

Witness Name: Katherine Ashworth

Exhibits: KA/10-13

Dated: 5/9/2025

THE SOUTHPORT INQUIRY

WITNESS STATEMENT OF KATHERINE ASHWORTH HEAD of SERVICE CHILDREN and FAMILY WELLBEING, LANCASHIRE COUNTY COUNCIL

I, Katherine Ashworth, will say as follows:

Introductory matters

1. 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. I am providing this statement in my capacity as Head of Service Children and Family Wellbeing (CFW), Children's Social Care ("CSC"), Lancashire County Council ("LCC").
2. As Head of the CFW I oversee the provision of LCC's Early Help (EH) service. I have oversight of multiple service delivery teams who deliver a variety of activities for children, young people and families at an early intervention level. For example, youth work programmes, family hubs and family support.
3. Most of my career has been spent in youth service. I am a qualified youth worker in 1988, and I progressed through various youth worker roles to assistant head in the Youth Service in 2017. In 2017 the Youth Service at LCC was cut and I moved to work in CFW service. I was one of 3 senior managers and when the HOS left in COVID I became the acting HOS in 2021 and then 4 years ago I became Head of Service.
4. I have not had any direct involvement in Lancashire County Council's dealings with AR or his family.

Lancashire County Council Corporate Structure, Role & Responsibilities

- 5.The CFW/Early Help service in LCC sits within the Education & Children's Services. My direct line manager is Paul Turner who is the Director of Education, Culture and Skills.
- 6.LCC went through a transition in 2016/7 as there were service cuts due to austerity and reductions which led to the loss of the Youth Service. All the youth services and centres were drawn into the Early Help Service which sits within CFW. This is when I moved across to CFW. The CFW service provides the Early Help (EH) provision for LCC.
- 7.EH is a recognised nationwide but is not a statutory service like social care. The expectation is that by working with children at the early intervention stage LCC discharges its responsibility to safeguard children and young people. EH responds at early intervention level right up to the threshold of statutory intervention which is where Children's Social Care (CSC) takes over.
- 8.Technically there is no statutory basis for EH so there is no national model. All local authorities invest in aspects of EH differently. The EH structure for LCC is set out in the documents marked **KA/01** – [LCC001917](#) [LCC001918](#) [LCC001919](#) [LCC001920](#) [LCC001923](#)
- 9.In LCC the CFW service has 4 teams of which Family Intensive Support (FIS) and Targeted Youth Support (TYS) are two. The FIS team targets intensive EH on a bespoke basis to meet a set of identified needs, offering a support worker (FSW) and other professionals who can help. This is usually offered for 6 months. Each team has a senior family support worker (SFSW) who offers supervision and assistance. The SFSW do not hold cases but supervise and allocate.
- 10.The functions and roles of Child & Family Wellbeing/Early Help, Targeted Youth Support Purpose and Function outlined in a key document (Service Offer) – copies of which are provided going back to 2019 at **KA/02** – [LCC001921](#)
- 11.The FIS team work with families who are assessed at level 3 on the LCC Continuum of Need (CON). The other teams in CWF may work with families assessed at level 2 on the CON. Universal services are available to families at level 1. Needs assessed at level 4 are stepped across to CSC, the statutory service. At **KA/03**- [LCC001926](#) attach all policies and procedures for 2019 to 2024 relating to the LCC CON and stepping across between services.
- 12.The vast majority of work in the FIS comes from the MASH (multi-agency support hub), the front door to LCC's services. MASH triages the referral and decides at which level on

the CON the needs of the family sit. If their immediate triage notes complexities and the child is not at risk of significant harm this is passed to CFW. If the child was at risk of significant harm the case would pass direct to CSC. The case is passed for further triage to the CSSH (children service support hub) usually to secure more information and consent. Once the CSSH has the information and the consent they passport it to the CFW to our tray.

13. The FIS has a duty type system with staff constantly monitoring incoming work. The work aims to be allocated daily. When a referral comes in there is consideration of the issues and the case is allocated. Allocation is done by a SFSW on the type of referral and the FSW's skill sets, geography and case load. The target is to see the child within 7 days.
14. There are 12 districts within LCC and there are 10 teams within the CFW.
15. The EH provision for LCC was new in 2019 as it had only been up and running since 2017. The service had been active for about 18 months. Prior to 2021 LCC did not have Family Safeguarding as the operating safeguarding model. The model was called Risk Sensible. Family safeguarding changed the approach and turned everything on its head. The fundamental driver to manage situations was wherever possible to keep children with families. The intention was only to remove the child when services could not put a strategy in place to manage risk. The service model for EH had to change alongside the model for CSC.
16. What that meant for EH was to manage demand at the acute end of the continuum of need and in so far as to have safe and effective way of working with families we needed to shore up the FIS. Prior to 2021 FIS was a vague concept, it was not called FIS it was family support case work, and the focus point was level 2 on the CON.
17. With the Risk Sensible model every social worker (SW) had access to a family support worker so a SW would hold case, do the Child & Family assessment and write the plan but a lot of the direct work with the family was done by FSW in social care. In 2021 we lifted the FIS process out of CSC and put that process into EH to do the work with the family more robustly. A level 3 response became a structured service offer.
18. The MASH being the front door to all LCC's social care departments brings all the services together.
19. As EH is not part of social care there is less stigma for a family working with us and it can sometimes be easier to get consent for FIS to work with a family than involving CSC. There is a low step across from EH to CSC, it is currently at about 8%. In 2019 this would

have been higher which is because we were working at level 2 and stepping a child up to child protection would happen more often.

