consideration of family and carer support will also contribute to meeting the young person's needs.
  - d. The outcomes the young person and their family/informal carer wishes to achieve in the context of their Care Act eligible needs, their aspirations for the future and how they might be supported to achieve them.

19. The aim of the assessment is to identify what needs the person may have and what outcomes they are looking to achieve to maintain or improve their wellbeing and enable them to live as independently as possible. The outcome of the assessment is to provide a full picture of the individual's needs so that LCC can provide an appropriate response at the right time to meet the level of the individual's needs.
20. The social worker's assessment should include consideration of whether there is any reason to doubt the service user's capacity to consent to the assessment and to any arrangements made for their care and support. If there is a reason to doubt a person's capacity the social worker should complete a Mental Capacity Assessment and record this.
21. If any risks to self or others are identified during the assessment process by ASC, or by other agencies, or are highlighted in the referral, a risk assessment should be completed and recorded. The Care Act assessment should identify specific risks, for example activities of daily living such as managing personal care, and the potential harm arising from them. It should identify any measures to mitigate those risks and what residual risk remains after actions are taken to establish Care Act eligibility, and whether a care and support plan is required. The assessment would consider whether other factors mitigate risk, such as living with family and the support they provide.
22. If an issue of concern is identified at this stage requiring urgent attention, then the social worker should notify the appropriate agency to address that concern. Who should be notified will depend upon what it is that has come to the social worker's attention. At this point the case hasn't transferred i.e. the individual is still a child and the outcome of the assessment is unknown. Therefore, if no new information is provided that indicates risk then consideration of risk as described above relates to the Care Act assessment, and through the lens of the individual as an adult.
23. The completed Care Act assessment should be authorised by a Team Manager and then either:

- a. Where a young person does not have eligible Care Act needs, the team provides information, advice and guidance and signposts to universal or preventative services, and the case is closed, or
- b. The social worker will begin support planning with the individual and with their family / informal carers so that any necessary support is in place in time for their 18<sup>th</sup> birthday.

24. The Transition Team is not operationally responsible for care and support arrangements or for case management before a young person's 18<sup>th</sup> birthday, and so during the period that the case sits with the Transition Team, the extent of the Team's responsibility is to provide information to support planning and contribute social care advice to EHCP reviews.

25. The Transition Team will end its involvement with the young person no later than the summer following their 19<sup>th</sup> birthday. Responsibility for social care will then transfer to the most suitable ASC team.

### **Training**

26. On joining the Transition Team all staff receive an induction as per the LCC induction policy. In addition, they will go through a specific Social Care Academy induction process, with a training matrix and a specific set of training tailored to their job role that they must complete.

27. All social work staff are required to read the LCC ASC Practice Handbook (**Exhibit HRC2 – LCC001960**) and other associated practice guidance and operating procedures.

28. Qualified and registered social workers are required as part of their registration with Social Work England ("SWE") to complete and evidence continuous professional development.

29. Non-qualified staff will through supervision and annual review discuss their training needs and development.

### **Supervision**

30. Registered Social workers within the Transition Team receive monthly reflective supervision with their Team Manager, and the supervision records are recorded on the LAS as per the Supervision Policy.

31. If through supervision the quality of work including recording and timely completion of assessment is not meeting expectations then the Team Manager has a range of interventions which include performance management, additional training and supervision, and support from the wider team.

### **Policies and Procedures**

32. There is a suite of policies and procedures available to staff in the Transition Team that they can refer to. In addition to the Transition Policy and Practice Handbook already mentioned, I have set out below policies and guidance relevant to the circumstances in which ASC came into contact with AR, and to ASC' dealings him:

- a. Assessment of Needs Policy dated June 2023 (**exhibit HRC3 – LCC001965**).
- b. Care and Support Planning Policy dated June 2023 (**exhibit HRC4 – LCC001966**).
- c. Eligibility Criteria Policy dated November 2023 (**exhibit HRC5 – LCC001967**).
- d. Information and Advice Policy dated November 2023 (**exhibit HRC6 – LCC001968**).
- e. Information Sharing, Record Keeping and Confidentiality Policy dated December 2023 (**exhibit HRC7 – LCC001969**).
- f. Review of Care and Support Plans Policy (**exhibit HRC8 – LCC001970**).

33. These policies and procedures are reviewed annually and any identified changes made. There have been no significant changes to the above policies post incident.

