

Wednesday, 29 October 2025

(9.30 am)

**SHARON BARRETT (sworn)**

**Questioned by MR MOSS**

**SIR ADRIAN FULFORD:** Thank you very much, please have a seat.

Yes, Mr Moss.

**MR MOSS:** Thank you, sir.

Just start by giving us your full name if you would?

**A.** It's Sharon Louise Barrett.

**Q.** Thank you, Ms Barrett, if we could have on screen, please, LCC001771. Can you just confirm for us that this is your statement to the Inquiry. It is dated 28 August of this year?

**A.** Yes.

**Q.** Are the contents of that statement true to the best of your knowledge and belief?

**A.** Yes.

**Q.** Thank you. You tell us in the early paragraphs of your statement something about your qualifications, your background and your experience. You are a senior family support worker; is that right?

**A.** Yes.

**Q.** You effectively would have been a supervisor -- being a Senior Support Worker -- for the Family Support

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and then we get additional autism awareness training through the job that I do now.

**Q.** Thank you. Can you just give us the headlines of what you have taken away from that training, it's probably a big subject but can you just give us some of the key points that you have taken from that training?

**A.** Yes, so I would say that the way that we need to communicate with people with autism can vary, that not all autistic people are the same, that you have levels or a scale of autism, if you will, and that we need to be looking at working with people holistically with an awareness of autism but without prejudice of what autism is.

**Q.** Recognising that need for an individual person-by-person approach, had your training in autism given you to understand that, as regards the potential for risk to others, in some individual cases an autism spectrum disorder could actually be an increase in risk to others?

**A.** I would say not -- no.

**Q.** Are you now aware of that?

**A.** I am aware of it but not through the training.

**Q.** Thank you. So that wasn't covered in the training?

**A.** No.

**Q.** Were you aware of it prior to the attack, that that

3

Workers such as Ms Lewis, from whom we heard yesterday?

**A.** Yes.

**Q.** Thank you. You tell us that you have a level 6, that is to say a degree level qualification in professional supervision and professional practice from Lancaster University?

**A.** I do, I also have a postgraduate in leadership and management.

**Q.** Thank you. Is that the qualification that you refer to in paragraph 5 at the bottom of the page?

**A.** Yes.

**Q.** Shall we deal with that because you say that that was specific to managing people in children's centres but is relevant to the Children and Family Wellbeing Service work. Just tell us what the crossover was?

**A.** It's about managing people and understanding how vicarious trauma might impact on staff and decision-making.

**Q.** Thank you. You also tell us in your background section that you completed an autism awareness course in 2011. Was that when you started working in this area or was that with your previous work?

**A.** So, that would have been in the children's centres but we have had updated autism awareness training. So that was a more -- a big block of autism awareness training

2

could be the case?

**A.** No.

**Q.** So that's something you've come to understand more recently?

**A.** Yes.

**Q.** From this case or has the training improved?

**A.** I would say partly from this case but then from more research that I have personally done as well.

**Q.** Thank you. Also relevant to your background, I think you have extensive working in special education needs schools and with children with special education needs within mainstream schools; is that right?

**A.** Yes.

**Q.** Was that early in your career?

**A.** Yes, it was very early in my career, it was when I was 20.

**Q.** From being a Family Support Worker, you progressed to being the Senior Family Support Worker. When did you gain that promotion?

**A.** So, I gained that promotion when I was in the Children's Centre, so about 15 years ago and then we were TUPE'd over from the NHS through the transformation of the services into what was Wellbeing Prevention and Early Help, which then became the CFW service.

**Q.** Thank you. If we go over, please, to page 2, there's

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1 a section in your statement that deals with your role  
2 and the structure of the Child and Family Welfare  
3 service. You are somewhat in the middle between two  
4 witnesses, so we've dealt with some of that, with  
5 Ms Lewis, and we have Ms Ashworth, the head of the  
6 service to come. So I'm not going to cover most of that  
7 with you but I do want to pick out one or two aspects of  
8 it.

9 Could we just look, please, at paragraph 41 of your  
10 statement. It is on page 6. We can pick this up with  
11 Ms Ashworth but, in paragraph 41, you are dealing with  
12 the second period of time, September 2020 to February  
13 2021.

14 A. 41, did you say?

15 Q. Paragraph 41, but if you look at the heading, you'll see  
16 that the context for this is your second period of  
17 involvement. I'm just helping you to orient yourself.  
18 I'm not asking you about this because of the detail of  
19 the second involvement, we'll come onto that, but what  
20 you do say is that, in the context of a particular  
21 record here, you are saying:

22 "This is done by other professionals outside the  
23 CFW. At the time, CFW sat at level 2b on the [Continuum  
24 of Need]. Low-level Early Help was level 2a, CFW was at  
25 level 2b and [Child in Need (Children's Social Care)]

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1 Q. Please feel free to mention that. The other aspect in  
2 terms of roles and how things were organised that I want  
3 to ask you about is, if a case sat at level 3 and was  
4 being dealt with by the Family Support Workers within  
5 your team, what was the process and permissions that  
6 would be required to, in the language that I think was  
7 used, step it up back to level 4, who would instigate it  
8 and what would the process be and who would need to  
9 authorise it?

10 A. So that would depend on the situation. If it was  
11 an immediate risk of harm, then the agency who  
12 identified that immediate risk would immediately deal  
13 with that through Children's Social Care or the police.

14 Q. Just pausing there. In that scenario, it wouldn't even  
15 need to go through CFW, the outside agency could just  
16 say, "This is currently at level 3 but this is very  
17 worrying", and refer it in at level 4. Have  
18 I understood it correctly?

19 A. Absolutely. Yes.

20 Q. Sorry, you were going to go on to say?

21 A. If there are concerns -- we sit in a TAF, which is  
22 a Team Around the Family and we have all agencies  
23 talking at that point, so if we are identifying risks  
24 that are heightening, if we're concerned that risks are  
25 increasing, we would discuss that as TAF members and

7

1 was level 3."

2 A. Yes.

3 Q. Should we understand that there was a change in the  
4 levels and how they were applied with the 2a and 2b?

5 A. So there wasn't a change in the levels. There was  
6 a change in the structure to the CON to make it clearer.  
7 So, basically, level 1 is universal. So that's --

8 Q. Yes, we've seen that, don't worry about that. Go to the  
9 next level?

10 A. Yeah, so level 2 is your Early Help, in terms of  
11 additional support within the school or maybe a service  
12 working at a very low level with a child with a single  
13 need, and then level 3 is more complex where maybe  
14 multi-agencies are involved, others are complex need  
15 within that, but it doesn't meet a safeguarding concern.  
16 So that's where we sit now.

17 Q. The safeguarding concern, in terms of potential for  
18 Section 47, that would be at level 4?

19 A. Level 4, yes.

20 Q. But if, at any time, those changes -- during the course  
21 of your evidence -- and the labelling of them becomes  
22 relevant, please take a moment to explain it, if we see  
23 2a or 2b and there is a difference of distinction at the  
24 time.

25 A. Of course.

6

1 then we can discuss that with the social worker. We do  
2 that through allocations meetings, we have family  
3 discussions meetings with a social worker and we can  
4 discuss those concerns with a social worker.

5 Q. Who makes the decision?

6 A. Ultimately, at that point, the social worker would make  
7 the decision. It's usually the team lead for the social  
8 worker.

9 Q. Thank you. If we look at your paragraph 18, please, on  
10 page 3, we remind ourselves that at level 3, that  
11 service that is offered is subject to the consent, yes?

12 A. Yes.

13 Q. Given that there will be children involved, can you just  
14 help us with a couple of aspects of that. Is it,  
15 technically speaking, the consent of the parents that's  
16 required or of the child or both?

17 A. It depends on the age of the child and whether they're  
18 competent to make that decision themselves. So, in the  
19 main, we will be working with parents who would give  
20 consent to share information or work with us, but  
21 children who are competent to make those decisions  
22 themselves can be given the option to work with us  
23 without parental consent and, equally, if we're working  
24 with children who are older who are saying they do not  
25 consent to the support, we can't work with that child,

8

1 they're not consenting, they've got a right to say no to  
 2 that support.  
 3 **Q.** If consent is either not forthcoming or consent is only  
 4 nominally provided, and what I mean by that is the  
 5 family purport to consent but, in fact, they're not  
 6 seriously engaging, presumably, in some cases at  
 7 level 3, the view would be taken, well, this is a family  
 8 who are struggling to cope, by definition, but they are  
 9 not engaging or they're not consenting and we really  
 10 don't think, on a fair analysis, even in the absence of  
 11 their consent, we really don't think that there is  
 12 a need for social work involvement at level 4.  
 13 Presumably, if I'm right in that summary, there would be  
 14 some cases where the service would withdraw because of  
 15 the lack of consent and effectively would not do  
 16 anything further?  
 17 **A.** Yes, so we would try and chase consent, we'd try and  
 18 build the relationship --  
 19 **Q.** Take that as read but with all of that being done --  
 20 **A.** Yeah, we wouldn't have a right to keep a family open, we  
 21 would have to close the case on the fact that they don't  
 22 give consent.  
 23 **Q.** Now, would there, however, be some other cases, perhaps  
 24 at the more complex or the more marginal end, close to  
 25 level 4, where the withdrawal of consent, or only the

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1 through the life of the case, we increased to be open  
 2 longer but we were still time limited. Now we are not  
 3 time limited.  
 4 **Q.** So, as you look back, you think that that's only the  
 5 period that ended in February 2021 that, technically  
 6 speaking, it was a time limited service, that was the  
 7 end of Ms Fontaine-Smith's period?  
 8 **A.** No, that was a 12 to 20-week and then we went into  
 9 a 20-week and then as we have come up to when Ashleigh  
 10 held the case, we were less time limited but now we are  
 11 not time limited at all.  
 12 **Q.** All right. So if we look at paragraph 20 of your  
 13 statement on page 3:  
 14 "Originally help was ... offered for a 12-week  
 15 period."  
 16 **A.** Yeah.  
 17 **Q.** "If the matter was still open at 20 weeks, we would be  
 18 looking to close the case down ..."  
 19 **A.** Yes.  
 20 **Q.** You are saying that around that time, 2021 there was  
 21 a change and the emphasis became 20 weeks rather than  
 22 12; is that right?  
 23 **A.** Yes.  
 24 **Q.** If we look at LCC002302 at page 98, please, this is  
 25 March 2022. Do we see there, in the top entry, there's

11

1 nominal consent, where they're really not engaging,  
 2 would itself mean, well, on analysis, because they're  
 3 not engaging or because they're now not consenting, that  
 4 pushing the case up to level 4 because, in the absence  
 5 of consent, we're really worried about what's going on  
 6 that we think this needs to be dealt with at level 4?  
 7 **A.** If there's significant risk of harm, then yes.  
 8 **Q.** That withdrawal of consent or the not providing of  
 9 consent, would this be right, could tip the balance of  
 10 the assessment, to think, well, this was already close  
 11 to level 4 and now they're not consenting or they're  
 12 only purporting to consent. In looking at the risk,  
 13 that tips the assessment of risk because now there is  
 14 a significant risk of harm, given that they're not  
 15 prepared to deal with us?  
 16 **A.** In a general case, in any case, yes, that is the case.  
 17 **Q.** The difference being that, potentially at level 4, one  
 18 is into the potential use of statutory powers?  
 19 **A.** Exactly.  
 20 **Q.** Was the CFW a time-limited service?  
 21 **A.** At the point of Andrea Fontaine's -- I don't know the  
 22 word, sorry -- when Andrea Fontaine was working the  
 23 case --  
 24 **Q.** In her period --  
 25 **A.** We were a 12 to 20-week service. We have increased --

10

1 a reference there to a reminder that it is  
 2 a time-limited service and that was still being said,  
 3 I think, in March 2022?  
 4 **A.** Yes, but also within that period, the needs had been  
 5 met, so it wasn't that we were closing because it was  
 6 a time-limited service --  
 7 **Q.** But focus on the question, if you would.  
 8 **A.** Sorry.  
 9 **Q.** We will come back to whether the needs had been met?  
 10 **A.** Okay.  
 11 **Q.** But there's still reference being given in March 2022 to  
 12 it being a time-limited service.  
 13 **A.** Yes.  
 14 **Q.** Is that, by that stage, a reference to a slightly longer  
 15 period, the 20 weeks rather than the 12?  
 16 **A.** Yes.  
 17 **Q.** Thank you.  
 18 That can come down from the screen. In terms of  
 19 your own role, as well as allocating cases to the  
 20 individual Family Support Workers, you supervised the  
 21 work that they are doing?  
 22 **A.** Yes.  
 23 **Q.** We have seen some individual supervision notes,  
 24 including from you, but then sometimes they seem to go  
 25 on the case notes, on the Early Help module, I think,

12

1 would be the technical --

2 A. So there was a change in how we did it. Originally, it

3 was through documents and then EHM changed to be able to

4 put the supervision onto the case notes. So there's two

5 different ways of putting it on, but the supervisions

6 themselves were done monthly.

7 Q. Thank you. Would the degree of supervision that you

8 gave depend upon the experience of the Family Support

9 Worker?

10 A. Yes.

11 Q. So, with somebody less experienced, you might go to more

12 meetings to lend support --

13 A. Yes.

14 Q. -- in a common-sense way?

15 A. Yes.

16 Q. Sometimes you would attend as the senior, I think, in

17 any event, but you never become the case holder

18 yourself?

19 A. Not the case holder, no.

20 Q. Thank you. Against that background then, can we turn to

21 your different periods of involvement. If we start with

22 your first period of involvement, that was supervising

23 Andrea Fontaine-Smith in the period March 2020 to June

24 2020. If we can look at paragraph 26 of your statement,

25 please, at page 4.

13

1 please, and if we look at the bottom half of the page,

2 please. You were being forwarded, consistent with what

3 you've just told us, information here by Ms Cookson?

4 A. Yes.

5 Q. "Info re AR, you might want to read up on for Andrea."

6 A. Yes.

7 Q. Just help us with the context of that: why would you be

8 reading up on it for Andrea. Is that because you have

9 not yet allocated and you're going to say this is what

10 the case is all about?

11 A. I think that's the language that Anne's used. We both

12 read up on it so myself and Andrea, I would make sure

13 that I was *au fait* with all the information but also

14 that Andrea was also understanding of the information of

15 history of cases.

16 Q. All right. I think you will be aware from this email

17 exchange, of which we have given you notice, that when

18 we look briefly, please, at page 4, that this would have

19 contained important information. For example, third

20 paragraph:

21 "Alphonse R saying that [AR] is not a risk at home

22 or to himself. However he [that is father] further

23 commented that he [AR] would be a risk elsewhere,

24 because if someone did something to him, he would do

25 something in return. He added that [AR] does not

15

1 A. Did you say number 26?

2 Q. Paragraph 26, page 4. It will come up on screen for

3 you. You say there that Ms Cookson -- just remind us

4 who she was?

5 A. So Ms Cookson was the senior who held the case in the

6 initial episode prior to escalation to Children's Social

7 Care at the point of the first Prevent referral.

8 Q. Thank you. I think we can see that, in fact, it's also

9 before the first Prevent referral because she was

10 involved as early as October, yes?

11 A. Yes.

12 Q. You deal in this paragraph with the fact that you were

13 able to have some conversations with her about AR's case

14 and previous referrals. Can you just help generally

15 with the timing of that. Do you know was that at the

16 actual time of the handover or had it been earlier?

17 A. So, it would have been when the case came back to us

18 from Children's Social Care. So at the point of the

19 episode opening for Andrea.

20 Q. So whenabouts would that have been?

21 A. 2020.

22 Q. So this is around the March 2020 period. It's not much

23 earlier on than that?

24 A. No, it will only be when the case is stepped back to us.

25 Q. Thank you. Then if we can have LCC000973 on the screen,

14

1 understand when to let go, he holds onto things."

2 This was helpful and relevant information; would you

3 agree?

4 A. Yes. Am I allowed to add?

5 Q. Yes.

6 A. I think that we've -- we were going off a -- also

7 an assessment from Children's Social Care. So this was

8 historic information that I was keeping in mind and

9 Andrea was keeping in mind but we were also working from

10 an assessment that's a current assessment.

11 Q. I understand that. I'm not saying this was the only

12 information, the current assessment --

13 A. Okay.

14 Q. -- but let's be clear from the outset: historical

15 information could be important?

16 A. Yes, absolutely.

17 Q. There should be a longitudinal assessment of risk, yes?

18 A. Absolutely.

19 Q. You don't just look at the current position --

20 A. No.

21 Q. -- because, in AR's case, if you did that, you'd miss

22 the information about what he did at the tail end of

23 2019, yes?

24 A. Yes.

25 Q. All right. Now, against that background, so I think you

16

1 agree that this is relevant information as to risk --  
 2 **A.** Yes.  
 3 **Q.** -- but you're saying there would have been other  
 4 material, including an up-to-date assessment?  
 5 **A.** Yes.  
 6 **Q.** All right. Against that background, if we go back to  
 7 page 1, we can see at the top of the page, could we have  
 8 that expanded, please, now, that it comes back saying,  
 9 from you to Ms Fontaine:  
 10 "I've read through the email, starting at the  
 11 bottom, as directed."  
 12 I think that was a bit of a joke because there was  
 13 a slightly directive thing saying "Start at the bottom  
 14 and read up", which perhaps you were indicating with  
 15 your winky face was a bit obvious. Anyway, you've done  
 16 that.  
 17 **A.** Yes.  
 18 **Q.** "I think you need to read it for yourself and then we  
 19 will have a chat about the actions, what you have  
 20 already done and what we can do now in the current  
 21 climate."  
 22 We remind ourselves that this is March 2020, so  
 23 that's probably a reference to lockdown?  
 24 **A.** Yes.  
 25 **Q.** "Thanks. Once you have digested the email, please  
 17

1 emails from the school didn't need to go ... as we were  
 2 going to discuss their contents as part of  
 3 a supervision. The EHM general notes are AR's notes,  
 4 it's his story. The emails I was asking Andrea not to  
 5 add to the notes concerned a discussion whether it was  
 6 for FIS or SEND to do the risk assessment prior to AR's  
 7 return to school. Andrea needed to know about it, but  
 8 the information didn't need to go onto the EHM general  
 9 notes."  
 10 Your instruction wasn't "no need to put this on the  
 11 notes", it was to delete the email. Why did you go  
 12 further and ask for the email to be deleted? I'm asked  
 13 to explore that with you.  
 14 **A.** There's no other place for us to put an email on our  
 15 system like that. So it would either go on the child's  
 16 notes or it would be deleted and I would be transferring  
 17 information onto the system that's relevant for that  
 18 child.  
 19 **Q.** You could have just given an instruction to say,  
 20 "There's no need to add this to the notes. This is for  
 21 your information only". It just seems somewhat curious  
 22 to direct the Family Support Worker to physically delete  
 23 the email. Why not just say, "There's no need to add  
 24 this to the notes, the relevant information is on there  
 25 already"?

19

1 delete it."  
 2 Just help us with the "please delete it". Was that  
 3 a common practice?  
 4 **A.** So, information that's shared on a child's file is  
 5 relevant to the child only. So information that we are  
 6 given that a child wouldn't need to see when they  
 7 requested their file, would be spoken about in  
 8 supervision and put into notes but we wouldn't  
 9 necessarily put the full thing onto their file.  
 10 **Q.** But as I've already taken you to, the information that  
 11 was contained within this was directly relevant to AR's  
 12 risk to others?  
 13 **A.** Yeah, but that information was already with us on his  
 14 file. So that information was already available to us  
 15 through -- because we worked in the same system, so  
 16 Anne's information was already written up in the file  
 17 and that was just an overview.  
 18 **Q.** I understand. Just bearing in mind that instruction,  
 19 "Once you have digested the email, please delete it".  
 20 If we look at your statement at page 4, paragraph 29 --  
 21 can we have paragraph 29 expanded, please -- so you were  
 22 asked to address this and what you said in your  
 23 statement, second part of this paragraph:  
 24 "What I meant by [the instruction to delete] was not  
 25 to add the email to the [electronic note system]. The  
 18

1 **A.** I would say that's just my use of language. There was  
 2 no malice meant by it; it was just an instruction. We  
 3 work in the same office, we sit in the same office, she  
 4 was probably sat by me anyway when we were talking about  
 5 it.  
 6 **Q.** I'm asked to explore with you just to check that it's  
 7 not the case that there was something in this email  
 8 chain that you didn't want to be recorded on the  
 9 systems?  
 10 **A.** No, because I know that you can bring the emails back as  
 11 it's relevant today, that that is the case.  
 12 **Q.** Thank you. As you have touched on already, and I was  
 13 going to come to it, but as well as this informal  
 14 passage of information, you will have got information  
 15 from the referral from CSC itself, yes, LCC000238? So  
 16 would you have seen that and read it?  
 17 **A.** Yes.  
 18 **Q.** Can we just make the top half of the page bigger, with  
 19 the referral to Early Help.  
 20 **A.** Yes.  
 21 **Q.** Just leaving that on the page for the moment, we note  
 22 that, in the, "Please provide a brief summary of current  
 23 CSC involvement":  
 24 "[AR] has assaulted another pupil in a school he  
 25 used to attend. He attended the school for the purpose  
 20

1 of assaulting a particular pupil but assaulted another  
 2 with a hockey stick. [On arrival of the police] [AR]  
 3 said he had a knife in his bag. This was confirmed.  
 4 [He] was arrested. He later discussed  
 5 feelings/intentions of killing the pupil he was looking  
 6 for with the hockey stick or knife if the stick was not  
 7 enough."

8 Yes?

9 A. Yes.

10 Q. So, at that stage, in fairness to the social work team,  
 11 that important information about the intent in relation  
 12 to the knife was being recorded; would you agree:

13 "He later discussed feelings/intentions of killing  
 14 the pupil."

15 A. Can you repeat the question, sorry?

16 Q. That was being flagged up in clear language, right at  
 17 the top of this form, that AR had not just had a hockey  
 18 stick along with a knife but he had discussed, after his  
 19 arrest, "feelings/intentions of killing the pupil he was  
 20 looking for", that was flagged up?

21 A. That was my understanding, yes.

22 Q. It leaps off the page, does it not?

23 A. Yes.

24 Q. Thank you. I don't think we particularly need to go to  
 25 it but I think you can just confirm that, as part of all

21

1 Q. "... but AR's behaviours were linked to his 'black and  
 2 white' thinking and his possible ASD."

3 Is that right?

4 A. That's what was coming out of the Prevent referral,  
 5 yeah, they were saying that it wasn't their -- it wasn't  
 6 for them, it wasn't extremist.

7 Q. So that's what you had understood the position to be.  
 8 Did you know what the readout was in more formal terms?

9 A. From Prevent?

10 Q. Yes.

11 A. No.

12 Q. That they had addressed that he essentially wasn't  
 13 thought to be vulnerable to terrorist radicalisation but  
 14 he was very vulnerable and those needs were to be met by  
 15 other agencies, effectively?

16 A. I knew he was vulnerable and I knew he was open to CAMHS  
 17 and CYJS because of those vulnerabilities.

18 Q. Thank you. Sticking with this paragraph. The reference  
 19 to the risk being assessed to be "medium but with a low  
 20 level of probability", where had you got that from?

21 A. From the CYJS report.

22 Q. You are right that they had assessed the risk as medium  
 23 but the risk of re-offending was actually also medium,  
 24 rather than low?

25 A. On paperwork, I have seen documentation to say low.

23

1 of this, there would also have been conversations going  
 2 on. We don't need to turn it up but if I tell you and,  
 3 for the Chair's note, that at LCC002302 at page 17,  
 4 there's a note of a step down telephone call from Anna  
 5 Jameson to Ms Fontaine, that's the sort of thing you  
 6 would expect?

7 A. Yes.

8 Q. Thank you. I think -- again, if you want me to go to  
 9 it, I'm happy to do so -- but I think you would also  
 10 have been aware at this time that it was known that AR  
 11 had accessed "hate crime material on the internet,  
 12 including beheadings" because --

13 A. Yes, because it was our service that was in the meetings  
 14 with Acorns, that advised Acorns to make the Prevent  
 15 referral.

16 MR MOSS: Sir, for your record, that's page 18 of the  
 17 detailed notes.

18 SIR ADRIAN FULFORD: Thank you very much.

19 MR MOSS: If we could look back in your statement at  
 20 paragraph 26. Those same notes, having referred to the  
 21 Prevent referral, what you say in paragraph 26, in  
 22 relation to that, is that:

23 "There didn't seem to be concerns about AR being  
 24 involved in extremism ..."

25 A. Yes.

22

1 Q. Do you think that may have been at a later stage?

2 A. Possibly.

3 Q. In any event, in relation to the risk of re-offending,  
 4 at this stage, did you understand that part of the  
 5 assessment that was going on was that there was little  
 6 opportunity at that precise moment in time because of  
 7 the lockdown --

8 A. Yes.

9 Q. -- and that when lockdown was eased, the opportunities  
 10 would increase?

11 A. Yes.

12 Q. You suggest here that your understanding was that "AR's  
 13 behaviours were linked to his 'black and white' thinking  
 14 and his possible [autism spectrum disorder]", although  
 15 he didn't have a formal diagnosis at the time. With the  
 16 increased knowledge that you have now, reflecting on  
 17 matters, do you think that that was too simplistic  
 18 a take on things?

19 A. We're an Early Help service and we were looking at other  
 20 professionals, such as CAMHS and CYJS, who were making  
 21 those judgements, based on their strengths and what  
 22 their role is. So, possibly, yes, but I would be  
 23 looking to those more --

24 Q. Forgive me. I just wonder if the noise could be kept  
 25 down a little, it's very distracting.

24

1 A. I would be looking to those agencies who were making  
 2 those assessments of his needs at the time for more  
 3 information around that. I'm not qualified to make that  
 4 judgement on somebody with ASD at that point.

5 Q. Yeah, and I'm not suggesting for a moment, Ms Barrett,  
 6 that this is an easy area nor am I raising this as  
 7 a matter of personal criticism of you, so much as  
 8 looking at the systemic issues, but looking at it now  
 9 reflectively, would you agree that a vulnerability or  
 10 a weakness in the thinking at the time may have been  
 11 that he's behaving in this way, he's likely to be  
 12 autistic and his behaviours are explained by the autism,  
 13 rather than that this is a youth who is likely to be  
 14 autistic and he's acting in a dangerous way, not  
 15 necessarily because, and it could go further to say the  
 16 fact that he is autistic means the risk could be even  
 17 higher?

18 A. I would say, from the information I know now from the  
 19 Inquiry, yes.

20 Q. So, at the time, not you as an individual but a tendency  
 21 towards somewhat explaining away -- I'm not going to say  
 22 excusing, that would be unfair -- risk behaviours on the  
 23 basis of autism without perhaps sufficiently recognising  
 24 the potential increased risk?

25 A. Possibly, yes.

25

1 it's very easy, I'm afraid, to say, "it's only as good  
 2 as what other people tell us", but it's also about the  
 3 retention of corporate knowledge within your service.

4 A. Yes.

5 Q. So we're going to be looking, during the course of the  
 6 evidence today, across five periods and we may see  
 7 evidence that the risk information of risk to others  
 8 gets diluted downstream. All right?

9 A. Yes.

10 Q. Before one goes to, "well, what about others", I want to  
 11 focus on your agency and your systems.

12 A. Yes.

13 Q. Having something that captured this information from  
 14 early on, of which we are partially sighted on at this  
 15 time, but, for example, he intended to kill the pupil  
 16 and he made a statement to that effect: that would have  
 17 been something very useful to keep on a page of key  
 18 warnings so that every person who opens the file would  
 19 see that without having to go fishing for it?

20 A. So we do have a chronology now that's been developed.  
 21 We weren't using a chronology at that point but, as  
 22 a service now, we do have a chronology and a front page  
 23 that does that.

24 Q. So you would say that the problem with the chronology is  
 25 you might have to go searching in the chronology but

27

1 Q. Ms Ashworth in her written evidence, as the head of  
 2 service, has said that, in cases such as this, including  
 3 when there's a step down or a referral from the MASH,  
 4 your team quite often had to go fishing for the  
 5 necessary information in back records; would you agree  
 6 with that?

7 A. Sometimes, yes.

8 Q. Would you think that this was one such case to  
 9 an extent?

10 A. Yes.

11 Q. Would you agree that there would be significant  
 12 advantages in having a system of -- I'm not going to say  
 13 "at a glance" -- a single-view page that has warning  
 14 flags and warning signs for particular types of risk, so  
 15 that you wouldn't have to go fishing for the information  
 16 so much because there would be warning indicators about  
 17 use of violence, which could then have a page that gives  
 18 a clear synopsis of relevant historical information,  
 19 relevant to that risk?

20 A. That would only be as good as the information we were  
 21 given at the time. So, yes, I agree but we'd need to  
 22 have that information to be able to put those risk  
 23 factors on.

24 Q. Yes, but as we are going to look at, part of what I'm  
 25 going to suggest is that, within your service -- because

26

1 does the front page have sufficient warnings that flags  
 2 that up?

3 A. That's where it should go, yes. That's there now.

4 Q. It may be very helpful -- you don't need to do this  
 5 personally -- with the legal team to provide an example  
 6 of how that front page -- it can be anonymised -- looks  
 7 and has the warnings, please.

8 A. Yes.

9 Q. Thank you. If we look at paragraph 32 of your statement  
 10 together, please, Ms Barrett, we'll see you give this  
 11 pithy synopsis. That:

12 "The referral to our service was in relation to AR's  
 13 independence, school attendance, family dynamics and his  
 14 anxiety/[autism]."

15 Is that right?

16 A. Yes.

17 Q. Thank you. If we look at LCC000283, please. This is  
 18 the CAF assessment produced by Ms Fontaine on 9 April.  
 19 If we look at page 2, please. Forgive me, just go back  
 20 to page 1 just for one moment?

21 A. Can I make it clear that this isn't our CAF assessment,  
 22 this is our non-systems assessment. The assessment's  
 23 come from Children's Social Care and this is  
 24 a non-systems bit, where we just get the voice of the  
 25 family in addition to the assessment. So this is not

28

1 a CAF assessment, it is a non-systems. If you look  
 2 at -- it says, "What level of assessment is required?",  
 3 it says, "non-systems CAF assessment". So it's not  
 4 a CAF. The information that we were -- it's a step down  
 5 from CSC. So that means a C&F is in place. So that's  
 6 the assessment we're going off, is this C&F assessment  
 7 and the non-systems CAF is just getting the voice of the  
 8 family at that point.  
 9 Q. The complexity of some of this is impenetrable to the  
 10 outsider. What's the title of the form?  
 11 A. It's called --  
 12 Q. No, what's the title of the form. Forgive me, look at  
 13 the top left of the scene?  
 14 A. I understand that but that's on our --  
 15 Q. What's the title --  
 16 A. I understand that, that's on our system.  
 17 Q. What is the answer to my question: what's the title?  
 18 A. It says "CAF assessment", I agree, it does say that but  
 19 further down --  
 20 Q. All right. I'm interested in the information.  
 21 A. Yeah.  
 22 Q. So on page 1, if we look at the "assessed needs". We do  
 23 see that "being involved in knife crime" is an assessed  
 24 need, yes?  
 25 A. Yes, but it wasn't from the C&F assessment. So, from

29

1 A. Okay, sorry.  
 2 Q. You don't need to apologise but how long ago was the  
 3 knife crime?  
 4 A. Yeah, sorry. The year before.  
 5 Q. It wasn't the -- it was technically the year before but  
 6 it was right at the end of the year, it was about four  
 7 months before?  
 8 A. Yes.  
 9 Q. We're not talking about a risk long ago that no one  
 10 needs to be concerned with anymore, are we?  
 11 A. No, no, I'm not saying that. Sorry.  
 12 Q. So that is an assessed need and, if we look at page 2,  
 13 can we have the whole of that text identified, please.  
 14 We will come onto the issue about which agencies are  
 15 dealing with that but, the focus of page 2 doesn't  
 16 really deal with that part of the assessed needs. There  
 17 may be a reason for that but just cast your eye down the  
 18 type of issues being raised here, and let's just take it  
 19 in stages. We'll come onto the reason why but the more  
 20 detailed assessment, under each of these headings on  
 21 page 2, doesn't really then deal with that assessed  
 22 need, does it?  
 23 A. No.  
 24 Q. In fact, it gets some aspects wrong. So if you look at  
 25 "Boundaries and Behaviours", it says that:

31

1 the C&F assessment, what had come down to us as  
 2 a service was around the need for education, social  
 3 isolation, parenting. So, I understand where your  
 4 misunderstanding is on that and where it doesn't seem  
 5 correct but we are going off a C&F assessment from a  
 6 social worker and the need --  
 7 Q. Forgive me, I think this is becoming very  
 8 overcomplicated and if it's my fault, you're going to  
 9 have to simplify your answers. All I'm dealing with is  
 10 what this technical form was -- don't try to get ahead  
 11 to where I'm going, just focus on the issues that I'm  
 12 raising with you. This form shows there was an assessed  
 13 needs, under "Safe and sustainable places/reducing  
 14 crimes", it flags that AR was a young person involved in  
 15 knife crime?  
 16 A. Historically, yes.  
 17 Q. Forgive me, why the "historically"?  
 18 A. Because the assessment had been done from Children's  
 19 Social Care. So we're flagging that that had happened  
 20 but we're not the service that's working with that --  
 21 Q. We'll come onto that.  
 22 A. Okay.  
 23 Q. But you emphasised -- and it's the second time, with the  
 24 greatest of respect, that you've done it in your  
 25 evidence, that you have emphasised "historically"?

30

1 "[AR] can throw things on the floor and stomp and  
 2 slam doors when angry but this is infrequent. There is  
 3 no physical aggression for either of the boys."  
 4 Now, that may be reflecting what has been said but,  
 5 objectively speaking, the suggestion that there's not  
 6 physical aggression being evidenced by AR is not  
 7 an accurate summary?  
 8 A. So this is the voice of the family. So this is a Radar,  
 9 which is the voice of the family, it's not  
 10 an assessment. I understand that it says "CAF  
 11 assessment" on it but it's not used as an assessment.  
 12 It wouldn't have been shared as an assessment. The C&F  
 13 assessment from Children's Social Care is the assessment  
 14 that's being used. When it comes down to us, we gain  
 15 the voice of the family and that's the recording that it  
 16 goes on.  
 17 Q. Should this then have led to an Early Help plan?  
 18 A. So that -- the Early Help plan that was developed by the  
 19 social worker from the C&F assessment.  
 20 Q. But what about now that it's in the CFW team? Should  
 21 there have been an Early Help plan --  
 22 A. So --  
 23 Q. -- for you, for your team?  
 24 A. So when it steps down from Children's Social Care, the  
 25 social worker is the one who identifies the plan and we

32



1 bring that plan forward.

2 **Q.** Right. It may be in the break that if your legal

3 advisers think that there was a plan of that kind, they

4 can help us to identify it because we've not been able

5 to find one but there should have been a plan, should

6 there?

7 **A.** Yes.

8 **Q.** All right. Would you have expected it to deal with the

9 assessed need in relation to AR being somebody who was

10 involved in knife crime?

11 **A.** So we would work from the social workers'

12 recommendations. So what the social workers recommended

13 at that point, I would expect to see it in the plan.

14 So, yes, I would have expected to see something but it

15 wouldn't be for our service.

16 **Q.** But if it had been missed by their service, your service

17 should have picked it up. These are not, with respect,

18 difficult points. If a need is assessed that it's

19 a young man involved with knife crime, the service

20 should be including that within the plan of action. It

21 may be that other agencies would take forward the work

22 but that, surely, should be covered?

23 **A.** I can't see the -- I don't know where the plan is, at

24 the moment, that's the bit that I'm --

25 **Q.** Don't worry about that.

33

1 **A.** Because the system didn't finalise the notes at that

2 point, so basically now, it finalises after five days

3 but it didn't finalise, so I think they did a full

4 finalisation at that point.

5 **Q.** Thank you. If we look at LCC002302 on page 19, please.

6 Could we just highlight the top entry, please. It's

7 very difficult because of the format of these pages. We

8 see, don't we, starting on 8 April, that there are, by

9 Ms Fontaine or Ms Fontaine-Smith, a series of attempts

10 to contact the family, more often than not -- not

11 always -- ending up in failure that their calls went

12 unanswered, yes?

13 **A.** Yes.

14 **MR MOSS:** Sir, you will see those -- I'm not going to go

15 through them all -- but they are pages 21 to 22,

16 a series of phone calls, a couple are answered.

17 **SIR ADRIAN FULFORD:** Thank you very much.

18 **MR MOSS:** Thank you.

19 That, in fairness to all involved, is exactly what

20 you would expect in lockdown, can't do face to face but

21 at least efforts are being made by telephone, yes?

22 **A.** Yes.

23 **Q.** If we go, please, to the top of page 22. We can see

24 that this is an email from the headteacher at Acorns

25 School, and I bring it up. It's been incorporated into

35

1 **A.** Yes, I agree it should be covered --

2 **Q.** You persistently seem to be looking for where I'm going

3 in my questions. Could you keep it simpler and focus on

4 the questions that I'm asking, all right? You would

5 expect an assessed need to be dealt with in the plan?

6 **A.** Yes.

7 **Q.** Thank you. In general terms, what work was Ms Fontaine

8 able to do with AR and his family between March and May

9 at this time, going forward, in the very important

10 context of the difficulties of lockdown?

11 **A.** So unfortunately none because we weren't able to go into

12 the family home. The lockdowns in Lancashire were

13 tight. AR wasn't coming out of the family home at that

14 point, we weren't allowed to go into the family home and

15 he wouldn't do work on teams or anything like that.

16 **Q.** Presumably, that was common to many of your cases at the

17 time?

18 **A.** Yes.

19 **Q.** Thank you. I don't think I need to look up the record

20 for this, when we come to assess the records, we

21 sometimes see, and we get it in relation to this period,

22 for your case management notes, a big difference between

23 the date of the note and something called the finalised

24 date and, in this area, the finalised date is two years

25 on in 2022. Do you know why that comes up?

34

1 the notes. I've not gone through the early passage

2 because I'm interested in the section:

3 "My concerns regarding contact."

4 So this is Acorns to the parents:

5 "My colleagues [Ms Forster and Ms Rooney] are

6 contacting you daily to check that all is well and if AR

7 or anyone else in the family requires support. Carol

8 calls you on Tuesdays and Thursdays and Emily, Mondays,

9 Wednesdays and Fridays. Unfortunately, contact with you

10 is minimal, you do not answer the phone or return our

11 calls. Our records show that you do not respond to most

12 of the daily calls. It is really important that you

13 respond to these calls as this is how we can help you if

14 there are any issues around learning or general welfare.

15 We are working together with other services to assist

16 families during these circumstances and colleagues from

17 the YOT and Children and Family Wellbeing have shared

18 concerns that you have not responded to their calls

19 also."

20 So they were having very significant problems, of

21 which you're obviously aware --

22 **A.** Yes.

23 **Q.** -- and they're reflecting that there have obviously been

24 conversations about how difficult it was to get this

25 family to respond to calls. Whether it was education,

36

1 welfare or Youth Offending, they were not engaging well,  
 2 yes?  
 3 A. Yes. I agree.  
 4 Q. Making allowance for the challenges of lockdown, and  
 5 obviously there would have been challenges for parents  
 6 in that too, this is not a family who are engaging well  
 7 with services at this time?  
 8 A. Not at that point, no.  
 9 Q. Thank you.  
 10 I won't take you to it but, in fairness to you, you  
 11 note that in your supervision records -- I will just  
 12 give the reference, LCC002302 at page 24 at the top of  
 13 the page -- you refer to those difficulties.  
 14 I think you also identified, therefore, that AR  
 15 would need support when he returned to school in general  
 16 terms, yes?  
 17 A. Yes.  
 18 Q. And in the meantime a TAF, Team Around the Family,  
 19 meeting was required to coordinate the work of the  
 20 various agencies, yes?  
 21 A. Yes.  
 22 Q. That was arranged for 19 May. Again, I don't need to go  
 23 into the records because this is what you would expect,  
 24 yes?  
 25 A. Yes.

37

1 "rather than the perpetrator". It seems to be the view  
 2 "that he is a very good child, very respectable", and so  
 3 on. Had complete non-compliance with school work  
 4 provided and referring to the assessment of risk by the  
 5 YOT "that there was a medium risk of serious harm but,  
 6 because of lockdown, imminence wasn't there", and  
 7 raising concerns about that assessment of risk.  
 8 Now, that is a professional raising reasoned  
 9 concerns about the outcome of the TAF; would you agree?  
 10 A. Yes.  
 11 Q. And anyone receiving that in CFW should have been very  
 12 concerned at the level of concern that that senior  
 13 teacher and a specialist referral unit had; would you  
 14 agree?  
 15 A. Yeah, we would talk about it.  
 16 Q. If we look, please, at page 27. The response from  
 17 Ms Fontaine -- could we have the top of the page  
 18 highlighted:  
 19 "Courteous and civil. I don't suggest otherwise.  
 20 But I appreciate this concern and frustration around the  
 21 perceived mindset of Alphonse and [AR]. This can be  
 22 challenged through conversation with Alphonse, which I'm  
 23 happy to do. However, I don't feel that this increases  
 24 the risk posed by [AR], because there is appropriate  
 25 parenting in place."

39

1 Q. I think you weren't in attendance in the meeting. We'll  
 2 pick it up with others who were.  
 3 But after that, Mrs Hodson -- can we have LCC002302  
 4 back on the screen, please, at page 26. It is the  
 5 penultimate entry on the page.  
 6 So that long entry, please. I won't read it all out  
 7 but you will note that this is 20 May and it follows the  
 8 TAF and:  
 9 "I need to share my concerns with you following the  
 10 TAF meeting ... for [AR]: I would appreciate your input  
 11 as fellow professionals."  
 12 She raises a pithy, but quite detailed, set of  
 13 concerns:  
 14 "They haven't moved on in their thinking. Dad is of  
 15 the opinion that [AR] carried out the attack because of  
 16 the events at the Acorns, specifically the fight that he  
 17 continues to refer to."  
 18 You can see by "fight" that they don't credit it.  
 19 A. Mm-hm.  
 20 Q. Raising concerns that AR is not -- that father is  
 21 raising concerns about the amount of monitoring at the  
 22 school. The amount of monitoring might be thought to be  
 23 appropriate. Doesn't see any value of the work at the  
 24 school. Thinks that AR should be in mainstream  
 25 education. Seems to perceive that AR is the victim

38

1 What do you make of that?  
 2 A. So, at the time, AR was not coming out of the family  
 3 home and parents were aware that if he was to come out  
 4 and -- that we would -- we would support him and get  
 5 back involved.  
 6 Q. But what do you make of Ms Fontaine's suggestion that  
 7 there was appropriate parenting in place --  
 8 A. That's what --  
 9 Q. -- and that it doesn't increase the risk?  
 10 A. So that's what we'd observed as CFW going into the  
 11 family home. That was our observations at that time.  
 12 Q. Ms Barrett, that response was lacking in logic and  
 13 wrong, wasn't it?  
 14 A. We can only go off what we are presented with.  
 15 Q. Well, Ms Barrett, that's not accurate and it's not right  
 16 that you only go off what you are presented with. You  
 17 don't just take the word of the parents and the child.  
 18 You look at the total position on risk, surely?  
 19 A. We do --  
 20 Q. Otherwise you're taking what they say on face value?  
 21 A. We do. And that's why Andrea -- I presume why Andrea  
 22 has said we are going to talk about it with Alphonse at  
 23 that point.  
 24 Q. But the lack of understanding of what the school were  
 25 raising. This is a case, Ms Barrett, in which AR has

40

1 taken a hockey stick and a knife, he has used the hockey  
 2 stick and he has made clear that he would have been  
 3 prepared to use the knife, yes? Yes?  
 4 **A.** Yes.  
 5 **Q.** What is being raised by the school is that instead of  
 6 appropriate parenting, the father of the boy concerned  
 7 diminishes that, puts it down to bullying, which the  
 8 school is saying wasn't happening, and that that  
 9 increases the risk because, rather than father acting as  
 10 an appropriate role model and underlining how completely  
 11 unacceptable this was, what father was actually doing to  
 12 the school is blaming others and downplaying the  
 13 seriousness of what happened.  
 14 Surely you can see that that means that the risks  
 15 were increased because the desistance factor of an  
 16 appropriate approach by the father in the house was  
 17 lacking.  
 18 So I put it to you again that this response was  
 19 illogical and wrong.  
 20 **A.** So further down she does make reference to the risk  
 21 assessment and understanding the risk assessment and  
 22 being able to see the risk assessment herself. So  
 23 I would say that she's being professionally curious in  
 24 that and trying to put together --  
 25 **Q.** It was dismissive of the concern because it wasn't  
 41

1 behaviour, if he was diminishing and accepting of it  
 2 rather than challenging of it, did not influence the  
 3 risk level? Is that your evidence?  
 4 **A.** No, I'm not saying that. What I'm saying is that she's  
 5 asking for a multi-agency meeting to be called to  
 6 discuss those concerns. So I'm not saying that --  
 7 I agree, I agree that that could increase the risk but  
 8 she is asking for that multi-agency meeting to take  
 9 place.  
 10 **Q.** Well, she is asking for the multi-agency to take place  
 11 but she's also rejecting the appropriate concern being  
 12 raised by the school, isn't she? She's not agreeing  
 13 that those factors increase the risk.  
 14 **A.** Yes.  
 15 **Q.** And she was wrong in that?  
 16 **A.** Yes.  
 17 **Q.** Shortly after this point, the case was closed to CFW;  
 18 that's right, isn't it?  
 19 **A.** It is, yeah.  
 20 **Q.** And one understands that there was that difficulty in  
 21 face-to-face work and I should acknowledge that it  
 22 was -- the closure was supported by Alphonse R, who was  
 23 happy for it to be picked up only in September. Would  
 24 you agree?  
 25 **A.** Yes.  
 43

1 focusing on the risk to others. The actual suggestion  
 2 that the father's approach to what his son has done  
 3 (which was effectively dismissive and downplaying it)  
 4 doesn't affect the risk is wrong and illogical. I do  
 5 feel I need to put that to you a third time. Could you  
 6 deal with it?  
 7 **A.** I'm not saying no. I'm saying that, based on what we  
 8 were seeing based on the information that we were  
 9 getting from all parties, she's asking to look at the  
 10 risk assessment, she's asking to see where exactly the  
 11 risk assessment is, what measures are already in place  
 12 and arrange another TAF meeting to discuss that, so that  
 13 we could, as an inter-agency, talk through those  
 14 concerns. It's beneficial for these concerns to be  
 15 raised during the meeting to allow appropriate challenge  
 16 on some of these issues so that all of us in a TAF  
 17 meeting would be able to get together and discuss the  
 18 concerns as a unit.  
 19 **Q.** Later on in the email:  
 20 "In any case, the father's view of his son's  
 21 temperament and behaviour, and his expression of his  
 22 preferred educational placement, does not, in my  
 23 opinion, influence the risk level."  
 24 Are you really seeking to support the suggestion  
 25 that the father's view of his son's temperament and  
 42

1 **Q.** But if we look, please, at LCC000998. If we go please  
 2 to page 5, there is a series of emails here which I just  
 3 want to deal with as quickly as I may.  
 4 It starts with Ms Fontaine at the bottom of the  
 5 page, saying:  
 6 "Thank you for the update. I have spoken to  
 7 Alphonse who has explained the difficulty he would have  
 8 getting [AR] to school as I believe transport would not  
 9 be provided; is that correct? ... what would be the plan  
 10 moving forward if [AR] does not return to school? Will  
 11 things continue as they are for the time being and then  
 12 pick up back in September."  
 13 Can we go to the previous page, page 4. Mrs Hodson  
 14 replies to that, explaining that they ask all parents to  
 15 bring their own pupils in because of the Covid risks:  
 16 "We have offered [AR] one-to-one with a specialist  
 17 teacher ... if [AR] and his family choose not to take up  
 18 this offer, he will be taught via the virtual team.  
 19 That is the only other option we have."  
 20 Then she says:  
 21 "I'm not sure what you mean by pick back up in  
 22 September. We are likely to be continuing with the  
 23 current model in September of a campus team and  
 24 a virtual team. We would not be able to consider  
 25 putting [AR] into a classroom with other children until  
 44

1 he has engaged with 1-1 teaching and we have been able  
2 to assess the response to this."

3 Then at the top of the page, Ms Fontaine replies:

4 "I don't think the transport was the only barrier  
5 but I know it was the main issue due to the distance and  
6 so on. I apologise if my language wasn't clear.

7 I simply meant with the offer for [AR] to attend school  
8 would the one-to-one still be available in September ...  
9 if [AR] does not return to school this half term, that  
10 leaves little by way of a role for our service at  
11 present. Once we are able to resume face-to-face  
12 support or [AR] returns to school (whichever is sooner)  
13 we could look at reopening the family to CFW service."

14 All right? Then if we go to page 3 to see how that  
15 plays out, we see -- perhaps we should pick it up at  
16 page 2:

17 "Good afternoon ..."

18 This is coming from the headteacher:

19 "Important to share that the school has had quite  
20 a few issues in engaging with the family despite efforts  
21 put in over the months. In view of your email below  
22 indicating that it leaves little by way of a role for  
23 our service at present, I am a bit concerned that if CFW  
24 isn't involved over the summer, when schools will not be  
25 in position to make any provision for students, we'll

45

1 Then if we go over the page:

2 "We feel the family need more support so that they  
3 do engage ... We have made substantial efforts to  
4 engage AR and indeed parents, to support him ... They  
5 appear to be putting up barriers ... tried various  
6 methods to provide learning ... he won't engage ..."

7 And explains that "today, colleagues went to a home  
8 visit", asked parents to read and sign the agreement and  
9 learnt that the father was refusing to sign it.

10 You see the flavour of what's being raised. If we  
11 go back to page 2 -- back to page 1, the response to  
12 this:

13 "Also struggled with engagement ...

