Lancashire Childrens Services Request for Support

Reference: LCSS424167542

Contact Record

Details of Axel Rudakubana, 07/08/2006	
Family Name	Rudakubana
Given Name(s)	Axel
Alias	
Date of Birth/Expected Due Date, or Estimated Age	07/08/2006
Gender	Male
Ethnicity	Any other Black background
Nationality	British
First Language/interpreter required	No
Case Number	
Primary Address	
10 OLD SCHOOL CLOSE, BANKS, SOUTHPORT, PR9 8SB	
Telephone	
Mobile	

Details of ,	
Family Name	
Given Name(s)	
Alias	
Date of Birth/Expected Due Date, or Estimated Age	
Gender	
Ethnicity	
Nationality	
First Language/interpreter required	
Case Number	
Primary Address	

Telephone	
Mobile	
Relationships	
Significant Household members	
Details of Alphonse Rudakubana,	
Family Name	Rudakubana
Given Name(s)	Alphonse
Alias	
Date of Birth	
Gender	Male
Relationship to child	Dad
Address	
10 OLD SCHOOL CLOSE, BANKS, SOUTHPORT, PR9 8SB	
Ethnicity	Any other Black background
Nationality	British
First Language/interpreter required	No
Telephone	DPA
Mobile	
Email Address	DPA
Details of Laetitia Muzayire,	
Family Name	Muzayire
Given Name(s)	Laetitia
Alias	
Date of Birth	
Gender	Female
Relationship to child	Mother
Address	
10 OLD SCHOOL CLOSE, BANKS, SOUTHPORT, PR9 8SB	
Ethnicity	Any other Black background
Nationality	English
First Language/interpreter required	No

Telephone	DPA
Mobile	
Email Address	DPA
Other significant Family members	
Details of Dion ,	
Family Name	Dion
Given Name(s)	
Alias	
Date of Birth	
Gender	Male
Relationship to child	Brother
Address	
Ethnicity	Information not yet obtained
Nationality	Did not disclose
First Language/interpreter required	No
Telephone	
Mobile	
Email Address	

EHM Contact Record

Contact Details	
Date/Time of Contact	
Contact Type	
Contact Method	
Source Type	
Time of Contact	
Primary Nature of Contact	
Is there a secondary nature?	
Details of person making contact	
Who has made contact?	Cheryl Smith
Professional making contact	Designated Safeguarding Lead
Agency making contact	Education

Telephone	DPA
Email	csmith@presfieldschool.org
Does this person wish to remain anonymous?	
Involvement(s)	
Current Key Agencies	
Name	Samantha Steed
Role	CAMHS worker
Agency	CAMHS
Contact Details Alder Hey Children's hospital - DPA or ssteed@alderhey.nhs.uk	
Name	Dr Ram
Role	CAMHS
Agency	CAMHS
Contact Details Alder Hey children's hospital	
Disabilities	
Does the child(ren) or parent/carer have a learning or physical disability?	Yes
Please provide details as to what disabilities the individual(s) have Axel has a diagnosis of ASC and suffers from anxiety which he has previously been on medication for.	
Request for Support details	
Contact Outcome Code	
What is working well The child is safe at home with his mum and dad. He has his own room/living space and is cared for by both parents. Family are not known to be having any financial difficulties. Parents have requested that the early help plan is opened again as they foud it helpful.	
What are you worried about and what is the impact of this on the child(ren) Axel is struggling with his anxiety levels and has not been into school since 01/04/22. He was on medication (Sertraline) which he has stopped taking due to him perceiving it was causing him heartburn. CAMHS feel this is not the case and urge him to begin taking it. CAMHS reviewed Axel today - 23rd May 22 and they are hugely concerned about apparent weight loss. Parents have told CAMHS that they bring Nandos and McDonalds food for him. Parents report that he has also not been leaving the house. Axel has started showing some punishing behaviours towards dad including pouring milk into his bed, tipping food over dad's head and breaking his Dad's laptop by running it under the kitchen sink tap.	

What is the desired outcome of this request for support To support parents with the difficult behaviours being shown at home. To support parents with reducing Axel's anxiety and encourage him to return to school.	
What has already been undertaken with the child(ren) YP / family? Family is known to Lancashire Social Care. Family were under an Early Help plan up until March of this year (2022) but closed due to all needs being met. The previous early help worker was called Matthew Embly and 'Sharon' was involved.	
Further Action	
Continuum of Need Level	Level 3 - Intensive Support (Multiagency Early Help Plan)
Supporting Evidence	
Has an Early Help Assessment been completed?	No
Does this Early Help Assessment Contain the latest plan?	No
Why has an Early Help Assessment and/or Plan not been completed? Previous plan closed recently and parents wish to start the support again. We do not have a copy from Lancshire children's services.	
Has the neglect Toolkit Questionnaire been commenced if relevant?	No
Why not? Not applicable	
Have the family being subject to a Family Group Conference?	No
Why not? Unknown.	
Would the family benefit from a Family Group Conference?	No
Family Views and Consents	
Have you gained consent to share information and request this support?	Yes
Why not?	
Has the child consented to this request?	No
Why not? Child has refused to be seen by professionals from the school since 05/05/22.	
What are the child's/ young person's views? Child has indicated that he is struggling with his anxiety and that the thought of attending school where there would be crowds of people makes him nervous	
Has the child participated in this request for support?	No

Why not? Child has refused to be seen/communicate with professionals from the school since 05/05/22	
Have you gained consent by both parents with parental responsibility?	Yes
Why not?	
Who would you like us to contact initially?	Either mum or dad (all living in family home).
Information Sharing	
Is this information sharing only?	No
What is the information you would like to share?	
Additional Information	
Outline circumstances resulting in this request for support	
Inclusion Service	
Does your request for support relate to: Relates to Health, Relates to Education	
Missing Child	
Is the child currently missing?	No
Occupational Therapy	
Is an occupational therapy referral required?	No
ROVI	
Is a referral to ROVI (visual impairment) required?	No
Outcome	
Contact Decision Date/Time	
Does this contact link to an existing contact record?	
Additional information gathered to inform contact outcome.	
Recommended outcome	
Reason for Action Taken	
Managers Comments	
Has a referral response been completed?	
Social Worker/Practice Manager you have spoken to	
Why Social Care threshold has been met:	