### **Information Sharing**

34. Gathering information from all professionals and sources is a core element of a social workers' assessment. This can include the family members and other informal carers.

### ***Information Sharing within LCC***

35. As at July 2024, the ASC case management system on LAS could be accessed by staff in the Transitions Team.
36. My understanding is that the Transition Team did not have access to the Early Help Module (“EHM”) or LCS within liquid logic.
37. Information could be obtained through speaking to other professionals, the family, reviewing existing records, and through requesting specific information via email to specific teams that were known to have worked with an individual.
38. There have been improvements in information sharing within LCC which I will deal with later in the “Improvements” section of my statement.

### ***Multi-agency Information Sharing***

39. The Statutory Guidance ‘Working Together to Safeguard Children’ sets out expectations about how ASC, CSC, and other agencies should work in partnership and share information. The 2018 version applied until 15 December 2023 from which date the 2023 version applied, a copy of which is at **exhibit HRC9 – LCC001971**
40. The Care Act 2014 Statutory Guidance (**exhibit HRC10 – LCC001897**) highlights the importance of multi-agency working within the assessment stage. Paragraph 16.4 states:

*“Professionals from different agencies, families, friends and the wider community should work together in a coordinated manner around each young person or carer to help raise their aspirations and achieve the outcomes that matter to them. The purpose of carrying out transition assessments is to provide young people and their families with information so that they know what to expect in the future and can prepare for adulthood”.*

### **Overview of ASC’s involvement with AR’s family**

41. AR's family were known to the Transition Team [redacted] DPA  
[redacted] DPA  
[redacted] DPA  
[redacted] DPA

42. [redacted] DPA. AR earlier records were in LCS and at the time could not be accessed by ASC staff. This is now resolved with access across both systems for both children's and adults' workers.

**Overview of Adult Service's involvement with AR**

43. On 8 February 2022 Louise Lewis, Family Support Worker, emailed the Transition Team a transition referral for AR (**exhibit HRC11 – LCC000910**). AR was 15 at the time. There was no information relating to risk included within the transition referral document, although at the time, there was no specific place to include this. The form did state that AR had a diagnosis of Autistic Spectrum Disorder ("ASD") and presented with anxiety. It stated he had low self-confidence and low self-esteem impacting on his identity and preventing him from accessing the community. It also referenced AR having an "extremely fractured" relationship with his father, AR's sporadic attendance at Acorns School, and that an EHCP was being amended to support AR.

44. Although ASC is not operationally responsible for care and support arrangements, or for case management before a young person's 18<sup>th</sup> birthday, it is good practice for referrals to be made to the Transition Team for those who are younger (in this case, AR was 15 at the time of referral) because it means that they are on the Team's radar for future consideration, and budget considerations etc. It is also good practice for young people and their family to be told about the services which might be available to them once they turn 18, However, within ASC and the Transition Team, we would not actively do anything until the individual is closer to 17 – 17½ years of age when we would start to put a plan in place. Therefore, a more accurate description might be "notification" rather than "referral".

45. At the time this referral was received, it was allocated to a social worker to action without review by a team manager. This has since changed, which I expand on below in the "Improvements" section.
46. On 21 February 2022 the case was allocated to social worker Matthew Embley.
47. The role of the social worker at this point would be to hold the case and respond to any requests for information including requests from the SEND service for social care advice.
48. As stated above, the social worker's primary task is to complete an assessment under the Care Act 2014 to identify whether the young person has a need for care and support in sufficient time to have any necessary support in place in time for the young person's 18<sup>th</sup> birthday.
49. As it transpired, Mr Embley had a prolonged absence from work and so did not ever work on the case and the case allocation to him ended on 8 August 2022.
50. On 10 August 2022 Suzanne Walmsley was allocated to deal with AR's transition to ASC.
51. On 14 August 2023 Ms Walmsley emailed and called AR's family to ask for a date to begin the Transition Assessment in September (**exhibit HRC12 – LCC000438**). The purpose of the Transition Assessment was to establish whether AR was likely to need support when he reached adulthood in August 2024 and if so, to develop a plan for the provision of this support. This contact is around the time that AR was 17 and for the reasons set out above, is what would be expected.
52. On 7 September 2023 an assessment was arranged for 9 November 2023 following a call from AR's father.
53. On 7 November 2023 Ms Walmsley emailed the SEND inclusion worker requesting information to support the assessment and there followed a brief email exchange between them (**exhibit HRC13 – LCC001573**). I am not aware if a "catch up" as mentioned in the emails was ever arranged.