20. We still do step across, and we have a structured process called Family Discussion. This happens weekly in every district, where a caseworker brings cases to the discussion – it is a forum for rehearsing and analysing decisions with the intention of stepping across between services. The policies and procedures relating to Family Discussions are attached at **KA/04 – LCC001913**
21. CFW is not a statutory service. It is a consensual service but section 507b of the Education and Inspections Act 2006 places a duty on local authorities to provide youth services but beyond that our service is voluntary and the service is consensual.
22. The case could come to us from CSC either directly or as a result of a MASH assessment. In either case a full C&F assessment would have been done, and we fully adopt it including the step-down instructions. We carry out to additional tasks (1) we consider what the remaining assessed needs are and (2) we begin a RADAR with the family. We would not carry out our own EH assessment.
23. The RADAR is a tool to help with self-assessment either of the young person or of the family. It draws on their self- assessment alongside reflection from the family support worker of where the family members are at in a cycle of change (e.g. stuck/ ready to change/ contemplative etc). It draws from this what are agreed with the family to be the key priorities for change from which an early help 'practical' plan of action can be formulated. Consideration of risk factors features within this process and is focussed on early signs of issues which may impact on poor outcomes for the child, including harm or neglect. It tries to capture a holistic understanding of the child's lived experience. Consideration of risk factors is also alongside the ultimate consideration as to whether risks identified indicate potential for significant harm or impairment for the child/children in the family, in which case consideration around step up would be pursued.
24. In other referrals to CFW we do our own assessment now called an Early Help Assessment and previously called a CAF Assessment.
25. Sometimes another agency involved with a family refers into the MASH – for example a school may ask for additional help for the family. The agency sometimes does an Early Help assessment and on occasion we accept that EH assessment if it provides us with the information we need but sometimes, we have to do our own EH assessment.
26. For the first 5-6 weeks we build relationships getting involved with the family and building

up an assessment picture and at the same time, doing early work with family re immediate needs such as housing etc.

27. We are allowed 45 days to complete an Early Help Assessment. The assessment forms the basis of the EH Plan. **KA/05- LCC001924** are the policies and procedures relating to the Early Help Assessment and the Early Help Plan.
28. The FSW also arranges and chairs the Team Around the Family meeting (TAF) which bringing together all the agencies within CFW and outside agencies working with the family. TAFs happen periodically to see where we are at with the plan. They are reflective and hold people to account, such as home visits and have all the tasks been done. I attach at **KA/06 – LCC001999** the LCC strategies around TAFs and multi-agency workings for the relevant period.
29. The plan is an active document. After every TAF the plan is reviewed and updated. Included within the plan is what degree of support is needed, like; how frequent are the visits, what's the best way to do the work do with the child and the parents, the plan sets out the parameters of support. E.g. direct work with the school, say, a programme of work for 12-14 weeks, it may be that if needs are complex, the FSW needs to see more of the family with a longer plan process.
30. Regarding closing or lack of consent, it would either be the family has backed off, stopped engaging or something else happens which causes a step up as something happens. Or it closes after genuine consideration of the plan, and we can reasonably say that the needs in the plan have been met.
31. Back in 2019 our service was time limited to an extent. It changed when we reconstructed in 2021. The time limited service was only ever a notional management threshold to help keep track of demand at any given time in EH. When working in level 2, not through MASH but direct referrals we were probably dealing with around 3700 children at the time this was before £5m investment of resources. You had to have as many cases closing as you had opening. 12 weeks was the threshold point of referrals to say anything up to 12 weeks was acceptable and beyond 12 weeks there needs to be a closer eye kept on the case. This was to prevent drift as there was pressure to close as many cases as there were coming in. Now that we are working at the complicated area of the spectrum (CON level 3), the average time an episode is open to us is 21.3 weeks not the 12 weeks. We try to keep a close eye on cases that go over 20 weeks, but significant numbers of cases go well over 6 months now.

32. There is not a culture to try to close cases as such, but circumstances are relevant as to trying to manage demand. This is not targeted, risky or complicated work. The scenario being a guide time rather than a limit, closing due to time limits would not now happen. The type of work coming into EH could be achieved in 12 weeks as it would not have been so complex.

33. In 2019 I will say there was a steep learning curve it was a new provision, people were coming in from other roles, a formal youth worker, learning everything about children and the expectations placed upon us for the formulation of a new service, there was a mishmash of professional backgrounds. It was challenging for a few years. It took a couple of years to manage this change.

34. Another development in 2021 for the LCC EH offer was that youth work was re-introduced with setting up the Targeted Youth Support (YTS) team within the EH/CFW service. Prior to that we did not have specialist youth workers to work with teenagers and young adults.

Overview of the Council's involvement

35. I attach a chronology that I have drafted which sets out all the interactions CFW had with AR marked **KA/07 – LCC001914**

Lancashire County Council Policies, Procedures & Training

36. I set out in the paragraphs below additional and relevant corporate policies, procedures and protocols in place at the time relating to the matters under investigation by the Inquiry:

Child Safeguarding –

- Held by Child Safeguarding Assurance Partnership and its forerunner Lancashire Safeguarding Children's Board
- Child Protection Policy followed as per the local authority – as other services
- Working Together Protocols
- CoN and Thresholds – CAF, EH Assessment

Joint Working/Information sharing with other agencies

- Privacy notice including consent - I attach as **KA/08 – LCC001915 & LCC001927** which set out our information sharing policies and privacy notices.
- DPIA's for early help and supporting families

- General use of Local authority information sharing procedures.
- Family Discussions – weekly meeting happens in every district – forms the interface around thresholds and agreements around step up and down between Children Social Care Duty and Assessment and CFW Team Managers.

Mental health incl. ASD

- No specific policy or guidance
- Resource guides and toolkits available to consult/use
- Certain low level programmes deliverable – Inside Out/ FearLess etc
- No specific dedicated mental health training inc. ASD Training
- Commissioned service – therapeutic interventions

Violence and/or weapons

- No specific policies beyond standard risk assessment processes.

Extremism/radicalisation

- Following general Prevent policy and procedure as per all other agencies, including e-learning and prevent referrals.

Missing children

- Early Help were not involved with missing from home processes until 2023. From there onwards – full set of protocols in place.

Non-attendance at school

- Early Help are not involved with non-attendance at school processes other than multi-agency working with Pupil Attendance Service and Schools themselves.

Risk Assessment

- Use of standard LCC systems and procedures for health and safety - including use of Evolve system for management of educational visits (Type A and B). Procedures for premises related assessment of work settings and outreach including PPE where necessary, including soft play and sensory rooms. Procedures in place for lockdown due to extreme threat. Lone working

arrangements in place – extensive use of SOS Fob system for alert and response. Standby duty system in place out of hours.

