Mersey Care
NHS Foundation Trust

Access to Records

For: AXEL RUDAKUBANA
NHS Number: DPA
Hospital Number: DPA
Request ID: ATR-6376
Date Report Generated: 18 September 2025 16:11:32

Mersey Care NHS Foundation Trust

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Requesting Amendments

The Trust wants to ensure that the information it holds is accurate and up-to-date. If you believe there are inaccuracies or you disagree with the information recorded about you, please discuss this with your clinician in the first instance. If you want to add an addendum to your records stating your point of view, this must be done in writing and be given to your clinician or sent to the Information Governance Team (Records) at Records@merseycare.nhs.uk.

For further guidance on this, please see 'Requesting Amendments To Health And Social Care Records: Guidance for Patients, Service Users And Professionals', which is available on the Internet at the address below or upon request from the Information Governance Team.

https://transform.england.nhs.uk/information-governance/guidance/amending-patient-and-service-user-records/

Contact Details

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1. Main Demographic Details

Title	Information
Client ID	DPA
NHS Number	DPA
NHS Number Status	Number present and verified
Role	Client
Name	RUDAKUBANA, Axel (Mr)
National Insurance Number	(no data)
Marital Status	(no data)
Gender	Male
Date Of Birth	07 Aug 2006
Estimated Date Of Birth	NO
Date Of Death	(no data)
Nationality	(no data)
Religion	(no data)
Ethnicity	Black or Black British - African
Occupation	(no data)
Interpreter Required	No
FirstLanguage	(no data)
First Language	(no data)
ADDRESS	10 Old School Close Banks Southport Lancashire PR9 8SB
Health Authority of Client Address	(no data)
CCG of Client Address	NHS LANCASHIRE AND SOUTH CUMBRIA ICB - 02G
Address From Date	31 Jul 2018
Address Comment	(no data)
Home Phone Number	(no data)
Office Phone Number	(no data)
Mobile Phone Number	DPA
EMAIL	(no data)
Date Registered	11 Dec 2019
GP	(no data)
Practice Name	ROE LANE SURGERY
Practice Address	ROE LANE SURGERY 172 ROE LANE SOUTHPORT MERSEYSIDE PR9 7PN
Practice Phone Number	DPA
Health Authority of GP Practice	(no data)
PCT of GP Practice	SOUTHPORT AND FORMBY PCT
Date Registered with GP	31 Jul 2018
Main Carer	(no data)
Other Carer	(no data)
MainCarerRelationship	(no data)
Relationship to Main Carer	(no data)
First Mental Health Contact	(no data)

2. Alternative Identifiers

SNo	System Name	ID
1	Rio Legacy ID	DPA

3. Telecoms

SNo	Contact Method	Contact Context	Contact Details	Valid From	Valid To
1	Telephone number	Mobile/SMS	DPA	13 Sep 2018	02 Aug 2024 10:33:12

4. Names

SNo	Name	Suffix	Effective Date	End Date	Name Type	Deleted
1	RUDAKUBANA, Axel Muganwa (Mr)	(no data)	(no data)	(no data)	Usual name	

5. Addresses

SNo	Address	Address From Date	Address To Date	Address Type
1	10 Old School Close Banks Southport Lancashire PR9 8SB	31 Jul 2018	(no data)	Primary
2	DPA	23 Jan 2013	30 Jul 2018	Primary
3	DPA	18 Jan 2013	22 Jan 2013	Primary
4	DPA	20 Nov 2009	17 Jan 2013	Primary
5	DPA	23 Aug 2006	19 Nov 2009	Primary

6. Discharged Referrals

Title	Information
UNIQUE REFERRAL NUMBER	1
Date & time referral received	11 Dec 2019 15:30:00
Contract Identifier	(no data)
Specialty	Adult Mental Illness
Referral Source	Justice System - Court Liaison and Diversion Service
Patient Area	Admission Referral
Referring GP	(no data)
Referral Reason	(no data)
Team Referred To	Criminal Justice Liaison Team
Healthcare Professional Referred to	(no data)
Referral Urgency	Routine1
Administrative Category	(no data)
Referral Comment	(no data)
Comment made from Interactive Worksheet	(no data)
Interactive Worksheet Comment Date and Time	(no data)
Interactive Worksheet Comment User	(no data)
Referral Accepted Date	(no data)
Date Referral Placed on Hold on Interactive Worksheet	(no data)
Discharge Date	08 Mar 2020 16:37:00
Discharge Reason	Treatment completed1
Discharge Healthcare Professional	Hallaron, Stephanie
Discharge Address	(no data)
Discharge Comment	(no data)
Discharged on Admission?	No
PCT of Client at Time of Referral Discharge	NHS CHESHIRE AND MERSEYSIDE ICB - 01V
PCT Code of Client at Time of Referral	NHS CHESHIRE AND MERSEYSIDE ICB - 01V
Ward Referred From	(no data)
Consultant Referred From	(no data)
Likely Legal Status	(no data)
Waiting List Details	(no data)
Referral to Treatment Pathway Details	(no data)
Referral Type	External Referral
Specialty From	(no data)
Service Team From	(no data)
Referring Hospital	(no data)

7. Appointment Details (1 of 20)

Title	Information
Unique Appointment Identifier	DPA
Appointment Date and Time	11 Dec 2019 15:30:00
Unique Booking Reference Number	(no data)
Appointment Type	First Appointment
Healthcare Professional	Blenkinsop, David
Location	St Anne Street Police Station
Arrival Time	15:30:00
Seen Time	15:30:00
Appointment Duration	30
Appointment Comment	
Cancellation Date and Time	(no data)
Cancellation Reason	(no data)
Cancelled By	(no data)
Outcome	Completed Telephone Contact1
Outcome Comment	(no data)
Face to Face Appointment	Yes
Transport Required?	No

7. Appointment Details (2 of 20)

Title	Information
Unique Appointment Identifier	DPA
Appointment Date and Time	11 Dec 2019 15:30:00
Unique Booking Reference Number	(no data)
Appointment Type	Follow Up Appointment
Healthcare Professional	Hallaron, Stephanie
Location	St Anne Street Police Station
Arrival Time	15:30:00
Seen Time	15:30:00
Appointment Duration	60
Appointment Comment	
Cancellation Date and Time	(no data)
Cancellation Reason	(no data)
Cancelled By	(no data)
Outcome	N/A - Non Face to Face
Outcome Comment	(no data)
Face to Face Appointment	Yes
Transport Required?	No

7. Appointment Details (3 of 20)

Title	Information
Unique Appointment Identifier	DPA
Appointment Date and Time	11 Dec 2019 19:30:00
Unique Booking Reference Number	(no data)
Appointment Type	Follow Up Appointment
Healthcare Professional	Hallaron, Stephanie
Location	St Anne Street Police Station
Arrival Time	19:30:00
Seen Time	19:30:00
Appointment Duration	75
Appointment Comment	
Cancellation Date and Time	(no data)
Cancellation Reason	(no data)
Cancelled By	(no data)
Outcome	Attended/Seen1
Outcome Comment	(no data)
Face to Face Appointment	Yes
Transport Required?	No

7. Appointment Details (4 of 20)

Title	Information
Unique Appointment Identifier	DPA
Appointment Date and Time	11 Dec 2019 22:00:00
Unique Booking Reference Number	(no data)
Appointment Type	Client & Carers Appointment
Healthcare Professional	Hallaron, Stephanie
Location	St Anne Street Police Station
Arrival Time	22:00:00
Seen Time	22:30:00
Appointment Duration	30
Appointment Comment	
Cancellation Date and Time	(no data)
Cancellation Reason	(no data)
Cancelled By	(no data)
Outcome	Attended/Seen1
Outcome Comment	(no data)
Face to Face Appointment	Yes
Transport Required?	No

7. Appointment Details (5 of 20)

Title	Information
Unique Appointment Identifier	DPA
Appointment Date and Time	12 Dec 2019 12:00:00
Unique Booking Reference Number	(no data)
Appointment Type	Follow Up Appointment
Healthcare Professional	Hallaron, Stephanie
Location	Other Location
Arrival Time	12:00:00
Seen Time	12:00:00
Appointment Duration	300
Appointment Comment	
Cancellation Date and Time	(no data)
Cancellation Reason	(no data)
Cancelled By	(no data)
Outcome	N/A - Non Face to Face
Outcome Comment	(no data)
Face to Face Appointment	Yes
Transport Required?	No

7. Appointment Details (6 of 20)

Title	Information
Unique Appointment Identifier	DPA
Appointment Date and Time	12 Dec 2019 14:00:00
Unique Booking Reference Number	(no data)
Appointment Type	Follow Up Appointment
Healthcare Professional	Storey, Rebecca
Location	St Anne Street Police Station
Arrival Time	(no data)
Seen Time	(no data)
Appointment Duration	(no data)
Appointment Comment	
Cancellation Date and Time	(no data)
Cancellation Reason	(no data)
Cancelled By	(no data)
Outcome	Failed Access
Outcome Comment	(no data)
Face to Face Appointment	Yes
Transport Required?	No

7. Appointment Details (7 of 20)

Title	Information
Unique Appointment Identifier	DPA
Appointment Date and Time	12 Dec 2019 17:30:00
Unique Booking Reference Number	(no data)
Appointment Type	Follow Up Appointment
Healthcare Professional	Hallaron, Stephanie
Location	Other Location
Arrival Time	17:30:00
Seen Time	17:30:00
Appointment Duration	30
Appointment Comment	
Cancellation Date and Time	(no data)
Cancellation Reason	(no data)
Cancelled By	(no data)
Outcome	Completed Telephone Contact1
Outcome Comment	(no data)
Face to Face Appointment	Yes
Transport Required?	No

7. Appointment Details (8 of 20)

Title	Information
Unique Appointment Identifier	DPA
Appointment Date and Time	13 Dec 2019 13:00:00
Unique Booking Reference Number	(no data)
Appointment Type	Follow Up Appointment
Healthcare Professional	Hallaron, Stephanie
Location	Other Location
Arrival Time	13:00:00
Seen Time	13:00:00
Appointment Duration	60
Appointment Comment	
Cancellation Date and Time	(no data)
Cancellation Reason	(no data)
Cancelled By	(no data)
Outcome	N/A - Non Face to Face
Outcome Comment	(no data)
Face to Face Appointment	Yes
Transport Required?	No

7. Appointment Details (9 of 20)

Title	Information
Unique Appointment Identifier	DPA
Appointment Date and Time	13 Dec 2019 14:45:00
Unique Booking Reference Number	(no data)
Appointment Type	Follow Up Appointment
Healthcare Professional	Hallaron, Stephanie
Location	Other Location
Arrival Time	14:45:00
Seen Time	14:45:00
Appointment Duration	30
Appointment Comment	
Cancellation Date and Time	(no data)
Cancellation Reason	(no data)
Cancelled By	(no data)
Outcome	Completed Telephone Contact1
Outcome Comment	(no data)
Face to Face Appointment	Yes
Transport Required?	No

7. Appointment Details (10 of 20)

Title	Information
Unique Appointment Identifier	DPA
Appointment Date and Time	13 Dec 2019 15:30:00
Unique Booking Reference Number	(no data)
Appointment Type	Follow Up Appointment
Healthcare Professional	Hallaron, Stephanie
Location	Other Location
Arrival Time	15:30:00
Seen Time	15:30:00
Appointment Duration	30
Appointment Comment	
Cancellation Date and Time	(no data)
Cancellation Reason	(no data)
Cancelled By	(no data)
Outcome	N/A - Non Face to Face
Outcome Comment	(no data)
Face to Face Appointment	Yes
Transport Required?	No

7. Appointment Details (11 of 20)

Title	Information
Unique Appointment Identifier	DPA
Appointment Date and Time	16 Dec 2019 09:30:00
Unique Booking Reference Number	(no data)
Appointment Type	Follow Up Appointment
Healthcare Professional	Hallaron, Stephanie
Location	Other Location
Arrival Time	09:30:00
Seen Time	09:30:00
Appointment Duration	30
Appointment Comment	
Cancellation Date and Time	(no data)
Cancellation Reason	(no data)
Cancelled By	(no data)
Outcome	Completed Telephone Contact1
Outcome Comment	(no data)
Face to Face Appointment	Yes
Transport Required?	No

7. Appointment Details (12 of 20)

Title	Information
Unique Appointment Identifier	DPA
Appointment Date and Time	16 Dec 2019 15:15:00
Unique Booking Reference Number	(no data)
Appointment Type	Follow Up Appointment
Healthcare Professional	Hallaron, Stephanie
Location	Other Location
Arrival Time	15:15:00
Seen Time	15:15:00
Appointment Duration	15
Appointment Comment	
Cancellation Date and Time	(no data)
Cancellation Reason	(no data)
Cancelled By	(no data)
Outcome	Completed Telephone Contact1
Outcome Comment	(no data)
Face to Face Appointment	Yes
Transport Required?	No

7. Appointment Details (13 of 20)

Title	Information
Unique Appointment Identifier	DPA
Appointment Date and Time	17 Dec 2019 10:00:00
Unique Booking Reference Number	(no data)
Appointment Type	Follow Up Appointment
Healthcare Professional	Hallaron, Stephanie
Location	Other Location
Arrival Time	10:00:00
Seen Time	10:00:00
Appointment Duration	120
Appointment Comment	
Cancellation Date and Time	(no data)
Cancellation Reason	(no data)
Cancelled By	(no data)
Outcome	N/A - Non Face to Face
Outcome Comment	(no data)
Face to Face Appointment	Yes
Transport Required?	No

7. Appointment Details (14 of 20)

Title	Information
Unique Appointment Identifier	DPA
Appointment Date and Time	06 Jan 2020 10:00:00
Unique Booking Reference Number	(no data)
Appointment Type	Follow Up Appointment
Healthcare Professional	Hallaron, Stephanie
Location	Other Location
Arrival Time	10:00:00
Seen Time	10:00:00
Appointment Duration	60
Appointment Comment	
Cancellation Date and Time	(no data)
Cancellation Reason	(no data)
Cancelled By	(no data)
Outcome	N/A - Non Face to Face
Outcome Comment	(no data)
Face to Face Appointment	Yes
Transport Required?	No

7. Appointment Details (15 of 20)

Title	Information
Unique Appointment Identifier	DPA
Appointment Date and Time	21 Jan 2020 14:00:00
Unique Booking Reference Number	(no data)
Appointment Type	Follow Up Appointment
Healthcare Professional	Hallaron, Stephanie
Location	Other Location
Arrival Time	14:00:00
Seen Time	14:00:00
Appointment Duration	120
Appointment Comment	
Cancellation Date and Time	(no data)
Cancellation Reason	(no data)
Cancelled By	(no data)
Outcome	N/A - Non Face to Face
Outcome Comment	(no data)
Face to Face Appointment	Yes
Transport Required?	No

7. Appointment Details (16 of 20)

Title	Information
Unique Appointment Identifier	DPA
Appointment Date and Time	19 Feb 2020 10:00:00
Unique Booking Reference Number	(no data)
Appointment Type	Follow Up Appointment
Healthcare Professional	Thomas, Nicholas
Location	Youth Court
Arrival Time	10:00:00
Seen Time	10:00:00
Appointment Duration	30
Appointment Comment	
Cancellation Date and Time	(no data)
Cancellation Reason	(no data)
Cancelled By	(no data)
Outcome	Attended/Seen1
Outcome Comment	(no data)
Face to Face Appointment	Yes
Transport Required?	No

7. Appointment Details (17 of 20)

Title	Information
Unique Appointment Identifier	DPA
Appointment Date and Time	19 Feb 2020 14:15:00
Unique Booking Reference Number	(no data)
Appointment Type	Follow Up Appointment
Healthcare Professional	Hallaron, Stephanie
Location	Other Location
Arrival Time	14:15:00
Seen Time	14:15:00
Appointment Duration	30
Appointment Comment	
Cancellation Date and Time	(no data)
Cancellation Reason	(no data)
Cancelled By	(no data)
Outcome	N/A - Non Face to Face
Outcome Comment	(no data)
Face to Face Appointment	Yes
Transport Required?	No

7. Appointment Details (18 of 20)

Title	Information
Unique Appointment Identifier	DPA
Appointment Date and Time	19 Feb 2020 15:15:00
Unique Booking Reference Number	(no data)
Appointment Type	Follow Up Appointment
Healthcare Professional	Hallaron, Stephanie
Location	Other Location
Arrival Time	(no data)
Seen Time	(no data)
Appointment Duration	(no data)
Appointment Comment	
Cancellation Date and Time	19 Feb 2020 15:03:00
Cancellation Reason	Appointment made in error
Cancelled By	Hallaron, Stephanie
Outcome	(no data)
Outcome Comment	(no data)
Face to Face Appointment	Yes
Transport Required?	No

7. Appointment Details (19 of 20)

Title	Information
Unique Appointment Identifier	DPA
Appointment Date and Time	04 Mar 2020 14:00:00
Unique Booking Reference Number	(no data)
Appointment Type	Follow Up Appointment
Healthcare Professional	Hallaron, Stephanie
Location	Other Location
Arrival Time	14:00:00
Seen Time	14:00:00
Appointment Duration	90
Appointment Comment	
Cancellation Date and Time	(no data)
Cancellation Reason	(no data)
Cancelled By	(no data)
Outcome	N/A - Non Face to Face
Outcome Comment	(no data)
Face to Face Appointment	Yes
Transport Required?	No