14 "There was no direct work with [AR] specified when  
15 the case stepped down from social care ... identified  
16 that [AR] would benefit from some work around social  
17 interaction and appropriate responses ..."

18 And that's because he was socially isolated?

19 A. Yes.

20 Q. Even before lockdown?

21 A. Yes.

22 Q. "As discussed in the last TAF meeting ... [AR] is  
23 struggling to engage over the telephone and video call.  
24 It was discussed and agreed that for [AR] to benefit  
25 from the work it this would need to be carried out face

47

1 find it more challenging to reach [AR] in September if  
2 he does not return soon."

3 Then these words:

4 "My understanding of Working Together to Safeguard  
5 Children 2018 with regard to Early Help services such as  
6 [your] service, is that services should improve family  
7 functioning and build the family's own capability ..."

8 Why do you think the school felt that it was  
9 necessary at this stage to seek to remind your team of  
10 its duties under Working Together to Safeguard Children?

11 A. Because we were looking to close because we couldn't  
12 have access to the family and, under the Covid  
13 restrictions, it was very difficult to get access to the  
14 family.

15 Q. One understands that. But the fact that they were  
16 seeking to remind you of that was, would you agree,  
17 looking at it fairly now, an indication of the level of  
18 their concern of your team's proposal to close?

19 A. Yes.

20 Q. If we go over the page -- sorry, forgive me, totally my  
21 fault:

22 "We are happy to work with you on this and you  
23 appear to be having more success than school. It would  
24 help us if you could continue to work directly with AR  
25 over the summer?"

46

1 to face ...

2 "I have encouraged [father] to allow [AR] to return  
3 to school earlier and I have informed him that [AR's]  
4 transport is being looked into."

5 Then there is reference to father making the  
6 decision following a conversation. He was given the  
7 option to wait until September. He has chosen to take  
8 that option.

9 "As a consensual service, if neither Alphonse or  
10 [AR] want to engage with us until face-to-face support  
11 is an option, then it's their choice to make. There are  
12 no safeguarding concerns I am aware of that would  
13 override the need for consent."

14 Then your comment in relation to that is that that  
15 was very professional and well put. Do you stand by  
16 that?

17 A. Yes, I do think it was professional and well put, yes.

18 Q. In relation to this, for a child who had very recently  
19 engaged in serious criminal conduct with an intention to  
20 kill, who is socially isolated, where there is some  
21 engagement but it is very limited and very patchy, but  
22 there is a concern that that child is isolated, there's  
23 now a lockdown going on and the school is voicing  
24 concern about how difficult it is to get him engaged and  
25 saying, "Your service is doing better than us. Please

48

1 don't close. Please carry on what support that you can,  
2 we feel it would be of benefit", how was stopping,  
3 withdrawing completely, going to improve AR's social  
4 isolation and the problems that he faced?

5 **A.** During Covid we couldn't work on the social isolation  
6 aspect of it. Everything was locked down in Lancashire.  
7 We couldn't get into the family home. We weren't  
8 allowed to do a visit into the family home to build that  
9 relationship up with AR to get him to come out into the  
10 community. We were very limited in our -- in what we  
11 could do at that point.

12 AR and his dad were -- also said that due to Covid  
13 being more -- the impact of Covid on black people was  
14 significantly higher than white people and they were  
15 worried about the impact of Covid at that time.

16 We were unable to carry out what we needed to do to  
17 get AR to engage with us.

18 **Q.** Ms Barrett, I don't seek to diminish the difficulties of  
19 Covid and no one would suggest, or could suggest fairly,  
20 that the measures that you were able to do as a team,  
21 which was encourage phone calls and keep trying to  
22 engage, no one could suggest that that was ideal in  
23 terms of what the goals would be.

24 But, forgive me again, you seem to be perhaps  
25 missing the point of my question. It was limited and it

49

1 any more.

2 **Q.** Thank you. Let's turn then to the second period of  
3 involvement that you had and that was from September  
4 2020 to February 2021 and, again, the family support  
5 worker was Ms Fontaine. The case was re-opened on  
6 14 September and, as had been anticipated, I questioned  
7 you as to why it was closed but it was anticipated that  
8 it would be re-opened. And, in fairness to those  
9 working with you, Ms Fontaine was proactive because she  
10 positively approached Alphonse to see if the support was  
11 still wanted. Yes?

12 **A.** Yes.

13 **MR MOSS:** Sir, the reference for that is LCC002302 at  
14 page 33. It is the bottom entry.

15 **SIR ADRIAN FULFORD:** Thank you very much.

16 **MR MOSS:** You say in paragraph 42 of your statement, if we  
17 can have that at page 6, that:

18 "As is FIS's practice, an assessment was needed and  
19 Andrea as the key worker was to produce the assessment.  
20 Months had passed since the previous assessment in April  
21 ... and the situation had changed."

22 Is that right?

23 **A.** Yes.

24 **Q.** You say that one point that was in issue, in relation to  
25 an assessment, was that the school had sent emails

51

1 may have limited effect but here was the school pleading  
2 with you not to take that away. So why not keep open --  
3 even though it was limited, why not keep open what  
4 limited further engagement there could be?

5 **A.** At that point, we were a time-limited service. We were  
6 also not seeing the child, not seeing AR. If we're open  
7 and not seeing someone, it's seen to be not appropriate  
8 for us to be open. So that was our --

9 **Q.** But there were, as I've mentioned, some occasions when  
10 they did answer the calls and there was engagement with  
11 the family and nobody could be expecting you to see them  
12 face to face. Maybe the weight is in your answer, is in  
13 the time-limited service. Was there pressure to close  
14 cases?

15 **A.** At that point we were a time-limited service, so, yes.

16 **Q.** And here can you not see that when you look through the  
17 notes and look at the request that's being made, not by  
18 a mainstream school having a bit of difficulty, but by  
19 a Pupil Referral Unit in relation to a boy who's been  
20 involved in serious knife crime, can you not see that  
21 that doesn't look good, that in the interests of  
22 pressure of closing cases the limited support to  
23 a socially isolated boy was withdrawn?

24 **A.** Yeah, and I think that's been acknowledged by Lancashire  
25 County Council and why we are not a time-limited service

50

1 raising concerns around AR's risk to others. Is that  
2 a reference to the emails that I was taking you to  
3 a moment ago?

4 **A.** Yes.

5 **Q.** Thank you. If we look at paragraph 44, you say:

6 "The CAF assessment was used to identify AR's needs  
7 and the key goals going forward. The document  
8 identified AR's needs in respect of social  
9 communication, family dynamics, relationships and  
10 accessing education."

11 Is that right?

12 **A.** Yes.

13 **Q.** What about the risks that AR posed to others?

14 **A.** So, we were working through the Early Help plan in hopes  
15 that that working through the social isolation and the  
16 education would support change at the Early Help stage  
17 in that. CYJS and CAMHS were working on the risk  
18 factors that he posed.

19 **Q.** Would you nevertheless expect that to be noted and  
20 addressed as a risk and to identify who was dealing with  
21 it?

22 **A.** Yes, I acknowledge that that bit was missed but it was  
23 brought back up in the TAF meetings.

24 **Q.** So you think there was a failure to address that in the  
25 assessments?

52

1 A. In the assessments, yes.

2 Q. Does the fact that that was missed in the assessments

3 and that your answers yourself say "CYJS and CAMHS were

4 working on the risk factors that he posed" mean that you

5 saw there was no role for your team in relation to those

6 risks?

7 A. There was no role in our team, we were an Early Help, we

8 work with children and families to help them to make

9 changes. I'm not saying that we don't have a role in

10 identifying risk but, in terms of the actions, our

11 actions were to work on helping AR to access education.

12 Q. That's not very joined up, is it? Because the reason

13 why I suggest that is when you and the Family Support

14 Workers were having direct engagement, to put it in the

15 vernacular, you should be on the same page with CAMHS

16 and with the Criminal Youth Justice Service. So, for

17 example, if the concern is that father is underplaying

18 the seriousness of that, that's not something that

19 should be tolerated by the CFW, is it?

20 A. No. So that's why they come to the TAF meeting, so

21 CAMHS came to the TAF meetings.

22 Q. So it's not accurate to say that there's no role for

23 your team in relation to those risks because, at the

24 very least, your team would need to be supportive of the

25 efforts being made by the agencies who are seeking to

53

1 Q. But would you also agree that we see here the start of

2 dilution of the risk information?

3 A. Possibly, yes.

4 Q. Well, is it "possibly" or is it "yes"?

5 A. I --

6 Q. What's missing from here that was in the previous

7 version?

8 A. In the C&F assessment?

9 Q. Yes. Let's not worry about the labels. I showed you

10 the early one for the first period; this is the second

11 period. What is strikingly missing?

12 A. The information around the attack and the --

13 Q. Specifically?

14 A. -- referrals to Prevent and the referrals to the CYJS

15 and the work that's needed around that.

16 Q. What about the intent to kill?

17 A. Yes.

18 Q. So it's not "possibly", there's a very clear problem

19 with risk information being diluted; is that right? You

20 need to answer for the transcript.

21 A. Yes, sorry.

22 Q. On page 3, could the entirety of the text please be

23 highlighted but it's under "Family and Environmental

24 Factors" that I want to look:

25 "Parents responded appropriately around the time of

55

1 more directly deal with that risk?

2 A. I think that's the way I've said it. That isn't what

3 I mean in terms of that. What I mean is that the

4 actions for CFW -- not that we don't have a role in

5 risk, but the actions at that point in CFW are around

6 education, social isolation and parenting.

7 Q. If we could look at LCC000306, please. That doesn't

8 look like the right document. *(Pause)*

9 Thank you. Let me try again, is this a CAF

10 assessment this time?

11 A. Yes.

12 Q. All right. We are there.

13 Now, on page 1, if we can highlight the reasons for

14 the CAF assessment:

15 "The family were open at [Child in Need] level

16 following an incident last year when [AR] had repeatedly

17 taken a knife into school, and after being permanently

18 excluded he returned to school and assaulted another

19 young person. [AR] was convicted and received a youth

20 offending order and has been working with them over the

21 past year. The family were stepped down ..."

22 One sees here that, on the plus side, there is still

23 reference to the two sets of incidents, October 2019 and

24 December 2019; would you agree?

25 A. Yes.

54

1 the incident last year ..."

2 How could that be accurate?

3 A. They agreed to the Prevent referral. They were engaged

4 in the C&F assessment. They engaged in the support that

5 was offered to them from Children's Social Care.

6 Q. What had the school been warning about?

7 A. That was after the incident but, at the incident -- the

8 parents responded around the time of the incident last

9 year. That was correct at that point. I agree with you

10 that, after that, there was a lack of vocalisation about

11 what he'd done but at the point of --

12 Q. It wasn't a lack of vocalisation about what he'd done.

13 I'm going to suggest to you, Ms Barrett, that that's

14 mealy mouthed. It's mealy-mouthed. The school had

15 raised concerns that the father was constantly

16 downplaying the significance of what had happened and

17 that was on the records because there were endless

18 emails where the school making that point, saying that

19 it increased the risk.

20 So even if one sets aside the time point that you're

21 making, even if one allowed for that, you would expect

22 to say, "Parents responded appropriately around the time

23 of the incident but there is a major problem with father

24 not recognising the seriousness of what happened and

25 making excuses for his son?"

56

1 A. Yes.

2 Q. That would have been more accurate. Are you now aware

3 that AR's mother, in the police interview, when AR

4 laughed at inappropriate times and made inappropriate

5 comments, was noted not to challenge it at all and that

6 that behaviour was thought to be entirely inappropriate?

7 Are you aware of that?

8 A. No.

9 Q. So would you agree that this assessment, in terms of the

10 risk to others, that the parents responded

11 appropriately, was both superficial and, at best, highly

12 incomplete and, at worst, plain wrong?

13 A. Yes.

14 Q. Yes?

15 A. Yes.

16 Q. Then, if we look, please, at page 4, could we have the

17 entirety of the text highlighted, please. The text in

18 the top right. Fourth paragraph, please, Ms Barrett, if

19 you would help us with this:

20 "[AR] has involvement with the Youth Offending Team

21 regarding incidents of carrying knives and assault.

22 Although it is relevant to mention this incident, it is

23 not the main focus of this assessment. [AR] has shared

24 that he is struggling with his anxiety, and he feels

25 that previous professional involvement has focused on

57

1 those risks to others, you wouldn't have had that

2 dilution because, constantly, the assessments would have

3 been, "Team, don't forget that this is a boy who said

4 that he intended to use the knife to kill the perceived

5 bully in circumstances where the school were saying

6 there wasn't any bullying going on in the first place".

7 Do you think there has been something of a failure to

8 keep an eye on -- even if others are principally dealing

9 with it -- that issue, of the risk to others?

10 A. I would -- I would say that through this assessment,

11 yes; but through the work we were doing, no.

12 Q. What work was done by your team specifically in relation

13 to the risk of violence to others?

14 A. So, we weren't, but we were talking about risk all the

15 time in the TAF meetings, we were talking about making

16 sure that we were aware that Prevent referrals might

17 need to go in, in future, if these behaviours were

18 happening again.

19 Q. We'll come back to Prevent referrals but, in terms of AR

20 voicing that he dislikes this focus on his own serious

21 criminal activity, isn't there a risk that listening to

22 that voice too much, albeit that you have to be

23 a child-centred service, is cutting off a valid area of

24 enquiry and concern?

25 A. I think it's important that his voice is in that

59

1 the incident of assault and carrying knives and that no

2 one has thought about or supported him with his feelings

3 and emotional wellbeing."

4 Now, on one level, I'm sure you, in particular,

5 would say that you agree with that; is that right?

6 A. Yeah, that's his voice.

7 Q. It's not just his voice, because it's also making

8 a comment on the systems, it is saying that the

9 incidents of carrying knives and assault are relevant to

10 mention but not the main focus of this assessment.

11 That's not AR's voice, is it? That's a judgemental

12 assessment?

13 A. Yeah, we're talking about the -- yeah -- hearing now.

14 Q. As I say, on one level this is understandable because

15 it's right to listen to what AR is saying and one can

16 understand that an element of the Youth Offending Team

17 are addressing those risks; would you agree with that?

18 A. Yes.

19 Q. But do you see a second side, in relation to this, that

20 there is a risk in this of the CFW being too prepared to

21 leave aside the issue of risk to others?

22 A. I do agree it reads that way. That is not what the

23 practice was and that is not what was happening but it

24 does read that way, yes.

25 Q. But if there had really been an eye in the CFW team on

58

1 assessment. I think that's a very small part of the

2 assessment, yes, but it's important that his voice is

3 there but there is a possibility that that can happen,

4 yes.

5 SIR ADRIAN FULFORD: We have been going for an hour and

6 a half.

7 MR MOSS: Thank you, sir. Sir, I will break there.

8 SIR ADRIAN FULFORD: Only if it's convenient.

9 MR MOSS: No, no, it is not inconvenient. Thank you very

10 much, sir.

11 SIR ADRIAN FULFORD: We will sit again at just after

12 11.15 am.

13 (11.01 am)

14 (A short break)

15 (11.17 am)

16 SIR ADRIAN FULFORD: Yes, Mr Moss.

17 MR MOSS: Thank you, sir, thank you, Ms Barrett. Ms Barrett

18 we were dealing with the second period and, if we can

19 just have back on screen LCC000306 and if we can go now

20 to page 5, please. Looking at the box under "Assessed

21 needs", could we just have that highlighted.

22 The assessment notes under "Health and wellbeing"

23 the potential learning disability. I think that's meant

24 to be a reference to the autism. We'll leave aside the

25 technical description. But then "supporting family

60

1 life":  
 2 "Issues associated with parenting including managing  
 3 behaviours, routine and structure within the family  
 4 home."  
 5 But it would be fair, wouldn't it, that this is  
 6 where the miss that you did acknowledge before the  
 7 break, that there's absolutely nothing there in terms of  
 8 assessed need around vulnerability to re-offending,  
 9 risks to knife crime and the risks to others?  
 10 A. Yes.  
 11 Q. Would this be right, that however much you may say that  
 12 other agencies should be principally focusing on that  
 13 and matters will be shared at the TAF, that is a CFW  
 14 issue because, were AR to commit another serious crime,  
 15 there would be knock on implications for his welfare?  
 16 A. Yes.  
 17 Q. Because harming others in a significant way was likely  
 18 to lead to a massive impact on him?  
 19 A. Yes.  
 20 Q. Potentially imprisonment at a young age, yes?  
 21 A. Yes.  
 22 Q. As happened. Sorry, we need it for the transcript: you  
 23 nodded your head.  
 24 A. Yes.  
 25 Q. Thank you. You've set out, I think, consistent with

61

1 "The Early Help assessment considered these risks."  
 2 Do you now want to amend that?  
 3 A. For that particular Early Help assessment, it wasn't in  
 4 the action plan. It was mentioned in the Early Help  
 5 assessment but it didn't transfer into the action plan  
 6 and I think that needs to be acknowledged, yes.  
 7 Q. Well, the early assessment as a whole didn't consider  
 8 AR's risk of re-offending, the potential for him to  
 9 carry and use weapons, did it? We have looked at that.  
 10 A. Yes, so in the initial bit of it, it talked about his  
 11 historical, so it was referenced but I agree none of  
 12 that was brought into the actual assessment or the  
 13 action plans.  
 14 Q. Your words were "considered these risks", reference to  
 15 it as a matter of historical --  
 16 A. Yes, so I agree.  
 17 Q. Thank you. Moving on a little bit in time, you had one  
 18 of your supervision records shortly after this,  
 19 LCC000391, please. So we can see that this is dated --  
 20 sorry, the date of referral is the 14th. I think that's  
 21 meant to be a reference to the 22 to 23 October 2020.  
 22 I want to deal with the reflection section at the  
 23 bottom, section 2. Could that just be expanded, please.  
 24 So these are your words?  
 25 A. Yes.

63

1 that, on page 7 of your statement, if we just go back to  
 2 that and please look at it with us, Ms Barrett, very  
 3 helpfully in your statement, page 7. To save us look at  
 4 it in the documentation you have very helpfully,  
 5 I think, cut and pasted from this the action points.  
 6 I don't need to go through them all. But the action  
 7 points that appear in the second row there, I think you  
 8 would agree are all looking at those areas of assessed  
 9 need, none of them directly relate to the risks of  
 10 re-offending and the risk of harm to others?  
 11 A. Yeah, I agree.  
 12 Q. In paragraph 47 of your statement, so on the next page,  
 13 page 8, please, you say that your service was concerned  
 14 about "AR's poor school attendance and his social  
 15 isolation". Then you say:  
 16 "The school were also concerned about attendance and  
 17 about AR's risk of re-offending, the potential for AR to  
 18 carry and use weapons."  
 19 A. Yes.  
 20 Q. You say:  
 21 "The TAF process is crucial as it allows all  
 22 agencies to feed into the Early Help Plan and inform  
 23 other agencies what they think ought to be the key  
 24 goals."  
 25 Take that for the moment as read, you then said:

62

1 Q. So:  
 2 "[AR] is very straight talking and knows his own  
 3 mind, he acknowledges feeling anxious", and so on.  
 4 Then, you go on to say, towards the bottom of the  
 5 page:  
 6 "When asked what he thinks will work he is unsure.  
 7 I think a simple and honest approach is best for [AR]  
 8 and it is clear he doesn't want to keep reliving the  
 9 incident from last year. A person-centred approach is  
 10 important here for [AR] to feel he has a say and  
 11 influence on the support he is getting, this is doable  
 12 at this stage as there are currently no safeguarding or  
 13 criminal concerns."  
 14 Then you see this:  
 15 "There are no safeguarding concerns in regards to  
 16 parenting, [AR] however is a risk to himself as his way  
 17 of dealing with injustice or what he feels is injustice  
 18 can be extreme. YOT are completing this piece of work."  
 19 You'll forgive me for banging the same proverbial  
 20 drum but the analysis here, you are picking up on this  
 21 area of risk to others, but you are seeing even that  
 22 through the lens of being a risk to himself, rather than  
 23 the risk that AR might go out and stab other people.  
 24 A. So, at that point -- yeah, I suppose that is -- we are  
 25 talking about him, as safeguarding him and himself,

64



1 yeah, I am thinking about that. I'm not -- I haven't  
 2 written the fact it is a risk to others. We know he's  
 3 a risk to others because that's what YOT are doing and  
 4 YOT are doing that piece of work but I could have  
 5 written that into that supervision, yes.

6 **Q.** Again, I'm trying to avoid the temptation to go back to  
 7 points that I have put to you but better practice would  
 8 have been to be more joined up in that and to  
 9 acknowledge that, perhaps while we, CFW, need to be  
 10 focused on AR and the risks to him, we need to be  
 11 constantly aware that there are significant risks to  
 12 others and we need to make sure that we are supporting  
 13 the work of the YOT in doing that. That would have been  
 14 a better way to approach this; would you agree?

15 **A.** Yeah, I'm just -- sorry, I need to read that last bit  
 16 again. *(Pause)*  
 17 Yes, I agree.

18 **Q.** Then just after this report, if we go back to LCC002302,  
 19 the bottom of page 36, please. It's the section at the  
 20 bottom and the learned Chair will be familiar with this  
 21 because we have taken other witnesses to it.  
 22 Ms Barrett, would you forgive me if I just give you the  
 23 opportunity just to read that in your own time. *(Pause)*  
 24 If it's easier for me to read it out, just let me  
 25 know?

65

1 **Q.** First of all, in the context of the knife crime  
 2 background and all the objective evidence of risk to  
 3 others -- so background information about school  
 4 shootings, beheadings, knives carried to school,  
 5 intention to carry knives, intention to kill -- the  
 6 father showing this approach and attitude of trying to  
 7 direct what services can do, should have been  
 8 registering concerns for you and also for the whole team  
 9 about increase in risks.

10 **A.** We talked to AR's dad about his concerns, about the  
 11 messages that he'd sent and we made it clear that that  
 12 wasn't our role and we gained consent from that point.  
 13 So, yes --

14 **Q.** Ms Barrett you will forgive me, I hope, for making this  
 15 observation but it will help if you concentrate on my  
 16 question and answer it. You may have had a discussion  
 17 about it, and that may be context, but this should have  
 18 been flagging up an increase in risk to you and your  
 19 team because he was seeking to manipulate and he was  
 20 seeking to keep information away from the YOT. Do you  
 21 agree with those points?

22 **A.** I can't speak for him but it seems that that was the  
 23 case, yes, at that point.

24 **Q.** I'm not asking you to speak for him. You can see the  
 25 message that he is delivering and he is dismissive of

67

1 **A.** No, it's fine. Thank you. *(Pause)*  
 2 Yes.

3 **Q.** All right. If we can continue over the page, please.  
 4 The print is very small, so if at any stage it is easier  
 5 for me to read it out, just let me know.  
 6 *(Pause)*

7 **A.** Yes.

8 **Q.** Now, these entries are, would you agree, concerning  
 9 because it shows, first of all, a concerning attitude on  
 10 the part of Alphonse R, in that he is characterising the  
 11 Youth Offending Team as being an agency who is there to  
 12 punish AR and, on any view, that is an unfair  
 13 characterisation of their role; would you agree?

14 **A.** Yes.

15 **Q.** It is a concerning entry or a concerning communication  
 16 by Alphonse R because he's being very directive if not  
 17 manipulative as between agencies. He's really treating  
 18 you as if you are some sort of counselling service to  
 19 whom they have deigned to give personal information --

20 **A.** Yes.

21 **Q.** -- and saying, because of that, "You mustn't share this  
 22 with the YOT and we don't really want you disclosing  
 23 stuff to school either, save perhaps some things that we  
 24 choose", all right?

25 **A.** Yes.

66

1 the YOT and this can fairly be interpreted as trying to  
 2 direct agencies.

3 **A.** Yes.

4 **Q.** A responsible father, in this situation, would be  
 5 appalled at what his son has done and would be moving  
 6 hell and earth, yes --

7 **A.** I agree.

8 **Q.** -- to ensure that it didn't happen again and would be  
 9 working hand in glove with the YOT to try to make sure  
 10 that it didn't happen again. You don't need to be able  
 11 to speak for AR's father to answer this question, yes?

12 **A.** I agree.

13 **Q.** It's an increase in the risk, all right? Yes?

14 **A.** Yes.

15 **Q.** Thank you. So, when one then looks at the response that  
 16 is given to this, if we go on to page 37:  
 17 "Hi Alphonse, thank you for your message,  
 18 I understand your concerns and fears and I will respond  
 19 fully tomorrow, as I am about to leave for the afternoon  
 20 and do not want to rush the response. I will not be  
 21 sharing anything without your consent. I just want to  
 22 reassure you that the process will only go forward if  
 23 you and Laetitia are happy and consent to it. You are  
 24 able to withdraw consent at any time including consent  
 25 around information sharing. Concerns for the children's

68

1 wellbeing and safety would be the only reason to have to  
2 share information with Social Care. Please rest assured  
3 that nothing either yourself or [AR] have shared causes  
4 any concern or worry about the children's wellbeing and  
5 safety. We only want to support you as a family unit."

6 Now, one must make allowance for the desire to keep  
7 the family on board and to keep an engagement with them,  
8 but certainly there, in that initial message, there's  
9 a complete absence of any challenge to what I'm going to  
10 suggest to you was the completely inappropriate email  
11 from father.

12 **A.** The challenge came face to face. The -- so, Andrea  
13 didn't have the time to do that challenge effectively,  
14 to help AR's father to understand what the concerns were  
15 and what we needed to do and, as I said previously, we  
16 did make that challenge and we did get consent from him  
17 then to share information.

18 **Q.** It's not documented that these attitudes were directly  
19 challenged. There's no documentation of challenging his  
20 characterisation as the YOT as a body that's there to  
21 punish. Did that really happen?

22 **A.** Yes, yes.

23 **Q.** Did you tell the YOT that there had been a decline of  
24 consent?

25 **A.** No, because that decline of consent was for about two

69

1 **A.** Of course.

2 **Q.** I don't want to move on in the chronology without  
3 acknowledging that, within this period, in November,  
4 there's clear records that Ms Fontaine was carrying out  
5 work with AR around his relationship with his father.

6 Sir, there are references to that in the notes, the  
7 same main notes at page 38 and page 39 for 20 November  
8 and 2 December.

9 So active engagement. There is a reference from  
10 you, Ms Barrett, to that having appeared to have got  
11 somewhat stuck, so it wasn't easy work.

12 The reference for that, sir, is page 39, the bottom  
13 entry.

14 **SIR ADRIAN FULFORD:** Thank you very much.

15 **MR MOSS:** That then takes us, against that background of  
16 interventions that did happen, to paragraph 48 of your  
17 statement, page 8, bottom of the page, please. This was  
18 the incident, you'll remember, about the assault in  
19 January 2021. So:

20 "... AR had reported being assaulted by his father,  
21 but they had not made a safeguarding referral. AR had  
22 admitted to kicking his dad between the legs ... at  
23 which point his dad hit him almost as a reaction to  
24 being kicked between the legs. AR's [father] was very  
25 apologetic and understanding that hitting his son was

71

1 days, so we had got consent back.

2 **Q.** When you got consent did you tell the YOT, that father  
3 had indicated that he viewed them as the agency who were  
4 there to punish his son?

5 **A.** I didn't personally tell YOT that. That could have been  
6 a conversation that Andrea has had.

7 **Q.** Well, we'll ask her about it but, given that this is  
8 an increase in the risk, shouldn't this have been very  
9 high on your agenda to warn the YOT that the father was  
10 showing a completely inappropriate attitude?

11 **A.** Yes.

12 **Q.** If it was suggested that the records tend to suggest  
13 that that attitude was rather indulged by your team,  
14 what would you say?

15 **A.** I would say that your previous statement around trying  
16 to keep consent is really important. That's what we  
17 were trying to do. We are trying to keep a family  
18 engaged who we were struggling to engage with and that,  
19 if we'd have lost that consent, we wouldn't have been  
20 able to remain open.

21 **Q.** Thank you. Ms Barrett, I need to go to areas -- your  
22 witness statement stands as part of your evidence, so  
23 you'll understand that I need to go to some areas, as  
24 Counsel for the Inquiry, where I have points of  
25 challenge and questions that have been raised by others.

70

1 wrong and unlawful."

2 In fact, AR had contacted your team before to say  
3 that there had been this problem and this escalation --  
4 sorry, Alphonse had. Are you aware of that?

5 **A.** Yes, I'm aware that it was reported to CYJS by AR;  
6 Alphonse had talked to us about it, yes.

7 **Q.** Yes, but Alphonse had actually made the first contact  
8 before that. Do you want to look at it? Let's look at  
9 it very briefly. It is LCC002302, at page 41. Mr Goss  
10 rightly reminds me, the reason why you may be perplexed  
11 about this is it's part of the late disclosure, so you  
12 won't have seen it before.

13 **A.** Thank you.

14 **Q.** Thank you, Mr Goss.

15 LCC002302, page 41. It is "Alphonse called". It's  
16 the entry for Thursday, 14 January.

17 You'll need to make it a bit bigger because both  
18 Ms Barrett and I will struggle with the fine print.

19 Take it from me for the moment that it is on 41 and  
20 the entry you refer to is on 42, afterwards. In fact,  
21 with that extra late disclosure, we know that Alphonse  
22 phoned first but you are right in other respects that  
23 this report came in.

24 The context of this, again without going to a series  
25 of documents, was that father seems to have been

72

1 trimming the plant near which AR's pet hamster had been  
 2 buried and it had, effectively, triggered, in some way,  
 3 AR. He then was trying to get hold of his father's  
 4 laptop to break it and when father stands in the way  
 5 he's kicked in the testicles, and it was in the context  
 6 of that that there was a retaliatory -- what seems to be  
 7 a slap around the face.

8 You say in paragraph 49 of your statement, with  
 9 apologies for jumping around, but it's page 9 --

10 Just while that's coming up on screen, you say in  
 11 relation to this that, as part of the work in  
 12 facilitating change, when parents start trying to  
 13 enforce parental changes, teenagers quite often do  
 14 things like this:

15 "In the agencies' view it was not over chastisement,  
 16 it was reactionary by Dad. He knew it was wrong, and he  
 17 said that he wouldn't do it again. We made it clear  
 18 that if anything like that happened again, we would be  
 19 making a safeguarding referral. AR was aware that he  
 20 could press charges if he wanted to."

21 A couple of aspects arising out of that: this  
 22 didn't, in fact, arise all out of an immediate attempt  
 23 to enforce boundaries, did it? This wasn't Alphonse  
 24 saying, "AR you must go to school or you must meet with  
 25 this professional". It starts by him trimming a plant

73

1 is a risk to others". The outside observer, looking at  
 2 these records, might be tempted to draw the conclusion  
 3 that this was a blinkered approach and that, while in  
 4 the vast majority of other cases, the child-centred  
 5 approach, thinking about safeguarding risk, is your  
 6 bread and butter, what you do all the time, what you're  
 7 at work for, but here, the risk of AR being violent  
 8 again is just being overlooked, isn't it?

9 A. The threshold at that point for a referral wasn't -- to  
 10 Section 47 wasn't met.

11 Q. No, but why is there no record to say at the time, "We  
 12 are not going to make this a Section 47 referral, but  
 13 this is deeply worrying in terms of AR's risk to  
 14 others"? We have taken the corporate witness for the  
 15 YOT to that issue and I'm now taking it to you. Your  
 16 service wasn't make that observation either.

17 A. I think that we were looking at the relationship between  
 18 AR and his father and that was our focus and maybe, yes,  
 19 we were blinkered in that action.

20 Q. You will forgive me, Ms Barrett, but, even in your  
 21 statement that we look at here, even after the attack,  
 22 the focus in your statement is justifying why  
 23 a safeguarding referral wasn't made in relation to the  
 24 risks to AR over this, rather than reflecting,  
 25 "Actually, we got this a bit wrong" because this was

75

1 and AR -- my words -- kicking off.

2 A. Yes.

3 Q. It leads to a not insignificant assault, when all that  
 4 father was trying to do at that stage was stand in the  
 5 way of criminal damage --

6 A. Yes.

7 Q. -- breaking his laptop. So it spoke, did it not, to  
 8 AR's capacity, continued capacity, for violence on the  
 9 basis of a misguided view of being slighted?

10 A. Yes. The conversations happened with CYJS around that,  
 11 around what -- the violence that had happened and, at  
 12 that point, a safeguarding decision was made between us  
 13 both, between CFW and CYJS, to say that it actually  
 14 didn't meet threshold for a referral to Children's  
 15 Social Care at that point but it was considered.

16 Q. But therein lies the problem because, even in the  
 17 discussions with CYJS, to whom the disclosure has been  
 18 made, the focus wasn't on AR's risk to others and  
 19 violence; it's "should we make a safeguarding referral?"

20 A. The safeguarding referral would consider his risk to  
 21 others as well because that's the risk to him.

22 Q. Well, if that's the case, why wasn't it made? Why  
 23 wasn't a referral made on the basis to say, "Look, this  
 24 is AR assaulting his father at the proverbial drop of  
 25 a hat and he hasn't learnt to control his temper and he

74

1 a missed opportunity to recognise that AR was still  
 2 prepared to use violence, totally inappropriately,  
 3 totally unjustifiably, when he perceived that he had  
 4 been slighted. Do you now see that this was a missed  
 5 opportunity?

6 A. It was considered in the talking with CYJS, we were  
 7 talking through the risk of -- to AR and the risk that  
 8 AR poses.

9 Q. It was considered and it was discussed.

10 A. Yes.

11 Q. What was done? What was done to intervene? Because  
 12 this is the end of the referral order and nothing was  
 13 done by CYJS and I'm going to suggest that there was no  
 14 intervention, nothing was actually done: talk and  
 15 discussion.

16 A. It was considered that the plan that was in place around  
 17 the building a relationship with AR and his father was  
 18 still appropriate and, yes, possibly we have --

19 Q. Was anything further done, Ms Barrett?

20 A. In addition to the plan, no.

21 Q. You recall that when I took you to your supervision note  
 22 from a few months earlier, you had recognised the risk  
 23 that AR's extreme reactions to situations were a risk to  
 24 himself, yes? And here that played out. It wasn't  
 25 anything like in December 2019, let alone in July, but

76

1 that risk which you had correctly identified, that he  
 2 could act in an extreme way, eventuated but nothing  
 3 further was done.  
 4 **A.** It seemed to us, as professionals, that those risks were  
 5 reducing because of the plan that was happening. So,  
 6 yes, he was doing things but they were a reduction. So  
 7 we wouldn't expect children that are working on a plan  
 8 to stop behaviours straightaway because it's about  
 9 facilitating change and helping change to occur. So, we  
 10 looked at that as being -- yes, that's happened but,  
 11 actually, it's less than he had previously done and,  
 12 therefore, change -- positive change was occurring.  
 13 **Q.** But the risks generally seem to be reducing and positive  
 14 change was occurring, but there was no specific further  
 15 intervention. There was no indication, for example,  
 16 "This is a problem because the YOT's work is coming to  
 17 an end so we need to put something extra in place to  
 18 intervene in relation to this?"  
 19 **A.** The parenting --  
 20 **Q.** There was nothing like that?  
 21 **A.** The parenting strategies, that we were developing and  
 22 supporting the parents with, were what we were seeing  
 23 were hopefully going to help keep reducing that.  
 24 **Q.** Instead of positive action being taken, within, I think,  
 25 just over a fortnight of this, what was then beginning

77

1 "Will you still remain with us on other things."  
 2 Further down:  
 3 "I didn't know that your service was time  
 4 constrained. I thought that your service stays  
 5 indefinitely ... as you probably know, we will still  
 6 need your service, especially [AR]. Your professional  
 7 perspective helps him learn. In every situation, what  
 8 to say, that's how he learns. That doing house chores  
 9 is not slavery or running errands around the house is  
 10 not a favour, these kind of concepts. I think you are  
 11 leaving too soon. Not to say that I want social  
 12 services to get involved, but to have a community based  
 13 agency like yours would have helped him immensely."  
 14 Whatever other criticisms may need to be explored  
 15 with Alphonse R, he was asking for the continued support  
 16 of CFW but indicating that he doesn't want social  
 17 workers involved, yes?  
 18 **A.** Yes.  
 19 **Q.** That's a couple of weeks after there has been a not  
 20 insignificant domestic assault --  
 21 **A.** Yes.  
 22 **Q.** -- of which your service was fully aware?  
 23 **A.** Yes.  
 24 **Q.** Then, on top of that, LCC001510, page 2, please, the  
 25 very next day Ms Fontaine-Smith is copied in from the

79

1 to happen?  
 2 **A.** I'm sorry, I'm unclear.  
 3 **Q.** LCC002302, the top of 43, bearing in mind that that  
 4 assault was on 14 January. Top of the page, please. So  
 5 just over two weeks later, Andrea Fontaine:  
 6 "Hi Alphonse, I hope things have been okay this past  
 7 week. Could you please let me know the name of the GP  
 8 surgery AR is registered with as they are asking for the  
 9 information on the CAMHS referral. Also I need to come  
 10 [on] a final visit with you before closure ..."  
 11 **A.** So, again, we were a time-limited service at that point.  
 12 **Q.** So minds made up to close?  
 13 **A.** The plan that was in place had come to an end and we  
 14 were a time-limited service at that point.  
 15 **Q.** Yes. Minds were made up to close: I think you can give  
 16 a yes/no.  
 17 **A.** Yes.  
 18 **Q.** That's despite the fact that when that news is broken to  
 19 Alphonse, in contrast to what happened in the previous  
 20 period where Alphonse was happy during the lockdown  
 21 period not to have contact, I believe, until September,  
 22 he objects, doesn't he?  
 23 **A.** Yes.  
 24 **Q.** So, in the middle of what's on the screen at the moment,  
 25 you can see him saying:

78

1 school making the second Prevent referral, and it looks  
 2 like the attachment was copied in, and this is the  
 3 second Prevent referral in relation to the Colonel  
 4 Gaddafi post. Yes?  
 5 **A.** Yes.  
 6 **Q.** Then, two days after that, LCC002302, at page 43, at the  
 7 final visit, it's the entry for 4 February, the one  
 8 two-thirds of the way down the page, please.  
 9 Ms Fontaine-Smith here, at the final visit, gets the  
 10 news that AR has now had his autism diagnosis, yes?  
 11 **A.** Yes.  
 12 **Q.** I don't overlook that, at the bottom of the page, as it  
 13 is at the screen at the moment:  
 14 "Both Alphonse and [AR] feel that things have  
 15 improved and have settled significantly. They have  
 16 taken time to discuss and reflect on the incident last  
 17 week and are moving forward."  
 18 It wouldn't be right that I overlook that but here  
 19 is another incident of significant development, in that  
 20 he's got his diagnosis and one notes that AR, just above  
 21 the passage that's highlighted, in addition is saying  
 22 that he doesn't believe he has autism and he's been  
 23 misdiagnosed, yes?  
 24 **A.** Yes.  
 25 **Q.** So a significant assault, a Prevent referral and a new

80

1 autism diagnosis, which AR is not accepting. What  
 2 happened in the face of all of that, so far as the CFW  
 3 was concerned?  
 4 **A.** We closed. The agencies that were identified to support  
 5 AR at that time were specialist agencies and they had  
 6 their action plan in place at our point of closure.  
 7 **Q.** Does that not suggest that this was unduly -- I'm going  
 8 to suggest -- wholly unduly, process driven --  
 9 **A.** At that point --  
 10 **Q.** Just wait: we've created these actions, those particular  
 11 actions have been completed, therefore, we're going to  
 12 close?  
 13 **A.** At that point, yes. The service is very different now  
 14 but, at that point, absolutely.  
 15 **Q.** You understand that the learned Chair is looking for you  
 16 to be candid: this was the wrong decision?  
 17 **A.** It was a --  
 18 **Q.** It may have been typical of its time but it was the  
 19 wrong decision?  
 20 **A.** I -- yes. I agree.  
 21 **Q.** Did that happen in the culture of the time because of  
 22 the resource pressure to close cases?  
 23 **A.** Yes, we were a time-limited service so, therefore, at  
 24 that point, yes.  
 25 **Q.** Do you think that there was also a culture of seeing it

81

1 **Q.** Yes, but in the justification for closure, there is no  
 2 mention of the Prevent referral?  
 3 **A.** I wasn't aware of the Prevent referral when the Prevent  
 4 referral was made, I don't think, straightaway.  
 5 **Q.** No, because --  
 6 **A.** I think that went to Andrea.  
 7 **Q.** I'm not interested, for the moment, in the fine detail  
 8 between you and Ms Fontaine-Smith, as to whether it was  
 9 passed on or not. Are you saying that it wasn't passed  
 10 on by her to you?  
 11 **A.** I can't remember. I can't remember.  
 12 **Q.** You've seen that she was emailed about it --  
 13 **A.** Yes.  
 14 **Q.** -- and it doesn't get mentioned here. In signing off  
 15 all of these actions, it doesn't say, "This has been  
 16 done but there's been a concerning development because  
 17 there has been a fresh Prevent referral by school"?  
 18 **A.** So as far as I can see, this is the action plan from the  
 19 last TAF meeting, which is different to the closure  
 20 form.  
 21 **Q.** All right. Let's try LCC000096 because, I'm afraid,  
 22 it's exactly the same pattern.  
 23 **A.** Okay.  
 24 **Q.** Middle of the page, please.  
 25 **A.** Yes, I agree. You're right.

83

1 as too process driven: you create an action, you say  
 2 that it's signed off?  
 3 **A.** Yes.  
 4 **Q.** Because at LCC000093 -- and thank you for your evidence  
 5 on that -- if we look at LCC000093 and if we go to -- we  
 6 see that this is the Early Help plan now amended,  
 7 I think, to show what's been done. If you go to page 2,  
 8 we see, in relation to this, that what is being reported  
 9 is improvement in communication and behaviour in the  
 10 home. Yes?  
 11 **A.** Yes.  
 12 **Q.** That's, in the face of the emails only just received,  
 13 that he felt that the closure would be too soon?  
 14 **A.** Yes.  
 15 **Q.** Would you agree that this is a selective approach, it's  
 16 choosing the positives and opting not to put the  
 17 negatives on the form?  
 18 **A.** It was very action plan driven, yes.  
 19 **Q.** That might be right but it's not an answer to my  
 20 question. Negatives were being missed off the form?  
 21 **A.** So, there would be TAF notes that go along with this  
 22 plan but on the plan, yes, I agree.  
 23 **Q.** No mention of Prevent, the Prevent referral?  
 24 **A.** So, the TAF meeting happened before the Prevent  
 25 referral, is my understanding.

82

1 **Q.** "Alphonse is more receptive to engaging with school and  
 2 health professionals for support.  
 3 "Direct work to support ... positive relationship  
 4 building ... sessions with Alphonse."  
 5 There have been improvements in their relationship:  
 6 "Alphonse now recognises the appropriate points to  
 7 walk away from a conflict. Alphonse reports that there  
 8 is a great improvement in the atmosphere at home and in  
 9 his relationship with [AR]."  
 10 It's selective; it is selective.  
 11 **A.** Yes, it's -- yes.  
 12 **Q.** Yes, because, "Alphonse reports that there's been  
 13 a recent improvement in the atmosphere at home but we  
 14 should note his concern that there was a significant  
 15 assault in the home just a few weeks ago", might have  
 16 been a fair summary and a fair reflection. So when  
 17 I say that the negatives are missed out, can you now  
 18 accept that that is exactly what was happening? As you  
 19 said, "Well, you are taking me to the plan but that's  
 20 not the closure report"; I'm now taking you to the  
 21 closure report.  
 22 **A.** Yes.  
 23 **Q.** Is the Prevent referral referenced here?  
 24 **A.** No.  
 25 **Q.** Is the fact that, having waited for over a year for the

84

1 diagnosis, AR was not accepting of his diagnosis  
 2 mentioned or is what was selected only the fact that the  
 3 diagnosis has been received?  
 4 **A.** Just that the diagnosis had been received.  
 5 **Q.** Why was this happening? Why are only the limited  
 6 positives and not all the negatives being picked out in  
 7 the closure reports which you supervised, Ms Barrett?  
 8 **A.** Because they're attached to the plan and it was plan  
 9 focused.  
 10 **Q.** That led here and elsewhere to a significant failure in  
 11 a proper analysis of the risks that AR posed to other  
 12 people?  
 13 **A.** Other agencies were involved who were aware of the  
 14 situations and their plan was more specialist. We're  
 15 an early intervention service that's not specialist and  
 16 they were working on those areas but, when you look at  
 17 it here, in front of me, yes.  
 18 **Q.** The third period of involvement, Ms Barrett, I seek your  
 19 assistance with that, if you can help us, please. So  
 20 this is now with Louise Lewis, it's September 2021 to  
 21 March 2022. The background to this, just to help you  
 22 with the context, is that it comes back about seven  
 23 months later and you will remember that it was on a step  
 24 down from Children's Social Care, yes?  
 25 **A.** From a needs assessment yes.

85

1 to come out and do direct work with the family.  
 2 **Q.** Thank you. Consistent with that, Ms Barrett, I think  
 3 you, in fact, didn't attend this meeting and no doubt  
 4 appropriately left it to Ms Lewis.  
 5 Ms Lewis, on any view, found it difficult at times  
 6 with her evidence yesterday and one understands that.  
 7 How did she rank in terms of experience at the time,  
 8 relative to others?  
 9 **A.** Very experienced. She's worked with Children and  
 10 Families for nearly 30 years. She's -- since 17 years  
 11 old -- she's now almost 49, I think -- she worked with  
 12 Children and Social Care as a Family Support Worker.  
 13 **Q.** Looking at the records, by this stage, certainly  
 14 relative to the previous two, you seem to have more  
 15 direct involvement, attend more meetings, do things  
 16 yourself. Was there a reason for that?  
 17 **A.** I think my way of working, I was developing my way of  
 18 working and how I felt that I wanted to be as a manager  
 19 and I wanted to be able to have more oversight and  
 20 understand where people were and what they were saying  
 21 and what they were doing, so that I could have a better  
 22 understanding of families at that point.  
 23 **Q.** Thank you. In terms of the handover of information, you  
 24 would be aware, obviously, of the case from your  
 25 previous involvement.

87

1 **Q.** That was because, as you say, I think father had  
 2 requested a Section 17 statutory assessment for the two  
 3 brothers?  
 4 **A.** Yes.  
 5 **Q.** Thank you. In terms of your direct involvement in this,  
 6 there was a case -- perhaps we can look at it at  
 7 paragraph 65 of your statement -- where we see --  
 8 page 11 of your statement, paragraph 65 -- that  
 9 Alphonse R asked you to attend the TAF meeting in  
 10 October 2021 and I think, recognising a positive aspect  
 11 of your own involvement, he saw you as something of  
 12 a constant --  
 13 **A.** Yes.  
 14 **Q.** -- and, although there had been a change in the family  
 15 support worker, you brought an element of continuity of  
 16 care; would that be right?  
 17 **A.** Yes, I do think there was an element of hierarchy as  
 18 well. That he felt that he was more heard --  
 19 **Q.** I wanted to ask you about that. Were you alive to the  
 20 risk of being somewhat manipulated in that: in that  
 21 Alphonse R would deliberately target you in the sense of  
 22 seeing you as the decision-maker and perhaps, to some  
 23 extent, start cutting out the Family Support Worker?  
 24 **A.** Yeah, which is the conversations I had with him and  
 25 explained that that isn't -- it's not appropriate for me

86

1 **A.** Yes.  
 2 **Q.** The risks that were identified -- again, I can go to  
 3 a document if you want me to but perhaps you'll take it  
 4 from me -- at this stage, were low education attendance,  
 5 leading to low attainment, poor future outcomes,  
 6 relationship breakdown, which could lead to a family  
 7 split.  
 8 **A.** Yes.  
 9 **Q.** Does that sound right?  
 10 **A.** Yes.  
 11 **MR MOSS:** Sir, the reference for that is LCC002302 at  
 12 page 46 to 47.  
 13 **SIR ADRIAN FULFORD:** Thank you.  
 14 **MR MOSS:** Thank you.  
 15 There was a further assessment conducted. Why would  
 16 there have to have been a further assessment?  
 17 **A.** I felt it was important to get AR's brother's voice to  
 18 find out what was -- if there was anything happening  
 19 within the family, to see if there was anything that  
 20 we'd missed, if the assessment had missed anything,  
 21 because DR voice wasn't really heard in the needs  
 22 assessment that was carried out by the social worker.  
 23 **Q.** The assessment that was done is dated 1 November. This  
 24 had first come in to the social care team back in June.  
 25 That seems to be a long time to lead to this type of

88

1 assessment, June to 1 November. Was that typical?

2 A. So it come from Children's Social Care to us, from June

3 to November. Is that what ...

4 Q. The assessment by Ms Lewis is dated 1 November and the

5 referral in, the Section 17 request, was in June. Is

6 that a long period of time for it to have reached this

7 stage?

8 A. To reach us?

9 Q. Yes. And for this type of assessment to be done, the

10 CAF assessment?

11 A. I'm really unclear because that's -- it's two sort of

12 assessments that we're talking about. We're talking

13 about --

14 Q. I understand that. Looking at the process as a whole --

15 A. Yes.

16 Q. I appreciate that there are two teams and I appreciate

17 that there are two assessments that are done, but in

18 terms of the assessment that then puts action in train,

19 it's taken from June to November to establish the team

20 who are going to take action and the assessment from

21 which the action is going to lead. That seems a long

22 period of time.

23 A. So what date did it step down from Children's Social

24 Care to us?

25 Q. It's the tail end of September.

89

1 A. So this has now come from a needs assessment from Social

2 Care.

3 Q. That might be so but could you deal with the question.

4 Wherever it has come from, this is the information

5 that's come in to your service and this is the

6 explanation of risk that is being carried out. It's

7 simple. There's no reference here to the intention to

8 use the knife, that, if you remember the first one that

9 you supervised, was in the forms, yes?

10 A. Yes.

11 Q. So you may say, well, this has come from social care and

12 we're reflecting that, but nobody has gone back to the

13 first referral and pulled that back out and said,

14 "remember, he intended to kill with the knife."