- Risk assessment guidance and protocols in place for the following situational and dynamic work-related encounters (intranet based) including
- Home visiting
- Hazard flags on EHM system for known risks at property
- Anticipated violence and aggression
- Groupwork
- Guidance on safety planning with and for service users
- Transporting service users – using own vehicle
- Premises related and fire risk assessments
- Use of specific equipment and/or materials
- Detached youth work and outdoor work
- Employee related, including disability, pregnancy and stress related.

37. Qualifications - No explicit qualifications (professional) required in any role except youth work (professional range). Each role has a QCF Level Standard expectation and/or substantial experience. Apprenticeship routes to qualification offered.

38. Training -WFD Strategy, Induction processes and role related training profiles. All relevant training materials are attached at **KA/09 – LCC001916** including induction booklet and our workforce development strategy 2021-24.

39. In addition, to personal supervision every case holding worker in CFW receives supervision with their line manager every month. All active cases and particularly those the worker is finding challenging are discussed in detail. Actions needed are recorded and added to the system via a special note called a supervision note which records what was discussed and the actions needed. This has become more sophisticated, detailed, structured and qualitative as the service has matured. For example, 95% or more of our children (c. 3000 open to us) have been discussed in a supervision.

40. I attach at **KA/10 – LCC001925** includes policies relating to supervision and **KA/11 –**

LCC001910 Includes our case closure policies and **KA/12** – **LCC001911** Includes CFW Practice standards for 2022 and 2025.

41. Relevant record-keeping systems (including IT systems), processes and/or protocols for each of these departments. **KA/13** – **LCC001912** includes best practice for a case worker plus best practice for record keeping

- a. Liquid Logic standard product used
- b. Module designed for Early Help EHM – Introduced in October 2018 in CFW
- c. Prior to this – no single system (CCMIS Children Centre, IYSS for Youth Services etc. and extensive use of paper files)
- d. Case management system (same format in general to LCS – Social Care) – individual record per child (or adult) – records can be linked together to form families.
- e. Plus Groupwork Module – allowing set up of group programmes of delivery and then attaching attendees against these.
- f. Used by SEND/Inclusion for all their work including EHCP
- g. Uploads of key document are available to demographic records for child – used for external Lead Professional paperwork – EH Assessments and TAF materials done on e-forms (used to be paper scans 2018 - 2021).
- h. System holds assessments and plans and radars
- i. General notes (case summary and chronology) document the interactions
- j. Documents hold evidence of direct work done with service users
- k. Supervision and audit recorded on system in special category general notes.

Lancashire County Council's work with other agencies and AR's family

42. Our main work with other agencies flows through the monthly TAF meetings held where the FSW acts as the lead professional arranging the TAFs, bringing the other agencies in to work with the family and holding them to account. The FSW chairs the TAF. In AR's case our involvement were as follows:

- a. School – Acorns – very good and regular communication and working relationship – many interactions happened in school with AR and family.
- b. CAMHS – regular liaison and information shared at TAF – good attendance.

- c. Parenting 2000 – some connectivity - more limited – kept awareness of the agencies link with family
- d. Police – neighbourhood – liaison and interaction around incidents and post work plans at points – involvement in TAFs
- e. CYJS – liaison at TAF during their period of intervention.

Lancashire County Council Decision-Making and Reflections

43.AR and his family are open to EH/CFW on five separate occasions and set out below I give an account of those five pieces of work, the key decisions, assessments, and actions taken by our service. Where I have comments, I have added them in as my observations on the work done.

Period 1 – 16 October 2019 – 13 December 2019

44.AR was first referred to the EH/CFW service via the MASH due to a high risk PVP (now called a PSR – police safeguarding referral). Childline had made contact with the police due to a call made by AR. We received a MASH note saying they were going to refer the family to us. The concerns highlighted were around AR being bullied and taking a knife into school. MASH assessed concerns at level 2 on CoN. There was a follow up with mum. The referral stated that the family may benefit from emotional support and help with the consequences of AR's behaviour in taking the knife into school.

45.We had the file until it was stepped up to CSC on 13/12/19 after the subsequent incident at The Range School.

46.AR was not known to anyone in social services before the October incident. All CFW had to go on was the MASH assessment. CFW initiated what we would normally do for a case like this. The case was allocated to a FSW, Lucy Parkinson – but we did not get to complete our assessment by the time the case was stepped up.

47.CFW did practical work such as contacting the family and the other services that were involved at the time. There was a meeting on 5/12/19 – with AR, his parents and the school to discuss concerns. This was the first time that FSW had seen AR. For the first few weeks of the referral the parents had given CFW the run around - we have records of our attempts at both phone calls and door knocks to make contact. We had carried out a home visit to get consent for CFW to become involved, but AR had not been seen. Then the family went off radar. There are records of 3 follow up attempts and then the meeting

was arranged by school intervening. We discussed a Prevent referral to make sure that the family were getting the appropriate support. The parents agreed to the referral. We also arranged for the Early Action Police Force, that is the local police force, to become involved and offer support. The TAF agreed out plans.

48. My observations are neither AR nor his father appeared to see the significance of the incident. The behaviours were either denied or excused. Dad thought that AR had a neurological problem.
49. It would not have been possible for statutory services to get involved at that time as the risk factors identified would not have made threshold for a referral to children's safeguarding. Events were overtaken when there was the second incident in December 2019. Following on from that incident there was a section 17 CIN meeting, and the referral stayed with CSC.

Period 2 – 5 March 2020 – 9 June 2020

50. Referred to CWF for a second time on 5 March 2020. It was felt that AR had undiagnosed ASD. He was under YOT at the time of this referral due to the December incident at The Range High School. It was request from CSC for the family to be supported by CFW. It was a standard referral. We got scant information just the suggestion that the family were socially isolated. CFW were not made aware of the rationale for the step-down from CSC. CFW do get read only access to the LCS (social care) system, and we did go fishing for the information. There was a C&F assessment completed by CSC and we would review that plus other available information to work out what the family's needs were and what CFW could do to support them. We have read access and if a professional social worker has completed an assessment, then CFW are not going to do another assessment. We will rely on the information and analysis from the social worker.
51. There are no step down/across instructions. Now if CFW are to be involved with a family rather than just reading the assessment and gathering the information from the system, we attend the final CIN meeting.
52. The referral requested CFW to support the family with his educational and social needs, his offending and risk for the future was more a matter for YOT. The C&F assessment says that the risk sits at level 3 on the CON and in 2020 would have been at CIN. Somewhere along the way there was the decision not to keep the family in statutory

services and refer them to CFW. The rationale for that decision to step down is not clear to me from the papers I have read.