7. Appointment Details (20 of 20)

Title	Information
Unique Appointment Identifier	DPA
Appointment Date and Time	08 Mar 2020 08:45:00
Unique Booking Reference Number	(no data)
Appointment Type	Follow Up Appointment
Healthcare Professional	Hallaron, Stephanie
Location	Other Location
Arrival Time	08:45:00
Seen Time	08:45:00
Appointment Duration	15
Appointment Comment	
Cancellation Date and Time	(no data)
Cancellation Reason	(no data)
Cancelled By	(no data)
Outcome	N/A - Non Face to Face
Outcome Comment	(no data)
Face to Face Appointment	Yes
Transport Required?	No

8. Appointments - Additional Healthcare Professionals

SNo	Unique Appointment Identifier	Healthcare Professional	RIO HCP Identifier	Staff Professional Group	Booked Status	Deleted
1	DPA	Hatton, Grace	DPA	(no data)	Booked	No

9. Appointments - Activities

SNo	Unique Appointment Identifier	Activity	Healthcare Professional	Actual Activity?	Actual Duration	Main Activity?	Deleted
1	DPA	Assessment	Blenkinsop, David	Yes	30	Yes	No
2		Information Gathering	Hallaron, Stephanie	Yes	60	Yes	No
3		Assessment	Hallaron, Stephanie	Yes	75	Yes	No
4		Assessment	Hatton, Grace	Yes	75	No	No
5		Carer education	Hallaron, Stephanie	Yes	30	Yes	No
6		Safeguarding Referral Childrens Social Care	Hallaron, Stephanie	Yes	60	Yes	No
7		Information Exchange	Hallaron, Stephanie	Yes	180	No	No
8		Information Gathering	Hallaron, Stephanie	Yes	60	No	No
9		Information Sharing (Safeguarding Child)	Hallaron, Stephanie	Yes	60	No	No
10		Safeguarding Referral Childrens Social Care	Hallaron, Stephanie	Yes	30	Yes	No
11		Information Exchange	Hallaron, Stephanie	Yes	60	Yes	No
12		Information Exchange	Hallaron, Stephanie	Yes	30	Yes	No
13		Information Exchange	Hallaron, Stephanie	Yes	30	Yes	No
14		Information Exchange	Hallaron, Stephanie	Yes	15	Yes	No
15		Information Exchange	Hallaron, Stephanie	Yes	15	Yes	No
16		Safeguarding case conference	Hallaron, Stephanie	Yes	120	Yes	No
17		Safeguarding case conference	Hallaron, Stephanie	Yes	60	Yes	No
18		Information Exchange	Hallaron, Stephanie	Yes	120	Yes	No
19		Advice Given	Thomas, Nicholas	Yes	30	Yes	No
20		Information Exchange	Hallaron, Stephanie	Yes	30	Yes	No
21		Safeguarding Children1	Hallaron, Stephanie	Yes	90	Yes	No
22		Information Sharing (Safeguarding Child)	Hallaron, Stephanie	Yes	15	Yes	No

10. Progress Note (1 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	13 Nov 2024 17:07:00
Created By	Harper, Stephanie
Created Date/Time	13 Nov 2024 17:08:58
Last Updated By	Harper, Stephanie
Last Updated Date/Time	13 Nov 2024 17:08:58
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	13 Nov 2024 17:08:58
Verified By	Harper, Stephanie
Specialty	Adult Mental Illness
Note Text	AR case has been further adjourned to 13/12/2024 for video link mention at Liverpool Crown Court pending psychiatric reports Trial date set for 20.01.2025 Added to L&D court calendar for further outcome

10. Progress Note (2 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	13 Nov 2024 14:33:00
Created By	Forfar, Robbie
Created Date/Time	13 Nov 2024 14:35:31
Last Updated By	Forfar, Robbie
Last Updated Date/Time	13 Nov 2024 14:35:31
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	13 Nov 2024 14:35:31
Verified By	Forfar, Robbie
Specialty	Adult Mental Illness
Note Text	L&D entry Liverpool Crown Court (LCC) Case was mentioned at LCC this afternoon, case adjourned for further Video Link Hearing (CVP) on 13/12/2024 at LCC pending psychiatric reports. Trial date 20/01/2025

10. Progress Note (3 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	31 Jul 2024 18:54:00
Created By	Dorgan, Laura
Created Date/Time	31 Jul 2024 18:56:08
Last Updated By	Dorgan, Laura
Last Updated Date/Time	31 Jul 2024 18:56:08
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	31 Jul 2024 18:56:08
Verified By	Dorgan, Laura
Specialty	Adult Mental Illness
Note Text	**Liaison and Diversion** Seen by Laura Dorgan Operational Manager MHTR and Owen Winsland Team Manager MHTR. Axel seen in cell with officer present. Axel lay with blanket placed up over his mouth, he responded to myself and Owen being present in the cell. Axel informed of L & D offer in custody for support for all who are in custody and this is on going support they can access if required during time in custody. Axel was spoken to in regards to his recent refusal to take diet or fluids and if there was a reason for this which he stated not. Axel was able to tell me that his solicitor purchased a pizza for him and he confirmed that he did not accept custody food as he did not like what was being offered. We spoke with the officer who was present to confirm next steps which was that he will see the solicitor following accepting more diet. Axel stated spontaneously that he had already eaten one slice, on asking if he may eat more he stated he might. Axel stated that he did not wish to have any support at this time from our service but advised this can be requested if needed. Impression: • No change in presentation since MHAA which took place on 29th July • Informed shared with Sgt and HCP • No reason to divert from CJ Pathway at this time • Court support to be offered when attending court • L & D court staff to obtain outcome throughout court process Laura Dorgan Operational Manager

10. Progress Note (4 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	31 Jul 2024 18:27:00
Created By	Lewis-Skipper, Amy
Created Date/Time	31 Jul 2024 18:43:26
Last Updated By	Lewis-Skipper, Amy
Last Updated Date/Time	31 Jul 2024 18:53:39
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	31 Jul 2024 18:53:39
Verified By	Lewis-Skipper, Amy
Specialty	Adult Mental Illness
Note Text	**Liaison and Diversion Team-** Discussion with HCP, custody sergeant , Laura Dorgan (operational manager), Owen christian-winsland (team manager) that Axel will be provided with pizza as he has agreed to eat this. Been informed by HCP he has eaten a small amount of diet and his blood sugars are now at 4.3. He is now fit for interview with the police. Laura Dorgan and Owen Christian winsland will attend cell and assess. Amy Lewis-Skipper Mental Health Practitioner

10. Progress Note (5 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	31 Jul 2024 16:48:00
Created By	Lewis-Skipper, Amy
Created Date/Time	31 Jul 2024 16:54:11
Last Updated By	Lewis-Skipper, Amy
Last Updated Date/Time	31 Jul 2024 16:54:11
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	31 Jul 2024 16:54:11
Verified By	Lewis-Skipper, Amy
Specialty	Adult Mental Illness
Note Text	**Liaison and Diversion Team Contact** Telephone conversation with Dr Navdeep Malik (Consultant Adolescent Forensic Psychiatrist, Greater Manchester MH Trust) who requested a handover with regards to Axel"s presentation within custody since yesterdays" assessment. Informed Dr Malik that Axel has been refusing diet and fluids , he is also refusing medication and there is a concern regarding physical health deterioration as his blood sugars are reading as low currently. Axel does appear to be compliant with his physical health observations being completed and will accept his blood sugars being monitored . however, will not accept prescribed medication, diet or fluids. Dr Malik suggested that police contact his family to see if there is any food that Axel may like or prefer to prevent potential hospital admission. Updated HCP and custody sergeant. NICHE updated. Amy Lewis-Skipper Mental Health Practitioner

10. Progress Note (6 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	30 Jul 2024 18:35:00
Created By	Thomas, Nicholas
Created Date/Time	30 Jul 2024 18:43:29
Last Updated By	Thomas, Nicholas
Last Updated Date/Time	30 Jul 2024 18:43:29
Note Type	Nursing
Sub Type	Named Nurse Session
Significant Event?	No
Verify Date	30 Jul 2024 18:43:29
Verified By	Thomas, Nicholas
Specialty	Adult Mental Illness
Note Text	update Axel went into first interview at approximately 5pm. there is a superintendents extension in place until midnight, this will likely be extended for 36hrs by court. I have spoken to his appropriate adult, who states , she was able to gain a bit of rapport with him, she described him as articulate, and is prioritising his own needs while in custody. eg disatisfied with bein on constant observations etc I am told that a 3rd child has now died, and this latest charge will be put to him in interview. There has been no request for further support from L and d at this time

10. Progress Note (7 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	30 Jul 2024 10:36:00
Created By	Thomas, Nicholas
Created Date/Time	30 Jul 2024 10:41:16
Last Updated By	Thomas, Nicholas
Last Updated Date/Time	30 Jul 2024 10:41:16
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	30 Jul 2024 10:41:16
Verified By	Thomas, Nicholas
Specialty	Adult Mental Illness
Note Text	brief meeting with Appropriate adult, Sue Scotland who is also social worker in Axels geographical location. Sue states she has obtained all relevant history from her colleague on emergency duty team last night, i was unable o offer any new or additional information

10. Progress Note (8 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	29 Jul 2024 20:27:00
Created By	Brannon, Louise
Created Date/Time	29 Jul 2024 20:28:50
Last Updated By	Brannon, Louise
Last Updated Date/Time	29 Jul 2024 20:28:50
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	29 Jul 2024 20:28:50
Verified By	Brannon, Louise
Specialty	Adult Mental Illness
Note Text	MHA Assessment outcome. Following a MHA assessment in Police custody at 18:15 by Dr Melanie Higgins (Consultant Forensic Psychiatrist, Ashworth Hospital, Merseycare), Dr Navdeep Malik (Consultant Adolescent Forensic Psychiatrist, Greater Manchester MH Trust) and Stephen Roper (Approved Mental Health Professional). Police advised us at the time of arrest, Axel complied with Police requests once the red dot of the taser was pointed at him. He also reported he "couldn't breathe" during Police restraint. He walked into the custody suite from the van and was able to weight bear. Throughout his time in custody he has remained conscious but verbally unresponsive to all interactions with him. Axel was in a custody tracksuit, there were no obvious signs of malnourishment and his skin condition appeared good. His hair appeared well groomed. Axel was seen on two separate occasions by the doctors and the AMHP. He refused to engage with the MHA assessment team on either occasion. From our observations, normal range of movement have been noted, he has been able to move from a lying to seated position. Movements are purposeful with no abnormalities noted. He will lie motionless when attempts are made to converse with him however has been moving around following these attempts to engage with him. When the blanket was removed from his face, Axel smoothly returns his clothing to cover his mouth and nose. He was seen to be awake but actively avoided eye contact. He appeared aware of surroundings. He responded to prompts by the supervising detention officer once the assessing team left the room to remove the custody blanket from his face. He has so far refused to accept offers of food and fluid although there is nothing to suggest he can not eat and drink normally. A cup of water has been left in his cell. Brief history by Dr Pasricha (CT3 doctor, Gardener Unit) from parents prior to our assessment did not raise any acute concerns about his mental state. They advised he appeared his normal self yesterday, if anything, slightly more happier than normal. They report no recent unusual behaviours. They report he doesn't leave the home due to anxiety. They report no persecutory beliefs. He reports internal pain. They report he is passionate about economics and this is his main topic of conversation around the home. They report no history of self harm. We note Axel's history with services, possible Autism Spectrum Condition diagnosis alongside anxiety and depression. Has been treated with Sertraline, Melatonin and Propranolol which he is reported to have discounted in ?April 2024 reporting little benefit. There is no known history of illicit or recreational drug use. There is no evidence from his history of any cognitive impairment, if anything, he appears well versed in current affairs, particularly economics. At present, based on current presentation and his non-engagement, there was no overt evidence to warrant detention under the Mental Health Act and diversion from criminal justice pathway. We advised the Custody Sgt of this. If Axel's presentation changes, then a re-referral can be made to Sefton Council (DPA) who can reconvene a further assessment. Dr Melanie Higgins Dr Navdeep Malik Stephen Roper (AMHP)

10. Progress Note (9 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	29 Jul 2024 20:10:00
Created By	Brannon, Louise
Created Date/Time	29 Jul 2024 20:27:11
Last Updated By	Brannon, Louise
Last Updated Date/Time	29 Jul 2024 20:27:11
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	29 Jul 2024 20:27:11
Verified By	Brannon, Louise
Specialty	Adult Mental Illness
Note Text	CJLDT CUSTODY NOTE **CJLDT MHP Triage note** **SUMS reference:** DPA **Custody number:** DPA **Suite: Copy LAne** **Alleged offence:** MURDER X2, ATTEMPT MURDER (MULTIPLE): **Circumstances of arrest as documented on NICHE:** MERPOL CALLED TO REPORTS OF A MALE STABBING CHILDREN AT HART STREET, SOUTHPORT. DIRECTED BY MEMBERS OF THE PUBLIC INTO A PREMISE IN NORWOOD BUSINESS PARK. ON ENTERING HTE PREMISE, I&S I&S. THE DP WAS DISARMED BY MEANS OF THE TASER RED DOT AND WAS A&C RE ATTEMPTED MURDER AND AT 1159HTRS, THE DP WAS FURTHER A&C RE MURDER X2, NO REPLY to ligature whilst in custody. **Reason for referral:** To offer an assessment of need as per CJLDT **Introduction:** I introduced myself to Axel, explaining my role and the role of CJLDT. Confidentiality and information sharing explained. I advised that I was not here to discuss the offence but to assess his mental health and associated risks and assess any areas of support he may require, prior to release. **Screening:** Verbal consent not obtained from Axel to review medical notes for psychiatric history. H0wever due to the nature and seriousness of the offence and lack of engagement from Axel, I have screened his notes in order to obtain relevant background history. Attended cell to offer an assessment however he did not engage with myself. Made aware that he had been able to respond to officers earlier, able to hear and speak. No eye contact, kept his head covered and no obvious response to any verbal communication. Unable to assess further at this time. Will review with HCP. Axel remained the same in presentation when reviewed further at this time. No physical health checks were able to be completed due to lack of engagement. 14:37- Initial call made to CWP Tier 4 AOT- DPA. Relevant details handed over and MHA requested as per protocol. 14:52- Referral for MHA assessment completed via Sefton AMPH hub. 15:14- Contact made with Stephen Roper, Sefton AMPH, DPA. handed over all relevant information and advised him that Dr Higgins, Forensic Psychiatrist will assist in the assessment. 15:32- Liaised with Dr Higgins at Ashworth Hospital. Relevant and proportionate details handed over and contact details for Stephen Roper provided 17:12- Call received from Stephen confirming that they will attend the suite to complete the assessment at 18:00. Sgt Worthington made aware. MHA requested utilising MCFT policy Await outcome

10. Progress Note (10 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	10 Mar 2020 08:45:00
Created By	Hallaron, Stephanie
Created Date/Time	10 Mar 2020 08:46:09
Last Updated By	Hallaron, Stephanie
Last Updated Date/Time	10 Mar 2020 08:46:09
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	10 Mar 2020 08:46:09
Verified By	Hallaron, Stephanie
Specialty	Adult Mental Illness
Note Text	FCAMHS final consultation letter uploaded to clinical documents.

10. Progress Note (11 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	08 Mar 2020 08:45:00
Created By	Hallaron, Stephanie
Created Date/Time	08 Mar 2020 10:24:12
Last Updated By	Hallaron, Stephanie
Last Updated Date/Time	08 Mar 2020 10:24:12
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	08 Mar 2020 10:24:12
Verified By	Hallaron, Stephanie
Specialty	Adult Mental Illness
Note Text	Details of strategy meeting held in December uploaded to clinical docs.

10. Progress Note (12 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	04 Mar 2020 14:00:00
Created By	Hallaron, Stephanie
Created Date/Time	08 Mar 2020 16:35:55
Last Updated By	Hallaron, Stephanie
Last Updated Date/Time	08 Mar 2020 16:35:55
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	08 Mar 2020 16:35:55
Verified By	Hallaron, Stephanie
Specialty	Adult Mental Illness
Note Text	Attended FCAMHS review. Present: Julie Hamill - FSW Anna Jamieson - SW Joanne Hodson - School SENCO Dave Creegan - Range School Anna Croll - YOT Manager John Hicklin - FCAMHS Laura Davidson C&F Wellbeing Outcome - Social Care will be closing the family. There is no evidence of mental health issues so CAMHS/FCAMHS will close. Education is the main priority and this is currently being addressed by way of EHCP referral and Autism Assessment. YOT will continue to manage risk in terms of offending. There is no further role for CJLT at this time as Axel has no on-going CJS matters and all appropriate services and assessments have been complete. However, should Axel return to the CJS he should be prioritised for assessment and support.