15 A. Yes.

16 Q. Thank you.

17 It doesn't set out the issue that we were looking at

18 a few moments ago, the January 2021 assault, does it?

19 A. No.

20 Q. You, as the supervisor, were aware of those issues;

21 would you have remembered them?

22 A. Yes.

23 Q. When we took Ms Lewis to some of these matters she --

24 and it is on the transcript, I'm not just interpreting

25 it, I said, "You look surprised" when I raised a number

91

1 A. So at that point we would have been carrying out the

2 actions on the children -- from Children's Social Care.

3 The additional information was being gained at that

4 point. So it wasn't that we were just leaving it. We

5 had had identified a worker, the worker was there. It

6 was to gain any additional information to make sure we

7 hadn't lost that voice and what could be happening. It

8 was an extra person in there that could be telling us

9 what's going on.

10 Q. Thank you. I follow. If we look at that assessment,

11 please, at LCC000321 and if we look at the bottom of

12 page, please. To be fair to Ms Lewis -- and I explored

13 this with her -- she does record some of the relevant

14 history, October 2019:

15 "Two previous referrals relating to [AR's]

16 behavioural responses to being bullied at school. The

17 second ... due to: physically assaulting an innocent

18 pupil in school with a hockey stick, carrying a knife

19 and concerns regarding him viewing inappropriate and

20 violent and extremist material before beginning assessed

21 for support under Children and Family Wellbeing

22 Service."

23 So some relevant information is captured there. But

24 we do see, don't we, the gradual dilution of the risk

25 relevant information?

90

1 of issues and she accepted that she wasn't aware of

2 them.

3 Shouldn't you, as the supervisor, have been

4 improving these because you were the continuity of care

5 to say, "This may be what's come from social care, but

6 actually there's some important background information,

7 this was worse than this summary and we've got to keep

8 this in mind"?

9 A. I would disagree with Ms Lewis. We have had

10 conversations, we had had handover visits and I went to

11 the first visit with her and, following that first

12 visit, had discussions around that visit and actions

13 that needed to be taken because of the history of the

14 case.

15 Q. On page 2, one need that was identified -- bottom of the

16 page, please -- was a Prevent/risk of radicalisation.

17 You see that under "safeguarding".

18 Now, Ms Barrett, it is important that I be careful

19 to be fair to you here because there is, on any view,

20 a highly significant entry that related directly to you

21 which was not contained in the disclosure which your

22 employer gave to the Inquiry or to Merseyside Police,

23 and the Inquiry's looked at that.

24 But what I want to put on record is that when you

25 drafted your witness statement, I don't think that you

92

1 would have had access to that information. So if  
 2 there's any part of your statement that you now need to  
 3 amend in relation to these topics, you must just say so  
 4 and we will make allowance for the fact that you didn't  
 5 have access to that record. Do you follow?  
 6 **A.** Yes.  
 7 **Q.** Thank you.  
 8 So, if we go to that record, LCC002302 at page 48.  
 9 I hope that this won't be completely new to you and that  
 10 your attention has been drawn to it in recent days.  
 11 So could we highlight and expand as best you can,  
 12 please, the Monday, 4 October entry. It is the one that  
 13 takes up the top third. So we can see that this was  
 14 a home visit, "greeted by Mum", and so on:  
 15 "Spoke with [AR] and his thoughts about where he's  
 16 at with school. [AR] informed me that he wasn't  
 17 attending ..."  
 18 And wouldn't share why he was not attending, saying:  
 19 "... not until Alphonse does what I have asked him.  
 20 [AR] wouldn't elaborate. Alphonse was asked by worker."  
 21 That's likely to be a reference to Ms Lewis, yes?  
 22 **A.** Yes.  
 23 **Q.** Although I think you were in attendance?  
 24 **A.** I was, yes.  
 25 **Q.** "You don't need to tell them, you don't have my  
 93

1 definitely when he didn't want to share something or  
 2 didn't want to talk about something.  
 3 **Q.** Yes, but he's dominating the narrative. He is  
 4 controlling it?  
 5 **A.** At that point, yes.  
 6 **Q.** And he is manipulating it by what sounds like firm  
 7 tones, telling his own parents not to share information  
 8 with the service who is meant to helping the whole  
 9 family?  
 10 **A.** At that point, yes.  
 11 **Q.** It goes on to indicate later on, you can see how  
 12 Ms Lewis used her skills, offering the youth counsel and  
 13 I've dealt with that with her. But there's a reference  
 14 to warning about how what AR was saying, if it was said  
 15 in the wrong environment, may put AR in a compromising  
 16 position.  
 17 Can you remember what it was that led Ms Lewis to  
 18 say:  
 19 "If you say that in a different environment, it may  
 20 put you in a compromising position."  
 21 **A.** So he was very sporadic in what he was saying but he was  
 22 talking about why different governments don't get  
 23 punished for things when certain governments do; how  
 24 governments work; what kind of -- why people have  
 25 affiliation; why do certain countries affiliate with  
 95

1 permission.  
 2 "It was clear that Alphonse wanted to share.  
 3 However, Mum also didn't want him to say anything saying  
 4 eh, eh, waving her arms and indicating a zip action  
 5 across her mouth.  
 6 "AR was informed that he has a duty to attend  
 7 school, warned about the potential repercussions of  
 8 that, and we asked Ms Lewis about that.  
 9 "[AR] didn't seem bothered and that he makes his own  
 10 money by the internet. [AR] was asked to share what he  
 11 was doing to make money. He refused saying 'you don't  
 12 need to know' ... Ms Lewis highlighted to [AR] that  
 13 this can become a cause for concern. [AR] stated 'it's  
 14 fine, it's not illegal'. AR wouldn't allow parents to  
 15 share."  
 16 Then there was a discussion about CFW support and  
 17 what can be offered and what could help him.  
 18 Now, before we get to the latter part of the note,  
 19 that at the time again would have been concerning, yes?  
 20 **A.** Yes, and it was talked about and discussed with the  
 21 family in the next session.  
 22 **Q.** Yes, but it's a sign of increase of risk in a number of  
 23 ways. So, first of all, AR here is being very  
 24 dominating and manipulative?  
 25 **A.** Yes. He had that way of communicating with people,  
 94

1 other countries; what goes on in the world; why do  
 2 people have a really bad vision of the Taliban when  
 3 there's other governments, like the American Government,  
 4 who go into countries and can hurt people.  
 5 He was basically talking about lots of different  
 6 policies and procedures around what the governments were  
 7 doing within England. He was saying about -- there was  
 8 all sorts of things coming out but it was very sort of,  
 9 like, scattergun and sporadic in what he was saying.  
 10 **Q.** We see later on, in returning to it, in talking about  
 11 the sharing of information and what the rules were, he  
 12 starts talking about MI5 and MI6 and how they can access  
 13 data from social care or CFW and this led to him being  
 14 very, very vocal on politics, the American Government  
 15 and the Taliban?  
 16 **A.** Yes.  
 17 **Q.** So from what you're saying, it's talking about a sort of  
 18 political discussion, yes?  
 19 **A.** Yes but not extremist in it's -- what he was saying, he  
 20 was asking questions rather than giving --  
 21 **Q.** All right. But he was expressing certain views, and I'm  
 22 not suggesting that he was directly voicing approval for  
 23 terrorism, but in the political points that he was  
 24 making, he was contrasting what the Taliban did and  
 25 presumably their negative publicity the Taliban get and  
 96



1 saying they're treated differently to the American  
 2 Government who do similar things?  
 3 A. Yes.  
 4 Q. Is that what I've taken from your answer?  
 5 A. Yes.  
 6 Q. So to that extent he was showing no criticism of the  
 7 Taliban and comparing them to the situation of the US  
 8 and saying that it was unfair?  
 9 A. I would say it was more questioning at that point. It  
 10 was very questioning and it was very scattergun.  
 11 Q. Did you ever get to the bottom of how AR was making  
 12 money on the internet?  
 13 A. I believe it was doing internet searches for families.  
 14 So people --  
 15 Q. Did you learn that before the attack or subsequently?  
 16 A. Before the attack.  
 17 Q. Are you sure about that?  
 18 A. Yes, I think so. So I think he was looking at family  
 19 tree and doing something with family trees or something  
 20 like that. But parents were saying that it wasn't  
 21 unsupervised, that everything that he was doing was  
 22 supervised online.  
 23 Q. Because in paragraph 69, if we come away from what's on  
 24 the screen, please, of your statement at page 12, all  
 25 that you say in relation to internet activity -- so

97

1 A. At the point when we were having those discussions,  
 2 I felt that we had a good relationship with the family  
 3 who were being open and honest with us at the time.  
 4 Obviously, from what's come from the Inquiry, that  
 5 wasn't happening and there was things that weren't  
 6 shared with us, but at that point I didn't have any  
 7 reason not to believe that. Everything that I was shown  
 8 was pointing in that direction.  
 9 Q. Given that in the months immediately prior to that, he  
 10 had downloaded an academic article twice --  
 11 A. That was at school.  
 12 Q. -- containing the Al-Qaeda training manual. It was not  
 13 at school, it was at home.  
 14 A. I wasn't aware that it was at home.  
 15 Q. So whatever access you had, whatever visibility you had,  
 16 it wasn't sufficient at all to understand, even begin to  
 17 understand, what he was doing in the period of this  
 18 referral?  
 19 A. No, I --  
 20 Q. Al-Qaeda training manual, January 2022, purchasing ricin  
 21 seeds --  
 22 A. Oh, yeah. So I'm aware of that that's come from the  
 23 Inquiry. Sorry, I thought you meant about the Prevent  
 24 referral. I thought that's what you were talking about.  
 25 We didn't have any access to his internet. We

99

1 LCC001711, page 12, paragraph 69:  
 2 "I only saw AR on his computer on one occasion and  
 3 there was no concerning content as he showed me what he  
 4 was looking at."  
 5 A. Yes.  
 6 Q. "He would use his computer downstairs and would have  
 7 whatever he was viewing in plain sight of the family."  
 8 Was that on the occasion when he showed you what he  
 9 was looking at?  
 10 A. So when I was -- no, it was just through conversation.  
 11 So I have not seen what he was doing. It was just  
 12 through conversation that's what was explored.  
 13 Q. It looks like there was no detailed assessment of what  
 14 he was doing on the internet at all. One occasion where  
 15 he showed you and an assumption from the layout that he  
 16 would have been in plain sight. What about when he used  
 17 his tablets in his bedroom?  
 18 A. We were told he was not using his tablets in his  
 19 bedroom.  
 20 Q. Was he a credible young man?  
 21 A. We were told by family as well that he wasn't using his  
 22 tablets in his bedroom.  
 23 Q. Were they being open with the service at all times?  
 24 A. Sorry?  
 25 Q. Were they being open with the service at all times?

98

1 weren't able to look on his internet. What we were  
 2 being told and what we were seeing was that he wasn't  
 3 having internet usage without oversight of an adult.  
 4 Q. Well, would it be fair to say you took that at face  
 5 value?  
 6 A. Yes, it would because we weren't seeing anything that  
 7 would suggest otherwise.  
 8 Q. All right.  
 9 Back to the Taliban issues and the political  
 10 discussion. If we look at paragraph 66 of your  
 11 statement, at the time that you wrote this statement,  
 12 Ms Barrett, again making all fair allowances, you said:  
 13 "On 12 October ... I copied an email to Louise that  
 14 listed proscribed terrorist groups that [you] had  
 15 received from the CFW Quality Review Service ..."  
 16 If we look at that, LCC000977, please. We see the  
 17 round Robin on proscribed groups that gets forwarded on.  
 18 Then you are saying clearly to Ms Lewis, clearly in the  
 19 individual context of AR's case:  
 20 "[I think] we need to look at this with [AR's]  
 21 parents."  
 22 A. Yes, but that was based on --  
 23 Q. Wait for the question.  
 24 A. Sorry.  
 25 Q. That must have arisen, I suggest, coming just eight days

100

1 afterwards from the home visit.

2 **A.** So that was based on the history of what I knew, what

3 he'd been doing and, yes, some of the things that he had

4 been saying but not in terms of I think it needs to be

5 done here and now. Professional curiosity in terms of

6 looking at what can we do to mitigate against this in

7 the future if it does arise, because we've had a person

8 that's done this in the past and we need to look at what

9 happens if he's doing this again in the future and

10 parents need to be part of that.

11 **Q.** Ms Barrett, you will have to forgive me. I didn't

12 realise that this would be difficult. On 4 October, AR

13 mentions the Taliban to you. On 12 October, you are

14 forwarding --

15 **A.** Yes.

16 **Q.** -- the list of terrorist proscribed organisations to

17 your more junior colleague --

18 **A.** Yes.

19 **Q.** -- saying that it needs to be discussed with his

20 parents. That is because the Taliban had been raised

21 the week prior in the discussion?

22 **A.** I disagree. It is about history. It is about me doing

23 my job, about me understanding what could be happening.

24 It wasn't around the risks that I perceived at that

25 point because he was just asking questions. So we were

101

1 **Q.** -- that -- referring to having the case in on

2 a step-down:

3 "Also for your information, although the step-down

4 did not identify this, there are some concerns about how

5 extreme some of AR's views are and the risks that this

6 could pose ... so we may also need to refer to Prevent."

7 **A.** Yes. So that again is that future, making sure that

8 somebody who's coming into working with AR is aware of

9 the past, aware of how extreme -- not extremist but

10 extreme -- some of his views are and how that might be

11 a risk factor for future work. So for future things

12 that he does and making sure that that worker's aware

13 that if that does arise that we immediately need to do

14 a referral to Prevent, not that we need one there and

15 then.

16 **Q.** So why had the assessed needs included Prevent --

17 **A.** Because Prevent referrals were open at that point and we

18 were told there was a Prevent referral open at that

19 point and we didn't have the outcome of that. So

20 I needed to chase the outcome of that Prevent referral.

21 **Q.** On the face of this, you are recording and warning

22 others about how extreme some of AR's views are and you

23 are indicating that "we may also need to refer to

24 Prevent".

25 **A.** Yes, may need to. But it was seen that, at that time,

103

1 looking at, okay, what does that mean, what could that

2 mean, not that this is something that's happened.

3 **Q.** I understand that. Of course you would have the

4 background history of risk in mind. You would be

5 criticised if you didn't have that. But the trigger for

6 sending this would have, in significant part, been that

7 conversation just a little earlier than a week ago.

8 That must be right, surely?

9 **A.** But in terms of future protection and possible need to

10 discuss things, yes, rather than the immediate need for

11 a response because it was around his questioning.

12 **Q.** Please try to focus on the question. I haven't yet got

13 to how significant the risk was, whether it was

14 immediate or in the future.

15 Could you just please deal with the question. This

16 arose directly out of AR mentioning the Taliban in

17 a meeting not a week before on the background of knowing

18 about earlier Prevent referrals and knowing about

19 concerns about extremism.

20 **A.** Yes, but for future protection.

21 **Q.** And if we look at LCC000780. If we could go to page 2,

22 please. Two days later you are saying, in this email to

23 Deb Cardwell, who I think was the senior in the Targeted

24 Youth Support team --

25 **A.** Yes.

102

1 it wasn't needed because what was being said wasn't --

2 wouldn't have met the markers for Prevent but we were

3 aware that there's been Prevent referrals in the past --

4 **Q.** Why wouldn't they have met the markers for Prevent,

5 please, Ms Barrett?

6 **A.** Because he wasn't expressing any ideologies, he wasn't

7 expressing anything that was, like, concerning round --

8 he was talking about -- he was asking questions about

9 why, why does the world work, what is happening here,

10 what's happening there and why at that point.

11 **Q.** How had a view been formed that he had shown left wing

12 extremist behaviours?

13 **A.** Sorry?

14 **Q.** How had a view been formed that he had shown left wing

15 extremist behaviours?

16 **A.** From where?

17 **Q.** LCC000321, page 1 at the bottom. This is an Early Help

18 assessment. So you can see the document that I'm taking

19 you to.

20 Then if we go, please, to the last three paragraphs

21 at the bottom of the page. The penultimate paragraph:

22 "There have been concerns in relation to [AR's]

23 extreme thoughts around what is going on in the world."

24 That's consistent with political discussion. I'm

25 not disputing with you for a moment that it was

104

1 a political discussion, and politics which could --  
 2 doesn't quite scan -- but AR could put, I think it's  
 3 meant to be, AR at risk of being involved in left wing  
 4 extremist behaviours?  
 5 **A.** Yes, could put him at risk.  
 6 **Q.** Please focus on the question --  
 7 **A.** But, at the point --  
 8 **Q.** Forgive me, would you just pause. Rather than thinking  
 9 about where I'm going in my questioning and then being  
 10 perhaps -- it is a matter for the Chair -- defensive  
 11 about it, could you focus on what I'm asking you.  
 12 Here what is recorded is:  
 13 "Could put" I'm not interested in the "could put"  
 14 I'm just correcting the typo for you "could put AR at  
 15 risk of being involved in left wing extremist  
 16 behaviours."  
 17 Where did that come from?  
 18 **A.** I believe that was from the initial Prevent referral  
 19 that was still pending at the time that we got this. So  
 20 as far as we were aware, there was a Prevent referral  
 21 that was there but we didn't know the outcome of that.  
 22 **Q.** But Ms Lewis had been copied into that and that related  
 23 to Colonel Gaddafi.  
 24 **A.** I don't know.  
 25 **Q.** Sorry, Ms Fontaine-Smith had been copied into that and

105

1 **A.** Sorry.  
 2 **Q.** All right, and the outcome not known?  
 3 **A.** At that point it was not known, yes.  
 4 **Q.** So, given that you thought that this was an open Prevent  
 5 referral and not known, why didn't you feed this  
 6 information into Prevent? I'm not suggesting that he  
 7 was voicing out right support for the Taliban, it was  
 8 a political discussion but, within that, he was  
 9 contrasting the treatment of the Taliban and saying that  
 10 how people treated them was unfair compared to the  
 11 US Government?  
 12 **A.** I was chasing up that referral and I found out it was  
 13 closed, so that was my -- I was looking at it and  
 14 I asked --  
 15 **Q.** All right. So, if you chased up that referral, why not  
 16 tell -- you've been very careful in your evidence to say  
 17 other agencies were looking at this: this is for YOT,  
 18 that would be Prevent. You've got risk information  
 19 here. You are not the expert in gradating that, are  
 20 you, as to how concerning that is, his references to the  
 21 Taliban?  
 22 **A.** There was reference to the Taliban but it wasn't --  
 23 there was reference to lots of things and he was asking  
 24 lots of questions.  
 25 **Q.** I understand that but, on the back of his previous

107

1 that related to Colonel Gaddafi, the second one.  
 2 **A.** So this is around a third Prevent referral?  
 3 **Q.** And that related to the London Bridge attack and  
 4 discussion about MI5 and MI6, so none of those related  
 5 to left-wing extremists at all?  
 6 **A.** Then I don't -- I can't -- I don't know.  
 7 **Q.** As you've indicated in your answer, your understanding  
 8 at this time was AR was still open to Prevent, is that  
 9 right, that this was still being considered?  
 10 **A.** We didn't have the outcome of the referral at that  
 11 point, no.  
 12 **Q.** Was it your understanding that the referral at this  
 13 stage was still open?  
 14 **A.** We didn't know. It came from --  
 15 **Q.** What was your understanding?  
 16 **A.** So, from the report from Children's Social Care, so the  
 17 records, Children's Social Care said that it was still  
 18 with Prevent at that time, it was an ongoing assessment.  
 19 **Q.** So your understanding was that the referral was still  
 20 open to Prevent?  
 21 **A.** An ongoing assessment.  
 22 **Q.** Yes?  
 23 **A.** Yes.  
 24 **Q.** It's in your own statement. I'm reading from your own  
 25 statement. I don't know why you are disagreeing.

106

1 risks, this has led you to circulate the list of  
 2 proscribed terrorist organisations, there is a reference  
 3 to Prevent in the assessed needs, you thought it  
 4 appropriate to warn the Youth Targeted Support Team  
 5 about this and the need to be on alert. So if you  
 6 thought it was open, the obvious thing to do is to add  
 7 it as a piece of information you might want to be aware  
 8 and, if it had been closed, the obvious thing to do is  
 9 to tell the Counter Terrorism police, "I appreciate  
 10 you've just closed this, but you should be aware of  
 11 this". That was your duty, Ms Barrett.  
 12 There are many of pieces of information, at many  
 13 different stages that could have been given to Prevent  
 14 and it may seem that I'm being unfair --  
 15 **A.** No, I --  
 16 **Q.** But isn't the reality that the simple position is this  
 17 is information that should have been shared with the  
 18 Counter Terrorism police, it could have been a useful  
 19 piece of the jigsaw?  
 20 **A.** It could have.  
 21 **Q.** And, as the supervisor, it was your duty to ensure that  
 22 it happened?  
 23 **A.** Yeah.  
 24 **Q.** Thank you. We know that shortly after this period there  
 25 was an escalation in behaviours, so within the month of

108

1 November: four episodes of violence in the home, all  
2 right; one at the beginning in which the police are  
3 called; one at the end in which the police are called;  
4 two at the weekend in the middle where the police aren't  
5 called, but violence in the form of throwing milk over  
6 father is used.

7 Were you aware of those in general terms --

8 A. Yes.

9 Q. -- at this stage. Thank you.

10 As we get to the end of that, there were then  
11 I think coming towards the end of November, were you  
12 aware of some difficulties in the relationship between  
13 Mr Coughlan and the family being very demanding about  
14 services, about his appointment times?

15 A. Mr ...?

16 Q. Carl Coughlan, the --

17 A. Yes.

18 Q. And what did you make of those in terms of how  
19 Alphonse R was responding to those?

20 A. There was -- there was a large distance to travel for  
21 the family, so I do believe that there was some  
22 relevance to him saying that, and I think that was  
23 important, that we need to be working with children to  
24 meet with them and be with them, without expecting  
25 a 45-minute drive from the family. So I at that point

109

1 something that was noted down. So the TAF members  
2 obviously haven't spoken about it.  
3 Q. And in terms of that risk to others, again, you're  
4 saying we may not have done things but the TAF is where  
5 other agencies are present, again, looking back on it  
6 and being reflective, isn't that concerning that those  
7 risks weren't raised at that time?

8 A. Yes.

9 Q. And when we come then to the period of January through  
10 to March, I'm going to try to summarise this without  
11 going to each of the documents but if you want me to  
12 I will take them, but I will seek to summarise them  
13 fairly; at the start in January, there seems to be an  
14 indication that's been given that when the Targeted  
15 Youth Support has ended, and those sessions have come to  
16 the end, that there will be closure from level 3?

17 A. Yes.

18 Q. And that is then backed up in the February TAF and the  
19 March TAF, where that plan is put into effect; do you  
20 agree?

21 A. Yes.

22 Q. And that is happening, is this right, despite those  
23 concerns that had arisen in October and November -- so  
24 the concerning political discussion in October and the  
25 violence in November don't seem to have distracted the

111

1 agreed. However, I do think there was some push back  
2 again as well.

3 Q. So there were logistical difficulties in relation to  
4 that?

5 A. Yes.

6 Q. But a fair assessment of that would be that Alphonse R  
7 would seem to think that, in cases where AR hadn't gone  
8 to school, and that was the start of the problem, and  
9 Mr Coughlan had made arrangements to meet AR either at  
10 school or in a location nearby, that he should then make  
11 very short notice arrangements to come back to the  
12 family home to do the appointment?

13 A. Which isn't appropriate, no.

14 Q. Yes. I think he was challenged about that; would you  
15 agree?

16 A. Yes.

17 Q. We then come to the TAF meeting on 7 December and,  
18 without going to a document to prove a negative, would  
19 you accept that at that TAF meeting on 7 December there  
20 was no discussion at all about the episodes of violence,  
21 the four episodes of violence that had happened in  
22 November?

23 A. Yes.

24 Q. Why was that?

25 A. If it wasn't discussed in the TAF, it wouldn't have been

110

1 CFW from that course again of closing it down?

2 A. We were seeing a reduction in risk at that point. He  
3 was going to school, he was engaged in community  
4 activities, and both AR --

5 Q. He wasn't going to school at that time. This is the end  
6 of the Acorns period where he's totally disengaged from  
7 that school or nearly totally disengaged.

8 A. But his --

9 Q. It was to the contrary effect because what had been  
10 agreed, was they had brought forward the transition to  
11 Presfield, which was the new school he was going to go  
12 to?

13 A. Yes.

14 Q. But that's a massive transition, isn't it?

15 A. It is.

16 Q. Starting to a new school that's a specialist autism  
17 provision. Again, when you look at those cumulative  
18 factors of the political discussion, the violence in the  
19 home, it's not a one-off incident but four times, and  
20 then there is going to be a transition, it looks again  
21 like a process-driven decision rather than actually  
22 looking at the totality of what was going on.

23 A. So at that point, it was process driven because when  
24 we've come to the end of an action plan, we would step  
25 across to level 2 services that hold the rest of the

112

1 actions.

2 Q. Thank you.

3 A. That doesn't happen anymore.

4 Q. I follow. There's then, just three days after the

5 closure, the bus incident on 17 March. You're familiar

6 with that incident now?

7 A. Yes.

8 Q. In there, it's reported that AR had gone missing, that

9 he had contacted the police. Were you made aware of

10 that at the time? We know that Ms --

11 A. Me personally, I was not in work. Our agency was made

12 aware through an email. So an email was sent. So we

13 were made aware via email.

14 Q. CAMHS also notified, not you personally then, but the

15 service. If we could look at LCC000966. We did ask

16 Ms Lewis about this but I need to seek your assistance.

17 A. Yes.

18 Q. So this is as Ms Lewis accepted before AR had been

19 reported as having been found. So she's received

20 a phone call from Alphonse R that he's gone missing:

21 "I am aware that [AR] has gone missing."

22 This is to CAMHS. You are copied in?

23 A. Yes.

24 Q. "Alphonse has acted appropriately by contacting the

25 police and that is only advice we could give. There was

113

1 Q. "As agreed in the meeting by all professionals, there

2 was no outstanding work from CFW level 3 and for the

3 family to be supported ... The case was closed to CFW

4 after the meeting. Moving forward, I'm unsure of what

5 other support can be offered to them other than what is

6 already in place as parents need to be positively

7 encouraging [AR] to attend and follow any advice from

8 school [and so on]. If you feel the needs of the family

9 meets level 3, however, this one instance currently

10 would not meet threshold as parents acted appropriately

11 calling the police."

12 Would you agree that the whole tone of this email is

13 putting up a barrier to the case coming back to your

14 team?

15 A. It wouldn't be the decision for us to make that decision

16 for it to come back in anyway. The process is that it

17 has to be --

18 Q. No but forgive me, answer the question. What Ms Lewis

19 is saying is this one instance currently would not meet

20 the threshold. That's hardly saying "do refer it back

21 into us because this is concerning". It's the opposite.

22 It's one incident of him going from home, when parents

23 have phoned the police, don't meet the threshold, we've

24 done all the work that we can.

25 A. So at that point we were aware it was a Missing from

115

1 a high chance following the meeting last week that this

2 may happen as Alphonse made it clear that he didn't want

3 the support to cease ..."

4 Can you help us to understand that and why it was

5 being said?

6 A. Why he would have -- why that there was a link? I can't

7 answer. I don't know. I'm sorry.

8 Q. No, AR has gone away from home, gone missing, and on the

9 face of things, if that's all that's known at this

10 stage, that's AR going missing, yes?

11 A. Mm-hm.

12 Q. Yet what seems to be being imputed is, by Ms Lewis,

13 there was a high chance of this happening following last

14 week "as Alphonse made it clear that he didn't want the

15 support to cease".

16 I mean, one might read into that some sort of

17 concern that this has been almost engineered by Alphonse

18 to prove the point that it shouldn't have been ceased,

19 whereas what's happened is that AR has run away from

20 home on the face of things?

21 A. I can't -- I don't know.

22 Q. It's a bizarre thing to say?

23 A. I don't know.

24 Q. It's a bizarre thing to say, isn't it?

25 A. Yeah.

114

1 Home, nothing else, and parents have --

2 Q. It is too early to judge. That's, in a sense, the whole

3 point. Why are these judgements being made when AR

4 hasn't been found? There's been no assessment of why

5 he'd left home, that this won't meet a threshold. How

6 could she possibly say?

7 A. I don't know.

8 Q. You see, what I suggest to you, and it can't be

9 a criticism of you because it's not your email, but

10 I suggest to you that this is characteristic of

11 a problem of the culture of wanting to close cases down

12 and not take cases on, because, at this stage,

13 notwithstanding the awful acts that AR perpetrated in

14 July, at this stage he's a missing from home kid and

15 your service didn't know what had happened to him, and

16 yet the whole tone of this email is "not for us".

17 A. I agree that's how it reads.

18 Q. And would you agree that that is -- that was a cultural

19 problem? I'm not suggesting for a moment it was your

20 responsibility, you alone, but such supervision as you

21 had given to Ms Lewis doesn't seem to have instilled

22 a more appropriate view by her?

23 A. Yeah, it was -- it was if the actions are met, we close

24 the case at that point. That has changed.

25 Q. Thank you. If we could have on screen please LCC000910.

116

1 There has been an acceptance of shortcomings by the  
2 social worker within MASH in relation to this. But if  
3 we see -- sorry, if we just go to page 2 -- a referral  
4 has come back in from AR. I know you were the family  
5 support worker, could see this was just closed:

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

9 We know that, in fact, as I'm sure you now know,  
10 that AR was found on a bus with a knife and had referred  
11 to poison. None of that in terms of risk information is  
12 being conveyed here. It is only in relation to the  
13 Instagram account.

14 If we just go back to page 1. Ms Lewis then at the  
15 bottom of the page explains:

16 "Thank you for sharing the information."

17 I'm not going to go through the email but it is  
18 exactly the same as the earlier email, isn't it? It's  
19 giving a lot of reasons why the job of the CFW was seen  
20 as being done?

21 A. Yes.

22 Q. And if we go to the top of the page, somebody else, team  
23 manager Della Heaton?

24 A. Yes.

25 Q. "Thanks. It is closed to lv2" smiley face. Then

117

1 there anything of which we should be aware?"

2 A. That isn't the process.

3 Q. It may not be the process but that wasn't the question.  
4 That could have been done and that would be reflecting  
5 a professional curiosity.

6 A. But we wouldn't be able to write it on the notes even if  
7 we did because we weren't open, so we don't have consent  
8 to write on the child's file at that point.

9 Q. No but forget the notes. Again, it reflects the  
10 process-driven mentality, I suggest. If somebody from  
11 your team had simply, for example, contacted the police  
12 and said, "What was the outcome of this?" or asked the  
13 MASH, "Can you give us some more details", forget the  
14 fact that you couldn't put it on the notes, you would  
15 have been put in the picture potentially that involved  
16 carrying a knife on a bus, saying that he wanted to stab  
17 somebody, and it would have given rise to knowing about  
18 poison.

19 There may not have been a process for it but you  
20 could have asked the question.

21 A. I don't feel that we would have been able to ask the  
22 question. That's what I'm saying. I'm saying that the  
23 processes aren't there to be able to ask that question  
24 because we don't have the consent to do that.

25 Q. You don't need consent to ask that question when

119

1 Ms Lewis:

2 "Thanks Della, just found out now. I knew this  
3 would happen."

4 Knew what would happen?

5 A. I don't know.

6 Q. In relation to this, I think it's right -- you tell me  
7 if I've have misunderstood this -- but I think it's  
8 right that CFW couldn't unilaterally just re-open  
9 a case. There would need to be a referral or  
10 a consideration; is that right?

11 A. Correct, yes.

12 Q. So I'm not suggesting that you or Ms Lewis should have  
13 immediately just re-opened the case. But what is,  
14 I suggest, lacking here is any professional curiosity  
15 because, throughout all of the records and the emails,  
16 there's not a single question asked by CFW about what  
17 had actually happened when he was found.

18 A. So we're not open at that point so we've got no consent  
19 to work with the case. It wouldn't come in to us. It  
20 goes in through our MASH cache process.

21 Q. Are you seriously suggesting that as a supervisor, or  
22 Ms Lewis as a Family Support Worker, couldn't send an  
23 email in response to having been told that he's gone  
24 missing from home, simply saying "The case is closed to  
25 us at the moment but, given our previous dealings, is

118

1 information is already being shared with the MASH.

2 A. I agree but then what would we do with the information  
3 once we had got it?

4 Q. You could have gone back to the MASH and said, "This is  
5 clearly concerning"; you could have raised it with the  
6 police; you could have raised it with the head of  
7 service.

8 A. MASH have got all the information that we've got. They  
9 share our file. So they've got all that information,  
10 they can see all the records and the social worker at  
11 MASH is -- that's their role, to come to us if they've  
12 got any questions.

13 Q. Do you regret never asking any questions at all about  
14 this episode?

15 A. I mean, I wasn't -- like I said, I wasn't in work at  
16 that point. I don't feel that that is something that we  
17 could have added value to unless ... unless there's  
18 a process to back it, is what I'm saying. So, yes, I do  
19 regret it but I think we need a different process to  
20 allow that to happen.

21 MR MOSS: Thank you. Sir, I'm going to suggest that we  
22 break now and take a shorter lunch break. That will  
23 allow me to restrict any further questions to 10 or 15  
24 minutes, I believe. We have been going for over an hour  
25 and a half.

120

1 **SIR ADRIAN FULFORD:** We're now 12.50. When would you like  
 2 us to sit again, Mr Moss, nearing in mind --  
 3 **MR MOSS:** 1.30 pm.  
 4 **SIR ADRIAN FULFORD:** We will sit again at 1.30 pm.  
 5 (12.52 pm)  
 6 (Luncheon adjournment)  
 7 (1.30 pm)  
 8 **MR MOSS:** Sir, we nearly completed the evidence of the  
 9 previous witness but we're not going to be able to  
 10 continue with that. To the extent that there are some  
 11 matters left unasked, if appropriate, we'll deal with  
 12 them in writing.  
 13 Ms Williams is our next witness and Mr Goss will  
 14 take the questioning.  
 15 **SIR ADRIAN FULFORD:** Thank you very much indeed.  
 16 Can you rise and take the oath, please.  
 17 **ASHLEIGH WILLIAMS (affirmed)**  
 18 **Questioned by MR GOSS**  
 19 **SIR ADRIAN FULFORD:** Thank you very much indeed. Have  
 20 a seat.  
 21 Yes, Mr Goss.  
 22 **MR GOSS:** May it please you, sir. Could you give us your  
 23 full name, please.  
 24 **A.** Ashleigh Williams.  
 25 **Q.** If we could have LCC001710, please. That's your witness  
 121

1 more administrative than managerial, perhaps in  
 2 combination with having responsibility for the minutes  
 3 of TAF meetings?  
 4 **A.** Yes.  
 5 **Q.** Thank you. Your involvement with AR was between April  
 6 and September 2023 and that was the last involvement  
 7 that the Children and Family Wellbeing Service had with  
 8 AR?  
 9 **A.** Yes.  
 10 **Q.** I think in that period, as with others of the Family  
 11 Support Workers we've heard from, you were line managed  
 12 by Ms Barrett?  
 13 **A.** Yes.  
 14 **Q.** Thank you. The way your involvement came about was that  
 15 Presfield School had made a referral to the MASH on  
 16 21 March 2023 because they hadn't seen AR for some  
 17 time --  
 18 **A.** Yes.  
 19 **Q.** -- and the MASH took the view that this was a case that  
 20 they couldn't open without the family's consent?  
 21 **A.** Yes.  
 22 **Q.** If we could look, please, to LCC000187. This, I think,  
 23 is what was handed over to you from the MASH  
 24 subsequently but it gives us a flavour of what Presfield  
 25 referred to them. This is the contact record, as we can  
 123

1 statement for this Inquiry and it's signed on page 13 on  
 2 21 August 2025.  
 3 **A.** Yes.  
 4 **Q.** Is that statement true to the best of your knowledge and  
 5 belief?  
 6 **A.** Yes.  
 7 **Q.** Thank you. In terms of a little about you and your  
 8 background, I think from January 2022, you've been  
 9 a Family Support Worker in the Family Intensive Support  
 10 team of LCC's Children and Family Wellbeing Service?  
 11 **A.** Yes.  
 12 **Q.** We have heard a good deal about that from others so  
 13 I don't need to ask you about what the role involves.  
 14 There is one point, if we could look at paragraph 46  
 15 please, which is page 7. You talk there about the role  
 16 of the Family Support Worker as lead professional and  
 17 you characterise it as a role that, although it may  
 18 sound like you have some authority, in fact, you don't.  
 19 You are a convener rather than a director; is that fair?  
 20 **A.** Yes.  
 21 **Q.** As you say, we can't force other agencies to do  
 22 anything, it's about working together with them rather,  
 23 than compelling them to do things?  
 24 **A.** That's correct.  
 25 **Q.** Is it in that context that, at 47, you describe it as  
 122

1 see, date/time of contact, 3 April. Do you see that  
 2 there?  
 3 **A.** Yes.  
 4 **Q.** If we could go to page 2, please -- page 3, please.  
 5 We can see the details there of "Previous school  
 6 referral" and, just summarising that, AR was seen by  
 7 a CAMHS practitioner in January 2023. So around three  
 8 months ago, at that stage?  
 9 **A.** Yes.  
 10 **Q.** But he was last seen by school staff on 25 May 2022. So  
 11 some ten months or so ago?  
 12 **A.** Yes.  
 13 **Q.** They note in the largest paragraph on that page, at  
 14 a number of points, that it is the parents who are  
 15 preventing professionals from seeing AR?  
 16 **A.** Yes.  
 17 **Q.** So we see his dad, Alphonse, commented that parents will  
 18 "pay the price if staff go into the home", and then,  
 19 equally, when the school attendance team complete a home  
 20 visit:  
 21 "Met Mum, who it was reported aired her annoyance  
 22 and confusion over our involvement. On explaining it  
 23 was a welfare visit, Angela was greeted with a complaint  
 24 from Mum, who it was said saw no reason for the visit  
 25 and she flatly refused for Angela to see [AR]."  
 124

1 Could we look, please, to PRE000511 for some insight  
2 into how Presfield were regarding this at the time.  
3 If we could look to the second email, the one from  
4 Ms Smith on 21 March. Sorry, higher up, there are two  
5 emails that meet that description. The one higher up  
6 the page.

7 You weren't copied in to this and I imagine you  
8 wouldn't have seen it, Ms Williams?

9 A. I don't recall seeing it but ...

10 Q. Just to get a flavour of what Presfield were saying then  
11 amongst themselves at this stage:

12 "The red tape is frightening ... they go through  
13 a number of different teams that they have tried and  
14 been unsuccessful to make any headway with."

15 Then conclude:

16 "Short of breaking in I don't know how to see this  
17 kid."

18 On the referral that they made, they had assessed  
19 this at being at level 4 on the Continuum of Need, in  
20 other words a child who is at risk of significant harm?

21 A. Yes.

22 Q. Were you aware of this level of concern among Presfield  
23 when you came into the case?

24 A. Yes, from what I recall, I believe it was on the initial  
25 contact records about their concern, but MASH had

125

1 actively preventing contact with him?

2 A. We do come across a lot of families that are in similar  
3 situations.

4 Q. You say that that's a case where, from your perspective,  
5 there wasn't evidence of significant harm. Is there not  
6 a real risk of significant harm in that sort of  
7 situation, not only social isolation, in the sense of  
8 not perhaps having access to community groups,  
9 friendship groups, wider family, but simply not leaving  
10 the house for nearly a year?

11 A. I think there's definitely risk in that regard but it  
12 would still fit within level 3 for support.

13 Q. At paragraph 18 on that page, you say that:

14 "The FSW can see previous case notes, chronologies  
15 and contact records."

16 You recall it was the fourth or fifth referral to  
17 Family Intensive Support. What was your usual practice  
18 when it came to reviewing those sorts of notes that you  
19 had access to when taking on a case?

20 A. We would read through the case summary, the chronology  
21 and the previous assessments that had been done.

22 Q. When you say previous assessments, would that be the  
23 assessment done by the MASH that was handed over to you  
24 or would that be all of the previous assessments going  
25 back to the very earliest ones?

127

1 screened it and put it as a level 3.

2 Q. Did it surprise you, in those circumstances, that this  
3 was a matter that the MASH had regarded as something  
4 that could only be dealt with if they had parental  
5 consent?

6 A. No, because there was no evidence of significant harm at  
7 the time. There was nothing they could do to override  
8 consent.

9 Q. The MASH's decision to grade it at level 3 led it to  
10 being transferred to you, as we have seen, on 3 or  
11 perhaps 4 April. If we could look to your statement,  
12 LCC001710, page 2.

13 You have set out there the contact record. That's  
14 the information that has been input by the MASH. If we  
15 could go over the page, please, paragraph 16, you say  
16 that:

17 "[AR's] needs -- anxiety, social isolation plus poor  
18 school attendance fitted exactly within level 3", on the  
19 Continuum of Need.

20 A. Yes.

21 Q. Was this a typical level of dysfunction for your cases?

22 A. Yes.

23 Q. It's not just poor attendance but he's not been seen by  
24 the school for nearly a year, not been seen by any  
25 professional for nearly two months and parents are

126

1 A. We try to read as many as we can. I can't recall if  
2 I read all of them but I definitely would have read the  
3 contact records and, at the very least, the last Early  
4 Help assessment that had been done.

5 Q. Thank you. Would you therefore have been aware of the  
6 background, which we have been through many times in  
7 this Inquiry, so I will take quite quickly, if I may,  
8 but if I say anything that you are not familiar with,  
9 please do say: the fact that AR had accepted carrying  
10 a knife into school on multiple occasions on October  
11 2019?

12 A. Yes, I was aware of some of that.

13 Q. The hockey stick incident in December 2019, when he  
14 attacked another boy at the school from which he had  
15 been excluded with a hockey stick and while in  
16 possession of a knife?

17 A. I don't know if I knew that he had possession of a knife  
18 in that incident but I did know about the hockey stick.

19 Q. Did you know that, on both of those occasions, October  
20 and December, he told professionals that he was prepared  
21 to kill?

22 A. I don't recall knowing that specifically.

23 Q. I think you say elsewhere in your statement that you  
24 aren't sure if you were aware of the fact that there had  
25 been previous Prevent referrals; is that right?

128



1 A. Yes.

2 Q. Do you think you were aware of the concerns underlying

3 some of those Prevent referrals, particularly around the

4 use of the internet to search for things like school

5 shootings, asking about whether he could have a picture

6 of a severed head in class, as well as concerns about

7 potential extreme views?

8 A. I knew that he had an interest in some extreme views but

9 I didn't know the specifics of the extreme views,

10 I didn't know what he had been asking for either.

11 Q. The March 2022 episode, when he had gone missing from

12 home and was found on a bus, again in possession of

13 a knife, were you aware of that?

14 A. I don't recall if I was aware of it or not.

15 Q. The records that the police had provided to Lancashire

16 County Council had included records identifying that AR

17 had talked about an interest in or possibly making

18 poison, the sort of thing that might stick in one's mind

19 if one came across it when reviewing the records?

20 A. Never seen anything like that.

21 Q. More generally, would you have been aware from your

22 review of the notes that there was what might be

23 described as inconsistent levels of co-operation and

24 candour, both from AR himself but also from his family

25 with professionals?

129

1 A. Yes.

2 Q. I think that took place on 11 April?

3 A. Yes.

4 Q. If we could have the entry in the middle of the page

5 enlarged, please. This is your note of that visit. So

6 AR:

7 "... presented as calm and remained sat in the same

8 position in his chair for the duration of the visit

9 wearing headphones ... did not keep eye contact nor

10 speak unless spoken to."

11 He agreed to your assessment. He said:

12 "He has not seen CAMHS in a while as he no longer

13 sees the point of it and has not been attending school

14 due to anxiety ... He has been sleeping downstairs on

15 the sofa. [AR] states there has not been any violence

16 between himself and the family recently."

17 It may be obvious but it's implicit in that that you

18 were aware that there had previously been violence

19 between AR and his family?

20 A. Yes.

21 Q. You say that you were not necessarily accepting things

22 at face value and we may see a trace of that in the next

23 line because, having noted what he says about no

24 violence, you go on to note:

25 "A hole in the wall could be seen. When asked about

131

1 A. Yes.

2 Q. You knew, therefore, that both what AR said and also

3 what his family said was not necessarily something to be

4 taken at face value?

5 A. Yes.

6 Q. You would have been aware, I think, of his autism

7 diagnosis?

8 A. Yes.

9 Q. Was that something you had experience with from your

10 other work?

11 A. We work with lots of children who are neurodiverse. So

12 we come across it all the time.

13 Q. In terms of your familiarity or training on that issue,

14 would you have been aware that, in some cases, not by

15 any means all, but in some cases autism can be a factor

16 pointing to increased risk to others or was that not

17 something that was part of your thinking and training at

18 this point in time?

19 A. I'm not sure if that specifically has ever come up in

20 training.

21 Q. Thank you.

22 Could we have LCC002302, page 119, please. While

23 that is coming up Ms Williams, you, towards the start of

24 this case, carried out a joint visit with Ms Barrett to

25 AR's family home?

130

1 this [AR] stated he threw something at the wall to get

2 his dad's attention with the intention of damaging the

3 wall."

4 On the one hand, AR is saying there's been no

5 violence; on the other hand, there appeared to be signs

6 of violence and, when pressed, AR was accepting that

7 he'd been throwing things with the intention of causing

8 damage?

9 A. Yes.

10 Q. In the penultimate line of that entry, we see that you

11 also note:

12 "The picture on the wall was noted due to its odd

13 placement and the potential that there could be another

14 hole in the wall that the family have attempted to

15 hide."

16 Having spotted one hole in the wall, you thought,

17 actually, that picture is placed oddly and there might

18 be another one and it might be that these outbursts of

19 violence are, in fact, rather more frequent?

20 A. I think that was my thinking around it, yes.

21 Q. Of course, we've seen that in the step down form, from

22 MASH, or the referral form from MASH, I should perhaps

23 say, there was reference from Alphonse to the family

24 paying the price, if they allowed staff in?

25 A. Yes.

132

1 Q. Did that again hint perhaps at AR potentially being  
2 violent towards them?  
3 A. Yes.  
4 Q. In your witness statement, at paragraph 68, we don't  
5 need to look it up just now, you say that you recall  
6 Alphonse saying at some point that AR would not engage  
7 and that, as his parents, they were worried that if they  
8 kept pushing him, he would lash out at them. Again,  
9 there was a relatively pattern of you being concerned  
10 that AR could be violent?  
11 A. Yes.  
12 Q. If we could look, please, at LCC000192. This is the  
13 Early Help assessment that you completed, Ms Williams.  
14 If we look at page 2 and the box marked "Feeling safe":  
15 "Dad states that the family are safe and there is no  
16 longer any violence in the home. Dad also states there  
17 has not been any incidences recently of [AR] lashing  
18 out."  
19 To some extent, therefore, this was an issue that  
20 you'd explored with Alphonse, with the family, as well  
21 as with AR and from both AR and the family, you were  
22 getting reassuring noises?  
23 A. Yes.  
24 Q. As you accepted, neither of them had a track record of  
25 being wholly straight with professionals and there were

133

1 Q. You would have been alert, given the indications that  
2 you have recorded on the record, and given your  
3 scepticism about what you were being told by AR and by  
4 his family, for any signs of violence within the home or  
5 any signs of risk of harm in the home?  
6 A. Yes.  
7 Q. As well as obtaining information from the family,  
8 I think you were also obtaining information from other  
9 agencies, such as CAMHS?  
10 A. Yes.  
11 Q. Kathryn Morris, in particular, I think, attended TAF  
12 meetings?  
13 A. Yes.  
14 Q. Very briefly, if we could look at AHCH000164 and  
15 page 143. Again, this is a record that you may not have  
16 seen at the time, it is an internal CAMHS note but, just  
17 as an indicator of what they may have been saying. If  
18 we could have the large block of text enlarged, Kate,  
19 I think, is Ms Morris:  
20 "Bringing as a stuck case. [AR] has been open to  
21 CAMHS for a few years now ... [AR] presents with  
22 aggressive behaviour at school and at home and struggles  
23 to engage in sessions. The family dynamic is very  
24 strained with his parents struggling to set boundaries."  
25 Although she identifies that there is "no self

135

1 indications that that might also be the case here?  
2 A. Yes.  
3 Q. If we can go back to LCC002302, please, page 120 and the  
4 top complete entry on that page. The entry beginning  
5 "Hi Ashleigh". Reading from the bottom email, you,  
6 a couple of days after your first visit, say:  
7 "Hi. Hello, I have text [AR] but he has not  
8 replied. Would I be able to come out 10.00 am tomorrow?  
9 Appreciate this may be last minute ..."  
10 The reply is:  
11 "Hi Ashleigh, [AR's] phone has broken so that's why.  
12 10.00 am tomorrow is fine."  
13 Again in your analysis, in a line at the bottom, am  
14 I right to say that we detect a note of scepticism about  
15 what you are being told by his family. You say:  
16 "It is strange that [AR's] phone has broken already  
17 as it was observed by CFW to be working fine on  
18 Tuesday."  
19 So just two days earlier?  
20 A. Yes.  
21 Q. You would, I think, in those circumstances, have been  
22 alert throughout your dealings with this family for any  
23 signs of violence within the home or any indications of  
24 risk of harm to others?  
25 A. Say that again, sorry?

134

1 harm". Was that the sort of message you were receiving  
2 from CAMHS about their interactions with AR, their  
3 perceptions of him?  
4 A. From what I can remember, yes.  
5 Q. So, throughout this case and your dealings with it,  
6 there was, at the very least, a sense that AR had the  
7 potential to be violent?  
8 A. The potential, yes.  
9 Q. Just unpicking that a little. Was that something that  
10 you ever discussed outright with Ms Barrett or with  
11 other agencies involved?  
12 A. So, we did but it was more because it was seen as  
13 historical, because the family were telling us and AR  
14 was telling us that it's not happening any more. So we  
15 bear it in mind that it's happened in the past and  
16 there's the potential that it could happen again but,  
17 yeah, I don't recall specific conversations, but I know  
18 it would have been spoken about.  
19 Q. Who did you think, if AR had the potential to be  
20 violent, that that violence might be directed towards?  
21 A. At the time, I would have thought towards the parents.  
22 Q. Was your sense that, if there were to be violence on the  
23 part of AR, it would be spontaneous or pre-meditated or  
24 could be either?  
25 A. I think more spontaneous, based on whatever was

136

1 happening in that moment.