53. From our records I can see that on 5 March 2020 we did go digging into the information held on the system and the system clearly indicated a step down. There was a step-down phone call on 24 March 2020 and CFW accept the referral. Again, the procedure has now changed in that now there is a step across meeting which is held at the same time as the case is transferred. On 23 March 202 the national lockdown had been announced which is the day before the step-down phone call.
54. The work we were asked to do was to support the family with the EHCP application, help the family with their social isolation and to support AR in attending his school place when the schools re-opened after the lockdown.
55. My observation is that we did not have a lot to work with but also what we were being asked to do was almost impossible during the lock down. However, we did attempt contact by phone, but the family frequently did not answer calls. It seemed to be that the family would call when they wanted something but not answer calls that were made to them. AR does not do phone contact well, so we did not get direct contact with him until June 2020.
56. There was TAF meeting in May 2020 which notes that the EHCP application is ongoing and that YOT are in contact again by phone.
57. We adopted a RAG rating approach where red was for particularly vulnerable children, and they were prioritised to get back into school. If red risk assessed children were not seen at school, then we would go out to their homes and knock on doors, go out for walks or have garden meetings. AR was always assessed as a green rating throughout the pandemic because he was not at risk of harm at home. Acorns did offer AR a place to start back at school in June 2020, but this was declined by the family.
58. There was in my view an interesting relationship with dad. Dad's drive was AR's education. Dad wanted to focus on that all the time. Dad didn't want to focus on the social isolation or the previous incidents.
59. The work we are being asked to do is impossible given the social isolation restrictions in place at the time but the case limps on until June 2020, but we are in lockdown, the only possible contact is by phone and AR does not do phones or facetime well, so a mutual decision is made to close the file to CFW.

60. In relation to that decision, I am not sure what else could have been done in the circumstances. We could not carry out the main bit of work which was to work with the family on their social isolation as it was lockdown. YOT continued with their court ordered work with AR which was done remotely.
61. CFW had no safeguarding concerns, but Acorns do express concerns re the risks associated with AR returning to school in June 2020. Although from the emails I have seen their concerns are expressed in a non-specific way. The school is not clear about what the increased risks are. Whilst I don't think FSW is specifically seeking to minimise anything she is deferring heavily to principles of ensuring that the child and families voice are a central part of the consideration rather than asking for specific information to help her understand what others assessment of risk might involve.
62. The response from YOT then shares details of their assessment. But states clearly that they share FSW's view that no new information has emerged to suggest that risks have increased. YOT also note that AR appeared to realise to an extent that his actions were not acceptable, but this is an area of further work for them.
63. It is possible that a step-up conversation should have taken place at this point, but this is clearly not pursued by either YOT nor CFW. I acknowledge that use of the term 'supportive parenting' is interpretable. I think it goes to Andreas view that the parents (or dad at least) were engaging well with CFW.
64. The case was effectively put on ice until September.

Period 3 – 14 September 2020 - 4 February 2021

65. The case was opened again by us on 14 September 2020. There was a WhatsApp conversation with dad on 10 September 2020. When he agreed he wanted us to pick the case back up again. We carried out an assessment starting on 22 September 2020 and it was completed by 28 October 2020.
66. This assessment identifies different needs than those identified in the past. AR is anxious and not wanting to leave home. His relationship with his dad is not good, there is a lot of conflict in the family around his eating habits and a mismatch as to how the family communicates. AR is isolated and struggling with peer interactions. CFW form a plan around helping AR with his anxiety, helping him with social interactions, accessing local amenities and the family with their communications. Check ins with the family over the period of work were done by a combination of home visits and phone calls.

67. On 2 November 2020 we receive a long text from dad setting out his parameters around his consent for us working with AR these were all to do with information sharing and there was information that he did not want us to access or to share. He said that no information could be shared with the YOT team. Communication with school (Acorns) was to be limited to education. My take from this text is that dad is attempting to control the narrative.
68. The FSW working with the family went back to dad with a lot of reassurance and work begins with the family in November through to December 2020. Andrea completes the assessment and works around the consent issue with dad. Work is mainly done with mum and dad relating to the family dynamics, social interaction and AR's anxiety. YOT are still working directly with AR on his violence and risk issues.
69. There is progress and engagement from the family but there is a lot of stops and starts due to social isolations caused by COVID. AR has COVID from 5 – 14 November 2020. There is a meeting on 14 November 2020 where dad insists it is held remotely because there has been a family argument. It is reported that AR had threatened to break his father's computer. Dad confirms that he appreciates that face-to-face meetings are more productive.
70. At the next TAF meeting on 19 November 2020 however the family make no mention of the family argument. At this time the family are moving towards closure to CFW. AR is reporting that he does not feel anxious anymore. Although this directly contradicts reports from school as he tells them that he does feel anxious. AR asks questions around how the brain works and taking medication. TAF agrees to a referral to CAMHS to be revisited and school agree to support social needs around classroom integration.
71. There is an incident in January 2021 where AR discloses that he has been hit by his father. He makes the disclosure to the YOT team who ask us to discuss the incident with the family.
72. At a home visit on 25 January 2021 dad admitted he had hit AR. Even though AR had reported being assaulted by his father we did not step up to child safeguarding and statutory services because of this incident and neither did YOT. The rationale behind that decision being that dad admitted what he had done, accepted it should not happen again and apologised. Neither AR nor his father wanted to take matters any further. There were no physical marks on AR because of to him being hit by his father. As stated, we did attend the family to discuss the assault. There is a note that unusually mum contributes

to this home visit. This incident would not meet threshold for a step up. CFW's thinking was also the decision reached by YOT who did not step up either.