10. Progress Note (13 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	21 Feb 2020 09:22:00
Created By	Thomas, Nicholas
Created Date/Time	21 Feb 2020 09:24:28
Last Updated By	Thomas, Nicholas
Last Updated Date/Time	21 Feb 2020 09:24:28
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	21 Feb 2020 09:24:28
Verified By	Thomas, Nicholas
Specialty	Adult Mental Illness
Note Text	outcome Axel has received a 10 month referral order from court. I will clarify with Steph Hallaron whether referral can be closed or whether ongoing FCAMHS involvement

10. Progress Note (14 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	19 Feb 2020 14:15:00
Created By	Hallaron, Stephanie
Created Date/Time	19 Feb 2020 15:05:11
Last Updated By	Hallaron, Stephanie
Last Updated Date/Time	19 Feb 2020 15:05:11
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	19 Feb 2020 15:05:11
Verified By	Hallaron, Stephanie
Specialty	Adult Mental Illness
Note Text	FCAMS consultation received from John Hicklin. Uploaded to Rio and password protected documents shared with Skott Morgan CAMHS and Anna Jamieson Social Worker.

10. Progress Note (15 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	19 Feb 2020 10:00:00
Created By	Thomas, Nicholas
Created Date/Time	19 Feb 2020 10:21:19
Last Updated By	Thomas, Nicholas
Last Updated Date/Time	19 Feb 2020 10:21:19
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	19 Feb 2020 10:21:19
Verified By	Thomas, Nicholas
Specialty	Adult Mental Illness
Note Text	prior to seeing Axel I made court and youth offending service aware of his complex needs and have asked that he be dealt with first in court, and that a side room is made available. Both of these have been agreed. I have been advised recommendation is for a referral order, without need for PSR and this will be managed by Lancashire Youth offending service, who are fully aware of Axels unmet needs on arrival in court I greeted Axel and ushered him to private room on court landing introducing myself at this point I was made aware his solicitor Miss Templeman had arrived and wished to consult with him before hopefully getting him straight into court. plan Await outcome form court

10. Progress Note (16 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	06 Feb 2020 17:02:00
Created By	Thomas, Nicholas
Created Date/Time	06 Feb 2020 17:04:53
Last Updated By	Thomas, Nicholas
Last Updated Date/Time	06 Feb 2020 17:04:53
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	06 Feb 2020 17:04:53
Verified By	Thomas, Nicholas
Specialty	Adult Mental Illness
Note Text	eamil to Claudia Aldersley Parenting 2000 I am more than happy for you to share the content of this email with Axel (if appropriate) and his family. However, can I ask that my email address is not shared. However our office number at the foot of this email can be.Obviously my email is ok to share with professionals We are aware of Axel, My colleague Steph assessed him on arrest and has subsequently facilitated further forensic assessment with FCAMHS. So we are in a great starting position to support through court process. I will be present in court on the morning and will make myself known to them. Can I confirm whether the family have there own solicitor or will be using a duty solicitor on the day. If they already have there own, I am happy for them to contact me to share any relevant information (if family consent). To reassure Family the youth court is not like on the TV there are no wigs and gowns, and members of the public aren't allowed in. It will be a small court room with either 3 magistrates or one district judge. somebody prosecuting (that just means at this point they will put the case to the room) and 2 staff from the youth offending team, finally Owen and his solicitor and one parent. It is possible I may be asked to tell the court what we know about Axels difficulties, but this isn't always necessary at this stage. He will only be in court a matter of a 10-20 mins or so. He will only be asked to confirm his name and address and the solicitor will then talk on Axels behalf Please tell the Family not to worry, not to be scared, embarrassed or any of the other emotions this will illicit. I cannot offer any legal guidance but I will reassure as best I can that the court will be aware of Axels difficulties so as to support him. I do not know Axel other than what has been shared , but is there anything we could know in advance to assist him. Bearing in mind that 09.45 is the time Axel is asked to be there, court will invariably not commence till 10;15ish and it is not guaranteed he will be called in first I will seek to get him dealt with ASAP and argue the case as to why, however I cant offer assurances, and if the Family are to use their own solicitor this may be somebody they can advise the court in advance. Other considerations may be noise, how he reacts to other people etc.

10. Progress Note (17 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	06 Feb 2020 16:28:00
Created By	Thomas, Nicholas
Created Date/Time	06 Feb 2020 16:35:13
Last Updated By	Thomas, Nicholas
Last Updated Date/Time	06 Feb 2020 16:35:13
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	06 Feb 2020 16:35:13
Verified By	Thomas, Nicholas
Specialty	Adult Mental Illness
Note Text	I have been advised that Axel is due in court on 19th Feb I am not clear of the "exact charge" though will be linked to possessing offensive weapon. I have been contacted via Owen Winsland (clinical lead) to advise Claudia Alderly form parenting 2000 has asked for advice around support in court. I will email her and advise of our support

10. Progress Note (18 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	21 Jan 2020 14:00:00
Created By	Hallaron, Stephanie
Created Date/Time	22 Jan 2020 18:51:34
Last Updated By	Hallaron, Stephanie
Last Updated Date/Time	22 Jan 2020 18:51:34
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	22 Jan 2020 18:51:34
Verified By	Hallaron, Stephanie
Specialty	Adult Mental Illness
Note Text	John Hicklin - FCAMHS Jo Hodson – Acorns Anna Jamieson – Social Worker Julie Hamil – FSW Sarah Laughran – CJLT Apologies Skott Morgan - CAMHS History of case given and discussed. Agreed that John Hicklin will discuss with CAMHS what appropriate support can be given to Axel whilst he is awaiting a specialist school placement and diagnosis. John has agreed to visit for a review after speaking with Skott to identify an appropriate plan going forward. Identified that Axel needs an appropriate school placement ASAP which will be able to support his diagnosis.

10. Progress Note (19 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	06 Jan 2020 10:00:00
Created By	Hallaron, Stephanie
Created Date/Time	07 Jan 2020 14:37:56
Last Updated By	Hallaron, Stephanie
Last Updated Date/Time	07 Jan 2020 14:37:56
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	07 Jan 2020 14:37:56
Verified By	Hallaron, Stephanie
Specialty	Adult Mental Illness
Note Text	Strategy Meeting attended for Axel and Dion. Full notes to follow when available from social Care. Axel has now been assessed by CAMHS. No evidence of SMI and context of difficulties felt to be ASD. CAMHS will do some work around understanding emotions. Social worker has assessed family and felt there are no risks within the home at this time. Family appear open and honest and are fully engaging with professionals. PREVENT have assessed and there is no evidence of risk of radicalisation at this time however, more may become apparent when content of computer is available. They plan on closing for now but will reassess should risk change. Axel cannot return to education until a risk assessment has been completed. Social care will take the lead on this. All relevant professionals invited and informed of FCAMHS assessment date and time. This has been sent via email invite. No evidence that Section 47 is required at this time and support will continue under Section 17.

10. Progress Note (20 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	17 Dec 2019 10:00:00
Created By	Hallaron, Stephanie
Created Date/Time	17 Dec 2019 14:50:33
Last Updated By	Hallaron, Stephanie
Last Updated Date/Time	17 Dec 2019 14:50:33
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	17 Dec 2019 14:50:33
Verified By	Hallaron, Stephanie
Specialty	Adult Mental Illness
Note Text	Initially Strategy Meeting . Full minutes from Social Care to follow. Meeting held for both Dion and Axel Due to the size of the meeting, I was unable to get all names and contact details but this will follow with Social Care notes. Summary of information: · Police have seen CCTV of assault and Axel getting into the school. He has made a no comment interview for most part but does admit the assault. · School have investigated the allegations and have found no evidence of this. This appears to be a repeated pattern of behaviour at both schools. · There has been a previous incident of Axel assaulting a boy · Initial referrals were to Social Care and CAMHS in October due to Axel calling Childline and stating he had taken a knife into school on at least 10 occasions. · Dion DPA He uses a wheelchair and DPA . She has not seen him in some time but the plan is to see him again in the next 2 weeks. Dion is doing well at school and no concerns were raised about his welfare. · Acorn School have stated that they have had concerns about Axel's behaviour. He has been seen watching school shootings online (This appears to be after a recent incident that was on the news in America), Murder and severed heads. He has difficulties forming relationships with peers and teachers and this can become a significant issue for Axel which is out of proportion. · Prevent have not yet assessed Axel and have only had the referral for a short space of time. · Social Workers have met with Axel and his parents. Currently there do not appear to be any boundaries in place and it appears Axel is very much in control of the situation at home. He has a poor relationship with his Brother Dion and believes DPA Dad appears to prioritise his educational needs. Further investigation needs to be undertaken seeing Axel and Dion separately and the also both parents separately. · Dad has been having support from Parenting 2000 in Sefton and paying for private therapy for Axel. All professionals agreed that we need further information before making a decision on DPA Axel need to be placed on the Child Protection Register. We agree that we need further assessment from CAMHS, PREVENT and Social Care. As a result we have agreed to meet on 6th of January at 10am at West Lans Youth Hub for review and a decision. Plan: · Axel is not to return to school until all assessments are completed. · CAMHS will see Axel within a week · PREVENT will offer assessment within 2 weeks · Social Care will see each family member separately and complete a home visit each week. · Acorn will try and establish his internet search history used at school · Parenting 2000 will have an invite to the next strategy meeting

	· **DPA** · No action for Merseycare Email sent to Skott Morgan and Jake Rigby Sefton CAMHS to share contact details. Also included in email is John Hicklin CAMHS and Anna Jameson.

10. Progress Note (21 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	16 Dec 2019 15:15:00
Created By	Hallaron, Stephanie
Created Date/Time	16 Dec 2019 16:28:25
Last Updated By	Hallaron, Stephanie
Last Updated Date/Time	16 Dec 2019 16:28:25
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	16 Dec 2019 16:28:25
Verified By	Hallaron, Stephanie
Specialty	Adult Mental Illness
Note Text	T/C to Jake Rigby CAMHS Psychiatrist who is on placement with our team. Discussed Axel's case and advised that all avenues appearto have been covered. Jake will try and attend the FCAMHS consultation and advised I will let him know when it is.

10. Progress Note (22 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	16 Dec 2019 09:30:00
Created By	Hallaron, Stephanie
Created Date/Time	16 Dec 2019 16:26:06
Last Updated By	Hallaron, Stephanie
Last Updated Date/Time	16 Dec 2019 16:26:06
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	16 Dec 2019 16:26:06
Verified By	Hallaron, Stephanie
Specialty	Adult Mental Illness
Note Text	T/C to Sefton CAMHS to follow up referral. Informed that referral has been accepted and that he will be offered an assessment hopefully within the next 2 weeks. They will not be able to attend the strategy meeting tomorrow. Contacted investigating Officers from PVPU. Spoke to Paula Murphy. Agreed she will attend the initial strategy meeting for Axel tomorrow. Date time and location sent via email.

10. Progress Note (23 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	13 Dec 2019 15:30:00
Created By	Hallaron, Stephanie
Created Date/Time	13 Dec 2019 16:27:54
Last Updated By	Hallaron, Stephanie
Last Updated Date/Time	13 Dec 2019 16:27:54
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	13 Dec 2019 16:27:54
Verified By	Hallaron, Stephanie
Specialty	Adult Mental Illness
Note Text	Initial Strategy Meeting set for: **Date: Tuesday 17th December** **Venue: West Lancs Youth Zone, Yeadon, Skelmersdale WN8 6LT** **Time: 10am** FCAMHS have been invited. They have confirmed they can offer us a consultation on 21.01.20 at 14.00. I will call John Hicklin to discuss this further on Monday.

10. Progress Note (24 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	13 Dec 2019 14:50:00
Created By	Hallaron, Stephanie
Created Date/Time	13 Dec 2019 14:51:28
Last Updated By	Hallaron, Stephanie
Last Updated Date/Time	13 Dec 2019 14:51:28
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	13 Dec 2019 14:51:28
Verified By	Hallaron, Stephanie
Specialty	Adult Mental Illness
Note Text	Letter sent to GP Datix submitted. WEB117829

10. Progress Note (25 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	13 Dec 2019 14:45:00
Created By	Hallaron, Stephanie
Created Date/Time	13 Dec 2019 16:23:03
Last Updated By	Hallaron, Stephanie
Last Updated Date/Time	13 Dec 2019 16:23:03
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	13 Dec 2019 16:23:03
Verified By	Hallaron, Stephanie
Specialty	Adult Mental Illness
Note Text	T/C from Laura at Alderhey Community Peads. She advised that Axel was referred in August by the Range High School and is due to start the assessment process next year. I advised of the current circumstances around the risk he is presenting with and Laura agreed to place Axel on the cancellation list so he can potentially be assessed sooner. I was advised that there is no other for Axel to be assessed sooner. Laura has sent me details of support services that can offer support in the interim which I have forwarded to his social worker Anna Jameson. Laura will send out the appropriate forms to his new school so they can collect the relevant information.

10. Progress Note (26 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	13 Dec 2019 13:00:00
Created By	Hallaron, Stephanie
Created Date/Time	13 Dec 2019 13:58:23
Last Updated By	Hallaron, Stephanie
Last Updated Date/Time	13 Dec 2019 13:58:23
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	13 Dec 2019 13:58:23
Verified By	Hallaron, Stephanie
Specialty	Adult Mental Illness
Note Text	Information shared with Anna Jameson re other professionals I have had contact with. Advised by FCAMHS that they have accepted the referral and this has been allocated to John Hicklin and he will be in touch soon to arrange a consultation. T/C to Community Peads to make ASD referral. Original number we have been trying is not a referral line. Initially advised to ask GP to refer but I explained the circumstances and the current concerns about the level of risk involved. She advised me to call Alderhey Community Peads directly and leave a message and discuss with them. I have left a message and requested a call back. T/C to Hayley Sherwin PPU to discuss case and the concerns around potential offending. Advised of the case and risks and that there will be a strategy meeting held next Tuesday. Advised to ask Social Worker if the PVPU have been invited and to let her know. 3 x T/C to CAMHS to follow up on urgent referral yesterday.

10. Progress Note (27 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	12 Dec 2019 21:30:00
Created By	Hatton, Grace
Created Date/Time	12 Dec 2019 21:30:25
Last Updated By	Hatton, Grace
Last Updated Date/Time	12 Dec 2019 21:30:25
Note Type	HCA/Support Worker
Sub Type	(no data)
Significant Event?	No
Verify Date	12 Dec 2019 21:30:25
Verified By	Hatton, Grace
Specialty	Adult Mental Illness
Note Text	Outcome of arrest: Conditional bail to attend St anne street police station on 7th Jan 2020. Police have advised that he may not have to attend if h receives a postal charge prior to this which is likely to be No further action.

10. Progress Note (28 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	12 Dec 2019 17:30:00
Created By	Hallaron, Stephanie
Created Date/Time	12 Dec 2019 21:22:08
Last Updated By	Hallaron, Stephanie
Last Updated Date/Time	12 Dec 2019 21:22:08
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	12 Dec 2019 21:22:08
Verified By	Hallaron, Stephanie
Specialty	Adult Mental Illness
Note Text	T/C from Anna Jameson (anna.jameson@lancashire.gov.uk). She has received the safeguarding referral and will be completing the initial assessment of the family. We discussed my concerns and I informed Anna that I am referring to FCAMHS and Alderhey CAMHS for mental health support at this time. Advised that Axel did not appear to warrant admission last night but I am concerned about he risks he poses to others. We discussed the information I had gained so far from Early Help (who stated school have concerns), FCAMHS concerns and safeguarding etc and also the information that the Police hold in relation to this young man. Shared contact details for school as Jan Lewis Safeguarding Lead for Acorn School who can be contacted on [DPA] Advised I haven't yet made contact with them but will do over the next few days. Anna will also make contact with them. We both agreed that my request (as submitted with referral) for an urgent strategy meeting is appropriate and that we need to establish exactly what we know about Axel and his family and identify what we don't know and how we can collectively work together to create a robust risk management strategy. Anna will look at arranging this for early next week and has asked that I attend. Agreed that I would. Email sent to Annie Kelly and Kim Harrison to advise social care have picked up referral.