2 **Q.** Given the history -- and I appreciate that at this point

3 we are now dealing with four years on from the hockey

4 stick attack but that was clearly a highly pre-meditated

5 attack and there was evidence available to LCC that it

6 had involved booking a taxi the night before, modifying

7 the weapon, targeting a specific individual.

8 Would there have been a case for thinking, actually,

9 we might need to worry about pre-meditated violence, as

10 well?

11 **A.** At the time, I wasn't specifically thinking that because

12 he wasn't showing those sorts of behaviours in that

13 moment. A lot of his behaviours were towards being

14 really isolated and not wanting to do anything.

15 **Q.** Thank you. Could we have LCC002302, page 120, please.

16 I want to pick up now with your first, I think, solo

17 visit to the family on 14 April. It's the bottom entry

18 on this page -- sorry, the penultimate entry on this

19 page. So, again, clear note from you on that visit,

20 describing your interactions with AR. You follow up the

21 point about the phone. You get an explanation:

22 "It just broke I didn't drop it."

23 Perhaps not the most convincing explanation but it

24 is a point you have followed up?

25 **A.** Yes.

137

1 knowledge of some previous concerns around extreme

2 thoughts or views?

3 **A.** Yes.

4 **Q.** Would it also have been informed by the fact that in the

5 missing from home episode that seemed to have been

6 caused by AR planning to commit a serious offence

7 against somebody in order to get social media accounts

8 deleted. Was that something you knew about?

9 **A.** I didn't know about that specifically, no.

10 **Q.** So you had a general sense of there were concerns about

11 extreme thoughts, which made it worth pushing on to some

12 extent but you did not know the specific details of what

13 had occurred in March 2022, insofar as they related to

14 social media?

15 **A.** Yes.

16 **Q.** If we could go to page 121 of this document and the

17 penultimate entry, 2 May. You actually manage to get AR

18 out of the house and you go on a short walk with him

19 around the local area.

20 **A.** Yes.

21 **Q.** Again, a relatively positive engagement. He is showing

22 a willingness to, first of all, engage with you --

23 **A.** Yes.

24 **Q.** -- and indeed also to come out of the house. Did he

25 present to you as somebody whose anxiety would prevent

139

1 **Q.** You ask him if he's safe and okay; he says, yes. You

2 get some perhaps mildly positive indications that he is

3 going to try to go to school, "He will try to go outside

4 as much as possible". At this very early stage, there

5 are signs that you may be able to make some positive

6 difference through engaging with him, encouraging him,

7 direct work with him?

8 **A.** Yes.

9 **Q.** I think you conducted the Radar with him on this

10 occasion. That's a tool used to assess needs and

11 possible areas to work on?

12 **A.** Yes.

13 **Q.** Sir, we have it at LCC000357.

14 I only want to bring up one point from it,

15 Ms Williams, and it is one you deal with it in your

16 witness statement. I will try not to bring it up on the

17 screen but, if we need to, please say. It's about

18 online activity. In your witness statement at

19 paragraph 80, on page 12, you record him saying he was

20 safe and only used YouTube. Was that something you

21 would have pressed on at all?

22 **A.** Yes, we would have had a full conversation about it.

23 But there was nothing in that conversation that was

24 an issue.

25 **Q.** Would that full conversation have been informed by your

138

1 him from coming out of the house, given that, after two

2 one-on-one sessions, he was willing to come out with

3 a walk with you?

4 **A.** Yes, he did. It wasn't -- he was quite -- I don't want

5 to use the word anxious but the looking around, not

6 feeling comfortable, it was a short walk because he

7 didn't want to be outside any longer than what we'd

8 managed and we hadn't managed to go far from his house.

9 **Q.** Thank you. He did say he doesn't want to engage with

10 the youth team again, as he doesn't want to be more

11 social. So it is perhaps two steps forward, one step

12 back at this stage, if I can put it that way; is that

13 a fair description?

14 **A.** Yes.

15 **Q.** But it is, at least, some forward motion and he is

16 engaging?

17 **A.** Yes.

18 **Q.** Over the next few days, I think you engage with

19 Presfield over AR's education because he's also making

20 some efforts to re-attend school?

21 **A.** Yes.

22 **Q.** He makes it to school on a handful of occasions and

23 they, in particular, look to tailor their curriculum for

24 him by providing him with German lessons, in which he

25 had an interest?

140

1 A. Yes.  
 2 Q. Is it fair to say that, at this point, 2 May, and then  
 3 those engagements with the school over the next few days  
 4 was really the high point of your engagement with AR?  
 5 A. Yes.  
 6 Q. I think from there, on 9 May is the first failed visit,  
 7 when he simply doesn't want to engage with you?  
 8 A. Yes.  
 9 Q. We can look at the note on page 123, if need be. But  
 10 that might have been one of the occasions or the  
 11 occasion, or one of the occasions, when you explored  
 12 issues around violence with Alphonse. There is a note  
 13 of him saying that AR is less violent now and calmer.  
 14 A. Yes.  
 15 Q. Then, over the page -- in fact over another page -- we  
 16 see, again, emails with the school, between the school  
 17 and Alphonse, that you, obviously, are copied into.  
 18 Both about the curriculum but also about how the family  
 19 can go about getting a referral for an ADHD assessment.  
 20 I think the school couldn't provide that or couldn't  
 21 provide supporting evidence for that because of the --  
 22 their limited contact with AR; do you recall that?  
 23 A. Yes.  
 24 Q. Then if we could go to page 126, please, and the second  
 25 entry on that page. This is the second failed visit on

141

1 school to begin with and then seeing where it goes from  
 2 there.  
 3 Q. I think, at this point, at best, he was doing around  
 4 five hours a week of contact time?  
 5 A. At best, yes.  
 6 Q. In actual fact, I think practically speaking, it was  
 7 rather less because he wasn't attending on the vast  
 8 majority of those days?  
 9 A. Yes.  
 10 Q. If we could zoom out, please. I think this was the  
 11 meeting where you identified the potential for the  
 12 Targeted Youth Support team to come in. If we go to  
 13 page 3, please.  
 14 "CFW to refer [AR] to the Targeted Youth Support  
 15 team [AR] has worked with the team before and already  
 16 has an established relationship."  
 17 A. Yes.  
 18 Q. So he'd declined that support but, notwithstanding that,  
 19 you thought, actually, this might be a good idea and we  
 20 might be able to make use of the work that he's done  
 21 previously or the relationship he's had previously to  
 22 try and get some forward motion?  
 23 A. Yes.  
 24 Q. There are issues identified over getting AR's medication  
 25 right and it seems to be that, because he's taking

143

1 18 May, when you arrive and AR goes upstairs and will  
 2 not come down?  
 3 A. Yes.  
 4 Q. I think you do your best, Ms Williams, you say, "Well,  
 5 okay, how about I sit on the stairs and we have a chat  
 6 really with you staying in your room", but his mother  
 7 says that wouldn't be ideal and could lead to him being  
 8 unhappy?  
 9 A. Yes.  
 10 Q. There's then a TAF meeting a week later on 25 May. If  
 11 we go to LCC000359, we can see who has attended there  
 12 and, if we look to the next page, picking up on some of  
 13 the key points from this, no conflict in the home. So,  
 14 again, that issue has been explored and you have been  
 15 given reassurances about that.  
 16 The parents are still keen at this stage for AR to  
 17 be able to leave school with his core GCSEs at  
 18 a minimum. Did you think that, at this point, these  
 19 were realistic aspirations?  
 20 A. I don't think it would have been realistic, no.  
 21 Q. Was that something that was discussed with the parents,  
 22 that, really, they needed to adjust their expectations  
 23 of what this process might be able to achieve?  
 24 A. I don't recall specifically on this occasion but I do  
 25 recall having conversations about just getting him into

142

1 sertraline at night, that was then affecting his  
 2 sleeping patterns. Was that your understanding?  
 3 A. Yes.  
 4 Q. Appreciating you are not a medic but you have CAMHS  
 5 there providing input on this?  
 6 A. Yes.  
 7 Q. His parents are being encouraged to -- "parents to  
 8 encourage the consumption of sertraline in the morning".  
 9 Did they seem able, even on something that perhaps seems  
 10 as simple as getting someone to take medication at the  
 11 right time, did they seem able to enforce that?  
 12 A. Not all the time, no.  
 13 Q. Reading this assessment in the round, you have convened  
 14 a number of different agencies, CFW, school, CAMHS, and  
 15 the parents. Would it be fair to say that, at this  
 16 stage, this is a child and a family who are a very long  
 17 away from functioning anything like normal?  
 18 A. Yes.  
 19 Q. They were a family that wasn't just struggling to cope  
 20 but they weren't coping?  
 21 A. Yes.  
 22 Q. If we can go back to LCC002302, please, page 128 and  
 23 then over onto 129. The bottom entry on 128 and the top  
 24 entry on 129, there is a request from Alphonse that you  
 25 assist with an ADHD referral; do you recall that?

144

1 A. Yes.  
 2 Q. We can see his email there:  
 3 "It seems we have been asking the wrong people."  
 4 He provides you with some information about the  
 5 Alder Hey ADHD page. Then your response at the top:  
 6 "Hi Alphonse, referrals aren't accepted from us or  
 7 I would do this for you.  
 8 "If this is something that [AR] wants then I think  
 9 it needs to be explained to him that the only way he's  
 10 going to achieve this is by attending school as often as  
 11 he can so they get to know him better. It is very  
 12 frustrating that there is a limited amount of  
 13 professionals who can make that referral though."  
 14 You apologise for not being able to help. Was there  
 15 anything more you could have done, as regards ADHD  
 16 referral at this stage?  
 17 A. Not that I'm aware of no.  
 18 Q. Was it simply the case that the ADHD service at Alder  
 19 Hey just wouldn't accept referrals from your service?  
 20 A. Yes, referrals for things like that are not accepted  
 21 from us.  
 22 Q. Was it an issue that got brought back to the TAF at all,  
 23 where you have the involvement of CAMHS?  
 24 A. I believe it might have been discussed but I can't  
 25 remember the specifics.

145

1 essentially -- I say essentially -- there is still no  
 2 progress --  
 3 A. Yes.  
 4 Q. -- to the point where Presfield, to carry out their  
 5 responsibilities to make sure that a child on their roll  
 6 is, if I say safe and well, it might be overstating it,  
 7 but safe, are having to attend with a police officer  
 8 from Merseyside Police, simply to see that AR is safe?  
 9 A. Yes.  
 10 Q. I think arrangements for the joint visit with you and  
 11 Ms Barrett become difficult to arrange around some  
 12 periods of medical leave?  
 13 A. Yes.  
 14 Q. If we could go to LCC002302, page 135, if we could have  
 15 the bottom complete entry, the one for Monday, 17 July.  
 16 The one created by -- thank you.  
 17 You seek advice from Ms Heaton, that's two up from  
 18 you --  
 19 A. Yes.  
 20 Q. -- about how to take this case forward:  
 21 "Hey Della, I have [AR's] TAF meeting today. At the  
 22 last TAF Dad asked for Sharon to do a visit to try and  
 23 encourage [AR] to engage. That's obviously not happened  
 24 as she isn't well and I've now just got a case open that  
 25 I can't do anything with because he won't see me or

147

1 Q. After this point, perhaps from after 2 May, is it fair  
 2 to say that there is little to no progress with AR?  
 3 A. Yes.  
 4 Q. I think all subsequent attempts by you and indeed by  
 5 Mr Coughlan, from TYS, for visits failed?  
 6 A. Yes.  
 7 Q. He stopped attending school essentially completely?  
 8 A. Yes.  
 9 Q. By the point of the TAF on 22 June, so around a month  
 10 after that exchange of emails about ADHD referrals,  
 11 Alphonse R was requesting that Ms Barrett carry out  
 12 a visit to speak to AR, in the hope that she might be  
 13 able to get him to engage; do you recall that?  
 14 A. Yes.  
 15 Q. I think you explained that she doesn't case hold, so she  
 16 wouldn't be able to take the case on personally --  
 17 A. Yes.  
 18 Q. -- but that you'd explore the possibility of a joint  
 19 visit?  
 20 A. Yes.  
 21 Q. Subject to that, you were, by this point, thinking if he  
 22 is not consenting to us working with him, we are going  
 23 to have to close the case?  
 24 A. Yes.  
 25 Q. I think between June and July, there is then still

146

1 Carl. There's not even guarantee he would see Sharon,  
 2 that's just what Dad wanted. Have you got any advice on  
 3 what I should do? He hasn't been seen by us in a long  
 4 time too."  
 5 I think the last time you'd seen him, at this point,  
 6 is back in early May?  
 7 A. Yes.  
 8 Q. The response is:  
 9 "Hi Ashleigh, I discussed it with Carl at the  
 10 weekend, basically it won't be able to be done so then  
 11 that's up to Dad. He either accepts that or Carl tries  
 12 again alone."  
 13 What did you think "it" was referring to there?  
 14 A. The joint visit with Sharon because she was off  
 15 long-term sick at the time and it wasn't clear when she  
 16 was going to come back.  
 17 Q. That's no doubt helpful guidance about what can be done  
 18 about a joint visit with Ms Barrett that Alphonse has  
 19 asked for. Did it help you, more generally, on how do  
 20 we deal with this case?  
 21 A. It just enabled us to open up a discussion with Alphonse  
 22 to say that we can't give you what you want but this is  
 23 your option, which would be either me or Carl.  
 24 Q. We know the TAF took place later that day. If we look  
 25 at LCC000197, on page 2. If that could be expanded,

148

1 please. The plan, at this point, is essentially, (1)  
 2 there is going to be a letter sent by Mr Coughlan  
 3 offering AR the chance to re-engage?  
 4 **A.** Yes.  
 5 **Q.** (2) A joint visit hasn't been possible but parents are  
 6 happy to wait and you, as he set out there, it says:  
 7 "It is unclear when Senior Family Support Worker  
 8 will return, so a joint visit may not be possible."  
 9 But the plan, I think, was to leave it open for the  
 10 time being to try and carry out that joint visit?  
 11 **A.** Yes.  
 12 **Q.** But as you had observed in your email to Ms Heaton  
 13 earlier that day, even this was not guaranteed to work.  
 14 It wasn't something AR was asking for?  
 15 **A.** Yes.  
 16 **Q.** I don't say this to be critical of you, Ms Williams, at  
 17 all, is there a slight sense that, around the table,  
 18 everyone is rather scraping the bottom of the barrel  
 19 when it comes to ideas for how to progress this?  
 20 **A.** Possibly. I think it was just difficult at the time to  
 21 offer the support when we weren't getting much feedback  
 22 from them. They weren't giving us much leeway on what  
 23 would be supportive. They wanted what they wanted and  
 24 nothing else was going to be good enough.  
 25 **Q.** When you say they wanted what they wanted; who do you

149

1 parents also declined that.  
 2 **Q.** I think that may link to the next point I wanted to  
 3 make, which is that there is the possibility that's  
 4 identified around this stage of an educational input to  
 5 the parents around ODD, oppositional defiance disorder?  
 6 **A.** Yes.  
 7 **Q.** To be clear, that's not a diagnosis that AR had?  
 8 **A.** No.  
 9 **Q.** But it was considered that that might be helpful, as  
 10 a set of tools for the parents?  
 11 **A.** Yes.  
 12 **Q.** I think you were going to explore a referral to the  
 13 Formby Centre about that?  
 14 **A.** I do recall that, yes, and I was asking parents for  
 15 consent and they were never clear on whether I had  
 16 consent or not.  
 17 **SIR ADRIAN FULFORD:** Was that oppositional defiance or  
 18 optional?  
 19 **MR GOSS:** Oppositional, I believe.  
 20 So that was an idea.  
 21 **A.** Yes.  
 22 **Q.** "This is the kind of parenting support we might be able  
 23 to provide for you, given that AR is not willing to work  
 24 with us directly", but the parents ultimately were not  
 25 willing to engage with that?

151

1 mean?  
 2 **A.** Alphonse.  
 3 **Q.** The parents?  
 4 **A.** Yes. They were adamant that they wanted Sharon to do  
 5 a visit, even when we were telling them that isn't  
 6 possible, she's not here. But that still wasn't a good  
 7 enough answer.  
 8 **Q.** Can I characterise it this way, Alphonse had a very  
 9 fixed idea as to what support he wanted and he wanted it  
 10 on his terms?  
 11 **A.** Yes.  
 12 **Q.** Were you giving advice to the effect that that might not  
 13 be the best way forward, we might need to think about  
 14 a different approach and he was unwilling to accept it?  
 15 **A.** Yes, we did have conversations like that during the  
 16 meetings and I know Carl did as well and saying that  
 17 they needed to accept the support that was being  
 18 offered.  
 19 **Q.** With AR not engaging, what support were you able to  
 20 offer, if you had not had that clear idea from Alphonse  
 21 as to how it could be offered?  
 22 **A.** It's pretty limited because we work directly with the  
 23 child. So if the child doesn't consent or doesn't want  
 24 to work with us, there's not a lot that we can do with  
 25 them specifically. We can offer parenting support but

150

1 **A.** Yes.  
 2 **Q.** I say the parents and you quite frequently in your notes  
 3 refer to the parents. In your statement, you make clear  
 4 that, primarily, it was Alphonse you were dealing with?  
 5 **A.** Yes. Alphonse was the voice of the family and, in the  
 6 meetings and stuff, he was the one that was often  
 7 speaking.  
 8 **Q.** Was that a concern to you? Did you think that that  
 9 might mean that you weren't getting a fully rounded  
 10 picture?  
 11 **A.** It was. But I can't force someone to speak to me if  
 12 they don't want to.  
 13 **Q.** I think shortly after this, you went on some summer  
 14 leave until around mid-August. On your return, if we  
 15 could go back to LCC002302 and the entry in the middle  
 16 of the page, the plan was still for Ms Barrett to try to  
 17 meet with AR?  
 18 **A.** Yes.  
 19 **Q.** Page 137, forgive me. It helps if I give a page  
 20 reference.  
 21 If we have the entry in the middle of the page  
 22 expanded. So this is a note, not by you, but by  
 23 Ms Barrett:  
 24 "Notes that it has been open for 20 weeks."  
 25 We've heard about that. By this point, were you

152

1 offering a time-limited service with a view to things  
 2 being closed before 20 weeks or was that simply a marker  
 3 of actually this is now been open for a long time and  
 4 it's one that needs some real care and attention?  
 5 **A.** Yes, it's just a marker at this point.  
 6 **Q.** It says:  
 7 "This case has had supervision from team manager."  
 8 I think that's a reference to Ms Heaton?  
 9 **A.** Yes.  
 10 **Q.** "Agreed that family can wait until [Ms Barrett] is back  
 11 in work to have a visit to encourage him to engage.  
 12 Family know Sharon won't be picking it up as a case but  
 13 have requested a meeting before the case can be closed."  
 14 This is where we see, in the next paragraph, your  
 15 note. In fact, entered by Ms Barrett, but presumably  
 16 based on information from you, about having offered the  
 17 referral to the Formby centre but no response received?  
 18 **A.** Yes.  
 19 **Q.** "Barriers":  
 20 "Lack of engagement from [AR].  
 21 "Identified risks of [young person].  
 22 "... not been seen by professionals for some time  
 23 ... has poor mental health, doesn't leave house ... has  
 24 never wanted to engage with service. He engaged at  
 25 first because he felt Dad wanted him to."

153

1 of weeks. I think you had some medical leave of your  
 2 own at this point?  
 3 **A.** Yes.  
 4 **Q.** So the closure was, in fact, dealt with by Ms Barrett?  
 5 **A.** Yes.  
 6 **Q.** We can see, if we look at LCC000365, this is the final  
 7 TAF meeting. Again, Ms Williams, you weren't there at  
 8 this; Ms Barrett stepped in to Chair it.  
 9 **A.** Yes.  
 10 **Q.** But just so that we have seen the record of the last TAF  
 11 meeting that took place. Again, if we can go through to  
 12 the next page:  
 13 "[AR] has made it very clear to several  
 14 professionals that he does not want the support.  
 15 "Parents want the support to remain in place at  
 16 level 3 as they feel that [AR] needs to be made to go to  
 17 school."  
 18 Over the page, please. You can see that the first  
 19 line makes clear that your apologies are conveyed to the  
 20 meeting. Again, Ms Williams, you weren't there, I'm not  
 21 going to ask you about the detail of what happened or  
 22 your recollections of it or anything like that. You  
 23 weren't there, it's quite clear:  
 24 "No progress in relation to CFW section of the plan.  
 25 [AR] has voiced that he does not want the support and

155

1 I appreciate this isn't a formal assessment at this  
 2 point but we could add that there are risks around his  
 3 education?  
 4 **A.** Yes.  
 5 **Q.** Equally, although the evidence wasn't there for this  
 6 being a live concern, issues around the potential risk  
 7 of violence from him, as you understood it, towards  
 8 family members?  
 9 **A.** I think it wouldn't have been added in at the time  
 10 because it wasn't a live concern. These supervisions  
 11 are based on the concerns at that time.  
 12 **Q.** If we could look at the entry at the bottom of this  
 13 page, please, because on 6 September, you have a meeting  
 14 with Ms Barrett and Alphonse R. So this is the joint  
 15 meeting that has been hoped for. It is clearly  
 16 an incomplete note, Ms Williams. It finishes in the  
 17 middle of a sentence; is that fair?  
 18 **A.** Yes.  
 19 **Q.** But the gist of it is that there is nothing more we can  
 20 do because AR was refusing consent?  
 21 **A.** Yes.  
 22 **Q.** That, I think, was your last direct involvement with the  
 23 family?  
 24 **A.** I think so, yeah.  
 25 **Q.** The closure process then unfolded over the next couple

154

1 has refused to see his key worker and the TYS worker who  
 2 were allocated to him. [AR] is voicing that he doesn't  
 3 feel he needs any help at this time. Sharon stated, due  
 4 to his age, CFW are unable to continue the support with  
 5 him, as if attempts continue to be made to work with him  
 6 we would not be listening to his voice, which at this  
 7 time is very clear."  
 8 Then the update, the parents have been "offered  
 9 parenting support through CFW service but have declined  
 10 this ... no actions for CFW ..."  
 11 It was on that basis, therefore, that the case was  
 12 closed to CFW?  
 13 **A.** Yes.  
 14 **Q.** This wasn't a case which was being closed because the  
 15 needs were met, was it?  
 16 **A.** No.  
 17 **Q.** In fact, AR was as bad as he had been at the start of  
 18 the episode?  
 19 **A.** Yes, it was a case closed due to consent withdrawal.  
 20 **Q.** In effect, it rather trickled into the sand because,  
 21 even though everyone could see AR needed help, no one  
 22 could work out how to get him to accept it?  
 23 **A.** Yes.  
 24 **Q.** Was he not still, though, at a high risk of harm from  
 25 the inability of his parents or anybody to get him into

156

1 form of education?

2 **A.** Yes, but the focus within children's services is more

3 around harm to the child. Educational harm, yes, but

4 the focus is put onto schools to support that.

5 **Q.** He was at risk of harm, psychological harm, from his

6 self isolation, his refusal to go outside?

7 **A.** Yes, but he was being supported by CAMHS for that.

8 **Q.** He was at risk of harm from his total lack of any

9 constructive activity?

10 **A.** Yes.

11 **Q.** To the extent that you had a sense that AR had

12 a potential to be violent, there was nothing in place to

13 address that risk?

14 **A.** Because although there was a historical element of the

15 violence, there was nothing presenting at that time that

16 would override consent and there is no way that we could

17 have overridden consent with the information that we had

18 at the time.

19 **Q.** Ms Williams, you were supervised and you sought guidance

20 from both Ms Barrett and Ms Heaton, so this is not

21 a criticism aimed at you or solely at you, it's not

22 solely your responsibility. Simply saying he's not

23 consenting so there is nothing we can do in this

24 situation was something of a counsel of despair, wasn't

25 it?

157

1 engage.

2 **Q.** Would one option not have been to refer this up to CSC

3 where there is the potential for them to intervene

4 through their statutory powers without consent?

5 **A.** There could have been but, at the time, with the

6 information that we had, there was nothing that would

7 have been a Section 47, which would override consent.

8 **Q.** One final point, Ms Williams, by the later stages of

9 this episode, AR has turned 17 and so there was clearly

10 a potential issue over him turning 18 and ceasing to be

11 a child in the relatively near future; would you agree?

12 **A.** Yes.

13 **Q.** There is a transitions team within the council's Adult

14 Social Care department that exists in order to ensure

15 that, where there are needs that cross the child to

16 adult boundary, they are taken into account and,

17 effectively, it is not a matter of simply starting from

18 scratch when somebody turns 18. Were you aware of that?

19 **A.** Yes, my knowledge at the time was that they would have

20 had to have been open to -- the Children's Social Care

21 to access that transitions team.

22 **Q.** There had, in fact, been a referral to the transitions

23 team in February 2022, on which no action had yet been

24 taken, as a result of a previous episode with CFW.

25 Ms Lewis made a referral as far back as February 2022.

159

1 **A.** What do you mean?

2 **Q.** I mean, you were simply saying, "There is nothing we can

3 do because he's not consenting", even though there are

4 these very clear needs and indeed potential harms that

5 are absolutely evident from AR's situation?

6 **A.** There was nothing that we could do as a service but he

7 was still open to other services and, when we closed,

8 I believe it was stepped down to level 2, which would

9 enable the school to take on as lead professional, which

10 they would carry on offering support alongside CAMHS and

11 the special educational needs team, as well.

12 **Q.** You say that the school could step on in as lead

13 professional and carry on offering support. This whole

14 incident, this whole episode, had started because the

15 school hadn't been able to see him for ten months and,

16 at this point, they were only able to see him with

17 a police officer. They weren't going to be in any sort

18 of position to provide meaningful support to this family

19 or to AR himself, were they?

20 **A.** No, and neither was CFW in that situation either. If we

21 had pushed it further with AR, there was a risk of

22 further damaging relationships and preventing any sort

23 of support from happening. We felt at the time

24 withdrawal and taking the pressure off might have

25 provided him with an opportunity to take breath and then

158

1 Do you think you were aware of that at the time?

2 **A.** No, I wasn't aware of that.

3 **Q.** Might that have been another possible route of

4 escalation or support for AR and this family at this

5 point in time but it was one that you thought they had

6 to be open to CFW and they weren't?

7 **A.** They possibly could have been, I suppose.

8 **Q.** We will explore whether that's right or not with

9 a witness from Adult Social Care in due course

10 Ms Williams.

11 **A.** Okay.

12 **Q.** Before I see whether there are any questions from

13 others, do you have anything else you would like to say

14 Ms Williams?

15 **A.** No.

16 **MR GOSS:** Thank you. You have answered my questions very

17 patiently.

18 Thank you, sir.

19 **SIR ADRIAN FULFORD:** Thank you very much for coming. Thank

20 you for your help. You are now free to go.

21 **THE WITNESS:** Thank you.

22 **MR GOSS:** We can, I think, move directly to

23 Ms Fontaine-Smith, sir.

24 **SIR ADRIAN FULFORD:** Certainly. So Ms Fontaine-Smith

25 please. *(Pause)*

160



1 **MR GOSS:** Sir, could I just ask you to rise for five  
2 minutes, we may have caught people slightly by surprise.

3 **SIR ADRIAN FULFORD:** 2.40 pm.

4 (2.37 pm)

5 (A short break)

6 (2.40 pm)

7 **ANDREA FONTAINE-SMITH (sworn)**

8 **Questioned by MR GOSS**

9 **SIR ADRIAN FULFORD:** Thank you very much, please have  
10 a seat.

11 **A.** Thank you.

12 **SIR ADRIAN FULFORD:** Yes, Mr Goss.

13 **MR GOSS:** May it please you, sir. Could you give your full  
14 name please.

15 **A.** Andrea Chantal Fontaine-Smith.

16 **Q.** If we could have LCC001707 on screen, please. This is  
17 your witness statement for the Inquiry. It is signed on  
18 page 18 on 18 August 2025. Are the contents of that  
19 statement true to the best of your knowledge and belief?

20 **A.** Yes.

21 **Q.** A little about your background. You have a degree in  
22 social pedagogy and youth work, community learning and  
23 development?

24 **A.** Yes.

25 **Q.** I think you were a Pastoral Support Worker employed by  
161

1 LCC at a primary school before you became a key worker  
2 within CFWS, the Children and Family Wellbeing Service  
3 in spring 2019?

4 **A.** That's correct.

5 **Q.** You left Lancashire County Council in February 2021?

6 **A.** That's correct.

7 **Q.** That was shortly after your involvement with AR's family  
8 ended?

9 **A.** Yes.

10 **Q.** When you say you became a Key Worker, is that the  
11 equivalent of what we have been hearing about as  
12 a Family Support Worker?

13 **A.** Yes. So when I started at the service it was slightly  
14 different to what it was when I left the service. So  
15 the title was "Key Worker" when I started.

16 **Q.** I wanted to ask you about things changing in your two  
17 years there because I think the two years that you were  
18 there was a period of quite considerable change for the  
19 Early Help service?

20 **A.** Yes.

21 **Q.** A move away from the old model of dealing with cases  
22 that were slightly lower on the Continuum of Need, to  
23 dealing with slightly more complex cases?

24 **A.** That's right, yes.

25 **Q.** I think there was also a renumbering of the Continuum of  
162

1 Need that reflected that?

2 **A.** Correct.

3 **Q.** Other changes in that period, or as part of the same  
4 package of reforms, was one that there was less input or  
5 oversight from social workers in Early Help's work?

6 **A.** Yes, I would say that the higher level cases that we  
7 were now dealing with didn't have the social work input,  
8 whereas previously they may have been over seen by  
9 a social worker.

10 **Q.** I think while you were working with the service, the  
11 Early Help service, it was time limited, so that it was  
12 a 12-week service and, at the end, regardless really of  
13 what the situation was, you had to close the case?

14 **A.** Yes, we could extend a little bit if we could justify  
15 why we remained open.

16 **Q.** Did that combination of measures mean that, through this  
17 period, there was a risk that you were dealing with more  
18 complex cases with less input from social workers, and  
19 within a framework that meant that you had a very fixed  
20 time to work with these families to try to achieve  
21 positive change?

22 **A.** Yes.

23 **Q.** Do you think that that was well set up for you to be  
24 able to make the best possible difference?

25 **A.** No, I don't think the time limit was nearly enough to  
163

1 make any sort of substantial change for families we  
2 worked with.

3 **Q.** Not just the time limit but also the fact that cases had  
4 become more complex and there was less input from social  
5 workers?

6 **A.** Yes, that as well. Yeah.

7 **Q.** If a case was still open at 12 weeks, and perhaps  
8 a little beyond, but there were still outstanding needs,  
9 what options did you have available to you?

10 **A.** There was an option to remain open but not for every  
11 outstanding need because we were still time limited. So  
12 if it was an outstanding need that we were in the  
13 process of trying to meet, we could extend to try and  
14 get that need met before we closed. But not necessarily  
15 start visiting other unmet needs that we hadn't already  
16 been working on.

17 **Q.** Might there be cases where it was apparent that really  
18 what was needed was a much longer period of engagement,  
19 so it was not simply a matter of closing off some  
20 already identified unmet needs through work that was --  
21 had already been identified to be carried out in that  
22 short period but that, actually, a much longer  
23 engagement was needed?

24 **A.** Yes, I think that was the case for most families.

25 **Q.** How would you deal with that, when you have  
164

1 a time-limited service?

2 **A.** It's difficult. You meet what you can. You close and,  
3 more often than not, they came back into the service  
4 shortly thereafter.

5 **Q.** Thank you. Your involvement with this case spanned just  
6 under a year, March 2020 to February 2021?

7 **A.** Yes.

8 **Q.** That was two distinct episodes?

9 **A.** Yes.

10 **Q.** First of all March to June and then September to  
11 February?

12 **A.** Correct.

13 **Q.** Can we turn then to the first episode. We have looked  
14 at quite a lot of the chronology of this already,  
15 Ms Fontaine-Smith, so I'm not going to take you through  
16 line by line, day by day?

17 **A.** Okay.

18 **Q.** But, obviously, a key moment is you first receiving the  
19 case. Can we see LCC000238. This I think is the  
20 referral form that you received from CSC. Because you  
21 received this on a step down from CSC, they had been  
22 dealing with the case at what was then level 3 on the  
23 Continuum of Need. It was now at what in old money was  
24 level 2?

25 **A.** Yes.

165

1 **MR GOSS:** Sir, this is a point that was raised with  
2 Ms Barrett but just making that good.

3 **SIR ADRIAN FULFORD:** Yes, thank you.

4 **MR GOSS:** As well as looking at the plan, the Child and  
5 Family Assessment and, of course, the referral, would  
6 you also have looked back at notes from, for example,  
7 earlier strategy meetings.

8 **A.** Possibly. I can't remember specifically but, if I felt  
9 like I needed more background information or if I didn't  
10 have enough information from a handover, then I may go  
11 back and look at previous meetings.

12 **Q.** That does rather require that things are flagged to you  
13 as something is missing?

14 **A.** Yes.

15 **Q.** Do you think you were aware of the fact that there had  
16 been a Prevent referral in AR's case?

17 **A.** I think I was, yes.

18 **Q.** Were you aware of the reasons underpinning that Prevent  
19 referral, namely, concerns over AR's internet use,  
20 searching for school shootings --

21 **A.** Yes.

22 **Q.** -- trying to access or asking about accessing pictures  
23 of guns and severed heads. That was known to you?

24 **A.** I think so, yes.

25 **Q.** When the case came to you, it was just over a month --

167

1 **Q.** So we see the summary of CSC involvement:  
2 "[AR] has assaulted another pupil in a school he  
3 used to attend. He attended the school for the purpose  
4 of assaulting a particular pupil but assaulted another  
5 with a hockey stick. When the police arrived [AR] said  
6 he had a knife in his bag. This was confirmed. [AR]  
7 was arrested. He later discussed feelings/intentions of  
8 killing the pupil he was looking for with the hockey  
9 stick or knife if the stick was not enough. Child and  
10 Family Assessment completed. It is felt that [AR] has  
11 undiagnosed ASD and is now open to YOT."

12 You, I think, had also read the Child and Family  
13 Assessment that was referred to there?

14 **A.** Yes, I likely would have, yes.

15 **Q.** If we can briefly bring up LCC000032. As a result of  
16 that Child and Family Assessment, there had been  
17 a child/young person's plan produced, I think, by  
18 Ms Jameson, the social worker from CSC?

19 **A.** Yes.

20 **Q.** In these situations, that plan is essentially handed  
21 over to you to take forward?

22 **A.** Correct.

23 **Q.** So you don't formulate your own plan, you have a plan  
24 handed over to you?

25 **A.** Yes.

166

1 I think it was 24 March -- after AR had been convicted  
2 of the offences of violence and carrying weapons that  
3 were alluded to in that case summary. There was a real  
4 issue here over risk to others, wasn't there?

5 **A.** Yes, I think so.

6 **Q.** He was open to the YOT and, in fact, if we could have  
7 the top line in the table, "AR has been made subject to  
8 a ten-month community order" enlarged. This was the  
9 element of the plan that responded to that background.

10 He was open to the YOT. Did you think you had any  
11 role in managing the risk to others posed by AR?

12 **A.** No. I suppose we all are a piece of a jigsaw of  
13 support. So Youth Offending Team were taking the lead  
14 on that and my role was quite clear in support for the  
15 family and for AR.

16 **Q.** It goes a little bit beyond that, I would suggest,  
17 because you were the lead professional; is that right?

18 **A.** Yes.

19 **Q.** So you are responsible not only for your direct work  
20 with AR and his family, but also for liaising with other  
21 agencies, coordinating the TAF meetings, making sure  
22 information is being shared between different teams,  
23 different organisations. That means you need to look at  
24 the overall picture of needs and risk, doesn't it?

25 **A.** Yes, it does, but not necessarily overall

168

1 responsibility. It's more of a coordinating role.  
 2 Q. I understand but another agency may have responsibility  
 3 for the work to address a particular need or risk but  
 4 you, as the lead professional, need to have oversight of  
 5 that and understanding of that, in order to be able to  
 6 coordinate and manage the case as a whole?  
 7 A. Yes.  
 8 Q. Could we look to LCC000283. This is the assessment that  
 9 you conducted. It is headed "CAF assessment". We have  
 10 heard earlier that this was a particular type of CAF  
 11 assessment that shouldn't be treated as a CAF assessment  
 12 but was a top up following the work done by CSC; is that  
 13 right?  
 14 A. Yes.  
 15 Q. When one looks, you identify on the "Safe and  
 16 sustainable places/reducing crime need":  
 17 "Child/young person involved in knife crime."  
 18 That perhaps follows pretty directly from what you  
 19 have been told about the case.  
 20 A. Yes.  
 21 Q. There's no identification of any concern over internet  
 22 usage on this form; is that fair?  
 23 A. That's fair, yes.  
 24 Q. If we go over the page, in "feeling safe", information  
 25 recorded there from Alphonse R. It engages only

169

1 Q. "Both follow the rules and there are consequences in  
 2 place for where they don't."  
 3 Were you aware that when CSC had visited the home in  
 4 December they perceived AR to be dominating his  
 5 parents --  
 6 A. I can't recall.  
 7 Q. -- or that multiple professionals, in those earlier  
 8 multi-agency meetings, which of course you were not at,  
 9 had raised concerns about his parents not challenging or  
 10 even downplaying AR's behaviour?  
 11 A. I can't remember, sorry.  
 12 Q. By itself -- and as you say there were other  
 13 documents -- no one reading this assessment would be  
 14 able to tell that this was a case which had presented  
 15 just a few months ago as posing an extremely high  
 16 risk --  
 17 A. No.  
 18 Q. -- or, indeed, that, since that point, very little had  
 19 changed to suggest that the level of risk had reduced?  
 20 A. No.  
 21 Q. I think around the same time, as you were producing this  
 22 in April 2020, Anna Croll of the YOT, as AR's Child and  
 23 Youth Justice caseworker was producing her AssetPlus  
 24 assessment. Was that something that you would have seen  
 25 as a document or would you have been told about the

171

1 extremely lightly with the fact of AR's conviction and  
 2 the behaviour underlying it. It talks about carriage of  
 3 knives and weapons into school but it doesn't mention  
 4 an assault on another boy, you agree?  
 5 A. Yes, it doesn't mention that.  
 6 Q. It doesn't identify any potential concerns over how he  
 7 obtained knives and weapons?  
 8 A. No.  
 9 Q. The knife coming from the kitchen of a family home?  
 10 A. No, in my assessment, no.  
 11 Q. If we look to the bottom of this page and "boundaries  
 12 and behaviours", and recognising that, to some extent,  
 13 this is you simply recording what Alphonse has said to  
 14 you. When he says, "There is no physical aggression for  
 15 either of the boys", that is obviously inaccurate as  
 16 regards AR?  
 17 A. Yes, following the incident but within the home, that  
 18 was referring to.  
 19 Q. It doesn't say "within the home" there, does it?  
 20 A. No.  
 21 Q. It simply says, baldly, there is no physical aggression.  
 22 In fact, a more rounded view might be that there is no  
 23 physical aggression within the home but AR has recently  
 24 carried out a violent assault on a peer?  
 25 A. That was already recorded in the previous assessment.

170

1 outcome?  
 2 A. Was that her risk assessment?  
 3 Q. Yes.  
 4 A. Yes, I think she forwarded a copy once it was complete.  
 5 I would have been aware she was doing that.  
 6 Q. She reached the view that the risk of serious harm was  
 7 medium. Ms Callon, as senior manager, corporate witness  
 8 on the part of Child and Youth Justice Services, has  
 9 accepted that, in fact, that assessment really should  
 10 have said that this was a high-risk case, meaning that  
 11 serious harm to others could occur at any time.  
 12 If that had been the case would this still have been  
 13 an appropriate case for you to deal with at level 2, as  
 14 it then was?  
 15 A. I think at the time, yes. He wasn't the only young  
 16 person on my caseload that had carried weapons or  
 17 assaulted another young person. So it probably would  
 18 have still sat with us.  
 19 Q. Was he the only one on your caseload who had carried  
 20 weapons and assaulted a young person and, on multiple  
 21 occasions, said he had the intention to kill --  
 22 A. I can't recall to that detail.  
 23 Q. -- and who'd expressed no remorse about the attack that  
 24 he'd carried out?  
 25 A. Some of my other cases didn't express any remorse but

172

1 I couldn't recall to the exact details.

2 **Q.** The Council have also accepted that, before the case  
3 came to you in March, there should have been a more  
4 robust multi-agency plan and monitoring to help address  
5 the risk posed by AR, and that this should have also  
6 addressed who would work with AR on his interest in  
7 violence, on internet safety, and to divert his  
8 attention into something interesting that did not  
9 involve his interest in violence. Had it been proposed  
10 to hand the case over to you on that basis, would you  
11 have been concerned?

12 **A.** Yes, I think with that level of input from -- and risk,  
13 yes.

14 **Q.** Pushing back, perhaps, against this being stepped down  
15 and saying, "Actually, I think this is one that needs to  
16 stay at level 3 or level 4 for CSC to remain involved"?

17 **A.** Yes.

18 **Q.** I think you already found it difficult -- and we must  
19 bear in mind that this is the very early weeks of the  
20 first Covid lockdown -- to envisage what work you could  
21 do with this family that would be effective; is that  
22 fair?

23 **A.** Yes, remotely, yeah, that would be effective remotely.

24 **Q.** Bearing that in mind but also the additional context  
25 that you should have been aware of, this was never

173

1 became apparent that remote work wasn't going to be  
2 effective and face-to-face work was out of the question?

3 **A.** Correct.

4 **Q.** Was that out of the question because of the lockdown  
5 restrictions that applied, I think, through to early  
6 July?

7 **A.** Yes, it was that early stage where no one quite knew  
8 where things were going with the lockdown.

9 **Q.** I am sure we will all have our own recollections of that  
10 and can well imagine the difficulties you would have  
11 faced in that scenario. Ultimately, this process then  
12 leads to a TAF meeting on 19 May. You summarise the  
13 outcome of that in paragraphs 28 to 31 of your  
14 statement, page 5. Those are based on the minutes that  
15 we have.

16 Sir, just for your note, LCC000061. Then we also  
17 have Acorns' notes of that meeting at LCC000059.

18 **SIR ADRIAN FULFORD:** Very helpful.

19 **MR GOSS:** If you want to see any of those documents  
20 Ms Fontaine-Smith, please say but can I try and  
21 summarise the meeting briefly?

22 **A.** Yes.

23 **Q.** There was consensus that AR was likely to benefit from  
24 face to face, rather than remote support?

25 **A.** Yes.

175

1 likely to be a case that was going to be capable of  
2 being addressed within a 12-week time limited window?

3 **A.** No, not given all that context now in hindsight.

4 **Q.** Ultimately, this wasn't a case for your service but for  
5 those above you?

6 **A.** Yes.

7 **Q.** Nonetheless, it did come to you and following the  
8 assessment you conducted, that we've had a look at, and  
9 obviously acknowledging the impact of lockdown  
10 throughout, it became virtually impossible for you to  
11 contact the family in those early stages; is that fair?

12 **A.** That's fair, yes.

13 **Q.** That wasn't just your experience but also the experience  
14 of the YOT and of Acorns, the school that was educating  
15 AR?

16 **A.** Yes.

17 **Q.** I think there was some limited contact and there was  
18 certainly enough for you to do that initial assessment  
19 but, fundamentally, AR's parents, particularly his  
20 father, stopped answering or responding to telephone  
21 calls?

22 **A.** Yes.

23 **Q.** You managed to establish early contact in early May, so  
24 around a month or so later -- if I can put it this way,  
25 four weeks into the 12 that you had available -- and it

174

1 **Q.** That was thought to be potentially linked to the  
2 potential ASD that he had, as yet undiagnosed?

3 **A.** Correct.

4 **Q.** There were difficulties over the risks involved in  
5 integrating AR back into school, when that became  
6 possible and Ms Croll agreed to share parts of the YOT  
7 risk assessment to help enable that?

8 **A.** Yes.

9 **Q.** There was some consideration of what the route was  
10 towards an EHCP for AR. That was a process, I think  
11 it's fair to say, was still in its early stages?

12 **A.** Yes.

13 **Q.** Could we have LCC000998 and page 9 up, please. The day  
14 after that meeting, Mrs Hodson of Acorns emailed you and  
15 Ms Croll expressing very significant concerns over the  
16 risk posed by AR to others at the school. She expressed  
17 a clear view that, following the TAF meeting the  
18 previous day, neither Dad nor AR seemed to have moved on  
19 in their thinking:

20 "Dad seems to be of the opinion that [AR] carried  
21 out the attack because of events at Acorns School,  
22 specifically the 'fight' that he continues to refer to."

23 She doesn't put much weight on that, it looks like,  
24 from the inverted commas; is that fair?

25 **A.** That's fair.

176

1 Q. Doesn't see any value in the work we do at Acorns:  
2 "Seems to perceive that [AR] is the victim rather  
3 than perpetrator. Excuses his behaviour, even excusing  
4 him carrying a knife because he was frightened."

5 When Ms Croll points out that this was still not  
6 an appropriate response:

7 "Dad did not seem to accept this and seeks to  
8 deflect blame. Dad stated that [AR] is a very good  
9 child, very respectable, but if you do something to me,  
10 I do something to you harder. This concerns me as  
11 potentially any work that we do with AR might be  
12 undermined by Dad."

13 If we go to the end of an email, please, page 10,  
14 she notes complete non-compliance with school work.  
15 Notes that the YOT consider the risk is medium risk of  
16 serious harm but, because of lockdown, imminence wasn't  
17 there:

18 "If we do bring [AR] back in one to one with  
19 a specialist teacher we will then have opportunity and  
20 imminence. In view of the meeting yesterday I feel that  
21 [the risk] [AR] poses to us all as a school has  
22 increased rather than reduced. I have a duty to both  
23 staff and pupils in raising my concerns with you."

24 This is a deeply troubling email to receive from  
25 a school about one of its pupils, particularly from

177

1 schooling. You say:

2 "In any case, Alphonse's view of his son's  
3 temperament and behaviour, and his expression of his  
4 preferred educational placement, does not, in my  
5 opinion, influence the risk level."

6 Then you suggest a TAF meeting:

7 "Beneficial for these concerns to be raised during  
8 the meeting to allow appropriate challenge on some of  
9 these issues, give Alphonse the opportunity to respond  
10 to the challenge and provides [AR] with an opportunity  
11 to contribute his thoughts, feelings and wishes.

12 "I can appreciate that all necessary strategies need  
13 to be put in place for ensure everyone's safety, however  
14 there does not appear to be any new or additional  
15 information shared that could suggest an increased  
16 risk."

17 This is something of a brush off, isn't it,  
18 Ms Fontaine-Smith?

19 A. I disagree, I don't think it is a brush off, I think  
20 it's explaining our position.

21 Q. In terms of there being new information, it might be  
22 seen as new information that Alphonse is minimising and  
23 excusing AR's criminal conduct?

24 A. I don't think there was anything in the email that  
25 professionals hadn't known from the point of it coming

179

1 a Pupil Referral Unit that is going to be used to  
2 dealing with more challenging pupils; would you agree?

3 A. Yes.

4 Q. It's no criticism of you but in contrast to you,  
5 Mrs Hodson had had the benefit of attending the  
6 multi-agency meetings prior to your involvement. She  
7 was likely to have a good and broad appreciation of the  
8 risk that AR posed?

9 A. Correct.

10 Q. As she pointed out, if there was a risk here that had  
11 either increased or not been properly appreciated, it  
12 was the school that was likely to suffer the effects of  
13 that, wasn't it?

14 A. Yes.

15 Q. If we can look to page 8, please, to your response,  
16 Ms Fontaine-Smith. Bottom half of the page and top half  
17 of page 9, please. It's a perfectly civil email in  
18 response. You say:

19 "I appreciate there is concern and frustration  
20 around the perceived mindset of Alphonse and [AR]. This  
21 can be challenged through conversation with Alphonse,  
22 which I am happy to do. However, I do not feel that  
23 this increases the risk posed by AR because there is  
24 appropriate parenting in place."

25 You then go on to deal with the issues about

178

1 into CSC before it stepped down to myself.

2 Q. In that case, it might have been a case of there is no  
3 new information but we need to think again about the  
4 information we already have because we might have got  
5 this wrong; would that be fair?

6 A. Yes, potentially.

7 Q. The idea that the attitude of AR's father to his own  
8 son's offending doesn't affect the risk level is wrong,  
9 isn't it?

10 A. Not in the context of the piece of work I was asked to  
11 do.

12 Q. This isn't in the context of the piece of work you were  
13 asked to do. This is in the context of the risk to the  
14 school.

15 A. There was -- yes, there was a risk to school. I think  
16 I said about them completing a risk assessment.

17 Q. You weren't properly considering Acorns' entirely  
18 reasonable concerns about risk here, were you?

19 A. I did consider them but it wasn't -- I didn't feel it  
20 was my position to be able to assess that risk. Our  
21 role was to look at the risk to, not the risk from.

22 Q. Your suggestion of a further multi-agency meeting,  
23 further TAF, the purpose of that seems to have been to  
24 allow Alphonse and perhaps AR to challenge the view of  
25 Acorns; is that right?