73. Even though there was contradictory evidence around whether AR still felt anxious and 2 episodes of violence at home the rationale to close was appropriate. Our plan had been completed. We were to work around managing AR's anxiety, his social interactions and communication within the family. AR was still involved working with YOT, school and CAMHS.

74. It is correct to say that dad did not want us to close the case to CFW but the needs we were asked to work with had been addressed and met. The family was assessed at level 2 on the CON. Dad wanted the case kept open to work with AR around boundaries and doing housework. His view was that a community-based agency would help him even if it was just a once a month visit or even once every 2 months. CFW explained to dad that is not how we work. We are for short term intervention work which is designed to support when things are difficult, school and health can support longer term needs. CFW cannot offer extended support with less frequent visits. The SFSW said she would arrange a call back in 6 weeks' time to check in. Dad seemed to think that CFW could be an extra parent at home. This was not the work we had been tasked with and there were still other services working with AR at that point.

75. The original plan had been for CFW to work on 5 things:

- a. AR's anxiety- direct work had been done with AR.
- b. AR's peer interaction – direct work had been done with AR.
- c. Family dynamics – direct work had been done with the family.
- d. AR's ASD – this was ongoing, but AR was seeing a ASD specialist.
- e. AR's school attendance – whilst he was only attending school for an hour a day the school's plan was to build up on that.

76. It is right to say, we had been given a job, worked on that job and got to fair state on the job given and that coincided with AR's return to school. Looking back on the decision to close with hindsight, on a spectrum, AR had improved but on a wider context one might not think that there had been a great improvement as he was only going to school for shorter school day and only on certain days.

77. At this time CFW were operating at level 2 on the CON which is low level interventions. The number of families we were working with at the time was massive and we cannot work with families forever.

Period 4 – 7 September 2021 – 11 March 2022

78. Dad had made a request for an assessment for additional financial support. He requested a statutory assessment for carer's support. The case had been referred to CSC as level 4 on the CON and the CSC assessment assessed needs at level 3 and stepped across to FIS. The case was referred to us on a step across from CSC on 7 September 2021. On this step across we received a list of bullet points on the CIN transfer.

79. The Early Help plan comes from the C&F assessment and the instructions were:

- i. 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.
- ii. 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.
- iii. Direct work with Axel to consider his wishes and feelings and provide emotional support
- iv. Parents to speak with GP regarding Axel's eating to consider if a referral to the eating disorders clinic is appropriate.
- v. CAMHS to look at Axel's sensory needs to assess if eating is caused by a sensory issue/need.
- vi. CAMHS to continue their support to Axel to understand his anxieties, emotions and reactions.

80. A full assessment wouldn't be done by us in the circumstances of this referral as a full Child and Family Assessment had just been completed (7/9/21) by Children's Social Care prior to the decision to step down to Early Help CFW. Essentially, we adopt the C&F assessment done and add to it by carrying out a RADAR of family self-assessment and develop an early help plan based largely on this and the 'step down criteria/instructions' outlined for CFW in the C&F assessment. In this episode these were very explicit. This is standard practice.

81. A Radar Chart is an exercise we do with the family at the beginning (often the middle if our engagement with them goes on for a long time) and at the end of our engagement. It is a 'self-assessment' by the family of where they think they are at in terms of 'cycle of

change' and it gives us some indication of what they see as the priorities for change in their family.

82. In the safeguarding section of the RADAR chart that there was clearly some discussion during the family meeting about how the family and AR had felt about school's pursuance of a 'Prevent Referral':

"The family have been open to Children's Social Care since October 2019 and there have been two previous referrals relating to [AR]'s behavioural responses to being bullied at school. The second referral was due to [AR] physically assaulting an innocent pupil in school with a hockey stick, carrying a knife and concerns regarding him viewing inappropriate and violent extremist material before beginning assessed for support under Children and Family Well-being Service. Since this incident [AR] has moved school and has been diagnosed with ASD which in hindsight somewhat explains the nature of his responses. There have been no further incidents of this nature since, and [AR] currently has a teacher with autism experience and a CAMHS worker to explore how he thinks and processes information and emotions. There have been some concerns and observations within the family home and at times [AR] can become controlling towards his parents for example not going to school until parents seek some legal advice in relation to school completing a referral to prevent and not sharing this with [AR] and his general thoughts and processes. Parents have admitted they can be scared of [AR] and the repercussions he can display.

There has also been concerns in relation to [AR]'s extreme thoughts around what is going on in the world and politics which could put [AR] at risk of being involved in left wing extremists behaviours and his thoughts being said in the wrong environment may make him vulnerable".

83. I believe these are most probably comments reflective of feedback that had been shared with the FSW through the interaction with school colleagues about their reasons for the referral, rather than referring to the direct experience and observation of the FSW at that time. There is no mention of Prevent, or concerns around risks arising from this in the C&F assessment, including the safeguarding assessment section.

84. Online social media safety is recognised as an assessed need but not noted explicitly in the RADAR chart. It is then logged as an 'assessed need'. I assume due to the comments above "and concerns regarding him viewing inappropriate and violent extremist material" linked to the previous referral of the family to CFW. If it was down as an assessed need then it should follow that some responses to this is included in the plan – which it isn't. This is therefore with the benefit of hindsight, an omission from the plan.