10. Progress Note (29 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	12 Dec 2019 14:06:00
Created By	Storey, Rebecca
Created Date/Time	12 Dec 2019 14:06:38
Last Updated By	Storey, Rebecca
Last Updated Date/Time	12 Dec 2019 14:06:38
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	12 Dec 2019 14:06:38
Verified By	Storey, Rebecca
Specialty	Adult Mental Illness
Note Text	Steph Halloran asked me to review Axel when he attends this afternoon for interview in relation to offences documented yesterday, Steph is concerned about risk and wanted him to be reviewed after interview. There is no practitioner here for a couple of hours so I have asked if Steph can attend as well later to see him as requested I have tried to see him but as yet he hasn't attended; Steph has sent me a crisis/care plan to be given to the family which I will leave in the team diary Obtained details of officers dealing; collar numbers 4891 and 3120 which I have handed over to Steph and colleague who is on from 5pm this afternoon

10. Progress Note (30 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	12 Dec 2019 12:00:00
Created By	Hallaron, Stephanie
Created Date/Time	12 Dec 2019 21:02:36
Last Updated By	Hallaron, Stephanie
Last Updated Date/Time	12 Dec 2019 21:02:36
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	12 Dec 2019 21:02:36
Verified By	Hallaron, Stephanie
Specialty	Adult Mental Illness
Note Text	Telephone call to West Lancs MASH Team. Spoke with Janet Fazackerly. Requested information about who has picked up the case from the Police referral so I could share further information. Advised that EDT had dealt with call last night and had directed it to Early Help. I explained the content and nature of the statements that Axel had made during my assessment and that I felt this needed to be looked at immediately as there was potentially new information contained in my assessment and I am concerned about the potential risk to the family and his Brother who appears to have DPA Advised that as EDT had already dealt with this last night, that I would need to submit the relevant form which she would email and it would be picked up within 24 hours. Janet has emailed me the form. MASH - DPA Identified Social Worker number DPA T/C to Merseycare Safeguarding and spoke to Crispin. Advised of the current situation and that even in light of the current concerns, Social Care did not feel the need to act immediately. Advised to contact FCAMHS and get back to them. T/C to Forensic CAMHS for duty consultation. Spoke with Justine Wilson Day Centre Manager. Advised of the content of my assessment and suspected ASD and discussed appropriate risk management strategies. Justine agrees that there is likely a role for FCAMHS in terms of consultation or assessment. She has agreed that it is an appropriate referral and sent me the email. We discussed that Axel has been released into the care of his parents. Advice from Justine is to complete some safety planning with parents i.e. asking them to search his room for weapons, supervision in the community and to provide information around available support i.e. CAMHS, A&E etc. Justine has offered that the team will attend a strategy meeting if they have availability to provide advice and support to the team who will be managing him. Advised I will submit the referral by the end of the day. DPA Letter written for Axel's parents which documents the safety advice given by FCAMHS. I have asked staff at the Custody Suite to ensure this is given to his parents when he returns for interview at 2pm. Hopefully staff will be able to meet with the parents but if they are busy with other activity, it will be given in letter form. T/C to Alderhey CAMHS to discuss current concerns. Discussed likely diagnosis of ASD and advised I will make that referral. Discussed appropriate risk management strategies and that I feel Axel requires urgent support at the moment to identify and support the risk he may pose to others. Particularly around work with regards to poor problem solving skills and consequences of his behaviour. Advised I feel that further assessment is required due to being assessed in Custody which is not an ideal environment and that more information needed to be gained from the family for a full developmental history. Advised that to submit referral to via email and they will triage it tomorrow and look at if it meets their threshold for intervention. T/C from Leigh Tindsley Merseycare Safeguarding and advised the assault did not appear related to radicalisation but I was having difficulties getting social care to address my concerns. Leigh has advised to submit the form and then look at escalation. He will call me back for further contact this afternoon. T/C to Lucy Parkinson Early Help Worker DPA Lucy explained that they are aware of the arrest and she is in the process of discussing this with her manager. I advised that I had serious concerns about his risk to others and that I knew very little about the family. Lucy advised that the family have not engaged particularly well in the CAF process and as a result an assessment has not yet taken place. Advised that I will submitting a Safeguarding referral as I fell the risk threshold has been met. Lucy agrees. She reports school have some serious concerns around Axel's behaviour and the things he is saying. She will discuss my concerns with her manager Anne Cookson and has also gave me her number. T/C to Anne Cookson Senior Practitioner at Early Help. Advised of the assessment and that I am referring to CAMHS and Safeguarding. Anne shares my concerns and reported that when she met with the parents last week she felt they are underplaying the risks that Axel is currently presents with. Agreed that we would both escalate the issue in light of new information. They are not clear as

	yet on Dion's needs but believe there may be DPA DPA T/C to Band 7Annie Kelly to advise of the Safeguarding concerns and to provide an update with regards to Axel's case. She has advised to continue to link in with Merseycare safeguarding advice. Safeguarding form completed and sent. Further T/C to Janet to advise of the conversation that I had with Early Help who also agree that this needs to be escalated. Further conversation with Leigh Tindsely Merseycare safeguarding who advised he will contact the PREVENT team and ensure they are aware of the concerns and will escalate first thing in the morning if required. FCAMHS referral completed and sent. Alderhey referral sent via secure email for urgent assessment.

10. Progress Note (31 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	12 Dec 2019 11:13:00
Created By	Storey, Rebecca
Created Date/Time	12 Dec 2019 11:13:56
Last Updated By	Storey, Rebecca
Last Updated Date/Time	12 Dec 2019 11:13:56
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	12 Dec 2019 11:13:56
Verified By	Storey, Rebecca
Specialty	Adult Mental Illness
Note Text	Bail outcome obtained from last night Axel has been bailed to attend today at 2pm as he is awaiting CPS decision I will handover to colleagues this afternoon

10. Progress Note (32 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	11 Dec 2019 22:30:00
Created By	Hallaron, Stephanie
Created Date/Time	12 Dec 2019 21:07:50
Last Updated By	Hallaron, Stephanie
Last Updated Date/Time	12 Dec 2019 21:07:50
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	12 Dec 2019 21:07:50
Verified By	Hallaron, Stephanie
Specialty	Adult Mental Illness
Note Text	Discussion with Axel and his Dad prior to release. Explained what Axel had disclosed to me during assessment and advised Dad I am concerned about his risk to other people. Dad is fully aware that his son planned Dad appeared to understand this. We have discussed strategies to utilise with Axel i.e. not sending him to school tomorrow, supervision and support. Dad asked some questions about his mental health. advised that I believe that Axel needs to undergo formal assessment for ASD. Dad is aware he can use A&E and 999 if required. Dad is aware that I will be making referrals to: Forensic CAMHS CAMHS Social care Dad has been given the number for our office should he have any questions about this.

10. Progress Note (33 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	11 Dec 2019 19:30:00
Created By	Hallaron, Stephanie
Created Date/Time	12 Dec 2019 00:53:36
Last Updated By	Hallaron, Stephanie
Last Updated Date/Time	12 Dec 2019 00:53:36
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	12 Dec 2019 00:53:36
Verified By	Hallaron, Stephanie
Specialty	Adult Mental Illness
Note Text	**Reason for Referral / Assessment** Axel was arrested and produced at St Anne street police station in regards to a charge of possessing a bladed article in a school premises. Nature of offence DP is an ex pupil of The Range high school and attended the school today with a hockey stick and used it to hit another student. Police called and spoke with DP who admits to having a knife also. Knife recovered , c&a , no reply. Please see previous entries for further details of the nature of offence and reported circumstances of this. Confidentiality and role explained and Axel was able to provide examples of when I may need to breach this. He was informed that I would be asking questions relating to his arrest and acknowledged that this information would need to be shared with Police. Grace Hatton also present. **CN: C19150552** **Carer Involvement –** I met with Mum and she has provided consent for m to speak with Axel. **Presenting Problem and History of Presenting Problem / Complaint** Axel reports that the student he went to see at The Range today is a male who had assaulted him a number of weeks ago. He reported that this took place at school and that the student had pulled him to the ground and hit him. This was observed by other students and Axel reports they helped him and that he has not been bullied since leaving the school. Axel reports he has found this distressing. Axel reports that he wouldn't have felt sad if he hurt him. He reports not planning to use the knife but states that he would have if the Hockey Stick did not work. Axel states that he had wrapped tissue paper around the handle to get a better grip. Axel was asked if he was planning on killing the student and he replied "I did want to kill him but I don't think I would. Ideally, I wish I did it. But they were in assembly so it wouldn't have happened". He is clear this was revenge. We explored his decision making around going to school etc and Axel reports that he has not been thinking about this for a long time but he had a random thought on Saturday. He then decided that he would book a taxi for today as he normally gets a taxi to school so this would not be out of the ordinary for him and that he would simply ask for the taxi to take him somewhere else. I asked if the male he had assaulted was involved in the original bullying and Axel stated he was not. When asked why he had assaulted him, Axel responded by saying "the Head Teacher and someone else was chasing me and I'm not going to get taken to the Police Station for nothing so I thought I would hit him". Axel reports that he liked the student he hit and had never had any problems with this boy. Axel reports it doesn't bother him that he assaulted the boy as he didn't get hurt that bad. We discussed the consequences of his action and Axel demonstrated an awareness of going to Jail, however, he appears to struggle with abstract concepts and did not fully understand what this would mean. His response was I would probably be less bored in Jail. Axel firmly denies any thoughts of harm to himself or others and has no history of this. We discussed the possibilities of him harming the male who had assaulted him. Axel reports that he is unlikely to do anything now. He reports that school is too protected. I asked what would happen if he saw this male in the street and Axel responded by saying that he doesn't carry weapons so nothing would happen. **Psychiatric History** Reported 2 referrals to CAMHS over the past few months but neither have been accepted. No other history known and Axel denies ever undergoing any assessments. Axel reports that he has never been tested for ASD and his Dad has discussed this with him but Axel believes he has ADD. He does not believe he has ADHD because he is not hyperactive.

Social History

Axel was born and raised in Cardiff until approx. 5 years ago. He reports being excluded from The Range High School due to having a knife on his person. He reports that he is not involved in any out of school activities and has no friends. Axel believes that this is due to his school recent school move as he now attends Acorn School for those with behaviour difficulties. He reports he has friends previously but that he has never socialised outside of school with them. Axel does report frequently playing on Fortnight and does talk to people he does not know through this site. He also reports enjoying watching You Tube. He denies ever meeting anyone face to face but acknowledges talking to strangers. He reports that h does not watch violent videos.

Family History

Family Composition:

Dad – Alphonse Rudakubana

Mum – Laetia Muzayire

Brother – Dion Rudakubana Aged 15. It is reported that Dion I&S is in a wheelchair.

Axel reports he and his Brother were both born in Cardiff and his parents have been in the UK for about 20 years. He reports they are from Rawanda. Axel reports he still has family there but denies having any personal contact with them. He reports his parents have regular contact with them. Axel would like to go to Rawanda one day. Axel was able to tell me about the recent War there and informed me that 800,000 people died in 100 days, some of which he believes were his family. He reports this makes him sad but he does not think about it a lot. He reports difficult relationships with both his parents and his Brother. His parents used to be DPA but are now DPA He tells me that he does not like this religion and he was made to go to Church. He reports he does not have to attend anymore. He reported that he didn't like it due to the noise. Axel reports that his parent's are strict. He states he does not like his Brother very much and feels that his parents sometimes give him more attention. He alleges that he DPA DPA. Axel reports that his parents also "allude" to this. Axel did not report any extended family. Axel is unaware of any mental health problems or drug and alcohol issues within the family.

Physical Health History

Nil

Current Service Involvement

Further clarification required. It appears that the family are involved with Lancashire Care PREVENT Team but due to location of GP, will fall to Merseycare/Liverpool CAMHS for mental health support. I was initially unaware of Lancashire address so all enquires have only been made with Sefton Services and therefore there may be further information to be gained.

Not known to Sefton YOT

PREVENT – Paul Harrison Community Safety Team West Lancashire

Social Care – Not previously open to services but will undergo assessment as a result of this offence

Acorn School

Activities Of Daily Living Skills

Axel is well kempt and attends school. He reports no engagement in social activities and states that hi Mum and Dad do not really let him socialise with other children outside of school.

Current Medication and Compliance

Nil

Forensic

No history of offending. This is Axel's first offence. However, Axel has been excluded from the Range High School for being in possession of a knife.

Mental State Examination

Appearance/behaviour – Axel was dressed appropriately with no on going signs of self neglect. Axel did not make contact with myself or Grace at any point during the assessment. He was calm and engaged well in assessment. Rapport was established and Axel was able to respond to humour at times.

Speech – Normal rate, rhythm and tone.

Mood – Axel denies nay issues with his mood. He reports his mood is a 7 now (1 being worst, 10 being best) and this is due to not being bored whilst in the Police Station. He reports his mood was a 5 when he woke up. He reports that sometimes he feels sad but he is happy more than sad and normally his sadness is related to issues at school. Objectively, Axel presents as euthymic.

Perceptions – Axel understood was hallucinations were and denies this in any modality. We discussed paranoia and Axel reports that sometimes he feels paranoid. Axel reported that he has had a thought that when he eats out in restaurants that he thinks people may be poisoning him. We explored this further and Axel did not display any level of delusion of this and this appears to a random and exploratory thought rather than any belief that he is at risk. He denies feeling afraid of people or a belief that people are out to get him.

Thoughts – Axel firmly denies any thoughts of harm to self. He denies ever having these thoughts. He firmly denies any homicidal ideation or watching of video games. Axel has no thoughts about harming his family and reports he has never done this previously. There is no evidence of formal thought disorder.

Substance use – Denies any substance or alcohol misuse.

Cognition- Fully orientated to time, place and person.

Capacity – Appears in tact. However Axel's ability to fully comprehend the enormity of his actions and the consequences of this is questionable.

Eat – Axel reports not eating well as his parents give him food he does not particularly like.

Sleep – No issues noted or disclosed.

Traits of ASD displayed during assessment:

· Inability to form and maintain stable peer relationships

· Interaction to achieve specific goals

· No eye contact

· Use of overly complex/awkward language

· Flat voice tone

· Black and White thinking style

· Difficulties with abstract concepts

· High intellectual ability (not formally assessed)

· Increased fixation on computers i.e. playing and building

· Poor problem solving skills

· Sensory difficulties i.e. loud noise, touch, smells i.e. Church singing, noise in corridors at school, doesn't like strong smells

· Difficulty concentrating when not specifically interested in a topic – limited understanding of its relevance to his life

· Lack of empathy

Risks –

To self: SA10 low – Has no history of this and denies any current thoughts.

To Others: SA10 Medium – Axel has no history of previous offending or violent behaviour. Initial context of offence suggests this was retaliation. However, Axel's response to why he assaulted a different child is of concern along with his lack of empathy/remorse. Axel has already been excluded from school for carrying a knife and his current offence also includes the use of weapons and a direct statement that he was intending to seriously harm someone. This appears related to poor problem solving ability consistent with a possible ASD diagnosis. There are also serious concerns about Axel's use of the Internet and the nature of the information he has been accessing. Axel is currently open to the PREVENT Team around possible radicalisation.

From Others: SA10 Medium. – Axel reports previous bullying. Due to Axel's limited ability to understand relationships and vulnerability, Axel may be at risk of harm from others through the internet/radicalisation.

Impression – Axel is a pleasant young male with a Rawandan heritage. He presents as a bright young man who displays limited understanding of the consequences of his behaviour. Whilst Axel can describe the consequences of his behaviour, his level of understanding around this remains unclear. Axel has demonstrated multiple indicators of ASD which would suggest a formal assessment is required however, due to the risk Axel currently poses to others, a Forensic CAMHS referral will be made in addition to this. This will also support management of the risk posed to him from others and possible radicalisation. At this time, Axel does not display any evidence of SMI that would warrant diversion from custody at this time however he does require some additional support and through risk management in the community. He is clear that he does not plan on trying to harm this young mana again and has no history of harming others until today.

Immediate risk management plan:

· Lancashire Social Care are fully involved in the case and Sergeant 3086 has informed me that they do not have concerns about him returning home this evening and will be sending out a Social worker in the morning to begin assessment of the family.

· Case has been discussed with SPR On Call Dr Anwar and Sadie Canning Dosser CJLT Operational Manager who agree that Axel does not appear to be detainable under the act but does require some further input from services. Dr Anwar advised sharing information with the family to ensure they are updated of all risks and feel they are able to keep themselves and others safe

· Axel to be released from Police Custody on bail to return to St Anne's Street Police Station at 2pm on 12.12.19

	· Custody contact completed · Discussed with Dad who is aware of the content of what Axel said. I have suggested that Axel does not attend school tomorrow to give time for agencies to create a safe and robust risk management plan of the risk he presents to others Further risk management plan: · Contact to be made with Lancashire Social Services to share assessment – Submit MARF · Refer for Asperger's/Autism assessment · Refer to Forensic CAMHS for management of offending behaviour in the context of forensic risk to others · CJLT to obtain outcome of interview and support as required · Email sent to update Merseycare Safeguarding Team · Discuss with Band 7 Annie Kelly if a SAVRY assessment is appropriate · DATIX to completed

10. Progress Note (34 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	11 Dec 2019 15:58:00
Created By	Blenkinsop, David
Created Date/Time	11 Dec 2019 16:31:50
Last Updated By	Blenkinsop, David
Last Updated Date/Time	11 Dec 2019 16:31:50
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	11 Dec 2019 16:31:50
Verified By	Blenkinsop, David
Specialty	Adult Mental Illness
Note Text	Axel was arrested and produced at St Anne street police station in regards to a charge of possessing a bladed article in a school premises. *Nature of offence DP is an ex pupil of Grange high school and attended the school today with a hockey stick and used it to hit another student. Police called and spoke with DP who admits to having a knife also. Knife recovered , c&a , no reply.* Due to Axels age consent from parents (who have attended the police station) needed but before that, I contacted CAHMS Sefton and Paul Harrison from PREVENT following information gathered by the custody sergeant. CAHMS inform me that 2 referrals have been made this year (April 2019 and October 2019) but both have not been accepted due to not having any mental health issues. I then contact Paul Harrison (DPA) who is with Sefton social services and in connection with the PREVENT team. He advised me that he hasn't met Axel but has gathered relevant information. This is as follows- Axel was raised in Merseyside but is currently being schooled in Lancashire. He now attends ACORN SCHOOL which is a behavioural school after being expelled from Formby High for bringing in knives. Acorn have given information to suggest Axel has shown interests in beheadings / guns / dis likes towards teachers. Also accessing websites which involve school mass shootings. All of which is believed to be recent information. Child and Family wellbeing also have been contacted regarding this issue (contact Lancashire Prevent Team). Paul tells me that today Axel has gone into his old school in Formby with the intent. He had planned this attack as he booked a taxi yesterday for this. He has then entered the school with a hockey stick that had been modified and a knife with the intent to kill 1 certain pupil. How ever said pupil wasn't in school today but he assaulted another pupil for an unknown reason. Paul tells me that the family claim to have under gone counselling for Axel although I have not gathered evidence of this. Paul is also unsure of Axels nationality, Family possibly claiming to be British but Axel claims to be Rwandan. Also reports that parents have been playing down Axels behaviour. Paul mentioned that the schools are concerned that his behaviour is escalating and that he has no known mental health diagnoses. Reports have also come back that Axel remained calm and showed no emotion when this incident took place. Information handed over to Steph Halloran who will assess Axel once further information is gathered.