180

1 **A.** No, not to challenge the view, for us to be able to  
 2 challenge him in the moment. It is hard to go back  
 3 after a meeting with concerns and challenge if we raise  
 4 it. That's the point of a TAF meeting, for all  
 5 professionals to air their concerns.  
 6 **Q.** You were rather shutting down any conversation about the  
 7 risk posed by AR between professionals that didn't  
 8 involve the family; is that right?  
 9 **A.** No, I don't think I was. Although, the part -- we were  
 10 a person-centred service. We have to involve the  
 11 families in everything we do and get their input.  
 12 **Q.** If I suggest it would have been quite clear from that  
 13 email that at any further multi-agency meeting at this  
 14 topic, Acorns were not going to have your support, would  
 15 you agree?  
 16 **A.** I wouldn't agree, no. I think I say that we can support  
 17 them through the TAF process.  
 18 **Q.** But your view was that there does not appear to be any  
 19 new or additional information shared that would suggest  
 20 an increased risk. They could assume that that was  
 21 going to be the view you would put across at any such  
 22 meeting.  
 23 **A.** Possibly. That's in terms of further action. So there  
 24 was nothing new that I could do to refer back up or to  
 25 change the course of the plan.

181

1 **Q.** Do you recall that?  
 2 **A.** Yes.  
 3 **Q.** If we look to page 4 of this document, bottom paragraph  
 4 of the top email:  
 5 "If [AR] does not return to school this half term,  
 6 that leaves little by way of a role for our service at  
 7 present. Once we are able to resume face-to-face  
 8 support or [AR] returns to school (whichever is sooner)  
 9 we could look at reopening the family to CFW service."  
 10 Is that because, at this time, and at this point  
 11 we're looking at June, there wasn't scope for the direct  
 12 work with AR that you had been hoping to carry out?  
 13 **A.** Correct.  
 14 **Q.** Was that because of the lockdown restrictions meaning  
 15 you couldn't do any face-to-face work at this stage?  
 16 **A.** Yes.  
 17 **Q.** Why could it occur if he'd returned to school? Were you  
 18 able to do it there?  
 19 **A.** School were offering to be able to facilitate the  
 20 face-to-face work.  
 21 **Q.** Thank you. That's clear. Page 2 on to page 3,  
 22 Mrs Hodson's reply. If we just have the top of that  
 23 email as well. 9 June. She makes it very clear that  
 24 she thinks it would be helpful for the family to stay  
 25 open to CFW, doesn't she?

183

1 **Q.** It was for you as lead professional to organise meetings  
 2 of this sort, wasn't it?  
 3 **A.** Correct.  
 4 **Q.** There wasn't another TAF meeting in this case before the  
 5 episode was closed?  
 6 **A.** I don't think there was, no.  
 7 **Q.** If I suggest, Ms Fontaine-Smith, that this was a pretty  
 8 poor piece of work on your part in responding to Acorns'  
 9 very reasonable concerns, would you agree?  
 10 **A.** I think I worked within the service and the resources  
 11 that I had, what I was able to do at the time.  
 12 **MR GOSS:** Thank you. Sir, I wonder if we could take a break  
 13 now?  
 14 **SIR ADRIAN FULFORD:** Yes, certainly.  
 15 **MR GOSS:** 15 minutes.  
 16 **SIR ADRIAN FULFORD:** I will sit again at 3.25 pm.  
 17 (3.11 pm)  
 18 (A short break)  
 19 (3.25 pm)  
 20 **SIR ADRIAN FULFORD:** Yes, Mr Goss.  
 21 **MR GOSS:** Thank you, sir. Ms Fontaine-Smith, shortly after  
 22 that email exchange that we have just looked at, if we  
 23 could look to page 4, it becomes apparent to Acorns that  
 24 your plan is to close the case to CFW over the summer.  
 25 **A.** Correct.

182

1 **A.** Yes.  
 2 **Q.** Two reasons in particular: first of all, the school is  
 3 obviously closed over the summer and so, with nobody  
 4 working with the family, it is potentially going to be  
 5 more difficult to re-engage them come the new school  
 6 year in September?  
 7 **A.** Correct but they were -- the YOT was working with the  
 8 family over summer.  
 9 **Q.** The second reason, that you had already managed to  
 10 achieve better engagement with the family, with the  
 11 father in particular, Alphonse?  
 12 **A.** Yes.  
 13 **Q.** Than the school had been able to?  
 14 **A.** Yes.  
 15 **Q.** And we have seen something of the difficult relationship  
 16 between Alphonse R and the school in that last email we  
 17 looked at where they were -- he was almost blaming them  
 18 for AR's offending?  
 19 **A.** Yes.  
 20 **Q.** Those aren't unfair points on the school's part, are  
 21 they?  
 22 **A.** No, not at all.  
 23 **Q.** As lead professional with a responsibility for  
 24 coordinating all of the agencies involved, your role  
 25 wasn't just limited to: can we do the direct work that

184

1 we were hoping to do?

2 A. It wasn't limited to that but, without direct work to

3 do, we couldn't remain open with no other role.

4 Q. If we look to the -- your reply at the top of this page

5 so page 1 on to page 2, you set out at some length your

6 reasons for saying, "No, we're not going to remain

7 open"?

8 A. Correct.

9 Q. Just stepping back a little, this is now the second time

10 in just under a month that the school have raised

11 concerns and you have responded saying, "I don't accept

12 those, I don't agree"?

13 A. I disagree. It wasn't that I didn't agree with her

14 concerns, it was outside of my ability to remain open

15 purely to maintain --

16 Q. The process didn't allow you to keep a case open --

17 A. Correct.

18 Q. -- at that time?

19 A. Correct.

20 Q. Should it have done?

21 A. In an ideal world, yes.

22 Q. Part of your reasoning in that email is that there was

23 no consent from the family. If we look at the bottom

24 two sentences on page 1:

25 "As a consensual service, if neither Alphonse or AR

185

1 a trump card against the school. Whatever your concerns

2 are, we don't have consent, we can't do it.

3 A. I don't think I believe I was working against the

4 school. I think I was just explaining the position and,

5 even if family did consent, we still had no role at that

6 time because the work couldn't be completed.

7 Q. The work couldn't be completed, but there was perhaps

8 still -- no one is suggesting that these circumstances

9 were ideal, Ms Fontaine-Smith. As I say, I am sure

10 everyone recalls the difficulties in this period.

11 But in terms of what could be done, you'd had more

12 success than the school had managed with engaging with

13 the family?

14 A. Yes.

15 Q. In fact, there might even be an example of this in the

16 last main paragraph, the second paragraph on page 2.

17 The school had concerns about whether Alphonse was going

18 to sign the home school agreement?

19 A. Yes.

20 Q. And they were concerned he wasn't going to do so, and

21 you were able to facilitate reassuring him and getting

22 him to sign it and return it to the school as was

23 required?

24 A. Yes.

25 Q. There was still a role here that you would have been

187

1 want to engage with us until face-to-face support is an

2 option, then that is their choice to make. There are no

3 safeguarding concerns I'm aware of that would override

4 the need for consent."

5 Is that an accurate description of what the family

6 had said? You talk in your witness statement about

7 Alphonse being very keen to access the service that you

8 offered?

9 A. The second time round he was keen and he was keen to

10 remain open at the end of the second time. This was

11 a tricky time. With it being Covid, he was quite wary

12 of the virus, illness and obviously difficult

13 relationships with professionals anyway. So I think he

14 took an option to not have to engage with us.

15 Q. It was not him saying, "We don't consent to CFW being

16 involved", it was him saying something more like, "If

17 this could be done face to face in September that would

18 be better"?

19 A. Correct. And he also wasn't sending AR back to school

20 until then.

21 Q. Do you think that that is -- to describe that as a lack

22 of consent is treating consent in a very broad way?

23 A. Perhaps but we had very specific consent that they had

24 to agree to fully before we could move forward.

25 Q. Because the way it was deployed here is something of

186

1 able to carry out.

2 A. Not one that would justify keeping it open. There was

3 a role but not one within the scope of how the CFW

4 service ran at that time.

5 Q. Thank you. If we could move on then to the case being

6 re-opened, because it is shortly after this closed,

7 essentially for the reasons that you set out in that

8 email. It is re-opened on 14 September after you make

9 contact with Alphonse R --

10 A. Correct.

11 Q. -- to ask if he wanted support now schools had

12 re-opened.

13 A. Yes.

14 Q. I think, in fact, that you were aware that AR had gone

15 back briefly to school in July and but there had been

16 a positive decision taken that with only a very short

17 period left in the term, it was better to wait until

18 September still?

19 A. Correct, yes.

20 Q. You carried out a further Child and Family Assessment --

21 A. CAF.

22 Q. CAF.

23 A. Yes.

24 Q. Child and Family Assessment or Common Assessment

25 Framework?

188

1 A. Common Assessment Framework.  
 2 Q. Why did you need to do a second one. You'd previously  
 3 had a child and family assessment and then your top-up  
 4 of that.  
 5 A. It had been several months. Obviously he had returned  
 6 to school. So a few circumstances have changed and it's  
 7 always good to get a fresh look on family circumstances  
 8 when you start work again.  
 9 Q. Can we look again at that CAF. LCC000306. We can see  
 10 it starts on 22 September and I think you conclude it in  
 11 October -- in fact, I think 1 November. You set out the  
 12 summary, reason for CAF assessment. If we can just  
 13 enlarge that.  
 14 "The family were open at Child in Need level  
 15 following an incident last year when [AR] had repeatedly  
 16 taken a knife into school, and after being permanently  
 17 excluded he returned to school and assaulted another  
 18 young person."  
 19 It set out the conviction and some of the history of  
 20 your engagement on the previous episode.  
 21 Then if we could look to page 4, please, and the box  
 22 at the top. The fourth paragraph down:  
 23 "[AR] has involvement with the Youth Offending Team  
 24 regarding incidents of carrying knives and assault."  
 25 Is it fair to say that some of the detail that we

189

1 then don't focus on.  
 2 Q. Yes. Closing the referral doesn't mean that the events  
 3 that led to the referral did not happen?  
 4 A. Not at all, no.  
 5 Q. And they are still relevant to the overall assessment of  
 6 risk?  
 7 A. Yes.  
 8 Q. Prevent closing the referral means they have identified  
 9 that there is no radicalisation risk but, when they  
 10 closed it, they specifically identified that AR remained  
 11 extremely vulnerable, would need support from other  
 12 services, and equally flagged the possibility of matters  
 13 being re-referred to them if need be. Were you alive to  
 14 any of that at this point?  
 15 A. I can't remember. I can assume I was, but I honestly  
 16 can't recall.  
 17 Q. If we look at the rest of the paragraph that's got the  
 18 highlight:  
 19 "[AR] has involvement with the Youth Offending Team  
 20 regarding incidents of carrying knives and assault.  
 21 Although it is relevant to mention this incident, it is  
 22 not the main focus of this assessment. [AR] has shared  
 23 that he is struggling with his anxiety, and he feels  
 24 that previous professional involvement has focused on  
 25 the incident of assault and carrying knives and that no

191

1 saw in the step-down paperwork (for example, about  
 2 intent to kill) has rather fallen away at this stage?  
 3 A. Yes.  
 4 Q. Information that was important when it came to assessing  
 5 the full range of risks in this case was becoming  
 6 diluted through the process of cases opening, closing  
 7 and being re-assessed?  
 8 A. Yes.  
 9 Q. And the intent to kill, in particular, was significant  
 10 information, wasn't it?  
 11 A. Yes.  
 12 Q. It's something that rather sets the case apart from  
 13 other cases that might involve teenagers carrying  
 14 knives?  
 15 A. Yes and no. This isn't, unfortunately, a stand-out case  
 16 from that time when I think back, unfortunately, due to  
 17 young people. He definitely wasn't the only one who'd  
 18 said things along those lines and also carried --  
 19 Q. If one combines it with the material underlying the  
 20 Prevent referral, searching for school shootings, trying  
 21 to get pictures of beheadings, pictures of guns, that's  
 22 also missing from here. That's also significant  
 23 information that makes this case rather stand apart?  
 24 A. Yes, I think with Prevent closing their referral, not  
 25 that it should be forgotten, but it's something that we

190

1 one has thought about or supported him with his feelings  
 2 and emotional wellbeing."  
 3 In your witness statement, paragraph 58, you've  
 4 sought to defend this as an approach on the basis that:  
 5 "AR's case was stepped down from CSC to CFW to focus  
 6 on AR, his current feelings and how he could  
 7 appropriately move on from the incident, rather than on  
 8 the incident itself, which I believe was the correct  
 9 approach."  
 10 Can I just similar that with you a little.  
 11 A. Yes.  
 12 Q. You have accepted, I think, that there was a history  
 13 known to you of AR and his family seeking to minimise or  
 14 downplay his offending behaviour.  
 15 A. Yes.  
 16 Q. We saw that in the May 2020 email. Likewise in that  
 17 email, the school were expressing their grave concerns  
 18 to you at how at risk they felt if AR returned to  
 19 school?  
 20 A. Correct.  
 21 Q. AR was still under a referral order imposed by the  
 22 court?  
 23 A. Yes.  
 24 Q. He was still at this point assessed by the YOT as posing  
 25 a medium risk of harm to others?

192



1 A. Yes.

2 Q. And we know, in fact, should have been assessed as high.

3 In the light of those four points, do you still think

4 that was the correct approach to take in this case?

5 A. Yes, because they weren't engaging well with any other

6 services and our service is to look at the young person,

7 in this case AR, and they're the focus. It is

8 a person-centred approach and you have to build

9 relationships with them and the family to enable the

10 work to go ahead.

11 Q. That must be right. You have to build the

12 relationships, but that doesn't mean that when you are

13 producing your assessment you ignore those other

14 factors?

15 A. I don't think they were ignored but they just weren't

16 the focus of this. That information still existed and

17 it was the same professionals involved in this episode

18 as the last, so.

19 Q. If it was suggested that this person-centred approach

20 allowed AR simply to deflect any questions or

21 exploration of the risk he posed to others, following

22 a violent assault on another boy by saying that no one

23 had thought about his feelings. Would that be a fair

24 characterisation?

25 A. In hindsight, yes.

193

1 October. He'd had been excluded and then, two months

2 later, gone back to the same school in December in

3 a pre-meditated attempt to target the same child and on

4 each occasion he referred to intending to kill.

5 Do you think that you had those facts sufficiently

6 in mind when you were carrying out this assessment?

7 A. I think I did. I think when I refer to the incident,

8 I'm referring to the actual attack at school not the

9 incidents of knife carrying.

10 Q. In the round, did this end up being far too generous an

11 assessment of AR?

12 A. Potentially. It's hard to say because, at the time, it

13 was all about him and getting his views and feelings

14 across.

15 Q. I think it's right -- you will tell me if I'm wrong --

16 that there was no input from CAMHS into this assessment?

17 A. I don't think so.

18 Q. We've looked at it already today and I don't need to

19 bring it up, but LCC000391 is a supervision note for you

20 with Ms Barrett in late October -- so just around the

21 time you were producing this report -- and you record in

22 that that CAMHS are not returning your calls.

23 A. Right, okay.

24 Q. And I think then -- we will come to the TAF meeting

25 subsequently -- but LCC000085 and LCC000310, the first

195

1 Q. At the bottom of the assessment here, you see:

2 "There have been no violent/aggressive incidents

3 from AR since last year, which was under very specific

4 circumstances ..."

5 Again, in your witness statement at paragraph 58 you

6 expand on that a little and say that you understood

7 those specific circumstances "to be an isolated attack

8 at school due to on going bullying that AR was

9 experiencing" and you refer to it being triggered by

10 specific events which AR perceived to be relentless

11 bullying.

12 A. Yes.

13 Q. You refer a number of times in your statement to there

14 being an incident in October 2019. Do you think, in

15 hindsight, you were conflating the attack in December

16 with the knife-carrying in October?

17 A. Quite possibly. I can't recall specific dates.

18 Q. That's in your witness statement that you prepared this

19 year. Do you think you may have been doing that already

20 by this point?

21 A. At the time?

22 Q. Yes.

23 A. Possibly.

24 Q. Because it wasn't an isolated attack or an isolated

25 incident. He'd brought a knife into school ten times in

194

1 of those in November, the second in January. I do not

2 think CAMHS attended either of those?

3 A. If they're not recorded as attending, then they haven't.

4 We'll have to rely on my notes.

5 Q. Will you take it from me that they're not?

6 A. Yes.

7 Q. Did that lack of input from mental health services

8 hinder your ability to fully assess AR's circumstances?

9 A. I would say probably yes.

10 Q. How far were you thinking of this as a case where the

11 potential diagnosis of ASD had a significant or a very

12 significant role to play in explaining AR's needs and

13 risk?

14 A. Although I was seeking -- family were seeking the

15 diagnosis, we were aware that certain traits were being

16 displayed, so we were working on that basis anyway. The

17 diagnosis would just be the confirmation of that.

18 Q. What work did you know was being carried out by the YOT

19 at this stage?

20 A. He's continuing with his court-ordered sessions around

21 his crime and feelings around that and risk.

22 Q. Did you have a detailed understanding of that or just

23 a general understanding that that was what they were

24 working on?

25 A. More of a general understanding, I think.

196

1 Q. But by this point, November 2020, they had reduced their  
2 contact with him to once a month -- that had taken place  
3 in late September -- and they had completed just three  
4 30-minute structured sessions with him. The rest of the  
5 contact was visits or phone calls but no structured work  
6 done.

7 Do you think you knew that?

8 A. I would assume I did.

9 Q. The YOT also didn't attend either of the TAF meetings.  
10 Would you have expected them to attend?

11 A. If I invited them, yes. I can't recall but if I invited  
12 them as part of the process, I would have expected them  
13 to attend.

14 Q. Would it have been your usual practice to invite the YOT  
15 to attend?

16 A. Yes.

17 Q. In the absence of the YOT, and in the absence of CAMHS,  
18 both in this assessment and then from the TAFs, do you  
19 think that the multi-agency process that you were  
20 coordinating as lead professional was functioning  
21 effectively at this point?

22 A. Probably not on a wider scope, no.

23 Q. Where that was the case, would it have been open to you  
24 to escalate matters to say, as you did to Ms Barrett,  
25 "CAMHS aren't returning my calls" but then to expect

197

1 that's how I took it at the time.

2 Q. It reinforces the concerns that Acorns had raised in  
3 May: the YOT is there to punish AR and they should be  
4 given as little information as possible?

5 A. Yes.

6 Q. He also attempts to limit the information shared with  
7 Acorns as well?

8 A. Correct.

9 Q. Do you know, do you recall now, was there any particular  
10 piece of information he was concerned about. He talks  
11 about things that AR may have shared?

12 A. I don't recall anything specific but this sort of  
13 request wasn't unusual. When you do what's a Radar  
14 form, to complete your CAF assessment, it's quite  
15 invasive, it asks a lot of questions about all family  
16 circumstances. So it wasn't unusual for a family to  
17 sort of push back and ask whether that was relevant or  
18 whether everyone in the TAF process had to know  
19 everything. So that's how I took this message at the  
20 time.

21 Q. In the context of the earlier concerns from Acorns and  
22 the history of this family providing mixed levels of  
23 co-operation, should it have struck you as a little more  
24 concerning than that at the time?

25 A. Possibly. I think at this -- from reading and knowing

199

1 those above you in your team to take steps to try and  
2 get those agencies to engage?

3 A. Yes, usually I'd have support in that.

4 Q. For whatever reason, that doesn't appear to have  
5 occurred, would you agree?

6 A. Yes.

7 Q. Can we go to LCC002302 and the bottom of page 36,  
8 please. Ms Fontaine-Smith, this is the text of  
9 a WhatsApp message that you received from Alphonse R on  
10 2 November. You won't have had the benefit of seeing  
11 this when you prepared your witness statement and we  
12 have to make allowance for that.

13 If we could have the top of page 37 as well, please,  
14 so we have the whole of the message. Thank you.

15 We have looked at this a number of times  
16 Ms Fontaine-Smith, so I hope you will forgive me if  
17 I don't read it out.

18 A. No, that's okay.

19 Q. Have you seen this recently?

20 A. I have, yes.

21 Q. Could I characterise it then as follows, and if you  
22 think I'm wrong please say so: it is an obvious attempt  
23 by Alphonse R to drive a wedge between you and the YOT  
24 in terms of sharing information.

25 A. Looking back, it does look that way but I do not think

198

1 myself, I think, at this stage, I wasn't actually  
2 concerned that I wouldn't be able to share the  
3 information, if that makes sense. So even though he's  
4 saying that, I think I likely felt that I'd be able to  
5 encourage him and talk him round.

6 Q. When he is saying, "We don't want the YOT in this matter  
7 please, they should not know more than they need to see  
8 out their enforcement work and they don't need your  
9 input, please don't involve them anymore", that was  
10 a clear instruction to you?

11 A. Yes.

12 Q. Your view though was that you would be able to persuade  
13 him to change his mind rather than you could share in  
14 any event, just to be clear?

15 A. Potentially, yes.

16 Q. Can we look then at the next entry on page 37, which is  
17 your response. It doesn't provide in that any degree of  
18 push back on what Alphonse has said, does it?

19 A. No.

20 Q. It says:

21 "You are able to withdraw consent at any time  
22 including consent around information sharing and also  
23 I won't be sharing anything without your consent."

24 You aren't seeking to change his mind there, are  
25 you?

200

1 A. Not over text message, absolutely not, no.  
 2 Q. Was there further discussion about this?  
 3 A. I can't recall. If it's not documented, I have to  
 4 assume no. I can't remember.  
 5 Q. This would have been quite an important development for  
 6 the YOT to know about, wouldn't it?  
 7 A. Yes, if he firmly said absolutely no, I feel like  
 8 I would have said it, so ...  
 9 Q. It is not just if he maintains his position and says,  
 10 "No, I don't want it shared"; it's important that they  
 11 know that he has taken that position at all, isn't it?  
 12 A. Yes, but before I would contact them, it would be after  
 13 I had that conversation because then, if he agreed,  
 14 I would then let them know he originally said this but  
 15 now he's agreed.  
 16 Q. It was the YOT who were in charge of managing AR's risk  
 17 to the public: that was your view at the time?  
 18 A. Correct.  
 19 Q. This was information that they needed to note to carry  
 20 out that task effectively, they needed to know that any  
 21 co-operation they received from Alphonse was through  
 22 gritted teeth and that he was trying to prevent them  
 23 from having information about AR, didn't they?  
 24 A. Looking back, yes.  
 25 Q. Certainly, the view of Ms Callon, as corporate witness  
 201

1 A. No. If there was something that a professional needed  
 2 to know or I believed they needed to know, they would  
 3 know and Alphonse would be told that they would be told.  
 4 Q. That isn't what this reply to Alphonse says, is it?  
 5 A. No, it's not something -- that's a discussion --  
 6 a conversation, not a message because messages can be  
 7 ill perceived and it is important to maintain the  
 8 relationship with the family.  
 9 Q. Can we look at LCC000972. I don't think we've looked at  
 10 this before. This is the next day. I think this is  
 11 after you share the CAF assessment with Alphonse, page 2  
 12 of this -- we don't need to look at it -- is an email  
 13 via Egress, a secure mail delivery system. We can see  
 14 from the bottom email:  
 15 "Hi Andrea, your email could not be opened including  
 16 the attachment. Even after opening an account on  
 17 Egress."  
 18 Above that, clearly that issue has been sorted:  
 19 "Hi again, thank you for emailing us the CAF  
 20 report."  
 21 Do you see that there?  
 22 A. Yes.  
 23 Q. Then Alphonse tries to make some suggested corrections.  
 24 Was this a process that involved seeking corrections  
 25 from the family?  
 203

1 for CYJS, was that this was important information for  
 2 Early Help to share with the YOT. You say, in  
 3 hindsight, you would agree?  
 4 A. Yes.  
 5 Q. Ms Callon didn't know of any evidence that this was  
 6 done. Was it shared with the YOT?  
 7 A. If it's not documented -- I can't recall -- so if it's  
 8 not documented, I would have to say no.  
 9 Q. Can you help us with why it might not have been shared  
 10 with the YOT at all?  
 11 A. No, I can't think of any reason why I wouldn't have at  
 12 least rang and said "We can't" because I had  
 13 a relationship with the YOT worker, why I wouldn't have  
 14 rang or emailed to say, you know, consent has been  
 15 withdrawn to include you in the process.  
 16 Q. Or even, "Just to let you know, Alphonse tried to  
 17 withdraw consent, I've managed to talk him round, but  
 18 I'm a bit concerned about his attitude to the engagement  
 19 that you're having with him"?  
 20 A. That would have been a conversation I would have thought  
 21 I'd had but, as I say, I can't recall.  
 22 Q. Do you think that conversation might not have happened  
 23 because it was one that you didn't think Alphonse would  
 24 have consented to and the role of consent in this  
 25 process was taking on rather too great a role?  
 202

1 A. It was a back and forth. So not necessarily corrections  
 2 but their input and influence. They had to consent to  
 3 the assessment.  
 4 Q. What we see is he tries to get you to replace "knives"  
 5 With:  
 6 "... a knife (he carried one knife during that  
 7 period)."  
 8 We know that the knife or knives were carried on  
 9 multiple occasions, whether or not it was the same knife  
 10 or not perhaps is not the best point; is that fair?  
 11 A. That's fair, yes.  
 12 Q. He does say:  
 13 "Reading the report has brought clarity and answered  
 14 our concerns."  
 15 This doesn't appear to reflect any sort of  
 16 discussion that you have then had about information  
 17 sharing. He doesn't say: I told you yesterday, I don't  
 18 share with the YOT but I've changed my mind, for  
 19 example.  
 20 A. Yes.  
 21 Q. He might not say anything quite so clearcut as that, but  
 22 there's nothing we can draw from that, to that effect?  
 23 A. No.  
 24 Q. When one looks at this passage of events, do you think  
 25 that, in hindsight, you may have been allowing  
 204

1 Alphonse R to manipulate the fact that you were  
2 a consensual service, rather?  
3 **A.** In hindsight maybe. It's the way I worked with all the  
4 families though.  
5 **Q.** We've touched very briefly on the TAFs in November and  
6 January. I don't want to take you to the notes of  
7 those. You set out the further work that you did,  
8 including those TAFs, in your witness statement at  
9 paragraph 66 to 73, on page 13.

10 On 14 January, you received a call from Alphonse  
11 telling you that, in the course of an argument, AR had  
12 started throwing water and threatened to break his  
13 laptop and that then when Alphonse tried to prevent him  
14 from doing so, AR had kicked him. Do you recall  
15 receiving that call?

16 **A.** Yes, I think so. Well, I don't know if just reading it  
17 has jogged my memory but yeah.

18 **Q.** Let's get up the notes and, again, it's one that you  
19 wouldn't have seen when preparing your statement, so  
20 fair to share it with you. LCC002302, bottom of  
21 page 41. The penultimate entry on that page. Again,  
22 you give Alphonse some advice about de-escalating the  
23 situation when there is physical confrontation?

24 **A.** Yes.

25 **Q.** Is it fair to say that, on the information that you  
205

1 violent offending?

2 **A.** I don't know. Only -- I don't know. Maybe because it  
3 was a family dispute, I don't know.

4 **Q.** I'm going to push you a little bit on that  
5 Ms Fontaine-Smith because, "It was only a family  
6 dispute", is not, I suspect, the sort of way you have  
7 been trained to think about --

8 **A.** Not only a family dispute, as in to minimise it, but it  
9 was a family dispute; it wasn't something that Alphonse  
10 wanted to report. I honestly can't tell you what my  
11 thought process was at the time.

12 **Q.** It should have been flagged to the YOT by you when you  
13 first found out about it, shouldn't it?

14 **A.** I would think so, yes.

15 **Q.** But you didn't do so?

16 **A.** No, it appears not.

17 **Q.** I think on 20 January, you learned from Mr Fitzpatrick  
18 that, after AR had kicked Alphonse -- and you may have  
19 learned the additional detail at this point, that it was  
20 in the testicles -- he had responded inappropriately by  
21 striking AR on the face. Do you recall that?

22 **A.** Yes.

23 **Q.** That led to you doing a home visit on 25 January. If we  
24 could look to the bottom of page 42 for your entry in  
25 respect of that. Before we look at that, I ought to  
207

1 received from Alphonse at this point, AR was very  
2 clearly the aggressor?

3 **A.** Yes.

4 **Q.** You gave that advice; you don't pass that information on  
5 to the YOT, do you, at that time?

6 **A.** If it's not recorded, then, no, I did not.

7 **Q.** We also know that a little while later, Mr Fitzpatrick  
8 of the YOT gets hold of you because he's received the  
9 same account but from the perspective of AR. So he's  
10 the one making contact with you when he finds out about  
11 the same incident. It doesn't look as though you have  
12 gone to them and said, "By the way, I have just been  
13 told this has happened"; would you agree with that?

14 **A.** That's fair. Yes.

15 **Q.** This was an assault by AR on his father. You would  
16 agree with that?

17 **A.** Yes.

18 **Q.** It arose out of an extreme response to an argument?

19 **A.** Yes.

20 **Q.** On Alphonse's account, and I appreciate that at this  
21 stage you may not have had the full picture, AR was  
22 totally in the wrong?

23 **A.** Correct.

24 **Q.** Why not refer that to the YOT who were responsible for  
25 managing AR's risk to others and the response to AR's  
206

1 make one point clear which is that I think around this  
2 time you had a period of self-isolating with Covid --

3 **A.** Yes.

4 **Q.** -- and that may be part of the picture for why you  
5 didn't report the matter to the YOT, although I don't  
6 think you would say that that meant you shouldn't have  
7 done so?

8 **A.** Correct, yes.

9 **Q.** This is a note of your home visit on 25 January. I'm  
10 not going to read it out again. It's one we have looked  
11 at before, I think, and you will have looked at that in  
12 preparing your evidence.

13 **A.** Yes.

14 **Q.** Could I summarise this, having spoken to both of them,  
15 it becomes clear that the full sequence of events is  
16 that there is an argument over gardening around where  
17 AR's hamster was buried?

18 **A.** Correct.

19 **Q.** In the course of that argument AR threatens to break his  
20 father's laptop?

21 **A.** Yes.

22 **Q.** AR is responding extremely there to a minor domestic  
23 dispute. Alphonse tries to prevent him and he was not  
24 wrong to do so.

25 You nod your head, just for the transcript.  
208

1 A. Yes.

2 Q. AR then kicks Alphonse in the testicles and Alphonse  
3 respond inappropriately by striking AR in the face?

4 A. Yes.

5 Q. One might not unreasonably take the view that perhaps  
6 nobody comes out of this with a great deal of credit but  
7 it was AR's extreme reactions that were at the root  
8 cause of this incident, wasn't it?

9 A. Yes.

10 Q. When you spoke to AR, you explained that his behaviour  
11 is not acceptable and that it was assault:

12 "[AR] did not show remorse and said he wasn't sorry.  
13 He didn't injure or hurt his dad much as he was only  
14 wearing slippers not shoes."

15 When one looks at this in the round, an extreme  
16 reaction to a perceived slight that has escalated into  
17 violence and where there is no remorse shown, do you  
18 think it is right to say that there were parallels with  
19 AR's behaviour in December 2019?

20 A. Yes.

21 Q. The response to this from you and from CYJS was to  
22 consider whether a safeguarding referral was needed and  
23 that was fundamentally because of the risk to AR from  
24 his father using force against him; is that fair?

25 A. That's fair, yes.

209

1 A. I think so, yes.

2 Q. For both teams that are within LCC to step away at the  
3 same time, means that there is quite a dramatic and  
4 sudden reduction in the support available to this  
5 family, doesn't it?

6 A. Yes.

7 Q. Second, you found out on 4 February, when you carried  
8 out a final visit with Alphonse R and AR, that AR had  
9 just received his diagnosis of autism spectrum disorder  
10 and that it was one that he was not accepting of. Do  
11 you recall that?

12 A. Yes.

13 Q. You wince ever so slightly, it's in the notes. Will you  
14 take it from me that that's what's recorded there?

15 A. Yes.

16 Q. It was also, of course, very shortly after that assault  
17 that we have just been talking about, so there were  
18 signs that the positive steps that may have been taken  
19 in the relationship between Alphonse and his son were,  
20 at best, fragile?

21 A. Yes, it was a difficult relationship. A lot of that  
22 incident of violence in the home was possibly overlooked  
23 due to his ASD. Violence within the home from children  
24 with ASD in the home is fairly common, so maybe it was  
25 overlooked due to that.

211

1 Q. Was there any meaningful consideration of the risk that  
2 AR posed to others?

3 A. No, I don't believe there was.

4 Q. In circumstances where he was still on a referral order  
5 as a result of his offending in December 2019, which you  
6 accept there were parallels with in this incident, that  
7 should have been considered, shouldn't it?

8 A. Yes.

9 Q. It wasn't considered because there was an overly narrow  
10 focus on risks to AR as a child, rather than risks from  
11 AR as a child?

12 A. Correct.

13 Q. Shortly after this, the decision is taken to close the  
14 case to CFW for a second time?

15 A. Yes.

16 Q. You have given the rationale for that in your witness  
17 statement from paragraph 83 onwards on page 15 and,  
18 again, we have been through that with Ms Barrett this  
19 morning.

20 Can I just pick up three elements from it.

21 A. Okay.

22 Q. First of all, would you have been aware that you were  
23 closing the case to CFW at almost exactly the same point  
24 as the YOT were closing because of the end of the  
25 referral order?

210

1 Q. Was there a case here for, on those factors -- the new  
2 ASD diagnosis, the recent assault and the YOT closing at  
3 the same time because the referral order had ended --  
4 your support having endured somewhat longer, just on  
5 those three factors?

6 A. Potentially, but, again, no clear role for us. It was  
7 something we'd have to justify higher up, why we were  
8 remaining open after -- already beyond the 12 weeks that  
9 we should be working with him.

10 Q. Can we see if there was something that might have  
11 justified it, if we can look to LCC001510, page 2. What  
12 we have here is 2 February, top email, and it's sent to  
13 you by Mrs Lewis at The Acorns School; did you see that?

14 A. Yes.

15 Q. It attaches "a concern form for AR, for your  
16 information, that was sent yesterday", and this was the  
17 second Prevent referral for AR. You would therefore  
18 have received that on 2 February?

19 A. Yes.

20 Q. We can go to it if need be but, on its face, it says  
21 that it was a referral that was made after consultation  
22 with the CT -- Counter Terrorism/Prevent manager for  
23 LCC. You would have been aware, therefore, that it was  
24 something that LCC had been involved in, a different  
25 team, a different department --

212

1 A. Yes.  
 2 Q. -- but they had had sight of and awareness of before it  
 3 came to you?  
 4 A. Yes.  
 5 Q. When you deal in your witness statement with Prevent  
 6 referrals, at paragraph 88, you say you would have  
 7 expected the fact of a Prevent referral about one of  
 8 your children, if I can put it that way, to be cascaded  
 9 down to you from somebody more senior. In this case, it  
 10 appears it came in direct to you?  
 11 A. Yes.  
 12 Q. In that case, would you have expected to cascade it up  
 13 to flag to your line manager, "We were just about to  
 14 close AR but we have just had a Prevent referral for  
 15 him"?  
 16 A. I would think that that would come into conversation  
 17 around closure definitely.  
 18 Q. You were aware of what Prevent was?  
 19 A. Yes.  
 20 Q. A referral was something to be taken seriously, wasn't  
 21 it?  
 22 A. Yes.  
 23 Q. Again, I will be corrected if I'm wrong, the fact that  
 24 a Prevent referral had been received just before AR's  
 25 case was closed for the second time, doesn't appear on  
 213

1 or forwarding it, do you think you may simply have  
 2 overlooked the fact that you received a Prevent referral  
 3 about AR, just as you were closing the case?  
 4 A. Quite possibly.  
 5 Q. That would be a concerning the state of affairs, if so,  
 6 wouldn't it?  
 7 A. Yes.  
 8 Q. It would be a failure on your part --  
 9 A. If that's the case, yeah.  
 10 Q. Overall, your involvement with AR spanned nearly a year,  
 11 as you said. As far as you were concerned, while you  
 12 were involved, while you were working with AR, was it  
 13 solely the Child and Youth Justice Service that were  
 14 responsible for identifying and managing risk to others?  
 15 A. Yes. That was never really something that we looked at  
 16 or that came into our remit when we were assessing or  
 17 working with them.  
 18 Q. After you, just after the YOT had also -- had both  
 19 closed the case, who took on that responsibility then?  
 20 A. It falls to the -- what was then classed as universal  
 21 services, school, GP. I think he was under CAMHS maybe.  
 22 So the other services that were involved.  
 23 Q. Ms Fontaine-Smith, you have very patiently answered my  
 24 questions. Before I see if there are any from anyone  
 25 else, do you have anything that you would like to add?  
 215

1 any version of AR's case notes and doesn't feature in  
 2 any of the closure documentation about AR's case. We've  
 3 not been able to locate any response by you to this  
 4 email of 2 February; does that surprise you?  
 5 A. Yes, I'm surprised that I've not at least uploaded it  
 6 onto the system or sent it onto my manager or anything.  
 7 Q. There's no sign whatsoever that the fact that a Prevent  
 8 referral had just been received was considered when  
 9 making any of the decisions around closure of this  
 10 episode; does that concern you?  
 11 A. It does because a Prevent referral alone wouldn't have  
 12 been reason alone to remain open. So there was no  
 13 reason not to share that information.  
 14 Q. What about a Prevent referral in conjunction with  
 15 a recent assault, in conjunction with a new and  
 16 unaccepted ASD diagnosis and in conjunction with the  
 17 other team within LCC stepping away at the same time.  
 18 It's a very difficult picture for this family at this  
 19 point?  
 20 A. It is and it's lots of individual services covering each  
 21 area, I suppose. So, all of those bits of work and all  
 22 those things can be addressed through the relevant  
 23 services without our oversight or input.  
 24 Q. Do you think, given that there is nothing in the closure  
 25 documentation and seemingly no email responding to this  
 214

1 A. No.  
 2 MR GOSS: Sir.  
 3 SIR ADRIAN FULFORD: Thank you very much for coming. We are  
 4 very grateful for your evidence, you are now free to go.  
 5 THE WITNESS: Thank you.  
 6 *(The witness withdrew)*  
 7 SIR ADRIAN FULFORD: Mr Moss.  
 8 MR MOSS: Thank you, sir, as will be apparent, we're not  
 9 going to have time in what remains this afternoon to  
 10 deal with the evidence of Ms Ashworth. She has kindly  
 11 agreed to come back on Monday.  
 12 SIR ADRIAN FULFORD: I'm very grateful to her for that.  
 13 MR MOSS: That means that for Monday, the schedule will be  
 14 Ms Ashworth first; it would then be Ms Anderson  
 15 corporate witness on behalf of Children's Social Care;  
 16 Ms Coombes, from Lancashire County Council, giving  
 17 corporate evidence on behalf of Adult Social Services;  
 18 and then Sarah Connolly for the Department, DSIT.  
 19 Sir, with your permission what we propose to do is  
 20 to use what I am we have left this afternoon to deal  
 21 with the two presentations that were due earlier in the  
 22 week.  
 23 **Summary of further evidence in relation to the mental health**  
 24 **treatment of AR**  
 25 1. This is a short public presentation on other  
 216

evidence made available to the Inquiry on the topic of the mental health treatment provided to AR. As with previous presentations, this will not, and is not intended, to cover all of the material that has been disclosed. Instead, by this presentation we aim to provide a high-level objective overview that makes public key statements and other materials which have been received by the Inquiry but where the witness has not been called, or the material has not yet been brought out in the public hearings.

2. The Inquiry has already heard a great deal of evidence from CAMHS practitioners. In addition, statements were also obtained from the following CAMHS practitioners not called to give oral evidence: Mr Skott Morgan (AR's case manager from December 2019 - February 2020); Mr Samuel Coppard (AR's case manager from May 2020-August 2020 and family therapist allocated to AR's family from May 2022 - April 2024); Ms Samantha Steed (AR's case manager from April 2021-August 2022); Ms Jill Locke (AR's brother, Dion R's, case manager); Ms Emma Walker-Riley (Specialist Safeguarding Practitioner); and Ms Michelle Warner (AR's keyworker from November 2021 - March 2022). The narratives provided by these individuals within their statements are detailed and lengthy, and it would be impossible to seek to summarise

217

6. Further details of Mr Morgan's interactions with other agencies are set out within his witness statement. His last involvement with AR's case was to write to Ms Anna Jameson, Social Worker at LCC Children's Social Care, on 14 February 2020 [AHCH000095 p.5-6]. In that communication he provided an overview of his opinion on AR's communication skills, social skills and daily living routines. He concluded that AR was a "bright young man who has good insight into computers with potential to learn to understand the world around him". He said that he felt that "with time [AR] will learn to understand his emotions and regulate them with situational contexts". Mr Morgan explained that he would have liked to have carried out a handover of AR's case to the next case manager but due to personal reasons he did not complete this. He left CAMHS in February 2020.

7. Mr Coppard is a Clinical Lead at Alder Hey NHS Children's Foundation Trust [AHCH000289]. He was AR's case manager from 7 May 2020 until 11 August 2020, and was also allocated to AR's family as their family therapist from May 2022 until 23 April 2024. In addition, he had some involvement in overseeing AR's care as part of his managerial/supervisory role.

8. Turning first to his involvement as AR's case

219

every aspect of their involvement within this presentation. Instead, we have attempted to summarise just the key aspects of their involvement.

3. Mr Skott Morgan worked as a Senior Mental Health Practitioner at CAMHS and was AR's case manager from December 2019 until he left CAMHS in February 2020 [AHCH000293].

4. Mr Morgan attended the multi-agency strategy meeting which took place on 17 December 2019 and attended a face-to-face session with AR on 20 December 2019. At that session, AR explained that he felt he had ADHD but that he did not think he had autism, having researched the symptoms online. He said he felt he was different to his peers but could not explain why. In relation to the hockey stick attack, AR explained that he had come up with the idea on the Saturday night prior to the attack. AR explained that when he got to the school, he felt sad when he could not find the boy he had come to attack and that he would only have used the knife if the hockey stick did not hurt the boy the way that he had been hurt.

5. On 8 January 2020, Mr Morgan completed a CAMHS Risk Management Tool for AR [AHCH000162 p.14]. He noted that there was a risk of intentional harm to others in that risk assessment.

218

manager. He did not receive a handover from Mr Skott Morgan, because by the time that Mr Coppard was assigned to AR, Mr Morgan had left CAMHS. Nonetheless, his evidence is that he was aware of the hockey stick incident in December 2019.

9. His first direct contact with AR was on 15 May 2020 when he had an introductory telephone call with AR and his father. He asked AR what he felt his needs were that needed to be addressed, and AR said there were none, and he confirmed that there was nothing he wanted to discuss in relation to therapy. However, AR did agree that his worries about going out of the house might be something worthwhile discussing. Mr Coppard spoke to AR again on 18 May 2020 and 1 June 2020, but on further calls on 12 June 2020 and 15 June 2020, AR refused to speak to him. At a multi-disciplinary meeting on 17 June 2020, Mr Coppard reported that AR was not engaging or participating in therapeutic work with him.

10. Mr Coppard agreed to offer a face-to-face appointment for AR which AR did attend on 2 July 2020. At that appointment, AR said that his main issue was with "nerve"s and that he had experienced anxiety since year 5 at school. AR said he did not think he had autism. A further face-to-face appointment was

220

scheduled for 9 July 2020 but AR did not attend as he said he was unwell.

11. Thereafter, AR attended a face-to-face appointment with Mr Coppard on 16 July 2020, but Mr Coppard failed to document the details of that appointment. AR failed to attend further appointments on 23 July 2020 and 11 August 2020.

12. At a multi-disciplinary team meeting on 29 July 2020 it was agreed that AR should be discharged from CAMHS as AR was not engaging with treatment. Mr Coppard entered "no further appointment" on the CAMHS records but AR was not formally closed on the CAMHS system at that time (although Mr Coppard's view is that he should have been).

13. Mr Coppard accepts that he failed to update AR's risk assessment whilst he was his case manager, however, he explains that in his view there was no increase in risk in the period in which he was AR's case manager which would have caused him to alter the risk assessment on the CAMHS file. Mr Coppard role as AR's case manager came to an end on 11 August 2020.

14. In Mr Coppard's managerial and supervisory role, Mr Coppard allocated Ms Samantha Steed to AR as his new case manager on 1 April 2021, after he was informed by Ms Lynsey Boggan from the ASD pathway that

221

AR's anger management problems. They also discussed AR's parents adapting their parenting style and staying safe.

17. Further sessions took place with Mr Coppard on 29 November 2022, 21 February 2023, 28 March 2023, 25 April 2023, 23 May 2023, 18 July 2023, 7 November 2023, 9 January 2024, 20 February 2024, and 23 April 2024. The sessions focused on family dynamics, communication and understanding AR's needs in the context of his autism diagnosis. They also explored issues such as parental authority, cultural expectations and emotional regulation. At the final family therapy session on 23 April 2024, AR's parents said they felt it had been a difficult journey at times with professionals, and they felt disempowered and misunderstood at times. They raised concerns that they felt that at times their parental confidence and competence was being undermined. It was agreed that family therapy should come to an end and a closure letter should be shared, but that AR would continue under the care of his then CAMHS case manager, Ms Kathryn Morris, who would review the plan for AR and decide on next steps as AR's 18th birthday was approaching.

18. Mr Coppard noted that in his dealings with AR's parents, parental stress and intra-familial conflict was

223

AR had received a diagnosis of ASD and AR's father had requested a new CAMHS appointment in light of AR's increasing levels of anxiety. As part of his managerial role, Mr Coppard was also involved in various multi-disciplinary team meetings and discussions with CAMHS staff in relation to AR over the course of the following 13 months (April 2021 - May 2022) which are detailed in his witness statement.

15. From June 2022, Mr Coppard also acted as the family therapist to AR's family. These sessions were attended by AR's parents but not by AR. The first appointment took place on 28 June 2022. At that session, AR's father raised concerns that AR needed to be back in education, need to not spend as much time in his room, and needed to stay healthy and talk more. AR's father indicated that AR did not want to participate in family therapy sessions.

16. A further session took place on 16 August 2022, at which AR's father spoke about losing his authority in the home and a lack of respect from AR. He also raised concerns about AR being aggressive towards him. The key themes discussed in the session were of control, mistrust and talking therapy not addressing the need to understand what was going on with AR. The session also covered AR's parents' fear of AR being sectioned, and

222

evident, with reports of frequent shouting, emotional dysregulation and breakdowns in communication, both within the family home and in interactions with professionals.

19. In relation to multi-agency working, Mr Coppard explains that the differing thresholds for risk and interventions sometimes led to inconsistencies in response, particularly between health and social care. He explains that as AR's case involved coordination between Sefton and Lancashire, this created ambiguity around responsibilities and pathways, and the lack of a clear protocol for managing cross-border cases contributed to delays and confusion. Mr Coppard's involvement with AR and his family ended in April 2024.

20. Ms Steed was a Senior Mental Health Practitioner at CAMHS [AHCH000290]. She was assigned to AR as his case manager from 1 April 2021 until August 2022.

21. Ms Steed first saw AR in a video appointment on 1 April 2021. AR's father report difficulties with AR going outside and that AR found social interaction scary. AR's father reported that there had been an incident at the Range High School whereby AR had experienced bullying which had resulted in him attempting to exact revenge, which had gone badly wrong

224



when AR hurt a pupil who was not involved with bullying him. CTI understands this to be a reference to the hockey stick incident in December 2019. AR's father also raised a concern that AR was extremely underweight and could be verbally confrontational and physically violent towards him.

22. Ms Steed had further regular appointments with AR throughout April and May 2021, and then continued to see AR in June - August 2021, albeit more sporadically.

23. In August 2021, concerns were raised by Dr Ramasubramanian, from whom the Inquiry has heard oral evidence, that AR's father was being disrespectful in his interactions with her.

24. In a session with Ms Steed on 17 August 2021, AR alleged that his father had made emotional threats to AR; attempted to throw plates at him; hit his brother; and waved a knife at him and said "I could kill you now". AR also disclosed that he had thrown cold water over his father. Ms Steed shared these disclosures with Stacey Haydock, a Social Worker from the Lancashire Duty and Assessment team, in a telephone call on 18 August 2021. Ms Haydock agreed to follow up with the family in this regard.

25. Ms Steed informed AR's father on 19 August 2021 that she had shared safeguarding concerns with social

225

later the same day.

28. Ms Steed continued to attend multi-disciplinary meetings about AR over the course of the next few months. At a CAMHS multi-disciplinary team meeting on 25 May 2022, she expressed concern for AR's physical health and mental wellbeing and raised safeguarding concerns in relation to his non-attendance at school; long periods of not leaving the family home; and incidents in the family home. It was agreed that Ms Steed would make a request for AR's GP to run some physiological and blood tests, which she duly did.

29. On 26 May 2022, AR's father called CAMHS to request again a new case manager. Shortly thereafter, on 14 June 2022, Dr Ram requested that AR be reallocated to a new psychiatrist as she no longer felt safe to work with AR's father. We heard evidence of this from Dr Killen of course. Accordingly, Dr Molyneux was assigned to replace Dr Ram. On 19 July 2022, Ms Steed raised concerns by email with Dr Molyneux and Dr Killen that there was a "serious safeguarding issue" in relation to AR and that a new referral to social care needed to be made [AHCH000064 p.3].

30. Ms Steed's last involvement with AR's case was on 9 August 2022. From 5 September 2022, Ms Kathryn Morris took over as AR's case manager.

227

care and AR's father then requested that a new CAMHS case manager be allocated. This request was repeated in a call on 10 September 2021. Ms Steed also took part in a number of multi-disciplinary team meetings around this time which are detailed in her statement.

26. On 5 November 2021, AR's mother called Ms Steed to inform her that she was very scared; that AR had "trashed the house"; and that she had called the police. Later the same day Ms Steed contacted Ms Louise Lewis from the Children and Family Wellbeing Service at Lancashire County Council to advise of her concerns in relation to the longstanding difficulties for AR and his family, and in relation to AR's mother's call earlier that day. Ms Steed's view at that time was that AR's family were in crisis and needed additional social care support. The next steps taken are detailed in Ms Steed's statement.