54. On 9 November 2023 Ms Walmsley visited AR's family home to complete the Transition Assessment. A note of the visit was added to LAS on 30 July 2024 (**exhibit HRC14 – LCC000438**) The notes state that Ms Walmsley left the property without seeing AR because he did not want to see her. As a result, Ms Walmsley took the decision to gather information from AR's parents.

55. Ms Walmsley concluded that based on the information provided by AR's parents, AR did have Care Act eligibility due to:

- a. Need for prompting to support him with activities for daily living
- b. His struggles with accessing the community, due to high levels of anxiety impacting him

56. Ms Walmsley's notes state "*AR's parents were happy for a care package to be explored closer to his 18<sup>th</sup> birthday*".

57. There was no further interaction with AR up to the date of the incident on 29 July 2024.

58. Between November 2023 and June 2024 Ms Walmsley had monthly supervisions with her Team Manager (with the exception of May 2024). There is no documented evidence of a detailed discussion regarding AR. Ms Walmsley is instructed to finalise the assessment for AR in several of the meetings but that had not been done by 29 July 2024. The notes are exhibited at **HRC15 – LCC000504 LCC000505, LCC000506, LCC000507, LCC000508, LCC000509, LCC000510 and LCC000511.**

### **Reflections on ASC involvement with AR**

59. The primary purpose of the Transition Team is to identify young people who are approaching 18, assess their Care Act eligibility, and if they are not eligible ensure they and their family and support network have access to universal information, advice and guidance as they transition from children's services.

60. In my experience, and given the context within which we work, with adults who have varying and often complex needs, the fact that AR refused to see Ms

Walmsley is not in itself unusual. The Care Act Statutory Guidance (**exhibit HRC10 – LCC001897**) alongside the LCC’s Practice Handbook (**exhibit HRC2 – LCC001960**) does not explicitly state that the person being assessed must be seen face to face. However, the Care Act 2014 is clear that a person must be involved in the assessment. Similarly, the LCC’s Practice Handbook is clear that the person must be involved with their assessment. The refusal to be seen would be part of that assessment and a risk factor to take into consideration.

61. Dependent on other sources of information, the family views, and the areas of need, a professional judgement would be made about whether not being able to conduct a face-to-face assessment would mean that further discussions with the wider multidisciplinary team (“MDT”) would need to take place. This information would then be used to consider next steps. It would also inform consideration of whether any steps should be undertaken to compel a face-to-face assessment. If a person with capacity refuses to see a social worker, the social worker’s options are limited. If there are concerns that there are risks of real and immediate harm to or posed by that person that are serious enough to justify contacting the police, then that is a step that can be taken. Otherwise, where significant risks of harm to others or self were in evidence and there were concerns that an individual was suffering from a mental disorder the other route would be the process of an assessment under the Mental Health Act 1983. These risks were not deemed to be present at this assessment based on all the available information. Whilst I understand that ultimately this will be a question for the Inquiry, having reviewed the available information I agree there was no evidence that risks were present that would have justified these steps.

62. Following the assessment visit, Ms Walmsley was expected to record a note of her visit on LCC’s LAS and prepare an assessment using the information gathered during the visit and any information gathered from other sources to identify the needs that AR had as he approached his 18<sup>th</sup> birthday. There should have also been consideration of whether any Mental Capacity Assessment was required. The assessment would then be submitted to the Team Manager for approval.

63. In this case, Ms Walmsley entered the case note of her visit to AR’s family home on 9 November 2023 onto the system on 30 July 2024, over 7 months following

the visit. No assessment had been completed or submitted to the team manager by that date.

64. SWE Practice Standard 3.11 requires Social Workers to maintain “up to date” records.

65. LCC’s Practice Handbook (published in April 2024) identifies that it is “best practice” for case notes to be entered on the LAS system within 1 working day and for assessments to be entered on the LAS system within 2 working days.

66. It is acknowledged that to be inclusive, and person centred, a fully developed assessment of need may require a tailored approach to capture and understand the eligible needs and outcomes, and this might not be possible in a single visit and often involves gathering information from other sources which could take a period of days and / or weeks. However, it would be expected that all interactions with other professionals, families, and requests for information are recorded within contemporaneous case notes on the system; this is a core part of social work practice.