10. Progress Note (35 of 35)

Title	Information
Conceal from Client	No
Contains Third Party Information?	No
Entered in Error?	No
Original Progress Note ID	DPA
Edited Progress Note ID	
Progress Note Date	11 Dec 2019 15:30:00
Created By	Hallaron, Stephanie
Created Date/Time	11 Dec 2019 16:39:25
Last Updated By	Hallaron, Stephanie
Last Updated Date/Time	11 Dec 2019 16:39:25
Note Type	Nursing
Sub Type	Community Nurse
Significant Event?	No
Verify Date	11 Dec 2019 16:39:25
Verified By	Hallaron, Stephanie
Specialty	Adult Mental Illness
Note Text	Further information gained when discussing arrest with the Sergeant. Advised that the Prevent Team are executing warrants to search his home address. Advised that Axel has been using the internet i.e. mass school shootings, beheadings and ISIS. It is alleged by Paul Harrison that there is third hand information that Axel has gone to the school this morning with the intent of killing a student. He has modified the Hockey Stick and took the knife as back up. As that student was not in school, he has proceeded to seriously assault another student. I have also briefly discussed with Inspector Humphries. DS Alan Wood of PVPU is currently holding the case until all evidence is gained and then this will be handed to a CID Officer to deal with. I have contact Sefton YOT and he is not known on their systems. CAMHS and Social Care (PREVENT) have been contacted by Dave Blenkinsop – See his notes for further details. I have spoken with Mum face to face in the front custody office and explained the role and rational of the team. She has provided verbal consent for me to speak with him. Advised I will contact her after assessment to discuss any concerns raised. T/C to Merseycare Safeguarding Team. Spoke with Crispin Evans. Advised of the case and being open to Prevent. Advised of the case and the risks around this young man. Asked about the process of sharing information via Prevent and any other immediate risk management strategies. Advised that as Axel is in Police Custody, they will be managing any immediate risk. Advised to send the team an email when I have seen him and they can review the information tomorrow.

11. Client Documents

SNo	Document Type	Serial Number	File Name	Title	Author	Description	Document Date	Inserted Date	Revision Number	Final Revision?
1	Assessments	1	1-1-20191212-DPA-ASS.docx	CJLT SCRNG AXEL'S PARENTS	(no data)	(no data)	12 Dec 2019	12 Dec 2019 13:16:38	1	1
2	Referrals Received & Sent	2	2-1-20191213-DPA-REF.doc	GP Letter	(no data)	GP Letter	13 Dec 2019 14:49:37	13 Dec 2019 14:49:56	1	1
3	Reports/Assessments	3	3-1-20200219-DPA-REP.docx	F CAMHS Consultation	(no data)	(no data)	19 Feb 2020	19 Feb 2020 15:02:07	1	1
4	Safeguarding Children	4	4-1-20200308-DPA-SC.pdf	Strategy Meeting	(no data)	(no data)	08 Mar 2020	08 Mar 2020 10:24:39	1	1
5	Reports/Assessments	5	5-1-20200310-DPA-REP.docx	FCAMHS Consultation 2	(no data)	(no data)	10 Mar 2020	10 Mar 2020 08:46:56	1	1

12. GP History

SNo	GP	GP Practice	GP From Date	GP To Date
1	UNKNOWN	ROE LANE SURGERY	31 Jul 2018	(no data)
2	UNKNOWN	GP Practice Code not applicable	16 Sep 2017	30 Jul 2018 23:59:59
3	KIDD RJG	CHURCHTOWN MEDICAL CENTRE	18 Jan 2013	15 Sep 2017 23:59:59
4	SHERWOOD H	NORTH CARDIFF MEDICAL CENTRE	20 Nov 2009	17 Jan 2013 23:59:59

13. Core Assessment - Non MidMersey

Title	Information
Not Applicable to Mid Mersey Users	
Assessment start date/time	11 Dec 2019 19:00:00
Please select an appropriate referral	11 Dec 2019 - Criminal Justice Liaison Team - Adult Mental Illness
Health Care Professional	HALLARON, Stephanie
Those present at assessment (please name and specify relationship to Service User)	

Name	Contact Details	Relationship
no data		

Reason for Referral / Assessment	
what did the referrer ask?	Axel was arrested and produced at St Anne street police station in regards to a charge of possessing a bladed article in a school premises and Section 47 Assault. Nature of offence DP is an ex pupil of The Range high school and attended the school today with a hockey stick and used it to hit another student. Police called and spoke with DP who admits to having a knife also. Knife recovered , c&a , no reply. Please see previous entries for further details of the nature of offence and reported circumstances of this. Confidentiality and role explained and Axel was able to provide examples of when I may need to breach this. He was informed that I would be asking questions relating to his arrest and acknowledged that this information would need to be shared with Police. Grace Hatton also present.
Presenting Problem and History of Presenting Problem / Complaint	
	Axel reports that the student he went to see at The Range today is a male who had assaulted him a number of weeks ago. He reported that this took place at school and that the student had pulled him to the ground and hit him. This was observed by other students and Axel reports they helped him and that he has not been bullied since leaving the school. Axel reports he has found this distressing. Axel reports that he wouldn't have felt sad if he hurt him. He reports not planning to use the knife but states that he would have if the Hockey Stick did not work. Axel states that he had wrapped tissue paper around the handle to get a better grip. Axel was asked if he was planning on killing the student and he replied "I did want to kill him but I don't think I would. Ideally, I wish I did it. But they were in assembly so it wouldn't have happened". He is clear this was revenge. We explored his decision making around going to school etc and Axel reports that he has not been thinking about this for a long time but he had a random thought on Saturday. He then decided that he would book a taxi for today as he normally gets a taxi to school so this would not be out of the ordinary for him and that he would simply ask for the taxi to take him somewhere else. I asked if the male he had assaulted was involved in the original bullying and Axel stated he was not. When asked why he had assaulted him, Axel responded by saying "the Head Teacher and someone else was chasing me and I'm not going to get taken to the Police Station for nothing so I thought I would hit him". Axel reports that he liked the student he hit and had never had any problems with this boy. Axel reports it doesn't bother him that he assaulted the boy as he didn't get hurt that bad. We discussed the consequences of his action and Axel demonstrated an awareness of going to Jail, however, he appears to struggle with abstract concepts and did not fully understand what this would mean. His response was I would probably be less bored in Jail. Axel firmly denies any thoughts of harm to himself or others and has no history of this. We discussed the possibilities of him harming the male who had assaulted him. Axel reports that he is unlikely to do anything now. He reports that school is too protected. I asked what would happen if he saw this male in the street and Axel responded by saying that he doesn't carry weapons so nothing would happen.
Social History	
(including accommodation/Finances/Support Received/Carer's Needs)	Axel was born and raised in Cardiff until approx. 5 years ago. He reports being excluded from The Range High School due to having a knife on his person. He reports that he is not involved in any out of school activities and has no friends. Axel believes that this is due to his school recent school move as he now attends Acorn School for those with behaviour difficulties. He reports he has friends previously but that he has never socialised outside of school with them. Axel does report frequently playing on Fortnight and does talk to people he does not know through this site. He also reports enjoying watching You Tube. He denies ever meeting anyone face to face but acknowledges talking to strangers. He reports that h does not watch violent videos
Activities Of Daily Living Skills	
	Axel is well kempt and attends school. He reports no engagement in social activities and states that hi Mum and Dad do not really let him socialise with other children outside of school
Past Psychiatric History	
(including Drug/Alcohol)	Reported 2 referrals to CAMHS over the past few months but neither have been accepted. No other history known and Axel denies ever undergoing any assessments. Axel reports that he has never been tested for ASD and his Dad has discussed this with him but Axel believes he has ADD. He does not believe he has ADHD because he is not hyperactive.
Past Medical History	
	Nil
Current Medication and Compliance	
	Nil
Family History	
	Family Composition: Dad – Alphonse Rudakubana Mum – Laetia Muzayire Brother – Dion Rudakubana Aged 15. It is reported that Dion DPA is in a wheelchair. Axel reports he and his Brother were both born in Cardiff and his parents have been in the UK for about 20 years. He reports they are from Rawanda. Axel reports he still has family there but denies having any personal contact

	with them. He reports his parents have regular contact with them. Axel would like to go to Rawanda one day. Axel was able to tell me about the recent War there and informed me that 800,000 people died in 100 days, some of which he believes were his family. He reports this makes him sad but he does not think about it a lot. He reports difficult relationships with both his parents and his Brother. His parents used to be DPA but are now DPA. He tells me that he does not like this religion and he was made to go to Church. He reports he does not have to attend anymore. He reported that he didn't like it due to the noise. Axel reports that his parent's are strict. He states he does not like his Brother very much and feels that his parents sometimes give him more attention. He alleges that he DPA. Axel reports that his parents also "allude" to this. Axel did not report any extended family. Axel is unaware of any mental health problems or drug and alcohol issues within the family.
Personal History	
(including: parental relationship, childhood adversities, education, employment, marital relationships and current status, own children, retirement and current caring responsibilities)	(no data)
Forensic History	
	No history of offending. This is Axel's first offence. However, Axel has been excluded from the Range High School for being in possession of a knife.
Pre-morbid Personality	
	(no data)
Mental State Examination	
	Appearance/behaviour – Axel was dressed appropriately with no on going signs of self neglect. Axel did not make contact with myself or Grace at any point during the assessment. He was calm and engaged well in assessment. Rapport was established and Axel was able to respond to humour at times. Speech – Normal rate, rhythm and tone. Mood – Axel denies nay issues with his mood. He reports his mood is a 7 now (1 being worst, 10 being best) and this is due to not being bored whilst in the Police Station. He reports his mood was a 5 when he woke up. He reports that sometimes he feels sad but he is happy more than sad and normally his sadness is related to issues at school. Objectively, Axel presents as euthymic. Perceptions – Axel understood was hallucinations were and denies this in any modality. We discussed paranoia and Axel reports that sometimes he feels paranoid. Axel reported that he has had a thought that when he eats out in restaurants that he thinks people may be poisoning him. We explored this further and Axel did not display any level of delusion of this and this appears to a random and exploratory thought rather than any belief that he is at risk. He denies feeling afraid of people or a belief that people are out to get him. Thoughts – Axel firmly denies any thoughts of harm to self. He denies ever having these thoughts. He firmly denies any homicidal ideation or watching of video games. Axel has no thoughts about harming his family and reports he has never done this previously. There is no evidence of formal thought disorder. Substance use – Denies any substance or alcohol misuse. Capacity – Appears in tact. However Axel's ability to fully comprehend the enormity of his actions and the consequences of this is questionable. Eat – Axel reports not eating well as his parents give him food he does not particularly like. Sleep – No issues noted or disclosed. Traits of ASD displayed during assessment: • Inability to form and maintain stable peer relationships • Interaction to achieve specific goals • No eye contact • Use of overly complex/awkward language • Flat voice tone • Black and White thinking style • Difficulties with abstract concepts • High intellectual ability (not formally assessed) • Increased fixation on computers i.e. playing and building • Poor problem solving skills • Sensory difficulties i.e. loud noise, touch, smells i.e. Church singing, noise in corridors at school, doesn't like strong smells • Difficulty concentrating when not specifically interested in a topic – limited understanding of its relevance to his life • Lack of empathy
Cognitive Examination	
	Cognition- Fully orientated to time, place and person.
Physical Examination	
	Nil
SAFEGUARDING	
Contact with Children?	True
Children • Would the family benefit support from Early Help?• What safeguarding concerns have been identified?• Is parenting capacity affected?• Have the needs of the child being considered?	Level 4 Safeguarding Form completed.
Adults	(no data)
Relevant Investigation	Initial Strategy meeting to be held next week.
Diagnosis / Formulation / Summary / Initial plan of care	Traits of ASD displayed during assessment: • Inability to form and maintain stable peer relationships • Interaction to achieve specific goals • No eye contact • Use of overly complex/awkward language • Flat voice tone • Black and White thinking style • Difficulties with abstract concepts • High intellectual ability (not formally assessed) • Increased fixation on computers i.e. playing and building • Poor problem solving skills • Sensory difficulties i.e. loud noise, touch, smells i.e. Church singing, noise in corridors at school, doesn't like strong smells • Difficulty concentrating when not specifically interested in a topic – limited understanding of its relevance to his life • Lack of empathy Impression – Axel is a pleasant young male with a Rawandan heritage. He presents as a bright young man who displays limited understanding of the consequences of his behaviour. Whilst Axel can describe the

	consequences of his behaviour, his level of understanding around this remains unclear. Axel has demonstrated multiple indicators of ASD which would suggest a formal assessment is required however, due to the risk Axel currently poses to others, a Forensic CAMHS referral will be made in addition to this. This will also support management of the risk posed to him from others and possible radicalisation. At this time, Axel does not display any evidence of SMI that would warrant diversion from custody at this time however he does require some additional support and through risk management in the community. He is clear that he does not plan on trying to harm this young mana again and has no history of harming others until today
Risk	
	To self: SA10 low – Has no history of this and denies any current thoughts. To Others: SA10 Medium – Axel has no history of previous offending or violent behaviour. Initial context of offence suggests this was retaliation. However, Axel's response to why he assaulted a different child is of concern along with his lack of empathy/remorse. Axel has already been excluded from school for carrying a knife and his current offence also includes the use of weapons and a direct statement that he was intending to seriously harm someone. This appears related to poor problem solving ability consistent with a possible ASD diagnosis. There are also serious concerns about Axel's use of the Internet and the nature of the information he has been accessing. Axel is currently open to the PREVENT Team around possible radicalisation. From Others: SA10 Medium. – Axel reports previous bullying. Due to Axel's limited ability to understand relationships and vulnerability, Axel may be at risk of harm from others through the internet/radicalisation
Initial Risk Management Plan	Immediate risk management plan: • Lancashire Social Care are fully involved in the case and Sergeant 3086 has informed me that they do not have concerns about him returning home this evening and will be sending out a Social worker in the morning to begin assessment of the family. • Case has been discussed with SPR On Call Dr Anwar and Sadie Canning Dosser CJLT Operational Manager who agree that Axel does not appear to be detainable under the act but does require some further input from services. Dr Anwar advised sharing information with the family to ensure they are updated of all risks and feel they are able to keep themselves and others safe • Axel to be released from Police Custody on bail to return to St Anne's Street Police Station at 2pm on 12.12.19 • Custody contact completed • Discussed with Dad who is aware of the content of what Axel said. I have suggested that Axel does not attend school tomorrow to give time for agencies to create a safe and robust risk management plan of the risk he presents to others Further risk management plan: • Contact to be made with Lancashire Social Services to share assessment – Submit MARF • Refer for Asperger's/Autism assessment • Refer to Forensic CAMHS for management of offending behaviour in the context of forensic risk to others • CJLT to obtain outcome of interview and support as required • Email sent to update Merseycare Safeguarding Team • Discuss with Band 7 Annie Kelly if a SAVRY assessment is appropriate • DATIX to completed
Abuse	
Has the Service User been asked the abuse question?	Yes
Comment	(no data)
This Information is required for all service users intended to have input from secondary service	
Employment	
Current Employment Status	(no data)
Current Hours Worked	(no data)
Accommodation	
Current Accommodation Status	(no data)
Current Settled Accommodation Indicator	(no data)
INFORMATION IN THIS INITIAL ASSESSMENT MAY BE SHARED WITH MY CARE TEAM AND GP	
The people I do not wish my Initial Assessment to be shared with are:	(no data)
I was offered / given a copy of my Assessment?	No
Date	(no data)
Copies sent to	(no data)
Consent	
Co-produced, understood and agreed	Yes
Carers & Families	
Was Carer/Family present?	No
Was consent given by service user to discuss presentation with Carer/Family?	Yes
Was carer/family given the opportunity to discuss concerns or offer input?	Yes
Carers assessment offered	(no data)
Please record additional information regarding carer/family involvement	I met with Mum and she has provided consent for m to speak with Axel. I have spoken with Dad and made him aware of all referrals.

including any discussion around consent.	
Form Completed	
Finish Reason	Assessment Completed
Completed By	Stephanie Hallaron
Role	ADMIN/CLINICAL SUPPORT ACCESS ROLE
On Behalf Of	HALLARON, Stephanie
Date Completed	13 Dec 2019
Updated by	Stephanie Hallaron
Updated on	13 Dec 2019 14:16:15