85. I also accept that it was known that AR was refusing school and spending all day at home and yet there seems little curiosity around how he was spending his time I would agree – the curiosity around this certainly does not make its way into any notes from CFW that I have been able to identify.
86. I acknowledge the comment by AR's teacher that a sustained skilled professional relationship should be in place for at least six months to impact on AR and social isolation, but it is not as stated a feature of the instructions handed down to EH as part of the step down. It wouldn't be an unreasonable assumption on the part of the social worker that EH would form a relationship with AR in order to progress their support of him (around his social isolation) and this this would likely be for a period of six months which would be a normal duration of EH support at that time. In fact, the episode of contact with AR and family on that occasion did go on for just over six months (Sept'21 – Mar'22). The question is what a skilled professional would look like and I understand the context of this to be someone with professional training and skills around the mental health matters (and ASD) influencing AR's social isolation. This is not a specialist skill set of EH practitioners - Family Support Workers, nor Targeted Youth Support Workers.
87. On review of the Early Help Plan that was produced on 2nd November 2020, I can directly map the C&F assessment requirements to actions in the plan – with the addition of two additional actions regarding the ongoing compilation of EHCP and Adult Transitions support for DR.
88. At this moment in time, the family had just been assessed by CSC and determined as Level 3/EH. What can be acknowledged is that CFW did not raise any requests for a conversation about step up with colleagues in CSC at this time. Following the implementation of family safeguarding and service reviews, we did at this stage have in place fledgling weekly arrangements called 'Family Discussions' – case clinics for CFW and CSC to jointly consider thresholds around cases that may require step across consideration. AR's family case was never taken to any family discussions during this episode (or the subsequent period of working with the family (April-Sept'23). This goes to the view that CFW did not feel that the case needed to be stepped up.
89. In review and consideration of what CFW knew and experienced at the time, there were no new risks that arose during this episode which would have met the threshold of 'child

at risk of significant harm or significant impairment' and which may therefore have met the threshold for step up.

90. We engaged a targeted youth support worker. The CAMHS work was in our plan so that we make sure that they carry out the actions agreed in the TAF. Dad was booked on a Triple P teens course – which was the right one – Stepping Stones is a very generic course for ASD. SEND were part of TAF.
91. There was stuttering engagement and again there were COVID implications. We saw another side to AR on this occasion, whereas last time work was done with AR due to his anxiety, this time AR was very questioning of the FSW, Louise Lewis.
92. On 4 October 2021 there is a home visit by Louise Lewis. On this visit all family are present. AR is prickly about sharing information with workers and questioning consent from himself. He was saying that his parents cannot consent for him and to have his consent and he would have to give it. I see a visible shift in AR's attitude, and he was active in demonstrating his views and opinions. AR was more articulate from the outset. This had not been evidenced in previous work. There seemed to me to have been a level of power shift within the family dynamics. Mum would make zip mouth gestures to AR during home visits and the family were still uneasy about sharing information.
93. The case was held by FIS and the FSW, but TYS are the experts in dealing with teenagers and young adults. The model is that FSW holds the case and invites the TYS to help with the plan. At first it seems that the parents tried to control the work to be done by the TYS, Carl Coughlin. AR said he felt unable to speak at school but that does not chime with his presentation as shown to CFW. He tells Carl about showing his true self at school and them not liking the true AR.
94. The FSW works with the parents and DR. She also arranges for DR and AR's transition to Adult Services with the Transitions Team. The TYS mainly works with AR.
95. The case is closed to CFW in March 2022 and again we had done the work, and our plan had been fulfilled. AR had completed direct work with TYS and is accessing the community, and dad had attended the parenting course. AR was in school on a part time timetable, and a new place had been found for him at Presfield a specialist autistic college. In addition, it was arranged that he would start at his new school part way through the school year, at Easter. CAMHS were continuing to work with him.
96. If the plan of work had been completed at that time the incident / referral regarded the direct work to manage anxiety as that was what we had been tasked to work on. AR

attending local youth provision at the time, father and AR reporting what they felt there was general progress. CAHMS were noted as continuing to support family and there was a continued link with school as the school were taking on the lead professional role with the family. In that instance, there was no more for us to do as AR was carrying on with CAHMS. There was a focus on Presfield the relationship had not got off the ground strongly at this time. Some needs were being met by EHCP, but this would form part of the background to stepping down to the universal services at level 1.

97. I do not think there was anything wrong with the closure, however, with the benefit of hindsight this may have been a premature exit because AR had not actually transferred to Presfield. We could have held it open in case something happened in the future. There is no rationale for keeping the case open. We would have been doing no direct work with the family.

98. As regards to the incident on the bus that occurred a few days after the closure to CFW. There is nothing on the Early Help management system about it and EH/CFW would not have been able to see the information provided by the police to the MASH – that is, the detail that AR was carrying a knife, talking about using it as well as making poison at home.

99. On 22 March 2022 an email from Gillian Anson who refers to herself as an Early Help worker in the Children's Services Support Hub (part of the MASH and not part of CFW/EH) was sent to CFW it stated:

From: Anson, Gillian <

Sent: 22 March 2022 09:28

To: Lewis, Louise <

Subject: referral

Good Morning ,

Just to let you know a referral has come back in from Axel Rudakubana: DPA, I know you was the family support worker and can see this has just closed.

I know you have completed work with family but just wanted to make you aware. I think it was regarding frustration with Instagram account .

Unable to speak to family with regards to support but I know school are being supportive. Kind regards

Gillian
Anson
Early
Help
Worker

Childrens Services Support Hub
Lancashire County Council

W- www.lancashire.gov.uk

E

100.The email is not from a worker from within EH/CFW but a worker in the CSSH part of the MASH. She gives very limited information about the missing from home/found on the bus incident that occurred on 17 March 2022. CFW did not react to the email given what they were told and the case was not reopened to us by the MASH. I have subsequently found out that the incident was far more serious than the email suggests but this information was not imparted to EH/CFW.

101.CFW did start doing missing from home incidents in 2023, but we did not at this time. In 2023 CSC were overwhelmed with the number of MHF incidents so if the child was open to us, we would do the incident.

102.PRSs do not come to us, and we have no site of them if the case is not open it would need to be brought to our attention on EH again. The PSR comes into MASH and the referral starts again. If that child is open to EH MASH will alert EH with a general note, this will pop up on our system that a PSR has come in. EH will not be aware of the incident or information unless the child or family is re – referred in to EH by MASH.

103.I can see that on 11 March the final task was completed, then the file was closed on 14 March, this would have been administratively closed.

104.The service probably wouldn't have been as attuned to mental health needs as it is today, and this is just in terms of the evolution of the service. It is worth remembering that we are Early Help and our role is general. We were working with the family and being

asked to focus on social interactions, we have CAMHS working with AR focusing on his issues with mental health. I am not saying that absolves us of responsibility, but I am saying they are more the experts than Early help are in the field. There was no formal diagnosis in place at that time. Just people's instinct that things weren't quite right and that those issues could be to do with ASD.