67. Ms Walmsley reached a professional judgement based on the information she had that AR was Care Act eligible. Based on the information I have now, in my view this was a premature decision bearing in mind that she had not been able to see AR and had not reviewed and/or had access to all the available information. It may have been more appropriate for Ms Walmsley to make arrangements to visit AR again and gather information from other sources before reaching a final view.

68. The undertaking of a proper assessment would have included follow up on AR’s history, and consideration of a MDT discussion before reaching a judgement about whether AR’s needs were most appropriately met by providing support under the Care Act, or whether there were other avenues of intervention or support that should be considered. That wouldn’t necessarily have led to any more safeguarding steps to address risk to others or self - but it might have led to the MDT to consider a more holistic way of working with the transition to adulthood.

69. I should add that the social worker would also be expected to consider whether there was an unpaid carer with need for care and support and to seek consent to make a referral for a Carers Assessment if that was the case. Given the family circumstances there should have been further consideration of whether the wider family required support given their role of carers.

70. Allocation prioritisation is largely about how much time is likely to be needed to do the necessary work e.g. a child in the care of LLC needing specialist 24-hour support at 18 needs earlier allocation than someone requiring a small direct payment. The Transition Team was notified of all children who might require consideration by ASC for a Care Act assessment, however as stated earlier, allocation did not mean that the case had been prioritised for assessment. Prioritisation was based on the likelihood of needing time to ensure continuity of care for complex cases. However, it was expected that all cases would be seen before they were 18 years of age

71. On the records I have seen whilst AR was identified to have needs, at this time he did not present as a priority or someone with significant needs. This would be because of factors including, but not limited to, the following:

- a. AR was housed
- b. AR lived with his parents who cared for him
- c. AR was not exhibiting mental health needs such as schizophrenia etc.

72. That said, once a decision is made by a professional based on their judgement and the information available to them at that time, I would expect Ms Walmsley to prepare an assessment and start to put in place a support plan. The timescales for carrying out this work can vary but it would have been expected that the assessment would have been more developed by early summer 2024.

73. Supervision of Ms Walmsley should have picked up that further visits / information gathering had not taken place and no assessment had been completed. The supervision provided should have addressed in a timely way that the work was not completed to the standard expected, and that the recording was not sufficient to meet the SWE standards for a qualified social worker and addressed this promptly, including consideration of whether this needed to be dealt with from a performance management perspective.

### Interagency Working in relation to AR

74. As stated above, Ms Walmsley did email the SEND inclusion worker requesting information to support the assessment on 7 November 2023. Prior to establishing eligibility, I would have expected this to be followed up and received.

75. Prior to the visit to AR's family home, I would not have expected Ms Walmsley to have liaised with any other external agency, based on the information she had available

76. For the reasons set out above, once Ms Walmsley had attended the family home and AR would not engage, it would have been appropriate to then try and obtain further information from other sources.

### Reflections / Lessons Learned

77. Prior to me taking up my position within LCC, the following internal reviews had taken place. They are:

- a. Practice Review Summary and Action Plan in the case of AR completed by Kerry Ross, who at the time was the Head of Service for Adult Social Care Quality & Improvement and is dated 1 August 2024 (**exhibit HRC16 – LCC000443**). The aim of the review was to evaluate the strengths and areas for improvement in the practice and management oversight of the Transitions Service from February 2022 to July 2024.
- b. Report on Transition Team's involvement with AR completed by Neil Wilcocks, Service Manager, dated 9 August 2024 (**exhibit HRC17 – LCC000462**).

78. As I had not been part of these reviews, and I was not clear on the current status of the actions identified and whether all aspects had been considered, I commissioned a Management Review of ASC involvement with 'Brian' (AR). The report was prepared by Luke Addams, Independent Social Care Consultant

at Pride and Quality Consulting and is dated 23 March 2025 (**exhibit HRC18 – LCC001954**).

79. The purpose of this review was to complete the work already started in understanding the role of ASC and to provide analysis of ASC's role in the case of AR, particularly the Transition Service, identify any further actions required and help inform a single improvement plan. The scope of the review included consideration of:

- a. Historical records and what was previously known about AR and his family.
- b. Information sharing – information received, an examination of policy procedure and guidance.
- c. Quality of practice, as above and in line with national legislation.
- d. Previous reports produced, system and practice recommendations.
- e. Indicators of risk, risk management and systems of risk recording.