Title	Information
Date/time	11 Dec 2019 19:30:00
CJL - L&D Youth Data Set v3 - FOR USE FROM 1st APRIL 2019	
Event Staff	HALLARON, Stephanie
Event Date	11 Dec 2019
Client Details	
Date of Birth	7 AUG 2006
NHS No	DPA
SSD No	(no data)
CJL - L&D Youth Data Set	
Sex	Male [1]
Race/Ethnicity	Black or Black British African [13]
Looked After Child	No [3]
Source of Referral	Police Custody
L&D Contact Declined	No [2]
Indicative Primary MH Need Identified	Emotional and behavioural issues [2]
Indicative Secondary MH Need Identified	(no data)
Indicative Tertiary MH Need Identified	(no data)
Suspected Learning Disability	(no data)
Suspected Social & Communication Difficulty	Yes, Autism Spectrum Disorder [1]
Suspected Speech/Language/Communication Need	No [2]
Suspected Alcohol Misuse	No Problem [1]
Suspected Substance Misuse	No Problem [1]
Identified Accommodation Need	No [2]
Identified Financial Need	No [2]
Suspected Victim of Abuse or Bullying	Yes, Other Abuse
Intervention to address MH Need	Ref to tier 3 CAMHS/Specialist Serv [5]
Parenting Intervention to address MH need	Not applicable, no need identified [0]
Intervention to address LD Need	(no data)
Intervention to address S&C Difficulty	Ref to specialist autism service [4]
Intervention to address SLC Need	(no data)
Intervention to address Alcohol Misuse	(no data)
Intervention to address Substance Misuse	(no data)
Intervention to address Accommodation Need	(no data)
Intervention to address Financial Need	(no data)
Intervention to address Abuse or Bullying	Referral for Targeted Services [3]
Outcome of Mental Health Referral	Appointment attended [3]
Outcome of Parenting referral	(no data)
Outcome of LD Referral	(no data)
Outcome of S&C Referral	(no data)
Outcome of SLCN Referral	(no data)
Outcome of Alcohol Misuse Referral	(no data)
Outcome of Substance Misuse Referral	(no data)
Outcome of Accommodation Referral	(no data)
Outcome of Financial Referral	(no data)

Outcome of Bullying/Abuse Referral	(no data)
Referral to STR Worker or equivalent	(no data)
Referral to Peer Support Worker or Equivalent	(no data)
Referral To Social Services	Yes [1]
Outcome of Social Services Referral	Accepted onto Caseload
Final Disposal At Court	Other
Updated by	Stephanie Hallaron
Updated on	08 Mar 2020 16:37:05

Title	Information
Date/time of assessment	11 Dec 2019 19:00:00
Please select an appropriate referral	11 Dec 2019 - Criminal Justice Liaison Team - Adult Mental Illness
Health Care Professional	HALLARON, Stephanie

Harm To Self

	Current	Previous
Act with suicidal intent	No	
Self-injury or harm	No	
Suicidal ideation	No	
Self-neglect	No	
Command hallucinations	No	

Harm To Self : Please specify your reasons for ticking the - Harm To Self- risk category(ies).	Axel reports that the student he went to see at The Range today is a male who had assaulted him a number of weeks ago. He reported that this took place at school and that the student had pulled him to the ground and hit him. This was observed by other students and Axel reports they helped him and that he has not been bullied since leaving the school. Axel reports he has found this distressing. Axel reports that he wouldn't have felt sad if he hurt him. He reports not planning to use the knife but states that he would have if the Hockey Stick did not work. Axel states that he had wrapped tissue paper around the handle to get a better grip. Axel was asked if he was planning on killing the student and he replied "I did want to kill him but I don't think I would. Ideally, I wish I did it. But they were in assembly so it wouldn't have happened". He is clear this was revenge. We explored his decision making around going to school etc and Axel reports that he has not been thinking about this for a long time but he had a random thought on Saturday. He then decided that he would book a taxi for today as he normally gets a taxi to school so this would not be out of the ordinary for him and that he would simply ask for the taxi to take him somewhere else. I asked if the male he had assaulted was involved in the original bullying and Axel stated he was not. When asked why he had assaulted him, Axel responded by saying "the Head Teacher and someone else was chasing me and I'm not going to get taken to the Police Station for nothing so I thought I would hit him". Axel reports that he liked the student he hit and had never had any problems with this boy. Axel reports it doesn't bother him that he assaulted the boy as he didn't get hurt that bad. We discussed the consequences of his action and Axel demonstrated an awareness of going to Jail, however, he appears to struggle with abstract concepts and did not fully understand what this would mean. His response was I would probably be less bored in Jail. Axel firmly denies any thoughts of harm to himself or others and has no history of this. We discussed the possibilities of him harming the male who had assaulted him. Axel reports that he is unlikely to do anything now. He reports that school is too protected. I asked what would happen if he saw this male in the street and Axel responded by saying that he doesn't carry weapons so nothing would happen. Traits of ASD displayed during assessment: • Inability to form and maintain stable peer relationships • Interaction to achieve specific goals • No eye contact • Use of overly complex/awkward language • Flat voice tone • Black and White thinking style • Difficulties with abstract concepts • High intellectual ability (not formally assessed) • Increased fixation on computers i.e. playing and building • Poor problem solving skills • Sensory difficulties i.e. loud noise, touch, smells i.e. Church singing, noise in corridors at school, doesn't like strong smells • Difficulty concentrating when not specifically interested in a topic – limited understanding of its relevance to his life • Lack of empathy To self: SA10 low – Has no history of this and denies any current thoughts.

5 Ps Formulation:

Predisposing	Underlying possible ASD
Precipitating	Recent school move, bullying, difficulties at home, possible radicalisation, DPA .
Presenting	Harm to others - Axel was arrested and produced at St Anne street police station in regards to a charge of possessing a bladed article in a school premises and Section 47 Assault. Nature of offence DP is an ex pupil of The Range high school and attended the school today with a hockey stick and used it to hit another student. Police called and spoke with DP who admits to having a knife also. Knife recovered , c&a , no reply. Axel is at risk of commiting a serious offence which will impact his future.
Protective	Family, engaging with services
Perpetuating	Recent school move, bullying, difficulties at home, possible radicalisation

Harm From Others

	Current	Previous
Risk of neglect	No	
Risk of sexual exploitation	No	
Risk of emotional/psychological abuse including bullying	Yes	
Risk of unlawful restrictions (e.g. locks on doors, physical restraints, etc.)	No	
Risk of physical harm	Yes	
Risk of domestic violence	No	
Risk of financial abuse	No	
Risk caused by medication/services/treatment	No	

Harm From Others: Please specify your reasons for ticking the -Harm From Others- risk category(ies).	From Others: SA10 Medium. – Axel reports previous bullying. Due to Axel's limited ability to understand relationships and vulnerability, Axel may be at risk of harm from others through the internet/radicalisation.

Harm To Others

	Current	Previous
Sexual Assault (including touching/exposure)	No	
Violence/aggression/abuse to family	No	
Violence/aggression/abuse to other clients	No	
Arson	No	
Hostage taking	No	
Weapons	Yes	
Risk to children	Yes	
Violence/aggression/abuse to staff	No	
Violence/aggression/abuse to general public	Yes	
Exploitation of others (e.g. financial, emotional)	No	
Stalking	No	
Risk to vulnerable adults	No	
Radicalisation	Yes	
Command Hallucinations	No	

Harm To Others: Please specify your reasons for ticking the - Harm To Others- risk category(ies).	To Others: SA10 Medium – Axel has no history of previous offending or violent behaviour. Initial context of offence suggests this was retaliation. However, Axel's response to why he assaulted a different child is of concern along with his lack of empathy/remorse. Axel has already been excluded from school for carrying a knife and his current offence also includes the use of weapons and a direct statement that he was intending to seriously harm someone. This appears related to poor problem solving ability consistent with a possible ASD diagnosis. There are also serious concerns about Axel's use of the Internet and the nature of the information he has been accessing. Axel is currently open to the PREVENT Team around possible radicalisation
Actual violence or threats of violence to a carer or family member (includes in laws and spouse or partner of direct family members)	No
Detail	(no data)
Perpetrator of domestic violence in an intimate personal relationship (current or ex spouse/partner)	No
Detail	(no data)
Are there any physical conditions that would compromise the use of restraint?	No
Detail	(no data)
Victim to be notified of Leave?	False

Accidents

	Current	Previous
Falls	No	
Accidental harm outside the home (e.g. wandering)	No	
Unsafe use of medication		
Other accidental harm at home	No	
Driving/Road safety	No	

Accidents: Please specify your reasons for ticking the - Accidents- risk category(ies).	None disclosed or identified.

Other Risk Behaviours

	Current	Previous
Incidents involving the police	Yes	
Correspondence	No	
Phone Calls	No	
Restricted client	No	
MAPPA	No	
Schedule 1	No	
Absconding/Escape	No	
Visitors	No	
Sex Offenders Act 2003	No	
TILT high risk	No	
Probation Service involvement	No	

Damage to property		
Theft	No	
Sexual practices	No	
MARAC	No	

HRAMM		

Other Risk Behaviours: Please specify your reasons for ticking the -Other Risk Behaviours- risk category(ies).	Axel was arrested and produced at St Anne street police station in regards to a charge of possessing a bladed article in a school premises and Section 47 Assault. Nature of offence DP is an ex pupil of The Range high school and attended the school today with a hockey stick and used it to hit another student. Police called and spoke with DP who admits to having a knife also. Knife recovered , c&a , no reply

Factors Affecting Risk

	Current	Previous
Substance misuse (e.g. Alcohol / Drug Abuse)	No	
Risk of losing essential services		
Major life event	No	
Current mental state	No	
Client would be unable to summon help	No	
Refusal of services	No	
Discontinuation of medication	No	
Housing status	No	
Client is unaware of risk	Yes	
Clients care network is unaware of risk	No	

Factors Affecting Risk (cont)

	Current	Previous
Social Services involvement		
Refugee / asylum seeker status		

Factors Affecting Risk: Please specify your reasons for ticking the -Factors Affecting Risk- risk category(ies).	Whilst Axel demonstrate capacity, due to possible ASD and age, it is difficult to assess his true level of understanding.
Pregnancy/Postnatal	No
Information: Highest risk period is first six weeks post-natal but risk is still higher in pregnancy and post-natal compared to general population.	
1. New Violent thoughts of suicide	(no data)
Detail	(no data)
2. Rapidly changing mental state	(no data)
Detail	(no data)
3. New psychotic symptoms	(no data)
Detail	(no data)
4. Estrangement from baby / persistent feelings of being a bad mother	(no data)
Detail	(no data)
5. Significant sleep disturbance / insomnia	(no data)
Detail	(no data)
6. Thoughts of harm to the child or psychotic thoughts relating to the child increasing risk	(no data)
Details	(no data)
7. Prescribed Sodium Valproate	(no data)
Detail	(no data)
8. Previous admissions for service user to:	
• Inpatient Psychiatric	(no data)
Detail	(no data)
• Mother and Baby unit	(no data)
Detail	(no data)
9. Current admissions for service user to:	
• Inpatient Psychiatric	(no data)
Detail	(no data)

• Mother and Baby unit	(no data)
Detail	(no data)
10. Children previous admissions to:	
• Acute hospital	(no data)
Detail	(no data)
• Neonatal Intensive Care unit	(no data)
Detail	(no data)
11. Children previously removed	(no data)
Detail	(no data)
Instruction: If present – seek urgent help from either Liverpool and Sefton SPS (DPA), Knowsley, St Helens, Warrington and Halton SPS (DPA) or contact Consultant On-Call	
Does the client live alone?	No
Present home situation	Dad – Alphonse Rudakubana Mum – Laetia Muzayire Brother – Dion Rudakubana Aged 15. It is reported that Dion DPA and is in a wheelchair. All live in the family home.
Details of any individuals likely to provoke an adverse reaction from clients, e.g. relative, police, social worker - male/female, sexual orientation, race and religion.	Unclear.
Is the assessment taking place in an isolated area, or an area or building posing significant risk?	No
Detail	(no data)
Is there a telephone on the property?	No
Is there more than one entrance to the property?	No
Detail	(no data)
Are there any known access problems e.g. steep, narrow stairs?	No
Detail	(no data)
Are there weapons known to be accessible e.g. gun, knife, other implement, harmful substances?	No
Detail	(no data)
Are there any animals in/around the property that could present risk?	No
Detail	(no data)
Any other risk indicators?	No
Detail	(no data)
Is a lone visit appropriate?	No
Is there any identified risk which makes it inappropriate for a particular member of staff to visit?	No
Detail	(no data)
Nature/severity of mental disorder, e.g. active symptoms	No
Detail	(no data)
Summary	To self: SA10 low – Has no history of this and denies any current thoughts. To Others: SA10 Medium – Axel has no history of previous offending or violent behaviour. Initial context of offence suggests this was retaliation. However, Axel's response to why he assaulted a different child is of concern along with his lack of empathy/remorse. Axel has already been excluded from school for carrying a knife and his current offence also includes the use of weapons and a direct statement that he was intending to seriously harm someone. This appears related to poor problem solving ability consistent with a possible ASD diagnosis. There are also serious concerns about Axel's use of the Internet and the nature of the information he has been accessing. Axel is currently open to the PREVENT Team around possible radicalisation. From Others: SA10 Medium. – Axel reports previous bullying. Due to Axel's limited ability to understand relationships and vulnerability, Axel may be at risk of harm from others through the internet/radicalisation. Impression – Axel is a pleasant young male with a Rawandan heritage. He presents as a bright young man who displays limited understanding of the consequences of his behaviour. Whilst Axel can describe the consequences of his behaviour, his level of understanding around this remains unclear. Axel has demonstrated multiple indicators of ASD which would suggest a formal assessment is required however, due to the risk Axel currently poses to others, a Forensic CAMHS referral will be made in addition to this. This will also support management of the risk posed to him from others and possible radicalisation. At this time, Axel does not display any evidence of SMI that would warrant diversion from custody at this time however he does require some additional

	support and through risk management in the community. He is clear that he does not plan on trying to harm this young mana again and has no history of harming others until today.
Risk Management Plan	Immediate risk management plan: • Lancashire Social Care are fully involved in the case and Sergeant 3086 has informed me that they do not have concerns about him returning home this evening and will be sending out a Social worker in the morning to begin assessment of the family. • Case has been discussed with SPR On Call Dr Anwar and Sadie Canning Dosser CJLT Operational Manager who agree that Axel does not appear to be detainable under the act but does require some further input from services. Dr Anwar advised sharing information with the family to ensure they are updated of all risks and feel they are able to keep themselves and others safe • Axel to be released from Police Custody on bail to return to St Anne's Street Police Station at 2pm on 12.12.19 • Custody contact completed • Discussed with Dad who is aware of the content of what Axel said. I have suggested that Axel does not attend school tomorrow to give time for agencies to create a safe and robust risk management plan of the risk he presents to others Further risk management plan: • Contact to be made with Lancashire Social Services to share assessment – Submit MARF • Refer for Asperger's/Autism assessment • Refer to Forensic CAMHS for management of offending behaviour in the context of forensic risk to others • CJLT to obtain outcome of interview and support as required • Email sent to update Merseycare Safeguarding Team
History of non-compliance with care plan?	No
Detail	(no data)
Form Author: Karen BaileyDate Created: 03/06/2018Date Implemented: 03/06/2018Amendment HistoryRFC 3365 - Andy Woods - 01/05/2025 - Addnl Perinatal Questions and Remove Non-Mid MerseyNo reportsNo printablesNo lettersNo panelsNo Active Alert	
Updated by	Stephanie Hallaron
Last updated	13 Dec 2019 14:07:57

16. Social Inclusion - Accommodation and Employment Status

Title	Information
Date of assessment*	11 Dec 2019 19:30:00
Please select an appropriate referral	11 Dec 2019 - Criminal Justice Liaison Team - Adult Mental Illness
Health Care Professional	HALLARON, Stephanie
Accomodation	
The current accommodation status of the patients main or permanent residence. This should be captured periodically for all patients either as part of the formal Care Programme Approach (CPA) review, or other informal reviews, assessment or care planning meetings.	
Accommodation Status	Settled mainstream housing with family/friends
An indication of whether the main/permanent residence of the patient is settled or non-settled accommodation. This should be captured routinely for all patients either as part of the formal Care Programme Approach(CPA) review, or other informal reviews, assessment or care planning meetings at a minimum interval of every 12 months. Accommodation indicator should be agreed by the care worker/co-ordinator and the patient. Carers should also have an input where appropriate. Notes: Accommodation should be classified as either Settled or Non-Settled in accordance with PSA Delivery Agreement 16 (Social Exclusion) Technical. Definitions and Guidance available on the Social Exclusion Task Force website: http://www.cabinetoffice.gov.uk/social_exclusion_task_force.aspx	
Settled Accommodation Indicator	(no data)
Associated Address	Primary - 10 Old School Close, Banks, Southport, Lancashire, PR9 8SB
Employment	
The current employment status of the patient at the time of their latest assessment or review. This should be captured periodically for all patients aged 18-69, either as part of the formal Care Programme Approach (CPA) review, or other informal reviews, assessment or care planning meetings. Notes: Employed refers to those who are either employed for a company or self-employed. It should also include those who are in supported employment (including government-supported training and employment programmes), those in permitted work (i.e. those who are in paid work and also receiving Incapacity Benefit) and those who are unpaid family workers (i.e. those who do unpaid work for business they own or for a business a relative owns). Unemployment refers to those who are not in paid work but are actively seeking work and are available to start, or are waiting to start a paid job they have already obtained. Other employment status such as in education or training includes those who are economically inactive, that is those who are not in paid work and who are not actively seeking work, or they are not available to start. It includes the following: -Students who are undertaking full (at least 16 hours per week) or part-time (less than 16 hours per week) education or training -Long-term sick or disabled, including those receiving Incapacity Benefit, income support or both -Those not employed and not receiving benefits but not actively seeking work -Those in unpaid voluntary work -Those of aged 18-69 who have retired from paid work	
Employment Status	(no data)
Start Date	(no data)
End Date	(no data)
Employment Support Suitabilty Indicator	(no data)
Receiving statutory sick pay	(no data)
if client is receiving statutory sick pay where the present guidance of 'Do you need to consider completing a MED 10 to inform the employer?	
Employment support referral date	(no data)
The number of hours worked in a typical week. This should be captured periodically in conjunction with Employment Status for all adults aged 18-69 that are classified as National Code [01] Employed. Where 'Unemployed' has been chosen on picklist above, choose 'Not applicable' in Weekly Hours Worked picklist below	
Employed Hours Worked	(no data)
Date information confirmed as correct	(no data)
Employment Contact Type	(no data)
Education	
Education Status	Current in full time education
Level of Education	(no data)
Please provide details of Education within the 'Schools' section of Client Demographics.	
University Details	
University Studying At	(no data)
Other University	(no data)
School/Department	(no data)
School/Department	(no data)
Year of Study	(no data)
Student ID	(no data)
Student Type	(no data)
Names of any support the client is currently receiving at the university/school	(no data)
Start Date	11 Dec 2019
End Date	(no data)

Form Author: Karen BaileyDate Created: 2/6/18Date Implemented: 2/6/18Amendment HistoryRFC 3090 - Andy Woods - May 2024 - Employment Contract TypeRFC 2891 - Andy Woods - Nov 2023 - Settled/Unsettled changes and sorting out the pick-listsRFC 3160 - Andy Woods - Jul 2024 - Pick-list config tidy-up following Access Group updates to some in liveused in reportingNo printablesNo lettersNo panels	
Updated by	Stephanie Hallaron
Last updated	13 Dec 2019 14:14:32

Local Services Division

Tel:
Fax:

Our Ref:

12 December 2019

Parents/Guardian of Axel Rudakuban
10 Old School Close
BANKS
Southport
PR9 8SB

Dear Parents/Guardian

Re: Mr Axel Muganwa RUDAKUBANA **DOB:** 7 Aug 2006
Address: 10 Old School Close, Banks, Southport, Lancashire, PR9 8SB
RiO Number: DPA **NHS Number:** DPA

Axel will be referred to CAMHS for further assessment

As discussed last night, Axel has made some statements about harming other children and has acted upon this.