27. On 17 March 2022, CAMHS were informed by telephone from AR's father that AR had been reported to the police as missing. AR's father later informed Ms Steed that he believed AR had a small knife in his possession. Ms Steed texted AR to encourage him to go back home and sought safeguarding advice from the CAMHS safeguarding team. She was later informed that AR was returned home safely by the police "without incident"

226

31. As to assessment of risk in AR's case, Ms Steed noted that she updated AR's CAMHS risk assessment tool once on 12 August 2021 [AHCH000154 p.2-3]. She accepts in her statement that recording of risk is the case manager's responsibility and that risk should be reviewed and updated at 3 monthly intervals, or sooner if needed. She explains that she was shocked to see that there were no more recorded risk assessments or risk management tool entries undertaken during her involvement.

32. Ms Steed explains that she found inter-agency working difficult at times in terms of liaison and information sharing. She feels that liaison was difficult with the Lancashire SEND team and that there wasn't a shared narrative of AR's risk with Lancashire Social Care. On reflection, she feels that CAMHS and Lancashire Social Care could have worked better together in terms of planning and responding to AR and his family's needs.

33. Ms Michelle Warner worked as a Keyworker at CAMHS at the relevant time [AHCH000261]. She explains that within this role, due to training she was undergoing at that time, she also worked in the family therapy clinic and offered systemic intervention under the supervision of Mr Samuel Coppard. Ms Warner was

228

AR's assigned Keyworker between November 2021 and 22 March 2022. In that time, she had seven direct contacts with him: five face-to-face sessions, and two telephone sessions. Her last contact with AR was on 15 March 2022. She also worked within the family therapy clinic and supported Mr Coppard in the family therapy he provided to AR's parents on at least three occasions (28 March 2023, 20 February 2024 and 23 April 2024).

34. Turning first to Ms Warner's involvement with AR as his keyworker. AR reached the top of the keywork waiting list in approx. November 2021, and on 26 November 2021, Ms Warner was informed by Ms Steed that AR was happy to accept support from her. The first key work session took place on 11 January 2022. During this session, AR and his mother explained that AR needed support to manage his anxiety. Ms Warner went for a walk with AR and AR talked about experiencing racism in the past, and said he did not feel autistic and did not understand what the label meant. She agreed a plan with AR for weekly sessions to take place with the aim of supporting him to leave the house more. In her note of the session with AR, she recorded "Current risk identified: No" [AHCH000164 p.15].

35. She undertook further sessions with AR on  
229

parents on 28 March 2023, 20 February 2024 and 23 April 2024. AR's parents attended these sessions but AR did not. At the 28 March 2023 session, AR's parents said that they didn't trust CAMHS and felt that what had been written by them in CAMHS documentation led them to believe that CAMHS was prejudiced against them. At the session on 20 February 2024, AR's father reported some improvements in AR's outbursts since starting family therapy but AR's mother accused Mr Coppard of trying to split the family up. She said she did not feel family therapy could support her or AR. In the final session on 23 April 2024, it was agreed that AR's family would be discharged from family therapy, but that AR would remain open to CAMHS under the care of his then case manager Kathryn Morris, who would review the overall plan and decide on next steps. After this final session, Ms Warner had no further involvement with AR or his family. During her interactions with AR's parents, she found AR's father to be pleasant and engaging, and she felt comfortable talking both with AR's father and mother.

38. Ms Warner explains that during her interactions with AR she never felt unsafe or that he might cause harm to another person in the community. Her view was that the responsibility for overall risk management

231

18 January 2022, 15 February 2022, 1 March 2022 and 15 March 2022. The focus of these sessions was on supporting AR to leave the house more. Throughout her involvement, Ms Warner continued to record in her session notes on the CAMHS electronic patient record system that AR was not identified to pose any current risk.

36. In the final session on 15 March 2022, AR said that he had found the sessions helpful as he had begun to leave the house more, but felt that he did not want to do any more keywork and he would prefer to have support from his school. Following this session, Ms Warner informed Ms Steed that AR wished to stop his keywork sessions and on 22 March 2022 in a telephone call between Ms Warner and AR's father, it was agreed that as AR had completed his original goals of being able to leave the house more and he didn't want to work towards a new goal with key work, AR should be closed to the keywork team within CAMHS. It was agreed that AR could be re-referred to keywork if needed in the future. Ms Warner had no further direct involvement with AR in her keyworker role thereafter.

37. Ms Warner continued to have some involvement with AR's family in her role within the family therapy clinic. She attended family therapy sessions with AR's  
230

stayed with the case manager, who did not report any concerns to her in relation to working alone with AR or being in his home or community settings with him.

39. Within her statement, Ms Warner questions whether in AR's case, joint working arrangements were complicated by the fact that AR was under the care of a Sefton GP and CAMHS, but a Lancashire Local Education Authority and Social Care team. She explains that she was unaware that AR had been accessing violent material online, and that this would have been useful for her to be aware of in her interactions with AR. In her view, had she been aware of this information, she may have asked more questions in relation to this, particularly when AR shared his interest in international politics with her.

40. Ms Walker-Riley is a Safeguarding Specialist Practitioner at CAMHS [AHCH000259]. She did not have any direct contact with AR because her role is to provide safeguarding advice, support and supervision to CAMHS practitioners.

41. She provided safeguarding supervision to Mr Coppard on 6 August 2020 in relation to AR, when Mr Coppard discussed AR's case with her. Unfortunately, she has no recollection or notes of this safeguarding supervision meeting.

232

42. Ms Walker-Riley also refers to a note of a safeguarding supervision by her with Ms Steed on 25 May 2022 [AHCH000164 p.74]. The note records that there were grave safeguarding concerns for AR's emotional and physical wellbeing and that AR was not attending school or leaving the house. It is noted that a referral for Early Help intervention had been made and that another referral should be made by CAMHS. It was also agreed that Ms Steed would discuss AR at the multi-disciplinary team meeting on 1 June 2022 to discuss next steps and to put a plan together, but that Ms Steed felt unable to continue as AR's case manager due to AR's father's response to her work with AR. Ms Walker-Riley explains that she has no recollection of this discussion and cannot recall what the grave safeguarding concerns in relation to AR were.

43. Ms Walker-Riley explains that she had no involvement in AR's assessment, diagnosis or treatment.

44. Ms Locke was a mental health practitioner within CAMHS at the relevant time [AHCH000260]. She worked with AR's brother Dion R as his case manager from 2016 onwards. No concerns were raised with her in relation to AR until June 2019 when during an appointment in relation to Dion R, AR's father disclosed that he and AR's mother felt that DR's

233

from Ms Janine Lloyd, the chief executive of Parenting 2000 [PAR2000017], and Ms Claudia Aldersley [PAR2000018], a therapeutic counsellor at Parenting 2000 who provided therapy to AR in 2019-2020.

48. In her statement, Ms Lloyd provides an overview of the work done by Parenting 2000. She explains that the services provided by Parenting 2000 includes therapeutic counselling and support to families. She explains that Parenting 2000 will escalate concerns in relation to how a child is presenting clinically by making a referral to CAMHS, and any concerns in relation to safeguarding are escalated by contacting the Sefton Children's Help and Advice ("CHAT") Team within Sefton County Council.

49. Ms Aldersley explains in her statement that she is a qualified therapeutic counsellor and that her role at the relevant time involved working with children and young people who required counselling on a 1:1 basis. Her involvement with AR began on 30 May 2019, when AR's father requested privately funded therapy with Parenting 2000, to enable him to be seen whilst they waited for AR to reach the top of the waiting list for NHS funded therapy (also with Parenting 2000). A copy of the referral form completed by AR's father is at [PAR2000003].

235

difficulties had taken a toll on AR. Following AR's referral to CAMHS, Ms Locke was invited to attend the multi-agency strategy meeting on 17 December 2019, but was unable to attend. However, she went on to attend several professional discussion meetings, the detail of which are set out within her witness statement. Her last appointment with Dion R was on 21 July 2022, and at that stage, her involvement with AR's family came to an end. She explains that all of her involvement was with Dion R, and she was not involved directly in any CAMHS intervention for AR.

45. That concludes the evidence obtained from CAMHS at Alder Hey Children's NHS Foundation Trust.

46. I turn next to the involvement of Parenting 2000, to which there has already been some limited reference made in the evidence heard by the Inquiry so far.

47. Parenting 2000 is a company, limited by guarantee, which is registered as a charity. It was set up in 1994 with the aim of helping families overcome the challenges of everyday life. It provides interventions at an early help and preventative stage that provide emotional and practical support and guidance to children and young people aged 6-25 and their parents/responsible adults. The Inquiry has obtained witness statements

234

50. AR attending seven privately funded counselling sessions with Ms Aldersley on 30 May 2019, 27 June 2019, 11 May 2019, 25 July 2019, 8 August 2019, 12 September 2019 and 3 October 2019. Her notes of these sessions are at [PAR2000005].

51. She explains that the key themes discussed in these sessions were AR's symptoms of anxiety, particularly in relation to his fear of eating in public and the fear of public speaking in school.

52. On 14 October 2019, AR's father requested that the sessions be put on hold until AR reached the top of the NHS waiting list. The next day, AR's father called Ms Aldersley to explain that AR had taken a knife into school and that AR had told Childline who had reported it to AR's school, which had resulted in his permanent exclusion. As such, AR's father sought further support for AR, and Ms Aldersley transferred AR to a project called 'Sunshine and Showers' which enabled the provision of funded counselling to AR by Parenting 2000.

53. From October 2019, Ms Aldersley saw AR for a further 14 counselling sessions which took place every few weeks or so thereafter. The final session took place on 19 May 2020. She explains that the themes of these sessions were significantly different to the earlier sessions. AR spoke about feelings of anger and

236

injustice; how he didn't feel listened to in relation to the bullying he perceived he had experienced at school; and how he felt his elder brother was favoured by his parents. In her interactions with AR, Ms Aldersley felt AR showed an inability to understand the consequences of his actions and a significant lack of empathy.

54. On 17 October 2019, Ms Aldersley called the CAMHS crisis line. The purpose of this call was to share information with CAMHS about her concerns about AR not understanding the consequences of taking a knife into school. She felt AR needed more specialist support. CAMHS informed her that AR had been referred to Targeted Support and that he would receive support in relation to knife crime. During the call, Ms Aldersley also asked to have AR's ASD assessment expedited, as she felt he would receive more support if the diagnosis came through quicker. She was told that there were no reasons why an appointment is ever expedited on the ASD pathway. Ms Aldersley's last contact with AR was at her last session with him on 19 May 2020.

55. Ms Aldersley also worked with AR's father when he attended a parents support course called 'Youth Connect 5' which began on 27 February 2020. This was a course which ran over five weeks offered to fathers and male carers, its aim is to give parents and carers

237

diversion in this manner is not indicated, then any additional needs or vulnerabilities identified in the assessment process are referred to external agencies such as social care and/or CAMHS as appropriate.

58. Ms Hallaron first came into contact with AR on 11 December 2019 when AR was arrested for possession of a bladed article in school premises. She saw AR for a face-to-face assessment and the record of that assessment is available at [MERC000009]. Within the record of the assessment, she noted that, in relation to the hockey stick incident, AR reported that he wouldn't have felt sad if he had hurt the victim; that whilst he did not plan to use the knife, he would have done if the hockey stick did not work; and that he had wrapped tissue paper around the handle to get a better grip. AR was asked if he was planning to kill 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 said the idea for the hockey stick attack came from a random thought on the previous Saturday. When asked why AR had assaulted the boy, AR said "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". AR reported that he liked the student he hit and

239

the knowledge, skills and understanding they need to help children develop strong emotional wellbeing through resilience building techniques. She explained that AR's father fully engaged with the course and attended each week. AR's father provided a testimonial following completion of the course which is at [PAR2000006].

56. The Inquiry has obtained a statement from Stephanie Hallaron [MERC000026] who was a Band 6 Liaison and Diversion Practitioner within the Liaison and Diversion Service within the Criminal Justice Youth Liaison Diversion Team ("CJYLD") at Mersey Care NHS Trust. The CJYLD identifies people with mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system. The service then supports people through the early stages of the criminal justice system, by referring them to appropriate health or social care services, with the aim of enabling them to be diverted away from the criminal justice system.

57. Ms Hallaron explains that the CJYLD's process typically involves an assessment of a young person to identify if they may require diversion from the criminal justice system ie if they are in a mental health crisis and require assessment under the Mental Health Act and an admission to a psychiatric hospital is needed. If

238

it did not bother him that he assaulted the boy as he did not get badly hurt. In addition to her assessment report, Ms Hallaron also completed a risk assessment which is available at [MERC000012] and which included immediate and further risk management plans. These referred to the need to make a referral to FCAMHS and to discuss with her manager, Ms Annie Kelly, whether a SAVRY assessment would be appropriate. In her risk assessment, she assessed AR's risk to others as being "medium". Following this assessment, the following day Ms Hallaron liaised with various external agencies including: the West Lancashire MASH team, Mersey Care Safeguarding, FCAMHS and CAMHS. She went on to complete a safeguarding form which she submitted to LCC Children's Social Care [MERC000011]; a referral to FCAMHS [MERC000010] and an urgent CAMHS referral [AHCH000121]. Ms Hallaron has explained that she did not have any specific concerns about AR having a conduct disorder at the time of her interactions with him, and she cannot explain why this was listed as the FCAMHS referral reason in [MERP000178 p.12].

59. Further details of all of Ms Hallaron's various contacts at this time with external agencies are set out in her witness statement. CTI consider it notable that on 12 December 2019 she emailed her managers to ask if

240

a SAVRY would be appropriate in AR's case [MERC000017] and the following day she escalated concerns about the hockey stick incident and other concerns about AR as an adverse incident to Mersey Care NHS Trust. She received a response to this report on 15 December 2019, which advised that a SAVRY assessment was "not appropriate within our team but can be looked at by FCAMHS/CAMHS" [MERC00007]. Also on 13 December 2019, Ms Hallaron attempted to make a referral for AR to have an ASD assessment, but was advised by Community Paediatrics at Alder Hey Children's Foundation NHS Trust that he had already been referred and although they could place AR on the cancellation list so that he might be able to be assessed sooner, there was no other way to expedite his referral.

60. Her referrals to FCAMHS and CAMHS were both accepted, as was her safeguarding referral to LCC. Ms Hallaron attended a multi-agency meeting on 17 December 2019, and also the FCAMHS strategy meetings on 6 January 2020 and 4 March 2020. Her note of the 4 March 2020 meeting recorded that social care would be closing to the family; there was said to be no evidence of mental health issues so CAMHS/FCAMHS would also close; and that education was the main priority, which was currently being addressed by way of an EHCP referral

241

England did not play a direct role in any of the events forming part of the Inquiry's terms of reference prior to 29 July 2024 and had no direct involvement in AR's care, and holds no records in relation to the care he received.

64. In terms of lessons learned, Mr Gregory reflects that many of the issues faced by AR were more societal in nature - in terms of the fact that he was able to readily access troubling content online. He notes that this has a significant impact on the mental wellbeing of children and young people, and some may require highly specialised psychological support but funding/resources for such services is limited. He concludes by noting that the issue of autism in children's mental health remains a significant area of challenge which requires better cross-agency working and potentially similar guidance to that which applies to adults with autism.

65. On 16 October 2025, NHS England's legal representatives wrote to the Inquiry to inform the Inquiry that whilst Mr Gregory's statement stated at paragraph 88 that "NHS England's understanding is that [AR] was not assessed as requiring and did not receive tier 4 services prior to 29 July 2024", NHS England has since become aware that in December 2019-March 2020, AR

243

and ASD assessment. She noted that the Youth Offending Team was to continue to manage AR's risk in terms of offending.

61. AR was closed to the CJYLD on 8 March 2020 because Ms Hallaron considered that at that stage, his involvement with the criminal justice system had been completed and all appropriate referrals had been made and actioned.

62. The Inquiry has also obtained a corporate statement from NHS England, which has been provided by Mr Michael Gregory [NHS000349]. Since July 2022, Mr Gregory has worked as the Regional Medical Director for NHS England North West Region and at the time of the Southport attack, Mr Gregory was also the Interim Regional Director for the NHS England North West Region.

63. Within his statement, Mr Gregory provides an overview of the role and responsibilities of NHS England. He summarises the types of services provided by the NHS. He also explains that NHS England is a Category 1 responder pursuant to the Civil Contingencies Act 2004. He also summarises the commissioning arrangements for mental health, learning disabilities and autism, as well as the relevant policies and procedures that were in place at the time of the Southport attack. Mr Gregory explains that NHS

242

came into contact with FCAMHS and the Criminal Justice Liaison Diversion Service, which are both commissioned by NHS England. The Inquiry has already heard and received detailed evidence about AR's encounters with these services and it is not therefore considered necessary for further evidence from NHS England to be obtained in this regard. NHS England have also provided in this regard the Liaison and Diversion Standard Service Specification 2019, which is in the course of being uploaded through CP disclosure platform.

66. Finally, the Inquiry has obtained a witness statement from Mr Neil McDowall, the Operations Manager of the Care Quality Commission ("CQC") [CQC000001]. He explains that between 25 March to 27 March 2025, as part of the CQC's assessment process, the CQC undertook an inspection of Alder Hey CAMHS and looked at the provision of services for ADHD and ASD provided at Alder Hey hospital. Following the inspection, a report was drafted which was sent to Alder Hey in draft form so that they could check for factual accuracy on 11 July 2025. At the time of Mr McDowall's statement (dated 18 July 2025), the report remained in draft form and Mr McDowall indicated that the CQC was accordingly reluctant to share the report with the Inquiry at that stage. He indicated that the final report was due to be

244

published in the third week of August 2025. A copy of the report has now been published on the CQC's website. It rated the Alder Hey specialist community mental health services for children as being "Outstanding" overall, and in respect of being well-led and caring. In terms of being safe, effective and responsive, it was rated as "Good".

67. Sir, save for the remaining option to call Dr Imran next week which is being kept under review, that concludes the evidence which we intend to call about the mental health treatment provided to AR.

#### **Summary of further evidence in relation to education**

1. Sir, this presentation is made with the same context as that given by Mr Moss KC for psychiatric evidence. The Inquiry has heard from a Designated Safeguarding Lead and Headteacher from the Range High School, the Acorns School and Presfield High School. Statements have also been obtained from a witness from Sefton Metropolitan Borough Council, a further witness from the Acorns School, three further witnesses from Presfield High School and a Merseyside Police Officer. I will summarise these in turn. It is, of course, for you to assess the weight that you place on this evidence.

2. Dr Hare is the Executive Director of Children's

245

more serious cases, the police. He also notes that schools must now ensure that section D of an EHCP includes information about risk and risk taking behaviours, to enable the potential receiving school to put in place risk assessments.

6. Ms Allred was a High Support Teacher at Acorns School. She taught AR from July 2020 until he stopped attending the Acorns School. She has 27 years of experience in teaching in Special Educational Needs backgrounds.

7. Ms Allred states that she had access to AR's risk assessment, but not his CPOMS records, before teaching him. She notes that other staff were reluctant to teach AR but she agreed to do so. She states that AR was the most complex child she has ever taught and pushed her professional skills to the limit. He was academically able and very articulate but his social and emotional needs were high. He could be closed off and had a low emotional response. Her sense is that AR wanted to be able to read social behaviour but struggled with it and that his understanding of non-verbal language was very limited. He was egocentric, very controlling and could be highly manipulative.

8. She felt that AR's family was distrustful of other professionals' judgments. She notes that

247

Services and Chair of the Sefton Safeguarding Children Partnership.

3. Dr Hare states that AR went to Presfield School which is within Sefton. He notes that AR was only of compulsory school age for 13 weeks of his time at Presfield and, during that time, he was on a bespoke timetable as part of his transition to Presfield, as well as being treated by CAMHS. He does not consider that it would have been appropriate to initiate legal proceedings against AR's parents due to AR's non-attendance during this period.

4. Sefton Council could not have carried out enforcement proceedings once AR was above compulsory school age. However, Dr Hare notes that Ms Angela Maguire did visit AR's home in March 2023. By that stage, given AR's age, Sefton Council was under no duty to provide attendance support. Dr Hare notes that the responsibility for maintaining and reviewing AR's EHCP, if non-attendance was significant, lay with Lancashire County Council (LCC).

5. In terms of changes that have been made since the attack, Dr Hare states that, where parents refuse to allow school attendance workers to see a child who is not attending school, this will now be escalated to the appropriate service such as children's services and, in

246

Alphonse R perceived AR as the victim and used dominant, articulate conversation to shut down discussions when he disagreed with professional judgments.

9. Ms Allred felt that she saw an improvement during the time that she taught AR and she felt that the overall risk was reducing. She understood that, as AR had completed his work with the YOT and been referred to Prevent, they would be monitoring his risk outside school.

10. In relation to the third Prevent referral, she refers to AR opening a page in relation to the London Bridge Terror Attack and then quickly hiding it behind another browser tab. She notes that this was in no way part of the lesson.

11. Mr Berry was a teacher at Presfield School and AR's form tutor. He refers to AR's transitions visits. He was told that AR had not attended one scheduled visit because he had run away from home that day: this would appear to relate to the bus incident on 17 March 2022. AR did attend two transition visits but he had very poor attendance thereafter.

12. Mr Berry states that he was able to access AR's EHCP which did not 'create much of concern'. He states that EHCPs are not always an accurate and current reflection of a student so, as a professional, he tries

248

not to make a judgment based on this information. He was not allowed to see the summary of a risk assessment from the Acorns School because it was confidential. He states that there was no need to pursue any further information as this could taint the perception of a student prior to arrival and everyone deserves a fresh start. He was responsible for the Presfield risk assessment but it contained very limited information because of AR's low attendance.

13. AR was always very reserved and reluctant when he attended school. Mr Berry made numerous visits to AR's home to encourage engagement and attendance. He states that he was denied the opportunity to see AR at home and it was therefore very difficult to form any rapport with him. He refers to one visit, on 4 May 2022, where AR's father was concerned that AR might get angry and attack him. He did not feel threatened in part because of AR's relaxed demeanour whenever he saw him and because it was not uncommon to be attacked by students with complex learning needs. However, he notes that this may be due to the fact that he had not seen these behaviours from AR directly.

14. Mr Berry refers to a lot of adjustments made to support AR attending Presfield and, at times, it gave the feeling that these were going too far and away from

249

report whether AR was the victim in this incident.

17. In terms of the steps taken by Presfield to engage AR, she can state categorically that in her view the school went above and beyond what was expected and lists the steps taken. She refers to challenges in contacting LCC and an email that she sent to Ms McLoughlin on 8 June 2023 indicating that she thought that the provision of service from them was poor [PRE000899]. The statement says that the school appeared never to receive a response from LCC or, when a response was received, it was an explanation as to why they could not assist. She refers to the problem of staff turnover at LCC. She also refers to LCC staff not attending meetings.

18. Mr Fay is the former headteacher of Presfield High School, having retired on 30 April 2023. He notes the process of AR being accepted at Presfield and states that there would normally be an expectation that information would be shared during the meeting with the previous school should there be any concerns. He notes the information within the Egress email sent to Ms Smith and states that, if that information had been known, then it is likely that a further referral to Prevent would have been made. However, he says that if the school had been aware of AR's full history then

251

what the provision could offer long-term. He states that the steps taken to engage AR were more than adequate.

15. Ms Dawson was Head of Sixth form at the Presfield School and is now assistant Head Teacher. She refers to receiving the EHCP and meeting with AR and Ms Allred on 20 January 2022. She states that no concerns were raised with her during this meeting regarding AR's previous behaviours or incidents. She says that there are often frank exchanges at such meeting asking the question "what do we need to know". As a result, Ms Dawson states that her knowledge was limited to the contents of the EHCP. If she had been aware of the information that existed about AR, her recommendation would have been not to offer AR a placement on the basis that autism was not his primary need and Presfield would not have been able to meet his educational needs. She states that with the benefit of hindsight it is her view that a Prevent referral should have been made.

16. In terms of other documentation, she notes that the Presfield risk assessment for AR was not substantially updated due to AR's lack of attendance at school. She refers to receiving an Encompass report [PRE001247] but states that it was not clear from this

250

a lengthy discussion about offering him a place would have taken place and he cannot say the outcome with any certainty.

19. He states that the school became aware from communication with AR's parents that AR had stopped taking his medication and that his mental health had begun to deteriorate. This made it clear to the school that autism was no longer the primary focus for AR and he needed to receive appropriate treatment for his failing mental wellbeing. As a result, it was decided that AR should receive that treatment from a different provider, whether within a school setting or not. Mr Fay notes that this was consistent with the wishes of AR who had stated to his father that he no longer wished to attend. He notes that staff worked extremely hard to engage with AR, often at the expense of other students.

20. Mr Fay states that he met with AR's father and told him that if he agreed to remove AR from the roll then LCC may be forced into action to support AR's mental health. Mr Fay was concerned that keeping AR on the school roll may result in him being overlooked and isolated. However, he was subsequently informed by LCC that he could not remove AR from the roll. It was and is Mr Fay's belief that if AR became 'not in education, employment or training' (NEET) then LCC would be

252

required to put in place support to help AR address his mental health needs. He reflects that LCC were a barrier to AR getting the mental health support that he needed and that LCC were looking at AR simply as a piece of data because he remained on the roll at Presfield. He was frustrated by the amount of staffing changes at LCC. In relation to removing AR from the roll, he states that he was frustrated with the lack of collaboration from LCC and their seeming reluctance to look beyond Presfield for the needs of AR. He suggests that, in the circumstances, LCC should have called a strategy meeting.

21. PC Baker of Merseyside Police was posted to Local Policing in Southport as a Safer Schools' Officer or SSPO. He covered a cluster of schools including Presfield. The role of an SSPO includes working with school staff to create a safe school environment, increase attendance and prevent offending by young people.

22. PC Baker received an email from Ms Smith of Presfield on 27 March 2023 asking whether he would visit AR, however AR attended Presfield later the same day. AR was raised with him again in July 2023 and he agreed to a visit. He notes that AR resided in the Lancashire Constabulary force area but AR attended a Sefton school

253

within the Merseyside Police area and the address was just down the road from the school. As PC Baker was not investigating anything, it was appropriate for him to attend. PC Baker visited AR's property on 18 July 2023 and recalls that a member of school staff spoke with AR and AR's father about the need for AR to attend school. PC Baker tried to talk to AR but his engagement was limited. There were further visits on 13 September 2023, 17 November 2023 and 8 December 2023 but he cannot recall the specifics.

23. Sir, that concludes the evidence which we intend to call about AR's education.

#### Housekeeping

**MR MOSS:** With the caveat that travel arrangements might intervene, can we at least aim to start at 10.00 on Monday, we are not sitting tomorrow.

**SIR ADRIAN FULFORD:** Rather than 9.30 am?

**MR MOSS:** I think because it's a Monday morning.

**SIR ADRIAN FULFORD:** Fine. We will sit again at 10.00 on Monday morning.

**MR MOSS:** Thank you, sir.

(4.26 pm)

(The Inquiry adjourned until 10.00 am  
on Monday, 3 November 2025)

254

## INDEX

SHARON BARRETT (sworn) .....	1
Questioned by MR MOSS .....	1
ASHLEIGH WILLIAMS (affirmed) .....	121
Questioned by MR GOSS .....	121
ANDREA FONTAINE-SMITH (sworn) .....	161
Questioned by MR GOSS .....	161
Summary of further evidence in relation to .....	216
the mental health treatment of AR	
Summary of further evidence in relation to .....	245
education	
Housekeeping .....	254



<b>MR GOSS: [13]</b> 121/22 151/19 160/16 160/22 161/1 161/13 167/1 167/4 175/19 182/12 182/15 182/21 216/2 <b>MR MOSS: [21]</b> 1/8 22/16 22/19 35/14 35/18 51/13 51/16 60/7 60/9 60/17 71/15 88/11 88/14 120/21 121/3 121/8 216/8 216/13 254/14 254/18 254/21 <b>SIR ADRIAN</b> <b>FULFORD: [30]</b> 1/5 22/18 35/17 51/15 60/5 60/8 60/11 60/16 71/14 88/13 121/1 121/4 121/15 121/19 151/17 160/19 160/24 161/3 161/9 161/12 167/3 175/18 182/14 182/16 182/20 216/3 216/7 216/12 254/17 254/19 <b>THE WITNESS: [2]</b> 160/21 216/5  'black [2] 23/1 24/13 'create [1] 248/23 'fight' [1] 176/22 'it's [1] 94/13 'not [1] 252/24 'Sunshine [1] 236/18 'you [1] 94/11 'Youth [1] 237/22  <b>1</b> <b>1 November [3]</b> 88/23 89/1 189/11 <b>1-1 [1]</b> 45/1 <b>1.30 pm [3]</b> 121/3 121/4 121/7 <b>10 [5]</b> 120/23 177/13 220/20 226/3 248/10 <b>10.00 [5]</b> 134/8 134/12 254/15 254/19 254/23 <b>11 [9]</b> 86/8 219/20 221/3 221/21 229/15 236/3 239/6 244/20 248/15 <b>11 April [1]</b> 131/2 <b>11 August [1]</b> 221/7 <b>11.01 [1]</b> 60/13 <b>11.15 am [1]</b> 60/12 <b>11.17 [1]</b> 60/15 <b>119 [1]</b> 130/22 <b>12 [16]</b> 10/25 11/8 11/22 12/15 97/24 98/1 138/19 164/7 174/25 212/8 220/15 221/8 228/3 236/3 240/25 248/22 <b>12 October [2]</b> 100/13 101/13 <b>12.50 [1]</b> 121/1 <b>12.52 pm [1]</b> 121/5 <b>120 [2]</b> 134/3 137/15 <b>121 [1]</b> 139/16 <b>123 [1]</b> 141/9 <b>126 [1]</b> 141/24 <b>128 [2]</b> 144/22 144/23 <b>129 [2]</b> 144/23 144/24 <b>13 [6]</b> 122/1 205/9 221/15 241/8 249/10 254/8 <b>13 months [1]</b> 222/7 <b>13 weeks [1]</b> 246/5 <b>135 [1]</b> 147/14 <b>137 [1]</b> 152/19 <b>14 [7]</b> 188/8 219/5 221/22 227/14 236/10 236/21 249/23 <b>14 April [1]</b> 137/17 <b>14 January [3]</b> 72/16 78/4 205/10 <b>14 September [1]</b> 51/6 <b>143 [1]</b> 135/15 <b>14th [1]</b> 63/20 <b>15 [10]</b> 120/23 182/15 210/17 220/6 220/15 222/9 230/1 230/8 241/5 250/4 <b>15 March [2]</b> 229/5 230/2 <b>15 years [1]</b> 4/21 <b>16 [6]</b> 126/15 221/4 222/18 222/18 243/19 250/21 <b>17 [14]</b> 22/3 86/2 89/5 159/9 218/9 220/17 223/4 225/14 226/18 234/3 237/7 248/19 251/2 254/9 <b>17 December [1]</b> 241/19 <b>17 July [1]</b> 147/15 <b>17 March [1]</b> 113/5 <b>17 years [1]</b> 87/10 <b>18 [12]</b> 8/9 22/16 127/13 159/10 159/18 161/18 220/14 223/6 223/24 225/21 251/15 254/4 <b>18 August [1]</b> 161/18 <b>18 January [1]</b> 230/1 <b>18 July [1]</b> 244/22 <b>18 May [1]</b> 142/1 <b>18th [1]</b> 223/22 <b>19 [8]</b> 35/5 37/22 224/5 225/24 227/18 236/23 237/20 252/4 <b>19 May [1]</b> 175/12 <b>1994 [1]</b> 234/20	<b>1:1 [1]</b> 235/18  <b>2</b> <b>2 December [1]</b> 71/8 <b>2 February [3]</b> 212/12 212/18 214/4 <b>2 May [3]</b> 139/17 141/2 146/1 <b>2 November [1]</b> 198/10 <b>2.37 pm [1]</b> 161/4 <b>2.40 pm [2]</b> 161/3 161/6 <b>20 [16]</b> 4/16 11/12 11/17 11/21 12/15 38/7 152/24 153/2 218/10 223/7 224/15 229/8 231/1 231/7 250/7 252/17 <b>20 January [1]</b> 207/17 <b>20 November [1]</b> 71/7 <b>20-week [2]</b> 10/25 11/8 <b>2000 [10]</b> 234/15 234/18 235/2 235/3 235/6 235/7 235/9 235/21 235/23 236/19 <b>2004 [1]</b> 242/21 <b>2011 [1]</b> 2/20 <b>2016 [1]</b> 233/22 <b>2018 [1]</b> 46/5 <b>2019 [36]</b> 16/23 54/23 54/24 76/25 90/14 128/11 128/13 162/3 194/14 209/19 210/5 217/15 218/6 218/9 218/11 220/5 225/3 233/23 234/3 235/19 236/2 236/2 236/3 236/3 236/3 236/4 236/4 236/10 236/20 237/7 239/6 240/25 241/5 241/8 241/19 244/9 <b>2019-2020 [1]</b> 235/4 <b>2019-March [1]</b> 243/25 <b>2020 [44]</b> 5/12 13/23 13/24 14/21 14/22 17/22 51/4 63/21 165/6 171/22 192/16 197/1 217/16 217/17 218/6 218/22 219/5 219/17 219/20 219/20 220/7 220/14 220/14 220/15 220/15 220/17 220/21 221/1 221/4 221/7 221/7 221/9 221/21 232/22 235/4 236/23 237/20 237/23 241/20 241/20 241/21 242/4 243/25 247/7 <b>2020-August [1]</b> 217/17	<b>2021 [27]</b> 5/13 11/5 11/20 51/4 71/19 85/20 86/10 91/18 162/5 165/6 217/22 221/24 222/7 224/17 224/20 225/8 225/9 225/10 225/14 225/22 225/24 226/3 226/6 228/3 229/1 229/12 229/13 <b>2021-August [1]</b> 217/19 <b>2022 [45]</b> 11/25 12/3 12/11 34/25 85/21 99/20 122/8 124/10 129/11 139/13 159/23 159/25 217/18 217/19 217/23 219/22 222/7 222/9 222/12 222/18 223/5 224/18 226/18 227/5 227/12 227/14 227/18 227/24 227/24 229/2 229/5 229/15 230/1 230/1 230/1 230/2 230/8 230/14 233/3 233/10 234/7 242/11 248/19 249/16 250/7 <b>2023 [21]</b> 123/6 123/16 124/7 223/5 223/5 223/6 223/6 223/6 223/6 229/8 231/1 231/3 246/15 251/7 251/16 253/21 253/23 254/4 254/9 254/9 254/9 <b>2024 [15]</b> 217/18 219/22 223/7 223/7 223/7 223/13 224/14 229/8 229/9 231/1 231/2 231/7 231/12 243/3 243/24 <b>2025 [9]</b> 1/1 122/2 161/18 243/19 244/14 244/21 244/22 245/1 254/24 <b>21 [5]</b> 35/15 223/5 224/19 234/7 253/13 <b>21 August [1]</b> 122/2 <b>21 March [2]</b> 123/16 125/4 <b>22 [7]</b> 35/15 35/23 63/21 189/10 225/7 230/14 253/20 <b>22 June [1]</b> 146/9 <b>22 March [1]</b> 229/2 <b>23 [10]</b> 219/22 221/7 223/6 223/7 223/12 225/10 229/8 231/1 231/12 254/11 <b>23 October [1]</b> 63/21 <b>24 [2]</b> 37/12 225/14 <b>24 March [1]</b> 168/1 <b>25 [7]</b> 223/5 225/24 227/5 233/2 234/24 236/3 244/14	<b>25 January [2]</b> 207/23 208/9 <b>25 May [2]</b> 124/10 142/10 <b>26 [9]</b> 13/24 14/1 14/2 22/20 22/21 38/4 226/6 227/12 229/12 <b>27 [6]</b> 39/16 226/18 236/2 237/23 244/14 253/21 <b>27 years [1]</b> 247/8 <b>28 [7]</b> 175/13 222/12 223/5 227/2 229/8 231/1 231/3 <b>28 August [1]</b> 1/14 <b>29 [8]</b> 1/1 18/20 18/21 221/8 223/5 227/12 243/3 243/24 <b>2a [3]</b> 5/24 6/4 6/23 <b>2b [4]</b> 5/23 5/25 6/4 6/23  <b>3</b> <b>3 April [1]</b> 124/1 <b>3 November [1]</b> 254/24 <b>3.11 pm [1]</b> 182/17 <b>3.25 pm [2]</b> 182/16 182/19 <b>30 [4]</b> 227/23 235/19 236/2 251/16 <b>30 years [1]</b> 87/10 <b>30-minute [1]</b> 197/4 <b>31 [2]</b> 175/13 228/1 <b>32 [2]</b> 28/9 228/11 <b>33 [2]</b> 51/14 228/20 <b>34 [1]</b> 229/10 <b>35 [1]</b> 229/25 <b>36 [3]</b> 65/19 198/7 230/8 <b>37 [4]</b> 68/16 198/13 200/16 230/23 <b>38 [2]</b> 71/7 231/22 <b>39 [3]</b> 71/7 71/12 232/4  <b>4</b> <b>4 April [1]</b> 126/11 <b>4 February [2]</b> 80/7 211/7 <b>4 March [1]</b> 241/21 <b>4 October [2]</b> 93/12 101/12 <b>4.26 pm [1]</b> 254/22 <b>40 [1]</b> 232/16 <b>41 [9]</b> 5/9 5/11 5/14 5/15 72/9 72/15 72/19 205/21 232/21 <b>42 [4]</b> 51/16 72/20 207/24 233/1 <b>43 [3]</b> 78/3 80/6 233/17 <b>44 [2]</b> 52/5 233/19 <b>45 [1]</b> 234/12 <b>46 [3]</b> 88/12 122/14 234/14
--	---	---	---



<b>A</b>	26/21 29/18 34/1 37/3 39/9 39/14 43/7 43/7 43/24 46/16 54/24 55/1 56/9 57/9 58/5 58/17 58/22 62/8 62/11 63/11 63/16 65/14 65/17 66/8 66/13 67/21 68/7 68/12 81/20 82/15 82/22 83/25 110/15 111/20 115/12 116/17 116/18 120/2 159/11 170/4 178/2 181/15 181/16 182/9 185/12 185/13 186/24 198/5 202/3 206/13 206/16 220/12	145/18 219/18 234/13 241/11 244/16 244/17 244/19 245/3 <b>Aldersley [10]</b> 235/2 235/15 236/2 236/13 236/17 236/20 237/4 237/7 237/14 237/21 <b>Aldersley's [1]</b> 237/19 <b>alert [3]</b> 108/5 134/22 135/1 <b>alive [2]</b> 86/19 191/13 <b>all [99]</b> 3/9 7/22 9/19 11/11 11/12 15/10 15/13 15/16 16/25 17/6 21/25 27/8 29/20 30/9 33/8 34/4 35/15 35/19 36/6 38/6 42/9 42/16 44/14 45/14 54/12 57/5 59/14 62/6 62/8 62/21 66/3 66/9 66/24 67/1 67/2 68/13 73/22 74/3 75/6 81/2 83/15 83/21 85/6 94/23 96/8 96/21 97/24 98/14 98/23 98/25 99/16 100/8 100/12 106/5 107/2 107/15 109/1 110/20 114/9 115/1 115/24 118/15 120/8 120/9 120/10 120/13 127/24 128/2 130/12 130/15 138/21 139/22 144/12 145/22 146/4 149/17 165/10 168/12 174/3 175/9 177/21 179/12 181/4 184/2 184/22 184/24 191/4 195/13 199/15 201/11 202/10 205/3 210/22 214/21 214/21 217/4 234/9 240/22 242/7	<b>almost [5]</b> 71/23 87/11 114/17 184/17 210/23 <b>alone [6]</b> 76/25 116/20 148/12 214/11 214/12 232/2 <b>along [3]</b> 21/18 82/21 190/18 <b>alongside [1]</b> 158/10 <b>Alphonse [92]</b> 15/21 39/21 39/22 40/22 43/22 44/7 48/9 51/10 66/10 66/16 68/17 72/4 72/6 72/7 72/15 72/21 73/23 78/6 78/19 78/20 79/15 80/14 84/1 84/4 84/6 84/7 84/12 86/9 86/21 93/19 93/20 94/2 109/19 110/6 113/20 113/24 114/2 114/14 114/17 124/17 132/23 133/6 133/20 141/12 141/17 144/24 145/6 146/11 148/18 148/21 150/2 150/8 150/20 152/4 152/5 154/14 169/25 170/13 178/20 178/21 179/9 179/22 180/24 184/11 184/16 185/25 186/7 187/17 188/9 198/9 198/23 200/18 201/21 202/16 202/23 203/3 203/4 203/11 203/23 205/1 205/10 205/13 205/22 206/1 207/9 207/18 208/23 209/2 209/2 211/8 211/19 248/1 <b>Alphonse R [20]</b> 15/21 43/22 66/10 66/16 79/15 86/9 86/21 109/19 110/6 113/20 146/11 154/14 169/25 184/16 188/9 198/9 198/23 205/1 211/8 248/1 <b>Alphonse's [2]</b> 179/2 206/20 <b>already [28]</b> 10/10 17/20 18/10 18/13 18/14 18/16 19/25 20/12 42/11 115/6 120/1 134/16 143/15 164/15 164/20 164/21 165/14 170/25 173/18 180/4 184/9 194/19 195/18 212/8 217/11 234/15 241/12 244/3 <b>also [91]</b> 2/7 2/19 4/9 12/4 14/8 15/13 15/14 16/6 16/9 22/1 22/9 23/23 27/2 36/19 37/14 43/11 47/13 49/12 50/6 55/1 58/7 62/16 67/8 78/9 81/25	94/3 103/3 103/6 103/23 113/14 129/24 130/2 132/11 133/16 134/1 135/8 139/4 139/24 140/19 141/18 151/1 162/25 164/3 166/12 167/6 168/20 173/2 173/5 173/24 174/13 175/16 186/19 190/18 190/22 190/22 197/9 199/6 200/22 206/7 211/16 215/18 217/13 219/21 222/4 222/9 222/20 222/24 223/1 223/10 225/4 225/18 226/3 228/23 229/5 233/1 233/8 235/23 237/15 237/21 240/3 241/8 241/19 241/23 242/9 242/14 242/19 242/21 244/7 245/18 247/1 251/13 <b>alter [1]</b> 221/19 <b>although [15]</b> 24/14 57/22 86/14 93/23 103/3 122/17 135/25 154/5 157/14 181/9 191/21 196/14 208/5 221/13 241/12 <b>always [4]</b> 35/11 189/7 248/24 249/10 <b>am [21]</b> 1/2 3/22 16/4 25/6 45/23 48/12 60/12 60/13 60/15 65/1 68/19 113/21 134/8 134/12 134/13 175/9 178/22 187/9 216/20 254/17 254/23 <b>ambiguity [1]</b> 224/10 <b>amend [2]</b> 63/2 93/3 <b>amended [1]</b> 82/6 <b>American [3]</b> 96/3 96/14 97/1 <b>among [1]</b> 125/22 <b>amongst [1]</b> 125/11 <b>amount [4]</b> 38/21 38/22 145/12 253/6 <b>analysis [5]</b> 9/10 10/2 64/20 85/11 134/13 <b>Anderson [1]</b> 216/14 <b>Andrea [22]</b> 10/21 10/22 13/23 14/19 15/5 15/8 15/12 15/14 16/9 19/4 19/7 40/21 40/21 51/19 69/12 70/6 78/5 83/6 161/7 161/15 203/15 255/7 <b>Angela [3]</b> 124/23 124/25 246/14 <b>anger [2]</b> 223/1 236/25 <b>angry [2]</b> 32/2 249/17 <b>Anna [3]</b> 22/4 171/22 219/4 <b>Anne's [2]</b> 15/11
----------	---	--	---	--

<b>A</b>	<b>anybody [1]</b> 156/25 <b>anyone [3]</b> 36/7 39/11 215/24 <b>anything [29]</b> 9/16 34/15 68/21 73/18 76/19 76/25 88/18 88/19 88/20 94/3 100/6 104/7 119/1 122/22 128/8 129/20 137/14 144/17 145/15 147/25 155/22 160/13 179/24 199/12 200/23 204/21 214/6 215/25 254/3 <b>anyway [5]</b> 17/15 20/4 115/16 186/13 196/16 <b>apart [2]</b> 190/12 190/23 <b>apologetic [1]</b> 71/25 <b>apologies [2]</b> 73/9 155/19 <b>apologise [3]</b> 31/2 45/6 145/14 <b>appalled [1]</b> 68/5 <b>apparent [4]</b> 164/17 175/1 182/23 216/8 <b>appear [9]</b> 46/23 47/5 62/7 179/14 181/18 198/4 204/15 213/25 248/19 <b>appeared [3]</b> 71/10 132/5 251/10 <b>appears [2]</b> 207/16 213/10 <b>applied [2]</b> 6/4 175/5 <b>applies [1]</b> 243/17 <b>appointment [14]</b> 109/14 110/12 220/21 220/22 220/25 221/4 221/6 221/11 222/2 222/12 224/19 233/24 234/7 237/18 <b>appointments [2]</b> 221/6 225/7 <b>appreciate [11]</b> 38/10 39/20 89/16 89/16 108/9 134/9 137/2 154/1 178/19 179/12 206/20 <b>appreciated [1]</b> 178/11 <b>Appreciating [1]</b> 144/4 <b>appreciation [1]</b> 178/7 <b>approach [16]</b> 3/15 41/16 42/2 64/7 64/9 65/14 67/6 75/3 75/5 82/15 150/14 192/4 192/9 193/4 193/8 193/19 <b>approached [1]</b> 51/10 <b>approaching [1]</b> 223/23 <b>appropriate [31]</b>	38/23 39/24 40/7 41/6 41/10 41/16 42/15 43/11 47/17 50/7 76/18 84/6 86/25 108/4 110/13 116/22 121/11 172/13 177/6 178/24 179/8 238/17 239/4 240/8 241/1 241/7 242/7 246/9 246/25 252/9 254/3 <b>appropriately [7]</b> 55/25 56/22 57/11 87/4 113/24 115/10 192/7 <b>approval [1]</b> 96/22 <b>approx [1]</b> 229/12 <b>April [25]</b> 28/18 35/8 51/20 123/5 124/1 126/11 131/2 137/17 171/22 217/18 217/19 219/22 221/24 222/7 223/6 223/7 223/13 224/14 224/17 224/20 225/8 229/8 231/1 231/12 251/16 <b>AR [460]</b> <b>AR's [180]</b> 14/13 16/21 18/11 19/3 19/6 23/1 24/12 28/12 48/3 49/3 52/1 52/6 52/8 57/3 58/11 62/14 62/17 63/8 67/10 68/11 69/14 71/24 73/1 74/8 74/18 75/13 76/23 88/17 90/15 100/19 100/20 103/5 103/22 104/22 126/17 130/25 134/11 134/16 140/19 143/24 147/21 158/5 162/7 167/16 167/19 170/1 171/10 171/22 174/19 179/23 180/7 184/18 192/5 196/8 196/12 201/16 206/25 206/25 208/17 209/7 209/19 213/24 214/1 214/2 217/15 217/16 217/17 217/19 217/20 217/22 218/5 219/3 219/7 219/14 219/19 219/21 219/23 219/25 221/16 221/18 221/20 222/1 222/2 222/10 222/11 222/13 222/15 222/19 222/25 223/1 223/2 223/9 223/13 223/22 223/24 224/9 224/20 224/22 225/3 225/12 225/24 226/1 226/6 226/13 226/14 226/19 226/20 227/5 227/10 227/12 227/16 227/23 227/25 228/1 228/2 228/15 229/1 229/7 230/15 230/24 230/25 231/2	231/3 231/7 231/8 231/9 231/12 231/18 231/19 231/20 232/5 232/23 233/4 233/12 233/12 233/18 233/21 233/24 233/25 234/1 234/8 235/19 235/24 236/7 236/10 236/12 236/15 236/16 237/15 237/21 238/3 238/5 240/9 241/1 242/2 243/3 244/4 246/10 246/10 246/15 246/16 246/18 247/11 247/24 248/16 248/16 248/22 249/9 249/12 249/16 249/18 250/9 250/23 251/25 252/5 252/17 252/19 254/4 254/6 254/12 <b>are [180]</b> 1/16 1/21 3/9 3/21 5/3 5/11 5/21 6/14 6/14 7/21 7/23 7/24 7/24 8/21 8/24 8/24 9/8 9/8 11/2 11/10 11/20 12/21 18/5 19/3 23/22 25/12 26/24 27/14 30/5 31/10 31/14 33/17 35/8 35/15 35/16 35/21 36/5 36/14 36/15 37/6 40/14 40/16 40/22 42/11 42/24 44/11 44/22 45/11 46/22 48/11 50/25 53/25 54/5 54/12 57/2 57/7 58/9 58/17 59/8 62/8 63/24 64/12 64/15 64/18 64/20 64/21 64/24 65/3 65/4 65/11 65/12 66/8 66/18 68/23 68/23 70/17 71/6 72/4 72/22 75/12 77/7 78/8 79/10 80/17 83/9 84/17 84/19 85/5 89/16 89/17 89/17 89/20 97/17 100/18 101/13 102/22 103/4 103/5 103/10 103/21 103/22 103/23 106/25 107/19 107/19 108/12 109/2 109/3 111/5 113/22 116/3 116/23 118/21 121/10 122/19 124/14 125/4 126/25 127/2 128/8 130/11 132/19 133/15 134/15 137/3 138/5 141/17 142/16 143/24 144/4 144/7 144/16 145/20 146/22 147/7 149/5 154/2 154/11 155/19 156/4 158/3 158/5 159/15 159/16 160/12 160/20 161/18 167/12	168/12 168/19 171/1 175/14 183/7 184/20 186/2 187/2 191/5 193/12 195/22 200/21 200/24 211/2 215/24 216/3 216/4 217/24 219/2 222/7 226/5 226/16 234/6 235/12 236/5 238/23 239/3 240/23 244/2 248/24 250/10 254/16 <b>area [10]</b> 2/21 25/6 34/24 59/23 64/21 139/19 214/21 243/15 253/25 254/1 <b>areas [5]</b> 62/8 70/21 70/23 85/16 138/11 <b>aren't [7]</b> 109/4 119/23 128/24 145/6 184/20 197/25 200/24 <b>argument [4]</b> 205/11 206/18 208/16 208/19 <b>arise [3]</b> 73/22 101/7 103/13 <b>arisen [2]</b> 100/25 111/23 <b>arising [1]</b> 73/21 <b>arms [1]</b> 94/4 <b>arose [2]</b> 102/16 206/18 <b>around [64]</b> 7/22 11/20 14/22 25/3 30/2 36/14 37/18 39/20 47/16 52/1 54/5 55/12 55/15 55/25 56/8 56/22 61/8 68/25 70/15 71/5 73/7 73/9 74/10 74/11 76/16 79/9 92/12 96/6 101/24 102/11 104/23 106/2 124/7 129/3 132/20 139/1 139/19 140/5 141/12 143/3 146/9 147/11 149/17 151/4 151/5 152/14 154/2 154/6 157/3 171/21 174/24 178/20 195/20 196/20 196/21 200/22 208/1 208/16 213/17 214/9 219/10 224/11 226/4 239/15 <b>arrange [2]</b> 42/12 147/11 <b>arranged [1]</b> 37/22 <b>arrangements [6]</b> 110/9 110/11 147/10 232/5 242/22 254/14 <b>arrest [1]</b> 21/19 <b>arrested [3]</b> 21/4 166/7 239/6 <b>arrival [2]</b> 21/2 249/6 <b>arrive [1]</b> 142/1 <b>arrived [1]</b> 166/5 <b>article [2]</b> 99/10 239/7 <b>articulate [2]</b> 247/17
----------	--	---	--	---