80. The Transitions Operational Assurance & Improvement Report dated May 2025 (**exhibit HRC19 – LCC001955**) sets out our commitment and records the actions being taken to support improvement and development of the Transition Team within ASC at LCC. The plan was updated to include the recommendations from Mr Addams' report.

81. The key learning points identified in this review are set out below:

- a. There was insufficient engagement of the person in the assignment and planning process.
- b. Personal circumstances of the respective workers are recognised to have impacted on performance
- c. There was a lack of professional curiosity
- d. The review highlights opportunity to improve risk management, including of exploration of CSC files where young people are moving to adult services.
- e. The review identifies poor record-keeping practices, with case notes written months after events and a lack of completed assessment.
- f. The review highlights management training opportunities in relation to difficult conversations and securing adherence to standards.

- g. Enhancing learning on multi-agency working and communication can improve collaboration between internal and external partners.
- h. The review highlights opportunity to review case management in transitions, where most young people are not yet 18 and not case managed by ASC.
- i. The review highlights opportunity to review 3 step practice in transitions and the closure of pieces of work in anticipation of adulthood.
- j. The review highlighted that the supervision template was not in use by the respective team manager.
- k. Refresh the approach to demand and capacity within the Transition Service to better manage case load.

82. Action has been taken in response to each of these recommendations. I have summarised the improvements made below and refer to the report for further detail of the action taken.

83. There are also several learning points which continue to be implemented or have been implemented but measurement of impact is still required:

- a. Continue to ensure the Transition Policy is fully implemented and where there are other professionals involved with young people at referral and handover, there should be a handover meeting, involving a multiagency discussion.
- b. Implement the procedure to link the records of family members in receipt of services or going through assessment processes.
- c. Implement the lessons learnt from the LCC ASC Audit programme are fully embedded across ASC, including supervision audits.
- d. Quality and Improvement to consider how cases with no finalised assessment, care and support plan, review or assessment will be audited in future

### **Referral to SWE**

84. A recommendation made by Mr Addams' was to consider if the deficits in the practice of Ms Walmsley and the Team Manager were sufficient to merit a referral to SWE for a view on "fitness to practice". Lisa Slack, Principal Social Worker at LCC and I were engaged in discussions regarding this. The decision

to refer the social worker only for triage was based on specific focus on the social work standards and specifically related to the issues relating to recording.

85. The decision to make a referral must be carefully considered and go through the relevant governance process before a decision can be made. Ultimately, the view was taken that as Ms Walmsley's employer, it is not for LCC to make a decision on Ms Walmsley's fitness to practice and instead, contact should be made with SWE regarding Ms Walmsley's handling of the case to seek their view on whether they deem further action to be necessary.

86. Once this decision had been reached, Lisa Slack made an initial call to SWE in or around the beginning of July 2025 to discuss the case and whether they felt that they required further information. Following from this I received an email from Charlotte Orme, Triage Officer within SWE, with a request on 25 July 2025 for specific information so that they could assist us in considering the matters raised (**exhibit HRC20 – LCC001961**)

87. The requested information was sent to SWE on 14 August 2025 and is attached at **exhibit HRC21 – LCC001963**. A response from SWE has requested further information which has been sent and we are awaiting further communication from SWE about the next steps if any they plan to make.

### **Improvements**

88. We are always striving to build on and improve the services offered and there has been a huge amount of learning following the reviews of the action taken by the Transition Team following receipt of the referral relating to AR. This covers improvements to both individual's performance and the team as a whole.

89. I have summarised the improvements made across the Transition Service / ASC below:

- a. An additional space has been added to the referral form dedicated to Risk Assessment. This asks if there are any risks in relation to the young person and what they are so that this is given greater focus when notifications are made to the Transition Team to inform more accurate prioritisation.