Period 5 – 23 March 2023 – September 2023

105. Out of the blue dad gets in contact with us and it turns out that Presfield school had referred into the MASH in March 2023. Neither the school nor MASH had managed to contact the family, so MASH sent dad a letter and he responded directly back to CFW.
106. School had done a scantily put together Early Help assessment. Dad wanted help with AR's school attendance, his social anxiety and his mental health. In CFW there was a discussion with TYS colleagues, and they were teed up to help again. The SFSW goes on a home visit on 6 April 2023 and AR is seen he is described as calm, seated and wearing headphones. It is explained that he sleeps downstairs, and he doesn't go out of the house except to go to school. CFW were seeing the anxious AR again. It is noted that he has stopped attending CAMHS and that he doesn't want to go out or be social.
107. CFW do a RADAR where AR describes himself as existing alongside his family. TYS try and engage and CFW carry out our own re-assessment. There is a fitful level of engagement and there are failed visits recorded. Meanwhile Presfield are concerned about AR's preparation for adulthood and talking about a possible diagnosis of ADHD. Dad says AR is sleeping all day and awake throughout the night. The situation deteriorates into June. There are failed home visits and work sessions. It is as if AR removes himself from the process.
108. The FSW attempts to engage with him even talking through his bedroom door, but mum is not happy about that. Engagement is tried via the parents and by printing off materials for the parents to work through with AR, but all attempts fail. The case stutters on through May and June. There is a TAF on 22 June 2023 where the parents attend but AR does not. CAMHS, school, TYS all agree that our engagement is not working.
109. The case is allowed to limp on a bit longer in the hope that when SFSW Sharon Barrett returns from sick leave she may be able to get AR to engage but when she comes back AR still refuses to engage. The only other service we can offer is parenting support and mum and dad say they don't want this. AR is 17 so he can refuse to go to school. The case is closed to CFW but

remains open at level 2 to school and CAMHS. School is the lead professional.

110.AR was not engaging at points but was at others. There was no point in stepping across to CSC as we were not seeing the level of risk needed to meet threshold for a referral to statutory services. There were no signs of exceptional risks and nothing that would have launched to a situation that would make you think level 3 or 4. This was not a child at risk of significant risk of harm.

111.This period of work seems to be more the desire of the parents to work with them than AR himself. AR presentation is less than in previous periods when he would engage. Now more home based and less willing to engage. We viseme to have had to work really hard to get AR to focus on having conversation about specific things. There was also the dynamic of dad wanting to be present and that is preclusive to any teenager engaging It seemed that it wasn't AR's desire for us to be involved. It was his parents desire for us to be involved.

Reflection on events

Period 1 – 16 October 2019 – 13 December 2019

112.It took time for the family to allow work to start with them. We are a consent-based service and by that, I mean not consent in the legal understanding but willingness to engage with the service. By the time we had started to work with the family events took over.

Period 2 – 5 March 2020 – 9 June 2020

113.This episode of EH/CFW work was a standard referral on a step-down from CSC. My reflections are that in 2020 we had to go hunting for information on the system whereas now there is a much smoother step across process.

114.It is accepted that engagement at this time with CFW was intermittent with AR and his family. Following step down from CSC – CFW held the family open for around 14 weeks before closure with plans incomplete and by mutual agreement with the family. There was an intention to re-open in September at the beginning of the new academic year, and with the hope that Covid Restrictions preventing meaningful direct/ face to face work may have lifted. Records indicate there were 6 or 7 principal interactions during the period April/May 2020, but there are as many additional attempted interactions which failed – mostly phone calls as Covid restrictions remained.

115. We closed the file because the lockdown was preventing us doing the work we had been tasked to do:

- a. Family socially isolated
- b. AR not accessing school
- c. AR on an order with YOT
- d. AR social interaction – inappropriate responses to these. Direct work needed

116. AR in the end did not go back to school until September 2020 and by that time the case had been reopened to us as was the intention.

117. I can see a detailed rationale on the decision to close on our system and plans to re-open in future were outlined in an email from the FSW to all agencies involved with the family in a case note dated 10/6/2020. This reflects on the continuing contact with school and confirmation from YOT that they would be continuing to meet weekly with the family during the proposed 'down time' (Mid-June to Early Sept 2020) and the view that work to support AR's transition back into school would be most beneficial at the time of his return to school, when there is a clearer picture of what he can expect, and he can relate the support directly to his experiences. At that point in time, it was indicated that this wouldn't be until September – and AR's father was not keen for it to be before this point.

118. YOT expressed a view that they could identify no safeguarding concerns that would warrant CFW continued involvement or a step up to CSC.

119. There were no presenting factors at that time that indicated to CFW that it was unsafe to stand down temporarily, nor any factors indicating risks that would meet threshold for step up to social care. Against this, I am not sure what else could have been achieved at the time. It is possible to consider that CFW could have chosen not to close the case but rather hold the case open. With the continued impact of intermittent local lockdowns and 'bubbles', CFW would have been unlikely to make much substantial progress with face-to-face direct work with AR until the point in September 2020 when the case was reopened as agreed.

Period 3 – 14 September 2020 - 4 February 2021

120. The case was reopened when the country started to come out of lockdown and AR returned to Acorns. This period showed some improvement. We worked with the family and its dynamics. He had gone back to school although not on a full-time basis.

121. Acorns made the second Prevent referral on 1 February 2021. CFW were notified of this and responded that AR was closed to the service. He was in the process of being closed because the decision to close had been made but the final documentation was still being completed.

122. I acknowledge that in terms of timing, (it being fed back to CFW that school intended to pursue a further Prevent referral on the basis of their experiences with AR), the fact that CFW was in the process of closing its episode of contact with the family should not have needed to be preclusive to CFW considering if further contact was needed. Hence the stated response by the FSW, of simply saying to school that AR was closed seems unnecessarily blunt. This doesn't however mean that the decision to close was itself unjustified. The plan that had related to CFW's role had been worked to completion and both AR and dad were expressing that they felt their situations had improved. The question would go to whether CFW specifically had any information to add value to the Prevent referral that school were making at that time. I cannot identify that CFW staff knew of any indications, behaviours observed or comments that would add to the Prevent referral at that point in time.