<p><b>A</b></p> <p><b>articulate...</b> [1] 248/2</p> <p><b>as</b> [303]</p> <p><b>ASD</b> [16] 23/2 25/4 166/11 176/2 196/11 211/23 211/24 212/2 214/16 221/25 222/1 237/15 237/18 241/10 242/1 244/17</p> <p><b>Ashleigh</b> [7] 11/9 121/17 121/24 134/5 134/11 148/9 255/5</p> <p><b>Ashworth</b> [5] 5/5 5/11 26/1 216/10 216/14</p> <p><b>aside</b> [3] 56/20 58/21 60/24</p> <p><b>ask</b> [17] 7/3 19/12 44/14 70/7 86/19 113/15 119/21 119/23 119/25 122/13 138/1 155/21 161/1 162/16 188/11 199/17 240/25</p> <p><b>asked</b> [24] 18/22 19/12 20/6 47/8 64/6 86/9 93/19 93/20 94/8 94/10 107/14 118/16 119/12 119/20 131/25 147/22 148/19 180/10 180/13 220/8 232/13 237/15 239/16 239/21</p> <p><b>asking</b> [25] 5/18 19/4 34/4 42/9 42/10 43/5 43/8 43/10 67/24 78/8 79/15 96/20 101/25 104/8 105/11 107/23 120/13 129/5 129/10 145/3 149/14 151/14 167/22 250/11 253/21</p> <p><b>asks</b> [1] 199/15</p> <p><b>aspect</b> [4] 7/1 49/6 86/10 218/1</p> <p><b>aspects</b> [5] 5/7 8/14 31/24 73/21 218/3</p> <p><b>aspirations</b> [1] 142/19</p> <p><b>assault</b> [21] 57/21 58/1 58/9 71/18 74/3 78/4 79/20 80/25 84/15 91/18 170/4 170/24 189/24 191/20 191/25 193/22 206/15 209/11 211/16 212/2 214/15</p> <p><b>assaulted</b> [11] 20/24 21/1 54/18 71/20 166/2 166/4 172/17 172/20 189/17 239/22 240/1</p> <p><b>assaulting</b> [4] 21/1 74/24 90/17 166/4</p> <p><b>assembly</b> [1] 239/19</p> <p><b>assess</b> [6] 34/20 45/2 138/10 180/20 196/8 245/23</p>	<p><b>assessed</b> [24] 23/19 23/22 29/22 29/23 30/12 31/12 31/16 31/21 33/9 33/18 34/5 60/20 61/8 62/8 90/20 103/16 108/3 125/18 190/7 192/24 193/2 240/9 241/14 243/23</p> <p><b>assessing</b> [2] 190/4 215/16</p> <p><b>assessment</b> [151] 10/10 10/13 16/7 16/10 16/10 16/12 16/17 17/4 19/6 24/5 28/18 28/21 28/22 28/25 29/1 29/2 29/3 29/6 29/6 29/18 29/25 30/1 30/5 30/18 31/20 32/10 32/11 32/11 32/12 32/13 32/13 32/19 39/4 39/7 41/21 41/21 41/22 42/10 42/11 51/18 51/19 51/20 51/25 52/6 54/10 54/14 55/8 56/4 57/9 57/23 58/10 58/12 59/10 60/1 60/2 60/22 63/1 63/3 63/5 63/7 63/12 85/25 86/2 88/15 88/16 88/20 88/22 88/23 89/1 89/4 89/9 89/10 89/18 89/20 90/10 91/1 98/13 104/18 106/18 106/21 110/6 116/4 127/23 128/4 131/11 133/13 141/19 144/13 154/1 166/10 166/13 166/16 167/5 169/8 169/9 169/11 169/11 170/10 170/25 171/13 171/24 172/2 172/9 174/8 174/18 176/7 180/16 188/20 188/24 188/24 189/1 189/3 189/12 191/5 191/22 193/13 194/1 195/6 195/11 195/16 197/18 199/14 203/11 204/3 218/25 221/16 221/20 225/21 228/1 228/2 233/18 237/15 238/21 238/24 239/3 239/8 239/9 239/10 240/2 240/3 240/8 240/9 240/10 241/6 241/10 242/1 244/15 247/12 249/2 249/8 250/22</p> <p><b>assessment's</b> [1] 28/22</p> <p><b>assessments</b> [12] 25/2 52/25 53/1 53/2 59/2 89/12 89/17 127/21 127/22 127/24 228/8 247/5</p> <p><b>AssetPlus</b> [1] 171/23</p>	<p><b>assigned</b> [4] 220/2 224/16 227/17 229/1</p> <p><b>assist</b> [3] 36/15 144/25 251/12</p> <p><b>assistance</b> [2] 85/19 113/16</p> <p><b>assistant</b> [1] 250/5</p> <p><b>associated</b> [1] 61/2</p> <p><b>assume</b> [4] 181/20 191/15 197/8 201/4</p> <p><b>assumption</b> [1] 98/15</p> <p><b>assured</b> [1] 69/2</p> <p><b>at</b> [548]</p> <p><b>atmosphere</b> [2] 84/8 84/13</p> <p><b>attached</b> [1] 85/8</p> <p><b>attaches</b> [1] 212/15</p> <p><b>attachment</b> [2] 80/2 203/16</p> <p><b>attack</b> [24] 3/25 38/15 55/12 75/21 97/15 97/16 106/3 137/4 137/5 172/23 176/21 194/7 194/15 194/24 195/8 218/15 218/17 218/19 239/20 242/14 242/25 246/22 248/12 249/17</p> <p><b>attacked</b> [2] 128/14 249/19</p> <p><b>attainment</b> [1] 88/5</p> <p><b>attempt</b> [3] 73/22 195/3 198/22</p> <p><b>attempted</b> [4] 132/14 218/2 225/16 241/9</p> <p><b>attempting</b> [1] 224/25</p> <p><b>attempts</b> [4] 35/9 146/4 156/5 199/6</p> <p><b>attend</b> [26] 13/16 20/25 45/7 86/9 87/3 87/15 94/6 115/7 140/20 147/7 166/3 197/9 197/10 197/13 197/15 220/21 221/1 221/6 227/2 234/2 234/4 234/4 248/20 252/15 254/4 254/6</p> <p><b>attendance</b> [19] 28/13 38/1 62/14 62/16 88/4 93/23 124/19 126/18 126/23 227/7 246/11 246/17 246/19 246/23 248/21 249/9 249/12 250/23 253/18</p> <p><b>attended</b> [18] 20/25 135/11 142/11 166/3 196/2 218/8 218/10 221/3 222/11 230/25 231/2 237/22 238/4 241/18 248/17 249/11 253/22 253/25</p> <p><b>attending</b> [14] 93/17 93/18 131/13 143/7</p>	<p>145/10 146/7 178/5 196/3 233/5 236/1 246/24 247/8 249/24 251/14</p> <p><b>attention</b> [4] 93/10 132/2 153/4 173/8</p> <p><b>attitude</b> [6] 66/9 67/6 70/10 70/13 180/7 202/18</p> <p><b>attitudes</b> [1] 69/18</p> <p><b>au</b> [1] 15/13</p> <p><b>August</b> [21] 1/14 122/2 152/14 161/18 217/17 217/19 219/20 221/7 221/21 222/18 224/18 225/9 225/10 225/14 225/21 225/24 227/24 228/3 232/22 236/3 245/1</p> <p><b>August 2022</b> [1] 224/18</p> <p><b>authorise</b> [1] 7/9</p> <p><b>authority</b> [4] 122/18 222/19 223/11 232/8</p> <p><b>autism</b> [30] 2/20 2/24 2/25 3/1 3/8 3/10 3/12 3/13 3/15 3/17 24/14 25/12 25/23 28/14 60/24 80/10 80/22 81/1 112/16 130/6 130/15 211/9 218/12 220/25 223/10 242/23 243/14 243/18 250/16 252/8</p> <p><b>autistic</b> [5] 3/9 25/12 25/14 25/16 229/19</p> <p><b>available</b> [9] 18/14 45/8 137/5 164/9 174/25 211/4 217/1 239/9 240/4</p> <p><b>avoid</b> [1] 65/6</p> <p><b>aware</b> [72] 3/21 3/22 3/25 15/16 22/10 36/21 40/3 48/12 57/2 57/7 59/16 65/11 72/4 72/5 73/19 79/22 83/3 85/13 87/24 91/20 92/1 99/14 99/22 103/8 103/9 103/12 104/3 105/20 108/7 108/10 109/7 109/12 113/9 113/12 113/13 113/21 115/25 117/7 119/1 125/22 128/5 128/12 128/24 129/2 129/13 129/14 129/21 130/6 130/14 131/18 145/17 159/18 160/1 160/2 167/15 167/18 171/3 172/5 173/25 186/3 188/14 196/15 210/22 212/23 213/18 220/4 232/11 232/12 243/25 250/14 251/25 252/4</p> <p><b>awareness</b> [6] 2/20</p>	<p>2/24 2/25 3/1 3/12 213/2</p> <p><b>away</b> [16] 3/4 25/21 50/2 67/20 84/7 97/23 114/8 114/19 144/17 162/21 190/2 211/2 214/17 238/19 248/18 249/25</p> <p><b>awful</b> [1] 116/13</p> <hr/> <p><b>B</b></p> <p><b>back</b> [71] 7/7 11/4 12/9 14/17 14/24 17/6 17/8 20/10 22/19 26/5 28/19 38/4 40/5 44/12 44/21 47/11 47/11 52/23 59/19 60/19 62/1 65/6 65/18 70/1 85/22 88/24 91/12 91/13 100/9 107/25 110/1 110/11 111/5 115/13 115/16 115/20 117/4 117/14 120/4 120/18 127/25 134/3 140/12 144/22 145/22 148/6 148/16 152/15 153/10 159/25 165/3 167/6 167/11 173/14 176/5 177/18 181/2 181/24 185/9 186/19 188/15 190/16 195/2 198/25 199/17 200/18 201/24 204/1 216/11 222/13 226/23</p> <p><b>backed</b> [1] 111/18</p> <p><b>background</b> [18] 1/21 2/19 4/9 13/20 16/25 17/6 67/2 67/3 71/15 85/21 92/6 102/4 102/17 122/8 128/6 161/21 167/9 168/9</p> <p><b>backgrounds</b> [1] 247/10</p> <p><b>bad</b> [2] 96/2 156/17</p> <p><b>badly</b> [2] 224/25 240/2</p> <p><b>bag</b> [2] 21/3 166/6</p> <p><b>Baker</b> [5] 253/13 253/20 254/2 254/4 254/7</p> <p><b>balance</b> [1] 10/9</p> <p><b>baldly</b> [1] 170/21</p> <p><b>Band</b> [1] 238/8</p> <p><b>banging</b> [1] 64/19</p> <p><b>barrel</b> [1] 149/18</p> <p><b>BARRETT</b> [48] 1/3 1/10 1/11 25/5 28/10 40/12 40/15 40/25 49/18 56/13 57/18 60/17 60/17 62/2 65/22 67/14 70/21 71/10 72/18 75/20 76/19 85/7 85/18 87/2 92/18 100/12 101/11 104/5 108/11 123/12</p>
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<b>B</b>	148/14 150/22 153/25 154/10 154/13 154/20 156/14 156/20 157/14 158/3 158/14 162/17 164/11 165/20 168/17 175/4 176/21 177/4 177/16 178/23 180/4 183/10 183/14 186/25 187/6 188/6 193/5 194/24 195/12 201/13 202/12 202/23 203/6 206/8 207/2 207/5 209/23 210/9 210/24 212/3 214/11 220/2 232/18 242/5 248/18 249/3 249/9 249/18 249/19 253/5 254/18	137/8 138/25 139/4 139/5 141/10 142/14 142/14 142/20 145/3 145/24 148/3 149/5 152/24 153/3 153/22 154/9 154/15 156/8 156/17 158/15 159/2 159/5 159/7 159/20 159/22 159/23 160/3 160/7 162/11 163/8 164/16 164/21 165/21 166/16 167/16 168/1 168/7 169/19 171/25 172/5 172/12 172/12 173/3 173/9 173/11 173/25 178/11 180/2 180/23 181/12 183/12 184/13 187/25 188/15 189/5 193/2 194/2 194/19 195/1 197/14 197/23 201/5 202/9 202/14 202/20 203/18 204/25 206/12 207/7 207/12 210/7 210/18 210/22 211/17 211/18 212/23 212/24 213/24 214/3 214/8 214/12 217/4 217/8 217/9 217/9 218/21 221/14 223/13 224/22 226/19 231/4 232/9 232/10 232/12 233/7 234/15 237/12 241/12 242/6 242/7 242/10 245/2 245/18 246/9 246/21 248/7 250/13 250/15 250/17 250/20 251/22 251/24 251/25	<b>behavioural [1]</b> 90/16 <b>behaviours [19]</b> 23/1 24/13 25/12 25/22 31/25 59/17 61/3 77/8 104/12 104/15 105/4 105/16 108/25 137/12 137/13 170/12 247/4 249/22 250/9 <b>beheadings [3]</b> 22/12 67/4 190/21 <b>behind [1]</b> 248/12 <b>being [119]</b> 1/24 4/17 4/18 7/4 9/19 10/17 12/2 12/11 12/12 15/2 21/12 21/16 22/23 23/19 29/23 31/18 32/6 32/14 33/9 35/21 41/5 41/22 41/23 43/11 44/11 47/10 48/4 49/13 50/17 53/25 54/17 55/19 58/20 64/22 66/11 66/16 71/20 71/24 74/9 75/7 75/8 77/10 77/24 82/8 82/20 85/6 86/20 90/3 90/16 91/6 94/23 96/13 98/23 98/25 99/3 100/2 104/1 105/3 105/9 105/15 106/9 108/14 109/13 111/6 114/5 114/12 116/3 117/12 117/20 120/1 125/19 126/10 133/1 133/9 133/25 134/15 135/3 137/13 142/7 144/7 145/14 149/10 150/17 153/2 154/6 156/14 157/7 168/22 173/14 174/2 179/21 186/7 186/11 186/15 188/5 189/16 190/7 191/13 194/9 194/14 195/10 196/15 196/18 222/21 222/25 223/17 225/12 230/16 232/3 240/9 241/25 244/10 245/4 245/5 245/6 245/9 246/8 251/17 252/21 <b>belief [4]</b> 1/17 122/5 161/19 252/24 <b>believe [16]</b> 44/8 78/21 80/22 97/13 99/7 105/18 109/21 120/24 125/24 145/24 151/19 158/8 187/3 192/8 210/3 231/6 <b>believed [2]</b> 203/2 226/21 <b>below [1]</b> 45/21 <b>beneficial [2]</b> 42/14 179/7 <b>benefit [7]</b> 47/16 47/24 49/2 175/23 178/5 198/10 250/18	<b>Berry [4]</b> 248/15 248/22 249/11 249/23 <b>bespoke [1]</b> 246/6 <b>best [13]</b> 1/16 57/11 64/7 93/11 122/4 142/4 143/3 143/5 150/13 161/19 163/24 204/10 211/20 <b>better [11]</b> 48/25 65/7 65/14 87/21 145/11 184/10 186/18 188/17 228/17 239/15 243/16 <b>between [26]</b> 5/3 34/8 34/22 66/17 71/22 71/24 74/12 74/13 75/17 83/8 109/12 123/5 131/16 131/19 141/16 146/25 168/22 181/7 184/16 198/23 211/19 224/8 224/10 229/1 230/15 244/14 <b>beyond [5]</b> 164/8 168/16 212/8 251/4 253/10 <b>big [3]</b> 2/25 3/5 34/22 <b>bigger [2]</b> 20/18 72/17 <b>birthday [1]</b> 223/22 <b>bit [16]</b> 17/12 17/15 28/24 33/24 45/23 50/18 52/22 63/10 63/17 65/15 72/17 75/25 163/14 168/16 202/18 207/4 <b>bits [1]</b> 214/21 <b>bizarre [2]</b> 114/22 114/24 <b>black [1]</b> 49/13 <b>bladed [1]</b> 239/7 <b>blame [1]</b> 177/8 <b>blaming [2]</b> 41/12 184/17 <b>blinkered [2]</b> 75/3 75/19 <b>block [2]</b> 2/25 135/18 <b>blood [1]</b> 227/11 <b>board [1]</b> 69/7 <b>body [1]</b> 69/20 <b>Boggan [1]</b> 221/25 <b>booking [1]</b> 137/6 <b>border [1]</b> 224/12 <b>Borough [1]</b> 245/19 <b>both [23]</b> 8/16 15/11 57/11 72/17 74/13 80/14 112/4 128/19 129/24 130/2 133/21 141/18 157/20 171/1 177/22 197/18 208/14 211/2 215/18 224/2 231/20 241/16 244/2 <b>bother [1]</b> 240/1 <b>bothered [1]</b> 94/9 <b>bottom [35]</b> 2/10 15/1 17/11 17/13 44/4
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<p><b>B</b></p> <p><b>bottom... [30]</b> 51/14 63/23 64/4 65/19 65/20 71/12 71/17 80/12 90/11 92/15 97/11 104/17 104/21 117/15 134/5 134/13 137/17 144/23 147/15 149/18 154/12 170/11 178/16 183/3 185/23 194/1 198/7 203/14 205/20 207/24</p> <p><b>boundaries [4]</b> 31/25 73/23 135/24 170/11</p> <p><b>boundary [1]</b> 159/16</p> <p><b>box [3]</b> 60/20 133/14 189/21</p> <p><b>boy [11]</b> 41/6 50/19 50/23 59/3 128/14 170/4 193/22 218/18 218/20 239/22 240/1</p> <p><b>boys [2]</b> 32/3 170/15</p> <p><b>bread [1]</b> 75/6</p> <p><b>break [12]</b> 33/2 60/7 60/14 61/7 73/4 120/22 120/22 161/5 182/12 182/18 205/12 208/19</p> <p><b>breakdown [1]</b> 88/6</p> <p><b>breakdowns [1]</b> 224/2</p> <p><b>breaking [2]</b> 74/7 125/16</p> <p><b>breath [1]</b> 158/25</p> <p><b>Bridge [2]</b> 106/3 248/12</p> <p><b>brief [1]</b> 20/22</p> <p><b>briefly [7]</b> 15/18 72/9 135/14 166/15 175/21 188/15 205/5</p> <p><b>bright [1]</b> 219/8</p> <p><b>bring [9]</b> 20/10 33/1 35/25 44/15 138/14 138/16 166/15 177/18 195/19</p> <p><b>Bringing [1]</b> 135/20</p> <p><b>broad [2]</b> 178/7 186/22</p> <p><b>broke [1]</b> 137/22</p> <p><b>broken [3]</b> 78/18 134/11 134/16</p> <p><b>brother [4]</b> 217/20 225/16 233/21 237/3</p> <p><b>brother's [1]</b> 88/17</p> <p><b>brothers [1]</b> 86/3</p> <p><b>brought [8]</b> 52/23 63/12 86/15 112/10 145/22 194/25 204/13 217/10</p> <p><b>browser [1]</b> 248/13</p> <p><b>brush [2]</b> 179/17 179/19</p> <p><b>build [5]</b> 9/18 46/7 49/8 193/8 193/11</p> <p><b>building [3]</b> 76/17</p>	<p>84/4 238/3</p> <p><b>bullied [1]</b> 90/16</p> <p><b>bully [1]</b> 59/5</p> <p><b>bullying [7]</b> 41/7 59/6 194/8 194/11 224/24 225/1 237/2</p> <p><b>buried [2]</b> 73/2 208/17</p> <p><b>bus [5]</b> 113/5 117/10 119/16 129/12 248/19</p> <p><b>but [369]</b></p> <p><b>butter [1]</b> 75/6</p> <p><b>C</b></p> <p><b>cache [1]</b> 118/20</p> <p><b>CAF [22]</b> 28/18 28/21 29/1 29/3 29/4 29/7 29/18 32/10 52/6 54/9 54/14 89/10 169/9 169/10 169/11 188/21 188/22 189/9 189/12 199/14 203/11 203/19</p> <p><b>call [15]</b> 22/4 47/23 113/20 205/10 205/15 220/7 225/21 226/3 226/13 230/15 237/8 237/14 245/8 245/10 254/12</p> <p><b>called [17]</b> 29/11 34/23 43/5 72/15 109/3 109/3 109/5 217/9 217/14 226/6 226/8 227/12 236/12 236/18 237/7 237/22 253/11</p> <p><b>calling [1]</b> 115/11</p> <p><b>Callon [3]</b> 172/7 201/25 202/5</p> <p><b>calls [15]</b> 35/11 35/16 36/8 36/11 36/12 36/13 36/18 36/25 49/21 50/10 174/21 195/22 197/5 197/25 220/15</p> <p><b>calm [1]</b> 131/7</p> <p><b>calmer [1]</b> 141/13</p> <p><b>came [22]</b> 14/17 53/21 69/12 72/23 106/14 123/14 125/23 127/18 129/19 165/3 167/25 173/3 190/4 213/3 213/10 215/16 221/21 234/8 237/16 239/5 239/20 244/1</p> <p><b>CAMHS [75]</b> 23/16 24/20 52/17 53/3 53/15 53/21 78/9 113/14 113/22 124/7 131/12 135/9 135/16 135/21 136/2 144/4 144/14 145/23 157/7 158/10 195/16 195/22 196/2 197/17 197/25 215/21 217/12 217/13 218/5 218/6 218/22 219/16 220/3 221/10</p>	<p>221/11 221/12 221/20 222/2 222/6 223/20 224/16 226/1 226/18 226/23 227/4 227/12 228/2 228/16 228/21 230/5 230/19 231/4 231/5 231/6 231/14 232/7 232/17 232/20 233/8 233/20 234/2 234/10 234/12 235/11 237/8 237/9 237/12 239/4 240/13 240/16 241/8 241/16 241/23 244/16 246/8</p> <p><b>CAMHS/FCAMHS [1]</b> 241/23</p> <p><b>campus [1]</b> 44/23</p> <p><b>can [134]</b> 1/12 3/3 3/5 3/8 5/10 8/1 8/3 8/13 8/22 12/18 13/20 13/24 14/8 14/14 14/25 17/7 17/20 18/21 20/10 20/18 21/15 21/25 28/6 28/21 31/13 32/1 33/4 35/23 36/13 38/3 38/18 39/21 40/14 41/14 44/13 49/1 50/16 50/20 51/17 54/13 58/15 60/3 60/18 60/19 63/19 64/18 66/3 67/7 67/24 68/1 78/15 78/25 83/18 84/17 85/19 86/6 88/2 93/11 93/13 94/13 94/17 95/11 95/17 96/4 96/12 101/6 104/18 114/4 115/5 115/24 119/13 120/10 121/16 123/25 124/5 127/14 128/1 130/15 134/3 136/4 140/12 141/9 141/19 142/11 144/22 145/2 145/11 145/13 148/17 150/8 150/24 150/25 153/10 153/13 154/19 155/6 155/11 155/18 157/23 158/2 160/22 165/2 165/13 165/19 166/15 174/24 175/10 175/20 178/15 178/21 179/12 181/16 184/25 189/9 189/9 189/12 191/15 192/10 198/7 200/16 202/9 203/6 203/9 203/13 204/22 210/20 212/10 212/11 212/20 213/8 214/22 241/7 251/3 254/15</p> <p><b>can't [32]</b> 8/25 33/23 35/20 67/22 83/11 83/11 106/6 114/6 114/21 116/8 122/21 128/1 145/24 147/25 148/22 152/11 167/8</p>	<p>171/6 171/11 172/22 187/2 191/15 191/16 194/17 197/11 201/3 201/4 202/7 202/11 202/12 202/21 207/10</p> <p><b>cancellation [1]</b> 241/13</p> <p><b>candid [1]</b> 81/16</p> <p><b>candour [1]</b> 129/24</p> <p><b>cannot [4]</b> 233/15 240/20 252/2 254/9</p> <p><b>capability [1]</b> 46/7</p> <p><b>capable [1]</b> 174/1</p> <p><b>capacity [2]</b> 74/8 74/8</p> <p><b>captured [2]</b> 27/13 90/23</p> <p><b>card [1]</b> 187/1</p> <p><b>Cardwell [1]</b> 102/23</p> <p><b>care [54]</b> 5/25 7/13 14/7 14/18 16/7 28/23 30/19 32/13 32/24 47/15 56/5 69/2 74/15 85/24 86/16 87/12 88/24 89/2 89/24 90/2 91/2 91/11 92/4 92/5 96/13 106/16 106/17 153/4 159/14 159/20 160/9 216/15 219/5 219/24 223/20 224/8 226/1 226/15 227/21 228/16 228/17 231/14 232/6 232/8 238/11 238/18 239/4 240/12 240/15 241/4 241/21 243/4 243/4 244/13</p> <p><b>career [2]</b> 4/14 4/15</p> <p><b>careful [2]</b> 92/18 107/16</p> <p><b>carers [2]</b> 237/25 237/25</p> <p><b>caring [1]</b> 245/5</p> <p><b>Carl [6]</b> 109/16 148/1 148/9 148/11 148/23 150/16</p> <p><b>Carol [1]</b> 36/7</p> <p><b>carriage [1]</b> 170/2</p> <p><b>carried [20]</b> 38/15 47/25 67/4 88/22 91/6 130/24 164/21 170/24 172/16 172/19 172/24 176/20 188/20 190/18 196/18 204/6 204/8 211/7 219/14 246/12</p> <p><b>carry [13]</b> 49/1 49/16 62/18 63/9 67/5 146/11 147/4 149/10 158/10 158/13 183/12 188/1 201/19</p> <p><b>carrying [17]</b> 57/21 58/1 58/9 71/4 90/1 90/18 119/16 128/9 168/2 177/4 189/24 190/13 191/20 191/25 194/16 195/6 195/9</p> <p><b>cascade [1]</b> 213/12</p>	<p><b>cascaded [1]</b> 213/8</p> <p><b>case [146]</b> 4/1 4/6 4/7 7/3 9/21 10/4 10/16 10/16 10/16 10/23 11/1 11/10 11/18 12/25 13/4 13/17 13/19 14/5 14/13 14/17 14/24 15/10 16/21 20/7 20/11 26/8 34/22 40/25 42/20 43/17 47/15 51/5 67/23 74/22 86/6 87/24 92/14 100/19 103/1 115/3 115/13 116/24 118/9 118/13 118/19 118/24 123/19 125/23 127/4 127/14 127/19 127/20 130/24 134/1 135/20 136/5 137/8 145/18 146/15 146/16 146/23 147/20 147/24 148/20 153/7 153/12 153/13 156/11 156/14 156/19 163/13 164/7 164/24 165/5 165/19 165/22 167/16 167/25 168/3 169/6 169/19 171/14 172/10 172/12 172/13 173/2 173/10 174/1 174/4 179/2 180/2 180/2 182/4 182/24 185/16 188/5 190/5 190/12 190/15 190/23 192/5 193/4 193/7 196/10 197/23 210/14 210/23 212/1 213/9 213/12 213/25 214/1 214/2 215/3 215/9 215/19 217/15 217/16 217/19 217/20 218/5 219/3 219/15 219/15 219/20 219/25 221/16 221/18 221/21 221/24 223/20 224/9 224/17 226/2 227/13 227/23 227/25 228/1 228/4 231/14 232/1 232/5 232/23 233/12 233/21 241/1</p> <p><b>caseload [2]</b> 172/16 172/19</p> <p><b>cases [29]</b> 3/17 9/6 9/14 9/23 12/19 15/15 26/2 34/16 50/14 50/22 75/4 81/22 110/7 116/11 116/12 126/21 130/14 130/15 162/21 162/23 163/6 163/18 164/3 164/17 172/25 190/6 190/13 224/12 247/1</p> <p><b>caseworker [1]</b> 171/23</p> <p><b>cast [1]</b> 31/17</p> <p><b>categorically [1]</b></p>
--	---	--	--	--



<p><b>C</b></p> <p><b>categorically... [1]</b> 251/3</p> <p><b>Category [1]</b> 242/20</p> <p><b>caught [1]</b> 161/2</p> <p><b>cause [3]</b> 94/13 209/8 231/23</p> <p><b>caused [2]</b> 139/6 221/19</p> <p><b>causes [1]</b> 69/3</p> <p><b>causing [1]</b> 132/7</p> <p><b>caveat [1]</b> 254/14</p> <p><b>cease [2]</b> 114/3 114/15</p> <p><b>ceased [1]</b> 114/18</p> <p><b>ceasing [1]</b> 159/10</p> <p><b>centre [3]</b> 4/21 151/13 153/17</p> <p><b>centred [6]</b> 59/23 64/9 75/4 181/10 193/8 193/19</p> <p><b>centres [2]</b> 2/13 2/23</p> <p><b>certain [4]</b> 95/23 95/25 96/21 196/15</p> <p><b>certainly [6]</b> 69/8 87/13 160/24 174/18 182/14 201/25</p> <p><b>certainty [1]</b> 252/3</p> <p><b>CFW [50]</b> 4/24 5/23 5/23 5/24 7/15 10/20 32/20 39/11 40/10 43/17 45/13 45/23 53/19 54/4 54/5 58/20 58/25 61/13 65/9 74/13 79/16 81/2 94/16 96/13 100/15 112/1 115/2 115/3 117/19 118/8 118/16 134/17 143/14 144/14 155/24 156/4 156/9 156/10 156/12 158/20 159/24 160/6 182/24 183/9 183/25 186/15 188/3 192/5 210/14 210/23</p> <p><b>CFWS [1]</b> 162/2</p> <p><b>chain [1]</b> 20/8</p> <p><b>chair [6]</b> 65/20 81/15 105/10 131/8 155/8 246/1</p> <p><b>Chair's [1]</b> 22/3</p> <p><b>challenge [14]</b> 42/15 57/5 69/9 69/12 69/13 69/16 70/25 179/8 179/10 180/24 181/1 181/2 181/3 243/16</p> <p><b>challenged [4]</b> 39/22 69/19 110/14 178/21</p> <p><b>challenges [4]</b> 37/4 37/5 234/21 251/5</p> <p><b>challenging [5]</b> 43/2 46/1 69/19 171/9 178/2</p> <p><b>chance [3]</b> 114/1 114/13 149/3</p>	<p><b>change [19]</b> 6/3 6/5 6/6 11/21 13/2 52/16 73/12 77/9 77/9 77/12 77/12 77/14 86/14 162/18 163/21 164/1 181/25 200/13 200/24</p> <p><b>changed [6]</b> 13/3 51/21 116/24 171/19 189/6 204/18</p> <p><b>changes [6]</b> 6/20 53/9 73/13 163/3 246/21 253/7</p> <p><b>changing [1]</b> 162/16</p> <p><b>Chantal [1]</b> 161/15</p> <p><b>characterisation [3]</b> 66/13 69/20 193/24</p> <p><b>characterise [3]</b> 122/17 150/8 198/21</p> <p><b>characterising [1]</b> 66/10</p> <p><b>characteristic [1]</b> 116/10</p> <p><b>charge [1]</b> 201/16</p> <p><b>charges [1]</b> 73/20</p> <p><b>charity [1]</b> 234/19</p> <p><b>chase [2]</b> 9/17 103/20</p> <p><b>chased [1]</b> 107/15</p> <p><b>chasing [2]</b> 107/12 239/23</p> <p><b>chastisement [1]</b> 73/15</p> <p><b>chat [3]</b> 17/19 142/5 235/13</p> <p><b>check [3]</b> 20/6 36/6 244/20</p> <p><b>chief [1]</b> 235/1</p> <p><b>child [45]</b> 5/2 5/25 6/12 8/16 8/17 8/25 18/5 18/6 19/18 39/2 40/17 48/18 48/22 50/6 54/15 59/23 75/4 125/20 144/16 147/5 150/23 150/23 157/3 159/11 159/15 166/9 166/12 166/16 166/17 167/4 169/17 171/22 172/8 177/9 188/20 188/24 189/3 189/14 195/3 210/10 210/11 215/13 235/10 246/23 247/15</p> <p><b>child's [3]</b> 18/4 19/15 119/8</p> <p><b>child-centred [1]</b> 75/4</p> <p><b>Child/young [1]</b> 169/17</p> <p><b>Childline [1]</b> 236/14</p> <p><b>children [29]</b> 2/14 4/11 8/13 8/21 8/24 36/17 44/25 46/5 46/10 53/8 77/7 87/9 87/12 90/2 90/21 109/23 122/10 123/7 130/11 162/2 211/23</p>	<p>213/8 226/10 234/23 235/17 238/2 243/11 245/4 246/1</p> <p><b>children's [34]</b> 2/13 2/23 4/20 5/25 7/13 14/6 14/18 16/7 28/23 30/18 32/13 32/24 56/5 68/25 69/4 74/14 85/24 89/2 89/23 90/2 106/16 106/17 157/2 159/20 216/15 219/4 219/19 234/13 235/13 240/15 241/11 243/15 245/25 246/25</p> <p><b>choice [2]</b> 48/11 186/2</p> <p><b>choose [2]</b> 44/17 66/24</p> <p><b>choosing [1]</b> 82/16</p> <p><b>chores [1]</b> 79/8</p> <p><b>chosen [1]</b> 48/7</p> <p><b>chronologies [1]</b> 127/14</p> <p><b>chronology [8]</b> 27/20 27/21 27/22 27/24 27/25 71/2 127/20 165/14</p> <p><b>circulate [1]</b> 108/1</p> <p><b>circumstances [13]</b> 36/16 59/5 126/2 134/21 187/8 189/6 189/7 194/4 194/7 196/8 199/16 210/4 253/11</p> <p><b>civil [3]</b> 39/19 178/17 242/20</p> <p><b>CJYLDT [3]</b> 238/11 238/12 242/4</p> <p><b>CJYLDT's [1]</b> 238/20</p> <p><b>clarity [1]</b> 204/13</p> <p><b>class [1]</b> 129/6</p> <p><b>classed [1]</b> 215/20</p> <p><b>classroom [1]</b> 44/25</p> <p><b>Claudia [1]</b> 235/2</p> <p><b>clear [38]</b> 16/14 21/16 26/18 28/21 41/2 45/6 55/18 64/8 67/11 71/4 73/17 94/2 114/2 114/14 137/19 148/15 150/20 151/7 151/15 152/3 155/13 155/19 155/23 156/7 158/4 168/14 176/17 181/12 183/21 183/23 200/10 200/14 208/1 208/15 212/6 224/12 250/25 252/7</p> <p><b>clearcut [1]</b> 204/21</p> <p><b>clearer [1]</b> 6/6</p> <p><b>clearly [8]</b> 100/18 100/18 120/5 137/4 154/15 159/9 203/18 206/2</p> <p><b>climate [1]</b> 17/21</p> <p><b>clinic [3]</b> 228/24 229/6 230/25</p>	<p><b>Clinical [1]</b> 219/18</p> <p><b>clinically [1]</b> 235/10</p> <p><b>close [21]</b> 9/21 9/24 10/10 11/18 46/11 46/18 49/1 50/13 78/12 78/15 81/12 81/22 116/11 116/23 146/23 163/13 165/2 182/24 210/13 213/14 241/24</p> <p><b>closed [27]</b> 43/17 51/7 81/4 107/13 108/8 108/10 115/3 117/5 117/25 118/24 153/2 153/13 156/12 156/14 156/19 158/7 164/14 182/5 184/3 188/6 191/10 213/25 215/19 221/12 230/18 242/4 247/18</p> <p><b>closing [13]</b> 12/5 50/22 112/1 164/19 190/6 190/24 191/2 191/8 210/23 210/24 212/2 215/3 241/22</p> <p><b>closure [18]</b> 43/22 78/10 81/6 82/13 83/1 83/19 84/20 84/21 85/7 111/16 113/5 154/25 155/4 213/17 214/2 214/9 214/24 223/19</p> <p><b>cluster [1]</b> 253/15</p> <p><b>co [3]</b> 129/23 199/23 201/21</p> <p><b>co-operation [3]</b> 129/23 199/23 201/21</p> <p><b>cold [1]</b> 225/18</p> <p><b>collaboration [1]</b> 253/9</p> <p><b>colleague [1]</b> 101/17</p> <p><b>colleagues [3]</b> 36/5 36/16 47/7</p> <p><b>Colonel [3]</b> 80/3 105/23 106/1</p> <p><b>combination [2]</b> 123/2 163/16</p> <p><b>combines [1]</b> 190/19</p> <p><b>come [59]</b> 4/3 5/6 5/19 11/9 12/9 12/18 14/2 20/13 28/23 30/1 30/21 31/14 31/19 34/20 40/3 49/9 53/20 59/19 78/9 78/13 87/1 88/24 89/2 91/1 91/4 91/5 91/11 92/5 97/23 99/4 99/22 105/17 110/11 110/17 111/9 111/15 112/24 115/16 117/4 118/19 120/11 127/2 130/12 130/19 134/8 139/24 140/2 142/2 143/12 148/16 174/7 184/5 195/24 213/16 216/11 218/16 218/19 223/18 238/14</p>	<p><b>comes [6]</b> 17/8 32/14 34/25 85/22 149/19 209/6</p> <p><b>comfortable [2]</b> 140/6 231/20</p> <p><b>coming [17]</b> 23/4 34/13 40/2 45/18 73/10 77/16 96/8 100/25 103/8 109/11 115/13 130/23 140/1 160/19 170/9 179/25 216/3</p> <p><b>commas [1]</b> 176/24</p> <p><b>comment [2]</b> 48/14 58/8</p> <p><b>commented [2]</b> 15/23 124/17</p> <p><b>comments [1]</b> 57/5</p> <p><b>Commission [1]</b> 244/13</p> <p><b>commissioned [1]</b> 244/2</p> <p><b>commissioning [1]</b> 242/22</p> <p><b>commit [2]</b> 61/14 139/6</p> <p><b>common [6]</b> 13/14 18/3 34/16 188/24 189/1 211/24</p> <p><b>communicate [1]</b> 3/8</p> <p><b>communicating [1]</b> 94/25</p> <p><b>communication [8]</b> 52/9 66/15 82/9 219/6 219/7 223/8 224/2 252/5</p> <p><b>community [10]</b> 49/10 79/12 112/3 127/8 161/22 168/8 231/24 232/3 241/10 245/3</p> <p><b>company [1]</b> 234/18</p> <p><b>compared [1]</b> 107/10</p> <p><b>comparing [1]</b> 97/7</p> <p><b>compelling [1]</b> 122/23</p> <p><b>competence [1]</b> 223/17</p> <p><b>competent [2]</b> 8/18 8/21</p> <p><b>complaint [1]</b> 124/23</p> <p><b>complete [10]</b> 39/3 69/9 124/19 134/4 147/15 172/4 177/14 199/14 219/16 240/13</p> <p><b>completed [15]</b> 2/20 81/11 117/6 121/8 133/13 166/10 187/6 187/7 197/3 218/22 230/16 235/24 240/3 242/7 248/7</p> <p><b>completely [6]</b> 41/10 49/3 69/10 70/10 93/9 146/7</p> <p><b>completing [2]</b> 64/18 180/16</p>
---	---	---	---	---



<b>C</b>	223/16 225/10 225/25 226/11 227/7 227/19 232/2 233/4 233/15 233/22 235/9 235/11 237/9 240/18 241/2 241/3 250/8 251/20 <b>conclude [2]</b> 125/15 189/10 <b>concluded [1]</b> 219/8 <b>concludes [4]</b> 234/12 243/14 245/10 254/11 <b>conclusion [1]</b> 75/2 <b>conduct [3]</b> 48/19 179/23 240/18 <b>conducted [4]</b> 88/15 138/9 169/9 174/8 <b>confidence [1]</b> 223/17 <b>confidential [1]</b> 249/3 <b>confirm [2]</b> 1/12 21/25 <b>confirmation [1]</b> 196/17 <b>confirmed [3]</b> 21/3 166/6 220/10 <b>conflating [1]</b> 194/15 <b>conflict [3]</b> 84/7 142/13 223/25 <b>confrontation [1]</b> 205/23 <b>confrontational [1]</b> 225/5 <b>confusion [2]</b> 124/22 224/13 <b>conjunction [3]</b> 214/14 214/15 214/16 <b>Connect [1]</b> 237/23 <b>Connolly [1]</b> 216/18 <b>consensual [3]</b> 48/9 185/25 205/2 <b>consensus [1]</b> 175/23 <b>consent [62]</b> 8/11 8/15 8/20 8/23 8/25 9/3 9/3 9/5 9/11 9/15 9/17 9/22 9/25 10/1 10/5 10/8 10/9 10/12 48/13 67/12 68/21 68/23 68/24 68/24 69/16 69/24 69/25 70/1 70/2 70/16 70/19 118/18 119/7 119/24 119/25 123/20 126/5 126/8 150/23 151/15 151/16 154/20 156/19 157/16 157/17 159/4 159/7 185/23 186/4 186/15 186/22 186/22 186/23 187/2 187/5 200/21 200/22 200/23 202/14 202/17 202/24 204/2 <b>consented [1]</b> 202/24 <b>consenting [7]</b> 9/1	9/9 10/3 10/11 146/22 157/23 158/3 <b>consequences [3]</b> 171/1 237/5 237/10 <b>consider [8]</b> 44/24 63/7 74/20 177/15 180/19 209/22 240/24 246/8 <b>considerable [1]</b> 162/18 <b>consideration [3]</b> 118/10 176/9 210/1 <b>considered [13]</b> 63/1 63/14 74/15 76/6 76/9 76/16 106/9 151/9 210/7 210/9 214/8 242/5 244/5 <b>considering [1]</b> 180/17 <b>consistent [5]</b> 15/2 61/25 87/2 104/24 252/13 <b>Constabulary [1]</b> 253/25 <b>constant [1]</b> 86/12 <b>constantly [3]</b> 56/15 59/2 65/11 <b>constrained [1]</b> 79/4 <b>constructive [1]</b> 157/9 <b>consultation [1]</b> 212/21 <b>consumption [1]</b> 144/8 <b>contact [30]</b> 35/10 36/3 36/9 72/7 78/21 123/25 124/1 125/25 126/13 127/1 127/15 128/3 131/9 141/22 143/4 174/11 174/17 174/23 188/9 197/2 197/5 201/12 206/10 220/6 229/4 232/18 237/19 238/14 239/5 244/1 <b>contacted [4]</b> 72/2 113/9 119/11 226/9 <b>contacting [4]</b> 36/6 113/24 235/12 251/6 <b>contacts [2]</b> 229/3 240/23 <b>contained [4]</b> 15/19 18/11 92/21 249/8 <b>containing [1]</b> 99/12 <b>content [2]</b> 98/3 243/9 <b>contents [4]</b> 1/16 19/2 161/18 250/13 <b>context [19]</b> 5/16 5/20 15/7 34/10 67/1 67/17 72/24 73/5 85/22 100/19 122/25 173/24 174/3 180/10 180/12 180/13 199/21 223/9 245/14 <b>contexts [1]</b> 219/13	<b>Contingencies [1]</b> 242/21 <b>continue [9]</b> 44/11 46/24 66/3 121/10 156/4 156/5 223/20 233/12 242/2 <b>continued [6]</b> 74/8 79/15 225/8 227/2 230/4 230/23 <b>continues [2]</b> 38/17 176/22 <b>continuing [2]</b> 44/22 196/20 <b>continuity [2]</b> 86/15 92/4 <b>Continuum [6]</b> 5/23 125/19 126/19 162/22 162/25 165/23 <b>contrary [1]</b> 112/9 <b>contrast [2]</b> 78/19 178/4 <b>contrasting [2]</b> 96/24 107/9 <b>contribute [1]</b> 179/11 <b>contributed [1]</b> 224/13 <b>control [2]</b> 74/25 222/22 <b>controlling [2]</b> 95/4 247/23 <b>convened [1]</b> 144/13 <b>convener [1]</b> 122/19 <b>convenient [1]</b> 60/8 <b>conversation [17]</b> 39/22 48/6 70/6 98/10 98/12 102/7 138/22 138/23 138/25 178/21 181/6 201/13 202/20 202/22 203/6 213/16 248/2 <b>conversations [9]</b> 14/13 22/1 36/24 74/10 86/24 92/10 136/17 142/25 150/15 <b>conveyed [2]</b> 117/12 155/19 <b>convicted [2]</b> 54/19 168/1 <b>conviction [2]</b> 170/1 189/19 <b>convincing [1]</b> 137/23 <b>Cookson [3]</b> 14/3 14/5 15/3 <b>Coombes [1]</b> 216/16 <b>coordinate [2]</b> 37/19 169/6 <b>coordinating [4]</b> 168/21 169/1 184/24 197/20 <b>coordination [1]</b> 224/9 <b>cope [2]</b> 9/8 144/19 <b>copied [8]</b> 79/25 80/2 100/13 105/22 105/25 113/22 125/7 141/17	<b>copied [1]</b> 144/20 <b>Coppard [22]</b> 217/16 219/18 220/2 220/13 220/17 220/20 221/4 221/5 221/10 221/15 221/20 221/23 222/4 222/9 223/4 223/24 224/5 228/25 229/6 231/9 232/22 232/23 <b>Coppard's [3]</b> 221/13 221/22 224/13 <b>copy [3]</b> 172/4 235/23 245/1 <b>core [1]</b> 142/17 <b>corporate [7]</b> 27/3 75/14 172/7 201/25 216/15 216/17 242/9 <b>correct [32]</b> 30/5 44/9 56/9 118/11 122/24 162/4 162/6 163/2 165/12 166/22 175/3 176/3 178/9 182/3 182/25 183/13 184/7 185/8 185/17 185/19 186/19 188/10 188/19 192/8 192/20 193/4 199/8 201/18 206/23 208/8 208/18 210/12 <b>corrected [1]</b> 213/23 <b>correcting [1]</b> 105/14 <b>corrections [3]</b> 203/23 203/24 204/1 <b>correctly [2]</b> 7/18 77/1 <b>Coughlan [5]</b> 109/13 109/16 110/9 146/5 149/2 <b>could [159]</b> 1/11 3/18 4/1 5/9 7/15 10/9 16/15 17/7 19/19 22/19 24/24 25/15 25/16 26/17 34/3 35/6 39/17 42/5 42/13 43/7 45/13 46/24 49/11 49/19 49/22 50/4 50/11 54/7 55/22 56/2 57/16 60/21 63/23 65/4 70/5 73/20 77/2 78/7 87/21 88/6 90/7 90/8 91/3 93/11 94/17 101/23 102/1 102/15 102/21 103/6 105/1 105/2 105/5 105/11 105/13 105/13 105/14 108/13 108/18 108/20 113/15 113/25 116/6 116/25 117/5 119/4 119/20 120/4 120/5 120/6 120/17 121/22 121/25 122/14 123/22 124/4 125/1 125/3 126/4 126/7 126/11 126/15 129/5 130/22 131/4 131/25 132/13 133/10 133/12 135/14
----------	---	--	---	---