- b. We now have in place a Risk of Harm Management Framework which sets out the approach that LCC expects all staff in ASC to adopt towards a strength-based approach to risk management when working with people with care and support needs. It also outlines the principles and processes of managing risk of harm and carrying out risk assessments (**exhibit HRC22 – LCC001964**).
- c. The importance of face-to-face engagement with service users has been emphasised in team meetings and in the Practice Handbook, and how this must be considered in the context of completing a Care Act assessment and seeking further information from other sources before coming to a conclusion and decision about eligibility.
- d. Professional curiosity has been included as a topic in team meetings, guidance in relation to professional curiosity has been explicitly included in the Practice Handbook and the topic was included in Adults Safeguarding Week on 18 November 2024.
- e. There has been improved access between LAS and LSC for young people going into the transition process. This includes improvements to the function of the system allowing for more joint working and reviewing of cases. The functionality integrates records across LAS, LCS and EHM applications allowing staff with appropriate permissions to see all relationships, professional involvements, system flags and addresses linked to a person. It enables seamless navigation to facilitate comprehensive case management.
- f. Staff have been instructed that they must always check LCS when beginning work with a young person and before each new intervention.
- g. The Principal Social Worker in CSC and ASC are developing a reflective whole family professional supervision, to embed a whole family approach.
- h. There is a newly established multi-agency collaboration meeting to discuss individual people, opportunities and barriers with a view to improving positive relationships and improving communication channels.

- i. Transition social workers case loads are now in line with guidance set out in the Managers Handbook. Transition social workers will now be allocated a maximum of two people requiring a Care Act assessment in any month.
- j. A 3-step model has been implemented in the Transition Team. This is a strengths-based model implemented across the wider ASC function during 2024, and is based on starting with an initial conversation with the service user, that seeks to understand what the outcomes are they would wish to achieve, and whether at this point these outcomes can be achieved through information, advice, and guidance before a formal assessment is started.
- k. All supervisors continue to be reminded that the agreed supervision documentation must be used by all levels of management.
- l. Teams across ASC have been reminded via a series of briefings of the importance of good record keeping and links to what the expectations are. Good record keeping guidance has been provided. Recording has also been discussed and reviewed in supervision.
- m. There has been a review of management development programmes in relation to difficult conversations and securing adherence to standards. A programme of training has been rolled out by the Peoples Service.

**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: 12/09/2025

**Index to the Witness Statement of Helen Ruth Coombes**

<b>Exhibit No.</b>	<b>Inquiry reference no.</b>	<b>Document Description</b>
HRC1	LCC001953	Transition Policy
HRC2	LCC001960	Practice Handbook
HRC3	LCC001965	Assessment of Needs Policy June 2023
HRC4	LCC001966	Care and Support Planning Policy dated June 2023
HRC5	LCC001967	Eligibility Criteria Policy dated November 2023
HRC6	LCC001968	Information and Advice Policy dated November 2023
HRC7	LCC001969	Information Sharing, Record Keeping and Confidentiality Policy dated December 2023.
HRC8	LCC001970	Review of Care and Support Plans Policy dated November 2023
HRC9	LCC001971	Working Together to Safeguard Children 2023
HRC10	LCC001897	Care Act 2014 Statutory Guidance
HRC11	LCC000910	Transition Referral for AR
HRC12	LCC000438	Case Note recording Suzanne Walmsley contact with AR family on 14 August 2023
HRC13	LCC001573	Suzanne Walmsley email to SEND inclusion worker requesting information to support the assessment dated 7 November 2023
HRC14	LCC000438	Case Note recording Suzanne Walmsley visit to AR's home on 9 November 2023 recorded on 30 July 2024
HRC15	LCC000504 LCC000505 LCC000506 LCC000507 LCC000508 LCC000509 LCC000510 LCC000511	Supervision Notes for Suzanne Walmsley
HRC16	LCC000443	Practice Review Summary and Action Plan in the case of AR completed by Kerry Ross dated 1 August 2024
HRC17	LCC000462	Report on Transition Team's involvement with AR completed by Neil Wilcocks dated 9 August 2024

HRC18	<b>LCC001954</b>	Management Review of ASC involvement with 'Brian' (AR prepared by Luke Addams, Independent Social Care Consultant at Pride and Quality Consulting dated 23 March 2025
HRC19	<b>LCC001955</b>	The Transitions Operational Assurance & Improvement Report dated May 2025
HRC20	<b>LCC001961</b>	Email from Charlotte Orme, Triage Officer at Social Work England requesting information dated 25 July 2025
HRC21	<b>LCC001963</b>	Information sent to Social Work England in response to request of 25 July 2025 dated 14 August 2025
HRC22	<b>LCC001964</b>	Risk of Harm and Management Framework dated October 2024