123. We had not received any disclosures from AR or family, that would lead us to consider the need for us to make a Prevent referral at that moment in time although school clearly had and were progressing this as a lead agency with the family. If the response to the Prevent referral had raised any further requirements for CFW, we would be the agency to respond. Then the case would have come back to us, and we would have picked it up again at that point. This often happens when a Prevent referral goes to Channel and the Panel may request for certain support to be given to the subject of the referral by CFW as they think EH may be best placed to deliver on a certain matter.

124. It was appropriate to close the file when we had completed all the actions on our plan. Whilst dad may have wanted us not to close the reasons that he wanted the case to remain open were not ones that we could accommodate, that is, co-parenting AR.

Period 4 – 7 September 2021 – 11 March 2022

125. Again, this referral was a standard step-down from CSC although the C&F assessment had been carried out at the family's request for carer's allowance.

126. I concede that the Prevent referral is discussed during preparation of the RADAR and also that online media safety is logged as an assessed need but then not included in the plan and that this is an omission.
127. I have also conceded that there is a lack of professional curiosity about how AR is spending his time.
128. But this was not a situation that required a step up/back or across to CSC as the situation had been assessed as level 3 and no new risks arose during this episode when open to CFW. Which would have met threshold of "child at risk of significant harm or significant impairment".
129. We addressed the needs, which were specific from the C&F assessment and the case was closed when those needs were met.
130. The professional to work with AR for 6 months as suggested by his teacher was not something we were asked to deal with on the step across from CSC and would not be a FSW in any event.
131. With the benefit of hindsight, I concede that, despite the plan having been progressed and met, closure at this point may be viewed as premature, given the forthcoming educational transition for AR to a new school and that routines around embedded school attendance were not fully in place at that point. It would be reasonable to consider that CFW could have held onto the family to be active with them over the summer holiday period and to ease the handover/transition to the new school at the beginning of the new academic year, assuring that this went ahead and/or being available should any issues arise. If this had happened, CFW would have been active/available at the point where the subsequent bus incident occurs and when AR goes on 'not' to attend Presfield.

Period 5 – 23 March 2023 – September 2023

132. This period was difficult because there was very little engagement from AR. His disengagement increased during the episode. As we are a consensual service there was little we could do if the family and especially AR was not willing to engage. I think the workers involved tried their best to get AR to engage but this was in vain.
133. Closure was discussed at the final TAF meeting on 13/9/23. Mum, Dad (but not AR), CFW, Presfield, CAMHS and SEND/Inclusion were present, and all agencies shared concerns about lack of engagement with them by AR. The parents' principal reason for not wanting CFW to close was their belief that AR needed to be made to go to school.

There is conversation between all about not being able to force AR to attend school, given his age. The notes of the TAF meeting conclude with the statement that "TAF members all agree that there are no safeguarding risks to AR at this point, so the family will be stepped across to Level 2" with school as the lead professional and continuing to "try to engage AR back into school, and for CAMHS to continue the family therapy".

134. The only alternative to closure following a long period of non-engagement in this episode would have been a step up to CSC. I concede that CFW did not consider taking the family case to 'family discussion' – where threshold consideration could have been discussed with colleagues from CSC. But it should be noted that this would only have been successful if there were new or increased risks of a safeguarding nature evidenced by CFW. I cannot say from what CFW knew at the time, we would have been able to evidence this.

General Observations

135. The EH/CFW provision in LCC has undergone an enormous improvement since 2019 when it was only 18 months old. We have received increased funding which has allowed us to develop our early help model, refine our processes and procedures. During the period 2019 – 2024 has been a journey of evolution for the service. Whilst we can point to work that was well received by the family during the episodes when they were open to us there are also periods where the family and especially AR did not want to engage.

136. Over the 3 or more years we worked with him we were presented with many different sides of AR. What we as a service can offer is low level behaviour change by consensual working. There is little that we can do if a teenage boy with clear ASD needs disengages from us.

137. For the most part of the time we were working with AR our duty was to make sure he was safe at home and this was achieved. In fact, there were periods when the work we did made inter-family relationships better, but that improvement was not maintained.

138. It would be unrealistic to expect that a single FSW could have picked up all 5 episodes but there was a measure of continuity with the involvement of the SFSW.

139. The work over the 5 episodes followed the EH model which is that we build a relationship with the family, carry out an assessment of their needs, formulate a plan to address those needs, meet with the family and arrange and chair TAFs pulling in other agencies to work with the family as necessary.

Improvements

1. LCC's risk analysis has changed from Risk Sensible to Family Safeguarding.
2. There has been a £5m investment into LCC's EH provision.
3. LCC has created a separate FIS team sitting within the EH/CFW service.
4. The FIS service is no longer time limited.
5. Within EH/CFW LCC has developed a specific Youth Service with TYS.
6. There has been a change in the missing from home interviews, if a child is under EH/CFW then we do the interview.
7. We have invested in and developed a more sophisticated approach to management oversight, a good example of which is our internal supervision process and the step across process between departments.
8. After 2021 we introduced an independent quality auditing process into EH/CFW which is at the same level of case file audit that they have in CSC.

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: 16th September 2025

Index to the Witness Statement of Katherine Ashworth

Exhibit No.	Inquiry reference no.	Document Description	LCC001917-LCC001920
KA/01		CFW/EH/FIS Structure 2021--2023	LCC001923
KA/02		CFW Service offer	LCC001921
KA/03		CON policies 2019-2024	LCC001926
KA/04		Case Clinics/Family Discussions June 2021	LCC001913
KA/05		EH Assessments and Plans policies	LCC001924
KA/06		TAFs and multi-agency working strategies	LCC001999
KA/07		Chronology	LCC001914
KA/08		Information sharing policy and privacy notices	LCC001915 & LCC001927
KA/09		Induction booklet and workforce development strategies 2021-2024	LCC001916
KA/10		Supervision policies	LCC001925
KA/11		Case closure policies	LCC001910
KA/12		CFW practice standards 2022-2025	LCC001911
KA/13		Recordkeeping Best Practice	LCC001912