Safety Plan:

Please consider checking Axel's room for any weapons and try to remove the access he has to any weapons that he could use impulsively i.e. knives etc

Consider supervising Axel in the community

If you have any concerns about his risk to other people please contact:

CAMHS Crisis Line 8am to 8pm - DPA

Attend A&E Alderhey Hospital - Eaton Rd, Liverpool L12 2AP

101 or 999 to contact Police

West Lancashire Social Services DPA

Yours sincerely,

Stepanie Halloran
Youth Practitioner
Criminal Justice Liaison & Diversion Team

Local Services Division
South Sefton Magistrates Court
Merton Road
Bootle
Liverpool
Merseyside
L20 3XX

Tel: DPA
Fax:

Our Ref:

13 December 2019

PRACTICE PARTNER(S)
ROE LANE SURGERY
172 ROE LANE
SOUTHPORT
MERSEYSIDE
PR9 7PN
Method: eComms

Dear Practice Partner(s)

Re: Mr Axel Muganwa RUDAKUBANA **DOB:** 7 Aug 2006
Address: 10 Old School Close, Banks, Southport, Lancashire, PR9 8SB
RiO Number: DPA **NHS Number:** DPA

Please find below details of my assessment completed on 11.12.19. Axel is currently open to PREVENT due to possible Radicalisation and has also been arrested. The context and concerns about his risk are documented below.

Yours sincerely,

Kind Regards

Stephanie Hallaron
Criminal Justice Liaison and Diversion Practitioner
Criminal Justice Liaison and Diversion Team
South Sefton Magistrates Court
Merton Road
Bootle
Merseyside
L20 3XX
DPA
Stephanie.Hallaron@merseycare.nhs.uk
Secure: stephanie.hallaron@nhs.net

Reason for Referral / Assessment

Axel was arrested and produced at St Anne street police station in regards to a charge of possessing a bladed article in a school premises.

Nature of offence DP is an ex pupil of The Range high school and attended the school today with a hockey stick and used it to hit another student. Police called and spoke with DP who admits to having a knife also. Knife recovered , c&a , no reply.

Please see previous entries for further details of the nature of offence and reported circumstances of this.

Confidentiality and role explained and Axel was able to provide examples of when I may need to breach this. He was informed that I would be asking questions relating to his arrest and acknowledged that this information would need to be shared with Police. Grace Hatton also present.

CN: C19150552

Carer Involvement – I met with Mum and she has provided consent for m to speak with Axel.

Presenting Problem and History of Presenting Problem / Complaint

Axel reports that the student he went to see at The Range today is a male who had assaulted him a number of weeks ago. He reported that this took place at school and that the student had pulled him to the ground and hit him. This was observed by other students and Axel reports they helped him and that he has not been bullied since leaving the school. Axel reports he has found this distressing. Axel reports that he wouldn't have felt sad if he hurt him. He reports not planning to use the knife but states that he would have if the Hockey Stick did not work. Axel states that he had wrapped tissue paper around the handle to get a better grip. Axel was asked if he was planning on killing the student and he replied "I did want to kill him but I don't think I would. Ideally, I wish I did it. But they were in assembly so it wouldn't have happened". He is clear this was revenge. We explored his decision making around going to school etc and Axel reports that he has not been thinking about this for a long time but he had a random thought on Saturday. He then decided that he would book a taxi for today as he normally gets a taxi to school so this would not be out of the ordinary for him and that he would simply ask for the taxi to take him somewhere else. I asked if the male he had assaulted was involved in the original bullying and Axel stated he was not. When asked why he had assaulted him, Axel responded by saying "the Head Teacher and someone else was chasing me and I'm not going to get taken to the Police Station for nothing so I thought I would hit him". Axel reports that he liked the student he hit and had never had any problems with this boy. Axel reports it doesn't bother him that he assaulted the boy as he didn't get hurt that bad. We discussed the consequences of his action and Axel demonstrated an awareness of going to Jail, however, he appears to struggle with abstract concepts and did not fully understand what this would mean. His response was I would probably be less bored in Jail.

Axel firmly denies any thoughts of harm to himself or others and has no history of this. We discussed the possibilities of him harming the male who had assaulted him. Axel reports that he is unlikely to do anything now. He reports that school is too protected. I asked what would happen if he saw this male in the street and Axel responded by saying that he doesn't carry weapons so nothing would happen.

Psychiatric History

Reported 2 referrals to CAMHS over the past few months but neither have been accepted. No other history known and Axel denies ever undergoing any assessments. Axel reports that he has never been tested for ASD and his Dad has discussed this with him but Axel believes he has ADD. He does not believe he has ADHD because he is not hyperactive.

Social History

Axel was born and raised in Cardiff until approx. 5 years ago. He reports being excluded from The Range High School due to having a knife on his person. He reports that he is not involved in any out of school activities and has no friends. Axel believes that this is due to his school recent school move

as he now attends Acorn School for those with behaviour difficulties. He reports he has friends previously but that he has never socialised outside of school with them. Axel does report frequently playing on Fortnight and does talk to people he does not know through this site. He also reports enjoying watching You Tube. He denies ever meeting anyone face to face but acknowledges talking to strangers. He reports that h does not watch violent videos.

Family History

Family Composition:

Dad – Alphonse Rudakubana

Mum – Laetia Muzayire

Brother – Dion Rudakubana Aged 15. It is reported that Dion DPA and is in a wheelchair.

Axel reports he and his Brother were both born in Cardiff and his parents have been in the UK for about 20 years. He reports they are from Rawanda. Axel reports he still has family there but denies having any personal contact with them. He reports his parents have regular contact with them. Axel would like to go to Rawanda one day. Axel was able to tell me about the recent War there and informed me that 800,000 people died in 100 days, some of which he believes were his family. He reports this makes him sad but he does not think about it a lot. He reports difficult relationships with both his parents and his Brother. His parents used to be DPA but are now DPA DPA He tells me that he does not like this religion and he was made to go to Church. He reports he does not have to attend anymore. He reported that he didn't like it due to the noise. Axel reports that his parent's are strict. He states he does not like his Brother very much and feels that his parents sometimes give him more attention. He alleges that he DPA DPA. Axel reports that his parents also "allude" to this. Axel did not report any extended family. Axel is unaware of any mental health problems or drug and alcohol issues within the family.

Physical Health History

Nil

Current Service Involvement

Further clarification required. It appears that the family are involved with Lancashire Care PREVENT Team but due to location of GP, will fall to Merseycare/Liverpool CAMHS for mental health support. I was initially unaware of Lancashire address so all enquires have only been made with Sefton Services and therefore there may be further information to be gained.

Not known to Sefton YOT

PREVENT – Paul Harrison Community Safety Team West Lancashire

Social Care – Not previously open to services but will undergo assessment as a result of this offence

Acorn School

Activities Of Daily Living Skills

Axel is well kempt and attends school. He reports no engagement in social activities and states that hi Mum and Dad do not really let him socialise with other children outside of school.

Current Medication and Compliance

Nil

Forensic

No history of offending. This is Axel's first offence. However, Axel has been excluded from the Range High School for being in possession of a knife.

Mental State Examination

Appearance/behaviour – Axel was dressed appropriately with no on going signs of self neglect. Axel did not make contact with myself or Grace at any point during the assessment. He was calm and engaged well in assessment. Rapport was established and Axel was able to respond to humour at times.

Speech – Normal rate, rhythm and tone.

Mood – Axel denies nay issues with his mood. He reports his mood is a 7 now (1 being worst, 10 being best) and this is due to not being bored whilst in the Police Station. He reports his mood was a 5 when he woke up. He reports that sometimes he feels sad but he is happy more than sad and normally his sadness is related to issues at school. Objectively, Axel presents as euthymic.

Perceptions – Axel understood was hallucinations were and denies this in any modality. We discussed paranoia and Axel reports that sometimes he feels paranoid. Axel reported that he has had a thought that when he eats out in restaurants that he thinks people may be poisoning him. We explored this further and Axel did not display any level of delusion of this and this appears to a random and exploratory thought rather than any belief that he is at risk. He denies feeling afraid of people or a belief that people are out to get him.

Thoughts – Axel firmly denies any thoughts of harm to self. He denies ever having these thoughts. He firmly denies any homicidal ideation or watching of video games. Axel has no thoughts about harming his family and reports he has never done this previously. There is no evidence of formal thought disorder.

Substance use – Denies any substance or alcohol misuse.

Cognition- Fully orientated to time, place and person.

Capacity – Appears in tact. However Axel's ability to fully comprehend the enormity of his actions and the consequences of this is questionable.

Eat – Axel reports not eating well as his parents give him food he does not particularly like.

Sleep – No issues noted or disclosed.

Traits of ASD displayed during assessment:

· Inability to form and maintain stable peer relationships

· Interaction to achieve specific goals

· No eye contact

· Use of overly complex/awkward language

· Flat voice tone

· Black and White thinking style

· Difficulties with abstract concepts

· High intellectual ability (not formally assessed)

· Increased fixation on computers i.e. playing and building

· Poor problem solving skills

· Sensory difficulties i.e. loud noise, touch, smells i.e. Church singing, noise in corridors at school, doesn't like strong smells

· Difficulty concentrating when not specifically interested in a topic – limited understanding of its relevance to his life

· Lack of empathy

Risks –

To self: SA10 low – Has no history of this and denies any current thoughts.

To Others: SA10 Medium – Axel has no history of previous offending or violent behaviour. Initial context of offence suggests this was retaliation. However, Axel's response to why he assaulted a different child is of concern along with his lack of empathy/remorse. Axel has already been excluded from school for carrying a knife and his current offence also includes the use of weapons and a direct statement that he was intending to seriously harm someone. This appears related to poor problem solving ability consistent with a possible ASD diagnosis. There are also serious concerns about Axel's use of the Internet and the nature of the information he has been accessing. Axel is currently open to the PREVENT Team around possible radicalisation.

From Others: SA10 Medium. – Axel reports previous bullying. Due to Axel's limited ability to understand relationships and vulnerability, Axel may be at risk of harm from others through the internet/radicalisation.

Impression – Axel is a pleasant young male with a Rawandan heritage. He presents as a bright young man who displays limited understanding of the consequences of his behaviour. Whilst Axel can describe the consequences of his behaviour, his level of understanding around this remains unclear. Axel has demonstrated multiple indicators of ASD which would suggest a formal assessment is required however, due to the risk Axel currently poses to others, a Forensic CAMHS referral will be made in addition to this. This will also support management of the risk posed to him from others and possible radicalisation. At this time, Axel does not display any evidence of SMI that would warrant diversion from custody at this time however he does require some additional support and through risk management in the community. He is clear that he does not plan on trying to harm this young mana again and has no history of harming others until today.

Immediate risk management plan:

· Lancashire Social Care are fully involved in the case and Sergeant 3086 has informed me that they do not have concerns about him returning home this evening and will be sending out a Social worker in the morning to begin assessment of the family.

· Case has been discussed with SPR On Call Dr Anwar and Sadie Canning Dosser CJLT Operational Manager who agree that Axel does not appear to be detainable under the act but does require some further input from services. Dr Anwar advised sharing information with the family to ensure they are updated of all risks and feel they are able to keep themselves and others safe

· Axel to be released from Police Custody on bail to return to St Anne's Street Police Station at 2pm on 12.12.19

· Custody contact completed

· Discussed with Dad who is aware of the content of what Axel said. I have suggested that Axel does not attend school tomorrow to give time for agencies to create a safe and robust risk management plan of the risk he presents to others

Further risk management plan:

· Contact to be made with Lancashire Social Services to share assessment – Submit MARF

· Refer for Asperger's/Autism assessment

· Refer to Forensic CAMHS for management of offending behaviour in the context of forensic risk to others

· CJLT to obtain outcome of interview and support as required

· Email sent to update Merseycare Safeguarding Team

· Discuss with Band 7 Annie Kelly if a SAVRY assessment is appropriate

· DATIX to completed

Greater Manchester
Mental Health
NHS Foundation Trust

Our ref:
NHS Number: DPA

Fcamhs Nw Team
Gardener Unit
Bury New Road
Prestwich
Greater Manchester
M25 3BL

Tel: DPA
Fax:
Email:
Web: www.gmmh.nhs.uk
WE ARE SOCIAL

Tuesday 11th February 2020

STRICTLY PRIVATE AND CONFIDENTIAL
Stephanie Hallaron
Mental Health Practitioner
Merseycare
L20 3XX

By Email:
stephanie.hallaron@merseycare.nhs.uk

Dear Stephanie,

Re: Axel Rudakubana **D.O.B**: 07/08/2006
Address: 10 Old School Close, Banks, Southport, PR9 8SB

Thank you for your recent referral of Axel to FCAMHS and for arranging the meeting of professionals which took place on the 21st of January 2020. I agreed at this meeting to send this letter as a brief overview of the salient issues discussed and initial recommendations. We have a second meeting arranged for the 4th of March to review the case. I have now had opportunity to discuss the case with Skott Morgan from CAMHS. I have made Skott aware of the concerns of professionals. Skott will be attending the meeting on the 4th of March and will be able to give feedback as to the role of CAMHS.

At the time of referral Axel was open to PREVENT in relation to him accessing beheading and mass shooting videos. The case has now been closed to PREVENT. Axel has been arrested on a charge of possessing a bladed article in a school setting. Seemingly Axel returned to the school following him being the victim of an assault and assaulted another boy and was prevented from escalating this assault further. He demonstrated little insight into the potential consequences of his behaviour for himself or others. His computer is currently being searched by the police as part of an ongoing investigation. You reported that he is likely however to receive an out of court disposal

Axel's presentation is seen as likely to meet criteria for a diagnosis on the autistic spectrum DPA DPA He is on a waiting list with the local paediatric team for assessment. At the meeting of the professionals the expected time before a diagnosis for ASC was confirmed as being approximately 2 years. We commented that a diagnosis will be fundamental in categorising and managing Axel's high risk behaviour, in supporting of an EHCP application and in identifying a specialist education provision. Given the level of concern that was felt by professionals, liaison with the paediatric team needs to take place to ensure that they are aware of the concerns and that the paediatric team contribute to the risk management plan. I discussed this with Skott Morgan and Skott will discuss with colleagues at CAMHS how escalation of concerns to the paediatric team can be supported by CAMHS.

I highlighted that the most important factor in managing the risk posed by Axel will be identification and integration into an appropriate educational provision. I commented that the education service will need

to complete their own risk assessment of the suitability of any identified placement. This will need to be completed in line with the process of gaining an EHCP.

We were informed that risk management strategies such as his parents hiding knives from Axel had not worked as these strategies were in place before his offence. The pre-meditated nature of his offence was also highlighted in that Axel booked a taxi to the school and altered the handle of the hockey stick he took to use as a weapon. It was also highlighted that he boy he assaulted was someone he has previously "liked". Professionals questioned whether his being the victim of bullying was accurate or rather related to Axel's propensity to misjudge social interaction. It was reported that Axel has identified and communicated to teaching staff when he perceives himself to be at increased risk of acting out behaviour. It was concerning that he had begun to develop an "intensity" to some of his interactions with staff and pupils at the specialist provision 'Acorn School' similar to how he had behaved at his previous mainstream school. This behaviour has contributed to him being suspended from this specialist provision and being outside of access to full time education.

We discussed the need for parents to be provided with additional support in their parenting of children with autism. Skott Morgan highlighted that the family has been signposted to support agencies and that there may be additional services that could be accessed if needed. Axel is socially isolated. Clearly the routine and structure of an appropriate education placement is important but Axel will likely need additional support in accessing social activities outside of formal education. CSC highlighted that there may be no formal role for their service as parents are compliant with the plan but Axel would benefit from a mentor/support in accessing social provision.

I also highlighted that Axel would likely benefit from psychologically informed interventions to address his high risk behaviour delivered with him taking into consideration his likely diagnosis of ASC. In considering reducing the risk of Axel engaging in interpersonal violence he would benefit from such interventions being focussed on improving his ability to think consequentially; improving his capacity for an empathic response; developing a range of alternative strategies to anger and developing strategies to manage stressors in his life. These interventions should focus on emotional recognition and regulation. Skott Morgan will liaise with colleagues in CAMHS and make comment at the forthcoming meeting as to how this need may be met.

I trust this is a helpful summary. Please contact me if any clarification is needed.

Yours sincerely

Signature

John Hicklin
Clinical Nurse Specialist

LANCASHIRE COUNTY COUNCIL

Lancashire County Council

PO Box 1337
PRESTON
PR2 0TG

Record of Strategy Discussion

Details of Child: Axel Rudakubana (DPA)

Family Name	Rudakubana	Given Names	Axel
		Case Number	DPA

Details of Child: Dion Rudakubana (Ref: 2598453)

Family Name	Rudakubana	Given Names	Dion
		Case Number	DPA

Record of Strategy Discussion

Record of Strategy Discussion Dates

Date Referral Received	Axel Rudakubana, Dion Rudakubana
	12-Dec-2019
Strategy Discussion Planned Date	Axel Rudakubana, Dion Rudakubana
	17-Dec-2019
Strategy Discussion Actual Date	Axel Rudakubana, Dion Rudakubana
	17-Dec-2019
Meeting Type	Axel Rudakubana, Dion Rudakubana
	Strategy Meeting
Minutes/Notes	Axel Rudakubana, Dion Rudakubana

Meeting Details

Meeting Type	Strategy Discussion
Planned Meeting Date	17-Dec-2019
Actual Meeting Date	17-Dec-2019
Meeting Duration (in minutes)	60 mins
Meeting Location	The Zone, Skelmersdale
Axel Rudakubana	
Is Disabled?	No
Is on a Disability Register?	No
No Disabilities Recorded	
Dion Rudakubana	

Is Disabled?	No
Is on a Disability Register?	No
No Disabilities Recorded	

Meeting Attendees

Attendee	Role	Consulted	Invited	Attended	Chair
Anna Jameson	Allocated Case Worker	☐ No	☑ Yes	☑ Yes	☐ No
DC Paula Murray	Detective Constable	☐ No	☐ No	☑ Yes	☐ No
Skott Morgan	Other Professional	☐ No	☐ No	☑ Yes	☐ No
Carmen Thompson	Police Early Action Team	☐ No	☐ No	☑ Yes	☐ No
Ms Laura Davidson	Team Leader	☐ No	☐ No	☑ Yes	☐ No
Mr David Cregeen	DSL	☐ No	☐ No	☑ Yes	☐ No
Andrew Bramhall	Community Safety Sgt	☐ No	☐ No	☑ Yes	☐ No
Ms Jan Lewis	Other Professional	☐ No	☐ No	☑ Yes	☐ No
Ms KAREN WIGAN	Team Leader	☐ No	☐ No	☑ Yes	☐ No
Ms Stephanie Hallaron	Mental Health Practitioner	☐ No	☐ No	☑ Yes	☐ No
Matt Rowe	Practice Manager	☐ No	☐ No	☑ Yes	☑ Yes
Ms Joanne Hodson	Senior Teacher and SENCO	☐ No	☐ No	☑ Yes	☐ No
Paul Harrison	Community Safety Officer	☐ No	☐ No	☑ Yes	☐ No
Julie Hamill	Community Support Worker	☐ No	☐ No	☑ Yes	☐ No

Family Composition

Axel Rudakubana

Other Household Members

Relationship	Name	Date of Birth	Gender	Ethnicity	Language	CSSR	Referral	School	Start/ Date
Brother	Dion Rudakubana	-2004	Male				DPA		DPA
Father	Alphonse Rudakubana	DPA -1975	Male						DPA
Mother	Laetitia Muzayire	-1972	Female						DPA

Non-Household Significant Family Members & Other Related Persons

There are no Relationships defined for this child.

Dion Rudakubana

Other Household Members

Relationship	Name	Date of Birth	Gender	Ethnicity	Language	CSSR	Referral	School	Start/ Date
Brother	Axel Rudakubana	07-Aug-2006	Male	D2 - African			DPA		DPA
Father	Alphonse Rudakubana	DPA -1975	Male						DPA
Mother	Laetitia Muzayire	-1972	Female						DPA

Non-Household Significant Family Members & Other Related Persons

There are no Relationships defined for this child.

Record of Strategy Discussion

Reason for Strategy Discussion	Axel Rudakubana, Dion Rudakubana
	Meeting held on the 16-12-19 LEVEL OF NEED 4 - Axel has attended school with weapons with the intent to attack another pupil. Arrested for Sec 47 assault and possession of a bladed article and bailed with conditions to attend St Anne Street Custody on 12/12/2019. Bail Conditions: NOT TO APPROACH OR COMMUNICATE DPA DPA BY ANY MEANS WHATSOEVER, INCLUDING VIA SELF-SERVANT OR AGENT OR BY ANY SOCIAL MEDIA PLATFORM. NOT TO BE WITHIN 400 METERS OF RANGE HIGH SCHOOL, FORMBY, L37 2NY
Alleged Abuse Category	Axel Rudakubana, Dion Rudakubana
	Physical Abuse Emotional Abuse
Details of Strategy Discussion	Axel Rudakubana, Dion Rudakubana
	Meeting held on the 16-12-19 Matt opened the meeting and explained the referral then invited professional updates regarding their information. Paula Murphy, investigating officer advised that Axel has been arrested and bailed with conditions not to contact the victims by any means not to go within 400m of range high school and not to go into Acorns until agreed by multi agency meeting. Axel provided a prepared statement which stated he had no intention to

use the knife. He mentioned being bullied within this statement. He was then interviewed and gave a no comment interview apart from responding to the suggestion he had researched violent acts on the internet which he denied.

There were some concerns within the interview where he would laugh at inappropriate times and there was not really any challenge from his mother who was present as appropriate adult. The house has been searched and all electronic devices seized and sent for analysis this could take up to 3 months. In the interim the bail conditions remain and the case is with CPS.

Police have also visited supposed target DPA DPA who has advised that he knows of Axel but has never had any issues with him. There was comment from DPA that Axel had contacted her the day before and called her a retard via Instagram.

Update from Steph Halloran who interviewed Axel whilst in custody to assess his wellbeing and mental health. She advised that Axel disclosed to her that he'd been assaulted by DPA DPA he said as a result he'd intended to kill him and would have done so if he'd found him. She advised he showed no remorse.

In terms of police dealings with mum and dad mother has generally been very quiet. dad was dismissive when police contacted him to say that Axel needed a parent with him and stated he couldn't get there as he was busy.

Matt queried if a referral had been made for DPA who was the actual victim of this attack with the hockey stick. Paula believes so but will check up. Matt also advised to make referral for DPA so this was logged. Both children reside in DPA

Update from Range High School
Axel started there in yr. 7 and was initially a very quiet child with no issues being raised. Towards the end of year 8 and this year there has been an escalation in his behaviours he's been challenging and inappropriate in some things he's said to teachers and children alike and when challenged doesn't accept any responsibility. Will basically argue even in the face of evidence to the contrary.

They have had minimal contact with the parents

however no major concerns raised dad had raised the issue about DPA however there was no evidence of this having taken place.

Regarding Dion, David advised that he DPA DPA uses a wheelchair in school but is doing well academically and engages in extra curricular activities.
The main previous issue in range was from 5/10/19 when Axel had disclosed to Childline that he'd been taking a knife to school and that this had happened on 10 occasions. This was dealt with by lancs police and referred onto social care and ultimately early help initiated support for the family.

DPA

DPA Dad has expressed concerns to school about whether Axel has SEN.
school aren't aware of any issues between Axel and Dion or there having been any incidents between them.

Steph commented she believes that Axel probably does have ASD. He is due to be assessed next year however the waiting lists for this are significant. During the assessment with her he also mentioned the war in Rwanda and reference to a family member having bene injured/ killed during this. He presented as having no rational responses. Axel advised he has researched ASD and ADD on line and believes he has ADD. He has also been referred to Sefton Camhs and is due to be seen in the next week by Scott there. He will also be referred to forensic CAMHs who specialise in assessing risk.

Information from acorns where Axel has been attending since 17th October. He had his admission meeting then and began in class after the half term on 4th November.
Again initially he was very quiet this has then escalated and he's begun to display strange behaviours creating issues with other children and occasionally fixating on staff members. there have also been issues within acorns where he's used the school computers to "research" school shootings etc.
he has disclosed that in his option he's been bullied however this has not been evidenced when school have looked into this.
Since starting he's been checked prior to entering school and particular lessons to metal

detect him to ensure there's no risk to other pupils.

The one main positive experience for Axel during his time at acorns has been when they did a trip to Chester zoo this was for around 4 hours and during this time he was happy and engaging well with other young people.

Update from early help regarding their involvement,.
referred to them following the incident in October and they had difficulties contacting the family and eventually when they did the majority of fathers concern was to support him in getting Axel back into education.
He did advise that they have a significant amount of support from "parenting 2000" in Southport who've advised they are supporting Axel with counselling on a 2 weekly basis. dad is also due to engage with a parenting course and work on building resilience in families and its reported the family have funded some of this counselling themselves.

Anna and Julie provided an update from their visit yesterday. the family engaged with the visit however it appeared that Axel was quite a force in the household, appearing to dominate discussion and at times shout down his parents who did not appear keen to challenge his opinions. This will require further exploration and visits to speak to parents separate from Axel and also speak to Dion by himself.
contrary to his interview and discussion with Steph Axel told Anna and Julie that he had taken the knife to school for protection. Again in their opinion he presented with traits of ASD to a high level.
Parents did say that they do struggle at times with boundaries. Overall it appears that Axel's parents potentially don't understand his additional needs and how to best parent him. There were no concerns regarding neglect or any sense that parents posed a risk to Axel and there have been no reports of risk from Axel to Dion.

Carmen Thompson from Prevent identified that she will be completing an assessment regarding Axel and considering if a referral to channel programme would be appropriate for him.

Concerns summarised and discussion held regarding risk of significant harm. It was agreed that there is a risk of re-offending from Axel

	however at this point based on the interactions so far there is no evidence that the children are presently at risk of significant harm. There are positives to consider regarding the parents engagement so far and willingness to work with the LA in these early stages as well as their reported attempts to gain support for Axel through parenting 2000. It was acknowledged that there is a possibility that through the highlighted actions and assessments risks may escalate but at this time tot he plan is to proceed with assessment work and reconvene when we have more professional knowledge of the family.
Axel Rudakubana, Dion Rudakubana	
Suggested Outcomes	☐ Start Section 47 Enquiries (starts Core/C&F Assessment if not active) ☐ Start C & F Assessment ☐ Disciplinary Procedure ☑ **Police Investigation** ☑ **Arrange follow-up strategy discussion** ☐ Referral to Other Agency ☐ No Further Action
Reasons for these Suggested Outcomes	Further follow up strategy meeting required following further assessments carried out by agencies. Follow up strategy meeting is arranged for 06/01/19 at 10am. **Agreed actions:** • CSC to continue their assessment including seeing Dion and parents by themselves. • Prevent team to commence initial assessment • Skott Morgan to complete to initial CAMHS appointment • **DPA** **DPA** • Axel not to return to school at this time, work requested to be sent home from Acorns. • Update to be sought from Parenting 2000 • Follow up strategy meeting to be held 6th jan following the updates being gained from the above enquires.

Reason(s) for decision(s) / management oversight of agreed outcome.	Axel Rudakubana, Dion Rudakubana There is no evidence at this time that either child is at risk of significant harm. there is an acknowledged need for multi agency support and assessment on various areas of need and a level of risk based on Axel's offending and a need to get accounts from Dion alone and from Axel's parents. as such a follow up strategy meeting will take place to consider the risks to the children and further plan the assessment.
This case will progress to Child Protection Conference	Axel Rudakubana, Dion Rudakubana

Further Actions

Medical examination required:	Axel Rudakubana, Dion Rudakubana
If yes, when will this take place:	Axel Rudakubana, Dion Rudakubana
Name of medical examiner:	Axel Rudakubana, Dion Rudakubana
Achieving Best Evidence Interview required:	Axel Rudakubana, Dion Rudakubana
If yes, when will this take place:	Axel Rudakubana, Dion Rudakubana
Name(s) and agency of interviewer:	Axel Rudakubana, Dion Rudakubana
Has a Child Interview Plan record been completed?	Axel Rudakubana, Dion Rudakubana
If no, when will this be completed	Axel Rudakubana, Dion Rudakubana
Name and agency of person responsible for Plan	Axel Rudakubana, Dion Rudakubana
Initiate emergency legal action?	Axel Rudakubana, Dion Rudakubana
If yes, when will this be initiated:	Axel Rudakubana, Dion Rudakubana
Is a further strategy discussion planned?	Axel Rudakubana, Dion Rudakubana
If yes, when will this be initiated:	Axel Rudakubana, Dion Rudakubana
Further Actions	Axel Rudakubana, Dion Rudakubana

Further actions - actions to be taken	Date for Completion	Person/agency responsible

Signatures

Axel Rudakubana	
Name of Social Worker completing assessment	Anna Jameson
Signature:	
Dion Rudakubana	
Name of Social Worker completing assessment	Anna Jameson
Signature:	
Axel Rudakubana	
Name of Manager	Matt Rowe
Signature:	
Dion Rudakubana	
Name of Manager	Matt Rowe
Signature:	

Our ref:
NHS Number: DPA

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WE ARE SOCIAL

Monday, 09 March 2020

STRICTLY PRIVATE AND CONFIDENTIAL
Stephanie Hallaron
Mental Health Practitioner
Merseycare
L20 3XX

By Email:
stephanie.hallaron@merseycare.nhs.uk

Dear Stephanie

Re: Axel Rudakubana **D.O.B**: 07/08/2006
Address: 10 Old School Close, Banks, Southport, PR9 8SB

I am writing to thank you again for coordinating the second professionals meeting on the 4th March 2020 following your referral of Axel to FCAMHS. I am aware that the case has been closed to your service but I am writing this summary for your record and for you to share with local agencies if this is felt to be helpful.

Subsequent to our initial consultation on the 21st of January 2020 Axel has received a 10 month referral order. Anna Croll (YOT) is completing an AssetPlus assessment and will then be coordinating interventions to address offending behaviour. She concurred with professionals as to Axel's presentation being consistent with a likely ASC diagnosis.

CAMHS were not present at the meeting. The case has been closed to them as Axel is not felt to have additional mental health needs and a referral has been made on the ASC pathway. As previously indicated I had hoped that CAMHS would be able to advise as to access to local support provision and support escalation of priority to the paediatric team.

It was reported that CSC have signposted parents to the Information Advice Service to support them in an application for an EHCP. There was extended discussion as to the risk posed by Axel in the context of his ASC presentation and concerns were raised as to his parent's lack of insight into the complexities of his needs and presentation. Education staff made comment on the likely pathway to specialist education provision and indicated that there is scope for this to be expedited.

I made comment that risk assessment will be complicated by his likely diagnosis of ASC. The known evidence in this field concurs with the discussion we had about Axel with professionals. The following aspects of young people with an ASC diagnosis should be taken into account when considering the risk

- *Disruption in routines and lack of motivation to change to adaptive behaviour*
- *Social naivety*
- *Specialist interests associated with the condition*
- *Experiences of being bullied/rejected and desire for retribution "this may lead to assault on a perpetrator or displacement onto another often completely innocent person" (as demonstrated by Axel)*
- *Hostility to parents*
- *Sensory sensitivities*
- *Following the lead of strong influencer*

- *Lack of awareness of wrong doing*
- *Deficits in empathy or lack of recognition of fear in others*
- *Not seeing consequences*
- *Comorbid mental health diagnosis (although this has been not to be the case by CAMHS in Axel's case)*
- *Any combination of the above* Bailey, Chitsabesan & Tarbuck (2017)

I am of the opinion that assessment by our service is not indicated as until his diagnosis is complete we would not be able to contribute further to the understanding of risk. I made comment though that Axel being outside of access to fulltime education increases the risk and we would therefore support access to appropriate provision being expedited. He would also likely benefit from access to social support outside of the family. It was reported that the case will step down to early help and as suggested this letter can be shared with relevant professionals. The case will now be closed to FCAMHS but any professional can contact the service for clarification of this letter or if review is indicated because of a significant change in circumstances or risk behaviour.

Yours sincerely

Signature

John Hicklin
Clinical Nurse Specialist