<p><b>C</b></p> <p><b>could... [69]</b> 135/18 136/16 136/24 137/15 139/16 141/24 142/7 143/10 145/15 147/14 147/14 148/25 150/21 152/15 154/2 154/12 156/21 156/22 157/16 158/6 158/12 159/5 160/7 161/1 161/13 161/16 163/14 163/14 164/13 168/6 169/8 172/11 173/20 176/13 179/15 181/20 181/24 182/12 182/23 183/9 183/17 186/17 186/24 187/11 188/5 189/21 192/6 198/13 198/21 200/13 203/15 207/24 208/14 218/14 218/18 225/5 225/17 228/17 230/20 231/11 241/13 244/20 246/12 247/18 247/23 249/5 250/1 251/12 252/23</p> <p><b>couldn't [14]</b> 46/11 49/5 49/7 118/8 118/22 119/14 123/20 141/20 141/20 173/1 183/15 185/3 187/6 187/7</p> <p><b>Council [11]</b> 50/25 129/16 162/5 173/2 216/16 226/11 235/14 245/19 246/12 246/16 246/20</p> <p><b>council's [1]</b> 159/13</p> <p><b>counsel [3]</b> 70/24 95/12 157/24</p> <p><b>counselling [6]</b> 66/18 235/8 235/18 236/1 236/19 236/21</p> <p><b>counsellor [2]</b> 235/3 235/16</p> <p><b>Counter [3]</b> 108/9 108/18 212/22</p> <p><b>countries [3]</b> 95/25 96/1 96/4</p> <p><b>County [7]</b> 50/25 129/16 162/5 216/16 226/11 235/14 246/20</p> <p><b>couple [6]</b> 8/14 35/16 73/21 79/19 134/6 154/25</p> <p><b>course [24]</b> 2/20 6/20 6/25 27/5 71/1 102/3 112/1 132/21 160/9 167/5 171/8 181/25 205/11 208/19 211/16 222/6 227/3 227/17 237/22 237/24 238/4 238/6 244/9 245/22</p> <p><b>court [2]</b> 192/22 196/20</p> <p><b>court-ordered [1]</b></p>	<p>196/20</p> <p><b>Courteous [1]</b> 39/19</p> <p><b>cover [2]</b> 5/6 217/4</p> <p><b>covered [5]</b> 3/23 33/22 34/1 222/25 253/15</p> <p><b>covering [1]</b> 214/20</p> <p><b>Covid [10]</b> 44/15 46/12 49/5 49/12 49/13 49/15 49/19 173/20 186/11 208/2</p> <p><b>CP [1]</b> 244/10</p> <p><b>CPOMS [1]</b> 247/12</p> <p><b>CQC [3]</b> 244/13 244/15 244/23</p> <p><b>CQC's [2]</b> 244/15 245/2</p> <p><b>CQC000001 [1]</b> 244/13</p> <p><b>create [2]</b> 82/1 253/17</p> <p><b>created [3]</b> 81/10 147/16 224/10</p> <p><b>credible [1]</b> 98/20</p> <p><b>credit [2]</b> 38/18 209/6</p> <p><b>crime [14]</b> 22/11 29/23 30/15 31/3 33/10 33/19 50/20 61/9 61/14 67/1 169/16 169/17 196/21 237/14</p> <p><b>crimes [1]</b> 30/14</p> <p><b>criminal [13]</b> 48/19 53/16 59/21 64/13 74/5 179/23 238/10 238/15 238/16 238/19 238/22 242/6 244/1</p> <p><b>crisis [3]</b> 226/15 237/8 238/23</p> <p><b>critical [1]</b> 149/16</p> <p><b>criticised [1]</b> 102/5</p> <p><b>criticism [5]</b> 25/7 97/6 116/9 157/21 178/4</p> <p><b>criticisms [1]</b> 79/14</p> <p><b>Croll [4]</b> 171/22 176/6 176/15 177/5</p> <p><b>cross [3]</b> 159/15 224/12 243/16</p> <p><b>cross-agency [1]</b> 243/16</p> <p><b>cross-border [1]</b> 224/12</p> <p><b>crossover [1]</b> 2/15</p> <p><b>crucial [1]</b> 62/21</p> <p><b>CSC [13]</b> 20/15 20/23 29/5 159/2 165/20 165/21 166/1 166/18 169/12 171/3 173/16 180/1 192/5</p> <p><b>CT [1]</b> 212/22</p> <p><b>CTI [2]</b> 225/2 240/24</p> <p><b>cultural [2]</b> 116/18 223/11</p> <p><b>culture [3]</b> 81/21 81/25 116/11</p>	<p><b>cumulative [1]</b> 112/17</p> <p><b>curiosity [3]</b> 101/5 118/14 119/5</p> <p><b>curious [2]</b> 19/21 41/23</p> <p><b>current [10]</b> 16/10 16/12 16/19 17/20 20/22 44/23 192/6 229/23 230/6 248/24</p> <p><b>currently [5]</b> 7/16 64/12 115/9 115/19 241/25</p> <p><b>curriculum [2]</b> 140/23 141/18</p> <p><b>cut [1]</b> 62/5</p> <p><b>cutting [2]</b> 59/23 86/23</p> <p><b>CYJS [14]</b> 23/17 23/21 24/20 52/17 53/3 55/14 72/5 74/10 74/13 74/17 76/6 76/13 202/1 209/21</p> <p><b>D</b></p> <p><b>dad [19]</b> 38/14 49/12 67/10 71/22 71/23 73/16 124/17 133/15 133/16 147/22 148/2 148/11 153/25 176/18 176/20 177/7 177/8 177/12 209/13</p> <p><b>dad's [1]</b> 132/2</p> <p><b>daily [3]</b> 36/6 36/12 219/7</p> <p><b>damage [2]</b> 74/5 132/8</p> <p><b>damaging [2]</b> 132/2 158/22</p> <p><b>dangerous [1]</b> 25/14</p> <p><b>data [1]</b> 253/5</p> <p><b>date [8]</b> 17/4 34/23 34/24 34/24 63/20 89/23 96/13 124/1</p> <p><b>date/time [1]</b> 124/1</p> <p><b>dated [5]</b> 1/13 63/19 88/23 89/4 244/21</p> <p><b>dates [1]</b> 194/17</p> <p><b>Dawson [2]</b> 250/4 250/12</p> <p><b>day [16]</b> 79/25 148/24 149/13 165/16 165/16 176/13 176/18 203/10 226/9 226/14 227/1 236/12 240/10 241/2 248/18 253/22</p> <p><b>days [12]</b> 35/2 70/1 80/6 93/10 100/25 102/22 113/4 134/6 134/19 140/18 141/3 143/8</p> <p><b>de [1]</b> 205/22</p> <p><b>de-escalating [1]</b> 205/22</p> <p><b>deal [25]</b> 2/12 7/12 10/15 14/12 31/16</p>	<p>31/21 33/8 42/6 44/3 54/1 63/22 91/3 102/15 121/11 122/12 138/15 148/20 164/25 172/13 178/25 209/6 213/5 216/10 216/20 217/11</p> <p><b>dealing [15]</b> 5/11 30/9 31/15 52/20 59/8 60/18 64/17 137/3 152/4 162/21 162/23 163/7 163/17 165/22 178/2</p> <p><b>dealings [4]</b> 118/25 134/22 136/5 223/24</p> <p><b>deals [1]</b> 5/1</p> <p><b>dealt [7]</b> 5/4 7/4 10/6 34/5 95/13 126/4 155/4</p> <p><b>Deb [1]</b> 102/23</p> <p><b>December [26]</b> 54/24 71/8 76/25 110/17 110/19 128/13 128/20 171/4 194/15 195/2 209/19 210/5 217/15 218/6 218/9 218/10 220/5 225/3 234/3 239/6 240/25 241/5 241/8 241/19 243/25 254/9</p> <p><b>decide [2]</b> 223/22 231/16</p> <p><b>decided [1]</b> 252/10</p> <p><b>decision [15]</b> 2/18 8/5 8/7 8/18 48/6 74/12 81/16 81/19 86/22 112/21 115/15 115/15 126/9 188/16 210/13</p> <p><b>decision-maker [1]</b> 86/22</p> <p><b>decision-making [1]</b> 2/18</p> <p><b>decisions [2]</b> 8/21 214/9</p> <p><b>decline [2]</b> 69/23 69/25</p> <p><b>declined [3]</b> 143/18 151/1 156/9</p> <p><b>deeply [2]</b> 75/13 177/24</p> <p><b>defend [1]</b> 192/4</p> <p><b>defensive [1]</b> 105/10</p> <p><b>defiance [2]</b> 151/5 151/17</p> <p><b>definitely [5]</b> 95/1 127/11 128/2 190/17 213/17</p> <p><b>definition [1]</b> 9/8</p> <p><b>deflect [2]</b> 177/8 193/20</p> <p><b>degree [4]</b> 2/4 13/7 161/21 200/17</p> <p><b>deigned [1]</b> 66/19</p> <p><b>delays [1]</b> 224/13</p> <p><b>delete [6]</b> 18/1 18/2</p>	<p>18/19 18/24 19/11 19/22</p> <p><b>deleted [3]</b> 19/12 19/16 139/8</p> <p><b>deliberately [1]</b> 86/21</p> <p><b>delivering [1]</b> 67/25</p> <p><b>delivery [1]</b> 203/13</p> <p><b>Della [3]</b> 117/23 118/2 147/21</p> <p><b>demanding [1]</b> 109/13</p> <p><b>demeanour [1]</b> 249/18</p> <p><b>denied [1]</b> 249/13</p> <p><b>department [3]</b> 159/14 212/25 216/18</p> <p><b>depend [2]</b> 7/10 13/8</p> <p><b>depends [1]</b> 8/17</p> <p><b>deployed [1]</b> 186/25</p> <p><b>describe [2]</b> 122/25 186/21</p> <p><b>described [1]</b> 129/23</p> <p><b>describing [1]</b> 137/20</p> <p><b>description [4]</b> 60/25 125/5 140/13 186/5</p> <p><b>deserves [1]</b> 249/6</p> <p><b>Designated [1]</b> 245/15</p> <p><b>desire [1]</b> 69/6</p> <p><b>desistance [1]</b> 41/15</p> <p><b>despair [1]</b> 157/24</p> <p><b>despite [3]</b> 45/20 78/18 111/22</p> <p><b>detail [7]</b> 5/18 83/7 155/21 172/22 189/25 207/19 234/5</p> <p><b>detailed [10]</b> 22/17 31/20 38/12 98/13 196/22 217/24 222/8 226/5 226/16 244/4</p> <p><b>details [7]</b> 119/13 124/5 139/12 173/1 219/1 221/5 240/22</p> <p><b>detect [1]</b> 134/14</p> <p><b>deteriorate [1]</b> 252/7</p> <p><b>develop [1]</b> 238/2</p> <p><b>developed [2]</b> 27/20 32/18</p> <p><b>developing [2]</b> 77/21 87/17</p> <p><b>development [4]</b> 80/19 83/16 161/23 201/5</p> <p><b>diagnosis [20]</b> 24/15 80/10 80/20 81/1 85/1 85/1 85/3 85/4 130/7 151/7 196/11 196/15 196/17 211/9 212/2 214/16 222/1 223/10 233/18 237/16</p> <p><b>did [104]</b> 4/18 5/14 13/2 14/1 15/24 16/21 16/22 19/11 23/8 24/4 35/3 43/2 50/10 61/6 63/9 69/16 69/16</p>
---	--	--	--	---

<b>D</b> <b>did...</b> [87] 69/21 69/23 70/2 71/16 73/23 74/7 81/21 87/7 89/23 96/24 97/11 97/15 103/4 105/17 109/18 113/15 119/7 126/2 128/18 128/19 131/9 133/1 136/12 136/19 139/12 139/24 140/4 140/9 142/18 144/9 144/11 148/13 148/19 150/15 150/16 152/8 163/16 164/9 168/10 173/8 174/7 177/7 180/19 187/5 189/2 191/3 195/7 195/10 196/7 196/18 196/22 197/8 197/24 205/7 206/6 209/12 212/13 218/12 218/20 219/16 220/1 220/11 220/21 220/24 221/1 222/16 227/11 229/19 229/19 230/10 231/2 231/10 232/1 232/17 239/13 239/14 239/17 239/18 240/1 240/2 240/17 243/1 243/23 246/15 248/20 248/23 249/17 <b>didn't</b> [56] 19/1 19/8 20/8 22/23 24/15 35/1 35/3 63/5 63/7 68/8 68/10 69/13 70/5 73/22 74/14 79/3 87/3 93/4 94/3 94/9 95/1 95/2 99/6 99/25 101/11 102/5 103/19 105/21 106/10 106/14 107/5 114/2 114/14 116/15 129/9 129/10 137/22 139/9 140/7 163/7 167/9 172/25 180/19 181/7 185/13 185/16 197/9 201/23 202/5 202/23 207/15 208/5 209/13 230/17 231/4 237/1 <b>difference</b> [5] 6/23 10/17 34/22 138/6 163/24 <b>different</b> [20] 13/5 13/21 81/13 83/19 95/19 95/22 96/5 108/13 120/19 125/13 144/14 150/14 162/14 168/22 168/23 212/24 212/25 218/14 236/24 252/11 <b>differently</b> [1] 97/1 <b>differing</b> [1] 224/6 <b>difficult</b> [20] 33/18 35/7 36/24 46/13 48/24 87/5 101/12	147/11 149/20 165/2 173/18 184/5 184/15 186/12 211/21 214/18 223/14 228/12 228/14 249/14 <b>difficulties</b> [11] 34/10 37/13 49/18 109/12 110/3 175/10 176/4 187/10 224/20 226/12 234/1 <b>difficulty</b> [3] 43/20 44/7 50/18 <b>digested</b> [2] 17/25 18/19 <b>diluted</b> [3] 27/8 55/19 190/6 <b>dilution</b> [3] 55/2 59/2 90/24 <b>diminish</b> [1] 49/18 <b>diminishes</b> [1] 41/7 <b>diminishing</b> [1] 43/1 <b>Dion</b> [5] 217/20 233/21 233/24 234/7 234/10 <b>direct</b> [22] 19/22 47/14 53/14 67/7 68/2 84/3 86/5 87/1 87/15 138/7 154/22 168/19 183/11 184/25 185/2 213/10 220/6 229/2 230/21 232/18 243/1 243/3 <b>directed</b> [2] 17/11 136/20 <b>direction</b> [1] 99/8 <b>directive</b> [2] 17/13 66/16 <b>directly</b> [14] 18/11 46/24 54/1 62/9 69/18 92/20 96/22 102/16 150/22 151/24 160/22 169/18 234/10 249/22 <b>director</b> [4] 122/19 242/12 242/15 245/25 <b>disabilities</b> [1] 242/23 <b>disability</b> [2] 60/23 238/13 <b>disagree</b> [4] 92/9 101/22 179/19 185/13 <b>disagreed</b> [1] 248/3 <b>disagreeing</b> [1] 106/25 <b>discharged</b> [2] 221/9 231/13 <b>disciplinary</b> [7] 220/16 221/8 222/5 226/4 227/2 227/4 233/9 <b>disclosed</b> [3] 217/5 225/18 233/25 <b>disclosing</b> [1] 66/22 <b>disclosure</b> [5] 72/11 72/21 74/17 92/21 244/10 <b>disclosures</b> [1]	225/19 <b>discuss</b> [13] 7/25 8/1 8/4 19/2 42/12 42/17 43/6 80/16 102/10 220/11 233/9 233/10 240/7 <b>discussed</b> [18] 21/4 21/13 21/18 47/22 47/24 76/9 94/20 101/19 110/25 136/10 142/21 145/24 148/9 166/7 222/22 223/1 232/23 236/6 <b>discussing</b> [1] 220/13 <b>discussion</b> [21] 19/5 67/16 76/15 94/16 96/18 100/10 101/21 104/24 105/1 106/4 107/8 110/20 111/24 112/18 148/21 201/2 203/5 204/16 233/14 234/5 252/1 <b>discussions</b> [6] 8/3 74/17 92/12 99/1 222/5 248/2 <b>disempowered</b> [1] 223/15 <b>disengaged</b> [2] 112/6 112/7 <b>dislikes</b> [1] 59/20 <b>dismissive</b> [3] 41/25 42/3 67/25 <b>disorder</b> [5] 3/18 24/14 151/5 211/9 240/19 <b>displayed</b> [1] 196/16 <b>dispute</b> [5] 207/3 207/6 207/8 207/9 208/23 <b>disputing</b> [1] 104/25 <b>disrespectful</b> [1] 225/12 <b>distance</b> [2] 45/5 109/20 <b>distinct</b> [1] 165/8 <b>distinction</b> [1] 6/23 <b>distracted</b> [1] 111/25 <b>distracting</b> [1] 24/25 <b>distrustful</b> [1] 247/24 <b>diversion</b> [7] 238/9 238/10 238/11 238/22 239/1 244/2 244/8 <b>divert</b> [1] 173/7 <b>diverted</b> [1] 238/19 <b>do</b> [161] 2/7 3/2 5/7 5/20 8/1 8/24 9/15 11/25 14/15 15/24 17/20 19/6 22/9 24/1 24/17 27/20 27/22 28/4 29/22 34/8 34/15 34/25 35/20 36/10 36/11 39/23 40/1 40/6 40/19 40/21 42/4 46/8 47/3 48/15 48/17 49/8 49/11 49/16 49/20	58/19 58/22 59/7 63/2 67/7 67/20 68/20 69/13 69/15 70/17 72/8 73/13 73/17 74/4 75/6 76/4 81/25 86/17 87/1 87/15 90/24 93/5 95/23 95/25 96/1 97/2 101/6 103/13 108/6 108/8 109/21 110/1 110/12 111/19 115/20 119/24 120/2 120/13 120/18 122/21 122/23 124/1 126/7 127/2 128/9 129/2 137/14 141/22 142/4 142/24 144/25 145/7 146/13 147/22 147/25 148/3 148/19 149/25 150/4 150/24 151/14 154/20 157/23 158/1 158/3 158/6 160/1 160/13 163/23 167/15 173/21 174/18 177/1 177/9 177/10 177/11 177/18 178/22 178/22 180/11 180/13 181/11 181/24 182/11 183/1 183/15 183/18 184/25 185/1 185/3 186/21 187/2 187/20 189/2 193/3 194/14 194/19 195/5 196/1 197/7 197/18 198/25 199/9 199/9 199/13 202/22 203/21 204/24 205/14 206/5 207/15 207/21 208/24 209/17 211/10 214/24 215/1 215/25 216/19 230/11 247/14 250/11 <b>doable</b> [1] 64/11 <b>document</b> [9] 52/7 54/8 88/3 104/18 110/18 139/16 171/25 183/3 221/5 <b>documentation</b> [7] 23/25 62/4 69/19 214/2 214/25 231/5 250/21 <b>documented</b> [4] 69/18 201/3 202/7 202/8 <b>documents</b> [5] 13/3 72/25 111/11 171/13 175/19 <b>does</b> [39] 15/25 21/22 27/23 28/1 29/18 31/22 41/20 42/22 44/10 45/9 46/2 53/2 58/24 81/7 88/9 90/13 91/18 93/19 101/7 102/1 103/12 103/13 104/9 155/14 155/25 167/12 168/25 170/19 179/4 179/14 181/18 183/5 198/25 200/18 204/12 214/4	214/10 214/11 246/8 <b>doesn't</b> [46] 6/15 30/4 31/15 31/21 38/23 40/9 42/4 50/21 54/7 64/8 78/22 79/16 80/22 83/14 83/15 91/17 105/2 113/3 116/21 140/9 140/10 141/7 146/15 150/23 150/23 153/23 156/2 168/24 170/3 170/5 170/6 170/19 176/23 177/1 180/8 183/25 191/2 193/12 198/4 200/17 204/15 204/17 206/11 211/5 213/25 214/1 <b>doing</b> [26] 12/21 41/11 48/25 59/11 65/3 65/4 65/13 77/6 79/8 87/21 94/11 96/7 97/13 97/19 97/21 98/11 98/14 99/17 101/3 101/9 101/22 143/3 172/5 194/19 205/14 207/23 <b>domestic</b> [2] 79/20 208/22 <b>dominant</b> [1] 248/1 <b>dominating</b> [3] 94/24 95/3 171/4 <b>don't</b> [102] 6/8 9/10 9/11 9/21 10/21 16/19 21/24 22/2 28/4 30/10 31/2 33/23 33/25 34/19 35/8 37/22 38/18 39/19 39/23 40/17 45/4 49/1 49/18 53/9 54/4 59/3 62/6 66/22 68/10 71/2 80/12 83/4 90/24 92/25 93/25 93/25 94/11 95/22 105/24 106/6 106/6 106/25 111/25 114/7 114/21 114/23 115/23 116/7 118/5 119/7 119/21 119/24 119/25 120/16 122/13 122/18 125/9 125/16 128/17 128/22 129/14 133/4 136/17 140/4 142/20 142/24 149/16 152/12 163/25 166/23 171/2 179/19 179/24 181/9 182/6 185/11 185/12 186/15 187/2 187/3 191/1 193/15 195/17 195/18 198/17 199/12 200/6 200/8 200/9 201/10 203/9 203/12 204/17 205/6 205/16 206/4 207/2 207/2 207/3 208/5 210/3 239/17 <b>done</b> [47] 4/8 5/22 9/19 13/6 17/15 17/20
--	--	---	---	---

<p><b>D</b></p> <p><b>done... [41]</b> 30/18 30/24 42/2 56/11 56/12 59/12 68/5 76/11 76/11 76/13 76/14 76/19 77/3 77/11 82/7 83/16 88/23 89/9 89/17 101/5 101/8 111/4 115/24 117/20 119/4 127/21 127/23 128/4 143/20 145/15 148/10 148/17 169/12 185/20 186/17 187/11 197/6 202/6 208/7 235/6 239/13</p> <p><b>doors [1]</b> 32/2</p> <p><b>doubt [2]</b> 87/3 148/17</p> <p><b>down [38]</b> 11/18 12/18 22/4 24/25 26/3 29/4 29/19 30/1 31/17 32/14 32/24 41/7 41/20 47/15 49/6 54/21 79/2 80/8 85/24 89/23 103/2 103/3 111/1 112/1 116/11 132/21 142/2 158/8 165/21 173/14 180/1 181/6 189/22 190/1 192/5 213/9 248/2 254/2</p> <p><b>downloaded [1]</b> 99/10</p> <p><b>downplay [1]</b> 192/14</p> <p><b>downplaying [4]</b> 41/12 42/3 56/16 171/10</p> <p><b>downstairs [2]</b> 98/6 131/14</p> <p><b>downstream [1]</b> 27/8</p> <p><b>DR [14]</b> 88/21 225/11 227/14 227/16 227/17 227/18 227/19 227/19 245/9 245/25 246/3 246/14 246/17 246/22</p> <p><b>Dr Imran [1]</b> 245/9</p> <p><b>Dr</b> <b>Ramasubramanian</b> <b>[1]</b> 225/11</p> <p><b>DR's [1]</b> 233/25</p> <p><b>draft [2]</b> 244/19 244/22</p> <p><b>drafted [2]</b> 92/25 244/19</p> <p><b>dramatic [1]</b> 211/3</p> <p><b>draw [2]</b> 75/2 204/22</p> <p><b>drawn [1]</b> 93/10</p> <p><b>drive [2]</b> 109/25 198/23</p> <p><b>driven [6]</b> 81/8 82/1 82/18 112/21 112/23 119/10</p> <p><b>drop [2]</b> 74/24 137/22</p> <p><b>drum [1]</b> 64/20</p>	<p><b>DSIT [1]</b> 216/18</p> <p><b>due [20]</b> 45/5 49/12 90/17 131/14 132/12 156/3 156/19 160/9 190/16 194/8 211/23 211/25 216/21 219/15 228/22 233/12 244/25 246/10 249/21 250/23</p> <p><b>duly [1]</b> 227/11</p> <p><b>duration [1]</b> 131/8</p> <p><b>during [20]</b> 6/20 27/5 36/16 42/15 49/5 78/20 150/15 179/7 204/6 228/9 229/15 231/18 231/22 233/23 237/14 246/6 246/11 248/5 250/8 251/19</p> <p><b>duties [1]</b> 46/10</p> <p><b>duty [6]</b> 94/6 108/11 108/21 177/22 225/20 246/16</p> <p><b>dynamic [1]</b> 135/23</p> <p><b>dynamics [3]</b> 28/13 52/9 223/8</p> <p><b>dysfunction [1]</b> 126/21</p> <p><b>dysregulation [1]</b> 224/2</p> <p><b>E</b></p> <p><b>each [5]</b> 31/20 111/11 195/4 214/20 238/4</p> <p><b>earlier [16]</b> 14/16 14/23 48/3 76/22 102/7 102/18 117/18 134/19 149/13 167/7 169/10 171/7 199/21 216/21 226/13 236/25</p> <p><b>earliest [1]</b> 127/25</p> <p><b>early [47]</b> 1/19 4/14 4/15 4/23 5/24 6/10 12/25 14/10 20/19 24/19 27/14 32/17 32/18 32/21 36/1 46/5 52/14 52/16 53/7 55/10 62/22 63/1 63/3 63/4 63/7 82/6 85/15 104/17 116/2 128/3 133/13 138/4 148/6 162/19 163/5 163/11 173/19 174/11 174/23 174/23 175/5 175/7 176/11 202/2 233/7 234/22 238/16</p> <p><b>earth [1]</b> 68/6</p> <p><b>eased [1]</b> 24/9</p> <p><b>easier [2]</b> 65/24 66/4</p> <p><b>easy [3]</b> 25/6 27/1 71/11</p> <p><b>eating [1]</b> 236/8</p> <p><b>educating [1]</b> 174/14</p> <p><b>education [20]</b> 4/10 4/11 30/2 36/25 38/25 52/10 52/16 53/11 54/6 88/4 140/19</p>	<p>154/3 157/1 222/14 232/7 241/24 245/12 252/24 254/12 255/12</p> <p><b>educational [7]</b> 42/22 151/4 157/3 158/11 179/4 247/9 250/18</p> <p><b>effect [7]</b> 27/16 50/1 111/19 112/9 150/12 156/20 204/22</p> <p><b>effective [4]</b> 173/21 173/23 175/2 245/6</p> <p><b>effectively [9]</b> 1/24 9/15 23/15 42/3 69/13 73/2 159/17 197/21 201/20</p> <p><b>effects [1]</b> 178/12</p> <p><b>efforts [5]</b> 35/21 45/20 47/3 53/25 140/20</p> <p><b>egocentric [1]</b> 247/22</p> <p><b>Egress [3]</b> 203/13 203/17 251/21</p> <p><b>eh [2]</b> 94/4 94/4</p> <p><b>EHCP [7]</b> 176/10 241/25 246/18 247/2 248/23 250/6 250/13</p> <p><b>EHCPs [1]</b> 248/24</p> <p><b>EHM [3]</b> 13/3 19/3 19/8</p> <p><b>eight [1]</b> 100/25</p> <p><b>either [16]</b> 9/3 19/15 32/3 66/23 69/3 75/16 110/9 129/10 136/24 148/11 148/23 158/20 170/15 178/11 196/2 197/9</p> <p><b>elaborate [1]</b> 93/20</p> <p><b>elder [1]</b> 237/3</p> <p><b>electronic [2]</b> 18/25 230/5</p> <p><b>element [5]</b> 58/16 86/15 86/17 157/14 168/9</p> <p><b>elements [1]</b> 210/20</p> <p><b>else [7]</b> 36/7 116/1 117/22 149/24 160/13 215/25 239/23</p> <p><b>elsewhere [3]</b> 15/23 85/10 128/23</p> <p><b>email [52]</b> 15/16 17/10 17/25 18/19 18/25 19/11 19/12 19/14 19/23 20/7 35/24 42/19 45/21 69/10 100/13 102/22 113/12 113/12 113/13 115/12 116/9 116/16 117/17 117/18 118/23 125/3 134/5 145/2 149/12 177/13 177/24 178/17 179/24 181/13 182/22 183/4 183/23 184/16 185/22 188/8 192/16 192/17 203/12 203/14 203/15 212/12</p>	<p>214/4 214/25 227/19 251/6 251/21 253/20</p> <p><b>emailed [4]</b> 83/12 176/14 202/14 240/25</p> <p><b>emailing [1]</b> 203/19</p> <p><b>emails [12]</b> 19/1 19/4 20/10 44/2 51/25 52/2 56/18 82/12 118/15 125/5 141/16 146/10</p> <p><b>Emily [1]</b> 36/8</p> <p><b>Emma [1]</b> 217/20</p> <p><b>emotional [10]</b> 58/3 192/2 223/11 224/1 225/15 233/4 234/23 238/2 247/18 247/19</p> <p><b>emotions [1]</b> 219/12</p> <p><b>empathy [1]</b> 237/6</p> <p><b>emphasis [1]</b> 11/21</p> <p><b>emphasised [2]</b> 30/23 30/25</p> <p><b>employed [1]</b> 161/25</p> <p><b>employer [1]</b> 92/22</p> <p><b>employment [1]</b> 252/25</p> <p><b>enable [5]</b> 158/9 176/7 193/9 235/21 247/4</p> <p><b>enabled [2]</b> 148/21 236/18</p> <p><b>enabling [1]</b> 238/18</p> <p><b>Encompass [1]</b> 250/24</p> <p><b>encounters [1]</b> 244/4</p> <p><b>encourage [7]</b> 49/21 144/8 147/23 153/11 200/5 226/22 249/12</p> <p><b>encouraged [2]</b> 48/2 144/7</p> <p><b>encouraging [2]</b> 115/7 138/6</p> <p><b>end [22]</b> 9/24 11/7 16/22 31/6 76/12 77/17 78/13 89/25 109/3 109/10 109/11 111/16 112/5 112/24 163/12 177/13 186/10 195/10 210/24 221/21 223/18 234/9</p> <p><b>ended [5]</b> 11/5 111/15 162/8 212/3 224/14</p> <p><b>ending [1]</b> 35/11</p> <p><b>endless [1]</b> 56/17</p> <p><b>endured [1]</b> 212/4</p> <p><b>enforce [3]</b> 73/13 73/23 144/11</p> <p><b>enforcement [2]</b> 200/8 246/13</p> <p><b>engage [28]</b> 47/3 47/4 47/6 47/23 48/10 49/17 49/22 70/18 133/6 135/23 139/22 140/9 140/18 141/7 146/13 147/23 149/3 151/25 153/11 153/24 159/1 184/5 186/1</p>	<p>186/14 198/2 250/2 251/3 252/16</p> <p><b>engaged [9]</b> 45/1 48/19 48/24 56/3 56/4 70/18 112/3 153/24 238/4</p> <p><b>engagement [17]</b> 47/13 48/21 50/4 50/10 53/14 69/7 71/9 139/21 141/4 153/20 164/18 164/23 184/10 189/20 202/18 249/12 254/7</p> <p><b>engagements [1]</b> 141/3</p> <p><b>engages [1]</b> 169/25</p> <p><b>engaging [16]</b> 9/6 9/9 10/1 10/3 37/1 37/6 45/20 84/1 138/6 140/16 150/19 187/12 193/5 220/18 221/10 231/19</p> <p><b>engineered [1]</b> 114/17</p> <p><b>England [11]</b> 96/7 242/10 242/13 242/15 242/18 242/19 243/1 243/24 244/3 244/6 244/7</p> <p><b>England's [2]</b> 243/19 243/22</p> <p><b>enlarge [1]</b> 189/13</p> <p><b>enlarged [3]</b> 131/5 135/18 168/8</p> <p><b>enough [7]</b> 21/7 149/24 150/7 163/25 166/9 167/10 174/18</p> <p><b>enquiry [1]</b> 59/24</p> <p><b>ensure [5]</b> 68/8 108/21 159/14 179/13 247/2</p> <p><b>entered [2]</b> 153/15 221/11</p> <p><b>entirely [2]</b> 57/6 180/17</p> <p><b>entirety [2]</b> 55/22 57/17</p> <p><b>entries [2]</b> 66/8 228/9</p> <p><b>entry [29]</b> 11/25 35/6 38/5 38/6 51/14 66/15 71/13 72/16 72/20 80/7 92/20 93/12 131/4 132/10 134/4 134/4 137/17 137/18 139/17 141/25 144/23 144/24 147/15 152/15 152/21 154/12 200/16 205/21 207/24</p> <p><b>environment [3]</b> 95/15 95/19 253/17</p> <p><b>Environmental [1]</b> 55/23</p> <p><b>envisage [1]</b> 173/20</p> <p><b>episode [14]</b> 14/6 14/19 120/14 129/11 139/5 156/18 158/14</p>
--	---	---	---	--

<b>E</b>	234/16 241/22 244/4 244/6 245/10 245/12 245/15 245/24 254/11 255/9 255/11	<b>explained</b> [13] 25/12 44/7 86/25 145/9 146/15 209/10 218/11 218/15 218/17 219/13 229/16 238/3 240/17	43/21 45/11 45/11 47/25 48/1 48/10 48/10 50/12 50/12 69/12 69/12 73/7 81/2 82/12 100/4 103/21 114/9 114/20 117/25 130/4 131/22 175/2 175/2 175/24 175/24 183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	<b>fairly</b> [5] 46/17 49/19 68/1 111/13 211/24 <b>fairness</b> [4] 21/10 35/19 37/10 51/8 <b>fait</b> [1] 15/13 <b>fallen</b> [1] 190/2 <b>falls</b> [1] 215/20 <b>familial</b> [1] 223/25 <b>familiar</b> [3] 65/20 113/5 128/8 <b>familiarity</b> [1] 130/13 <b>families</b> [13] 36/16 53/8 87/10 87/22 97/13 127/2 163/20 164/1 164/24 181/11 205/4 234/20 235/8 <b>family</b> [187] 1/21 1/25 2/14 4/17 4/18 5/2 7/4 7/22 8/2 9/5 9/7 9/20 12/20 13/8 19/22 28/13 28/25 29/8 32/8 32/9 32/15 34/8 34/12 34/13 34/14 35/10 36/7 36/17 36/25 37/6 37/18 40/2 40/11 44/17 45/13 45/20 46/6 46/12 46/14 47/2 49/7 49/8 50/11 51/4 52/9 53/13 54/15 54/21 55/23 60/25 61/3 69/5 69/7 70/17 86/14 86/23 87/1 87/12 88/6 88/19 90/21 94/21 95/9 97/18 97/19 98/7 98/21 99/2 109/13 109/21 109/25 110/12 115/3 115/8 117/4 117/6 118/22 122/9 122/9 122/10 122/16 123/7 123/10 127/9 127/17 129/24 130/3 130/25 131/16 131/19 132/14 132/23 133/15 133/20 133/21 134/15 134/22 135/4 135/7 135/23 136/13 137/17 141/18 144/16 144/19 149/7 152/5 153/10 153/12 154/8 154/23 158/18 160/4 162/2 162/7 162/12 166/10 166/12 166/16 167/5 168/15 168/20 170/9 173/21 174/11 181/8 183/9 183/24 184/4 184/8 184/10 185/23 186/5 187/5 187/13 188/20 188/24 189/3 189/7 189/14 192/13 193/9 196/14 199/15 199/16 199/22 203/8 203/25 207/3 207/5 207/8 207/9 211/5 214/18 217/17 217/18
<b>episode...</b> [7] 159/9 159/24 165/13 182/5 189/20 193/17 214/10	<b>evidenced</b> [1] 32/6 <b>evident</b> [2] 158/5 224/1	<b>explaining</b> [6] 25/21 44/14 124/22 179/20 187/4 196/12	114/9 114/20 117/25 130/4 131/22 175/2 175/2 175/24 175/24 183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	
<b>episodes</b> [4] 109/1 110/20 110/21 165/8	<b>exact</b> [2] 173/1 224/25	<b>explains</b> [22] 47/7 117/15 221/17 224/6 224/9 228/7 228/11 228/21 231/22 232/8 233/13 233/17 234/9 235/6 235/9 235/15 236/6 236/23 238/20 242/19 242/25 244/14	183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	
<b>equally</b> [4] 8/23 124/19 154/5 191/12	<b>example</b> [10] 15/19 27/15 28/5 53/17 77/15 119/11 167/6 187/15 190/1 204/19	<b>explanation</b> [4] 91/6 137/21 137/23 251/11	183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	
<b>equivalent</b> [1] 162/11	<b>exchange</b> [3] 15/17 146/10 182/22	<b>exploration</b> [1] 193/21	183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	
<b>errands</b> [1] 79/9	<b>exchanges</b> [1] 250/10	<b>explore</b> [5] 19/13 20/6 146/18 151/12 160/8	183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	
<b>escalate</b> [2] 197/24 235/9	<b>excluded</b> [4] 54/18 128/15 189/17 195/1	<b>explored</b> [7] 79/14 90/12 98/12 133/20 141/11 142/14 223/10	183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	
<b>escalated</b> [4] 209/16 235/12 241/2 246/24	<b>exclusion</b> [1] 236/16	<b>express</b> [1] 172/25	183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	
<b>escalating</b> [1] 205/22	<b>excuses</b> [2] 56/25 177/3	<b>expressed</b> [3] 172/23 176/16 227/5	183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	
<b>escalation</b> [4] 14/6 72/3 108/25 160/4	<b>excusing</b> [3] 25/22 177/3 179/23	<b>expressing</b> [5] 96/21 104/6 104/7 176/15 192/17	183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	
<b>especially</b> [1] 79/6	<b>existed</b> [2] 193/16 250/14	<b>expression</b> [2] 42/21 179/3	183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	
<b>essentially</b> [7] 23/12 146/7 147/1 147/1 149/1 166/20 188/7	<b>exists</b> [1] 159/14	<b>extend</b> [2] 163/14 164/13	183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	
<b>establish</b> [2] 89/19 174/23	<b>expand</b> [2] 93/11 194/6	<b>extensive</b> [1] 4/10	183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	
<b>established</b> [1] 143/16	<b>expanded</b> [5] 17/8 18/21 63/23 148/25 152/22	<b>extent</b> [8] 26/9 86/23 97/6 121/10 133/19 139/12 157/11 170/12	183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	
<b>even</b> [27] 7/14 9/10 25/16 47/20 50/3 56/20 56/21 59/8 64/21 74/16 75/20 75/21 99/16 119/6 144/9 148/1 149/13 150/5 156/21 158/3 171/10 177/3 187/5 187/15 200/3 202/16 203/16	<b>expect</b> [9] 22/6 33/13 34/5 35/20 37/23 52/19 56/21 77/7 197/25	<b>external</b> [3] 239/3 240/11 240/23	183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	
<b>event</b> [3] 13/17 24/3 200/14	<b>expectation</b> [1] 251/18	<b>extra</b> [3] 72/21 77/17 90/8	183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	
<b>events</b> [7] 38/16 176/21 191/2 194/10 204/24 208/15 243/1	<b>expectations</b> [2] 142/22 223/11	<b>extreme</b> [16] 64/18 76/23 77/2 103/5 103/9 103/10 103/22 104/23 129/7 129/8 129/9 139/1 139/11 206/18 209/7 209/15	183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	
<b>eventuated</b> [1] 77/2	<b>expected</b> [7] 33/8 33/14 197/10 197/12 213/7 213/12 251/4	<b>extremely</b> [6] 170/1 171/15 191/11 208/22 225/4 252/15	183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	
<b>ever</b> [6] 97/11 130/19 136/10 211/13 237/18 247/15	<b>expecting</b> [2] 50/11 109/24	<b>extremism</b> [2] 22/24 102/19	183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	
<b>every</b> [5] 27/18 79/7 164/10 218/1 236/21	<b>expedite</b> [1] 241/15	<b>extremist</b> [8] 23/6 90/20 96/19 103/9 104/12 104/15 105/4 105/15	183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	
<b>everyday</b> [1] 234/21	<b>expedited</b> [2] 237/15 237/18	<b>extremists</b> [1] 106/5	183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	
<b>everyone</b> [5] 149/18 156/21 187/10 199/18 249/6	<b>experiencing</b> [2] 194/9 229/18	<b>eye</b> [4] 31/17 58/25 59/8 131/9	183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	
<b>everyone's</b> [1] 179/13	<b>expert</b> [1] 107/19	<b>F</b>	183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	
<b>everything</b> [5] 49/6 97/21 99/7 181/11 199/19	<b>explain</b> [4] 6/22 218/14 236/13 240/20	<b>face</b> [55] 17/15 35/20 35/20 40/20 43/21	183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	
<b>evidence</b> [41] 6/21 26/1 27/6 27/7 30/25 43/3 67/2 70/22 82/4 87/6 107/16 121/8 126/6 127/5 137/5 141/21 154/5 202/5 208/12 216/4 216/10 216/17 216/23 217/1 217/12 217/14 220/4 225/12 227/16 234/12			183/7 183/7 183/15 183/15 183/20 183/20 186/1 186/1 186/17 186/17 207/21 209/3 212/20 218/10 218/10 220/20 220/20 220/25 220/25 221/3 221/3 229/3 229/3 239/8 239/8	

<b>F</b>	217/15 218/6 219/5 219/17 223/5 223/7 229/8 230/1 231/1 231/7 237/23 <b>February 2021 [1]</b> 11/5 <b>feed [2]</b> 62/22 107/5 <b>feedback [1]</b> 149/21 <b>feel [20]</b> 7/1 39/23 42/5 47/2 49/2 64/10 80/14 115/8 119/21 120/16 155/16 156/3 177/20 178/22 180/19 201/7 229/19 231/10 237/1 249/17 <b>feeling [5]</b> 64/3 133/14 140/6 169/24 249/25 <b>feelings [12]</b> 21/5 21/13 21/19 58/2 166/7 179/11 192/1 192/6 193/23 195/13 196/21 236/25 <b>feelings/intentions</b> <b>[4]</b> 21/5 21/13 21/19 166/7 <b>feels [5]</b> 57/24 64/17 191/23 228/13 228/16 <b>fellow [1]</b> 38/11 <b>felt [35]</b> 46/8 82/13 86/18 87/18 88/17 99/2 153/25 158/23 166/10 167/8 192/18 200/4 218/11 218/13 218/18 219/11 220/8 223/13 223/15 223/16 227/15 230/10 231/4 231/20 231/23 233/11 233/25 237/3 237/4 237/11 237/16 239/12 247/24 248/4 248/5 <b>few [11]</b> 45/20 76/22 84/15 91/18 135/21 140/18 141/3 171/15 189/6 227/3 236/22 <b>fifth [1]</b> 127/16 <b>fight [2]</b> 38/16 38/18 <b>file [9]</b> 18/4 18/7 18/9 18/14 18/16 27/18 119/8 120/9 221/20 <b>final [12]</b> 78/10 80/7 80/9 155/6 159/8 211/8 223/12 230/8 231/11 231/16 236/22 244/25 <b>finalisation [1]</b> 35/4 <b>finalise [2]</b> 35/1 35/3 <b>finalised [2]</b> 34/23 34/24 <b>finalises [1]</b> 35/2 <b>Finally [1]</b> 244/11 <b>find [4]</b> 33/5 46/1 88/18 218/18 <b>finds [1]</b> 206/10 <b>fine [7]</b> 66/1 72/18 83/7 94/14 134/12	134/17 254/19 <b>finishes [1]</b> 154/16 <b>firm [1]</b> 95/6 <b>firmly [1]</b> 201/7 <b>first [38]</b> 13/22 14/7 14/9 55/10 59/6 66/9 67/1 72/7 72/22 88/24 91/8 91/13 92/11 92/11 94/23 134/6 137/16 139/22 141/6 153/25 155/18 165/10 165/13 165/18 173/20 184/2 195/25 207/13 210/22 216/14 219/25 220/6 222/11 224/19 229/10 229/14 238/14 239/5 <b>FIS [1]</b> 19/6 <b>FIS's [1]</b> 51/18 <b>fishing [3]</b> 26/4 26/15 27/19 <b>fit [1]</b> 127/12 <b>fitted [1]</b> 126/18 <b>Fitzpatrick [2]</b> 206/7 207/17 <b>five [6]</b> 27/6 35/2 143/4 161/1 229/3 237/24 <b>five weeks [1]</b> 237/24 <b>fixed [2]</b> 150/9 163/19 <b>flag [1]</b> 213/13 <b>flagged [5]</b> 21/16 21/20 167/12 191/12 207/12 <b>flagging [2]</b> 30/19 67/18 <b>flags [3]</b> 26/14 28/1 30/14 <b>flatly [1]</b> 124/25 <b>flavour [3]</b> 47/10 123/24 125/10 <b>floor [1]</b> 32/1 <b>focus [24]</b> 12/7 27/11 30/11 31/15 34/3 57/23 58/10 59/20 74/18 75/18 75/22 102/12 105/6 105/11 157/2 157/4 191/1 191/22 192/5 193/7 193/16 210/10 230/2 252/8 <b>focused [5]</b> 57/25 65/10 85/9 191/24 223/8 <b>focusing [2]</b> 42/1 61/12 <b>follow [7]</b> 90/10 93/5 113/4 115/7 137/20 171/1 225/22 <b>followed [1]</b> 137/24 <b>following [21]</b> 38/9 48/6 54/16 92/11 114/1 114/13 169/12 170/17 174/7 176/17	189/15 193/21 217/13 222/7 230/12 234/1 238/5 240/10 240/10 241/2 244/18 <b>follows [3]</b> 38/7 169/18 198/21 <b>Fontaine [36]</b> 10/22 11/7 13/23 17/9 22/5 28/18 34/7 35/9 35/9 39/17 44/4 45/3 51/5 51/9 71/4 78/5 79/25 80/9 83/8 105/25 160/23 160/24 161/7 161/15 165/15 175/20 178/16 179/18 182/7 182/21 187/9 198/8 198/16 207/5 215/23 255/7 <b>Fontaine's [2]</b> 10/21 40/6 <b>Fontaine-Smith [4]</b> 13/23 161/7 161/15 255/7 <b>force [4]</b> 122/21 152/11 209/24 253/25 <b>forced [1]</b> 252/19 <b>forget [3]</b> 59/3 119/9 119/13 <b>forgive [16]</b> 24/24 28/19 29/12 30/7 30/17 46/20 49/24 64/19 65/22 67/14 75/20 101/11 105/8 115/18 152/19 198/16 <b>forgotten [1]</b> 190/25 <b>form [23]</b> 21/17 29/10 29/12 30/10 30/12 82/17 82/20 83/20 109/5 132/21 132/22 157/1 165/20 169/22 199/14 212/15 235/24 240/14 244/19 244/22 248/16 249/14 250/4 <b>formal [3]</b> 23/8 24/15 154/1 <b>formally [1]</b> 221/12 <b>format [1]</b> 35/7 <b>Formby [2]</b> 151/13 153/17 <b>formed [2]</b> 104/11 104/14 <b>former [1]</b> 251/15 <b>forming [1]</b> 243/2 <b>forms [1]</b> 91/9 <b>formulate [1]</b> 166/23 <b>Forster [1]</b> 36/5 <b>forth [1]</b> 204/1 <b>forthcoming [1]</b> 9/3 <b>fortnight [1]</b> 77/25 <b>forward [16]</b> 33/1 33/21 34/9 44/10 52/7 68/22 80/17 112/10 115/4 140/11 140/15 143/22 147/20 150/13 166/21 186/24	<b>forwarded [3]</b> 15/2 100/17 172/4 <b>forwarding [2]</b> 101/14 215/1 <b>found [15]</b> 87/5 107/12 113/19 116/4 117/10 118/2 118/17 129/12 173/18 207/13 211/7 224/21 228/11 230/9 231/19 <b>Foundation [3]</b> 219/19 234/13 241/11 <b>four [7]</b> 31/6 109/1 110/21 112/19 137/3 174/25 193/3 <b>fourth [3]</b> 57/18 127/16 189/22 <b>fragile [1]</b> 211/20 <b>framework [3]</b> 163/19 188/25 189/1 <b>frank [1]</b> 250/10 <b>free [3]</b> 7/1 160/20 216/4 <b>frequent [2]</b> 132/19 224/1 <b>frequently [1]</b> 152/2 <b>fresh [3]</b> 83/17 189/7 249/6 <b>Fridays [1]</b> 36/9 <b>friendship [1]</b> 127/9 <b>frightened [1]</b> 177/4 <b>frightening [1]</b> 125/12 <b>front [4]</b> 27/22 28/1 28/6 85/17 <b>frustrated [2]</b> 253/6 253/8 <b>frustrating [1]</b> 145/12 <b>frustration [3]</b> 39/20 117/8 178/19 <b>FSW [1]</b> 127/14 <b>full [11]</b> 1/9 18/9 35/3 121/23 138/22 138/25 161/13 190/5 206/21 208/15 251/25 <b>fully [6]</b> 68/19 79/22 152/9 186/24 196/8 238/4 <b>functioning [3]</b> 46/7 144/17 197/20 <b>fundamentally [2]</b> 174/19 209/23 <b>funded [4]</b> 235/20 235/22 236/1 236/19 <b>funding [1]</b> 243/13 <b>funding/resources</b> <b>[1]</b> 243/13 <b>further [48]</b> 9/16 15/22 19/12 25/15 29/19 41/20 50/4 76/19 77/3 77/14 79/2 88/15 88/16 120/23 158/21 158/22 180/22 180/23 181/13 181/23 188/20 201/2 205/7
----------	---	---	--	--

<b>F</b> <b>further... [25]</b> 216/23 219/1 220/15 220/25 221/6 221/11 222/18 223/4 225/7 229/25 230/21 231/17 236/16 236/21 240/5 240/22 244/6 245/12 245/19 245/20 249/4 251/23 254/8 255/9 255/11 <b>future [12]</b> 59/17 88/5 101/7 101/9 102/9 102/14 102/20 103/7 103/11 103/11 159/11 230/20	<b>given [31]</b> 3/15 8/13 8/22 10/14 12/11 15/17 18/6 19/19 26/21 48/6 68/16 70/7 99/9 107/4 108/13 111/14 116/21 118/25 119/17 135/1 135/2 137/2 140/1 142/15 151/23 174/3 199/4 210/16 214/24 245/14 246/16 <b>gives [2]</b> 26/17 123/24 <b>giving [6]</b> 1/9 96/20 117/19 149/22 150/12 216/16 <b>glance [1]</b> 26/13 <b>glove [1]</b> 68/9 <b>go [92]</b> 4/25 6/8 7/15 7/20 12/24 13/11 16/1 17/6 19/1 19/8 19/11 19/15 21/24 22/8 25/15 26/4 26/15 27/19 27/25 28/3 28/19 34/11 34/14 35/14 35/23 37/22 40/14 40/16 44/1 44/13 45/14 46/20 47/1 47/11 59/17 60/19 62/1 62/6 64/4 64/23 65/6 65/18 68/16 68/22 70/21 70/23 73/24 82/5 82/7 82/21 88/2 93/8 96/4 102/21 104/20 112/11 117/3 117/14 117/17 117/22 124/4 124/18 125/12 126/15 131/24 134/3 138/3 138/3 139/16 139/18 140/8 141/19 141/24 142/11 143/12 144/22 147/14 152/15 155/11 155/16 157/6 160/20 167/10 169/24 177/13 178/25 181/2 193/10 198/7 212/20 216/4 226/22 <b>goal [1]</b> 230/18 <b>goals [4]</b> 49/23 52/7 62/24 230/16 <b>goes [8]</b> 27/10 32/16 95/11 96/1 118/20 142/1 143/1 168/16 <b>going [85]</b> 5/6 7/20 10/5 15/9 16/6 19/2 20/13 22/1 24/5 25/21 26/12 26/24 26/25 27/5 29/6 30/5 30/8 30/11 34/2 34/9 35/14 40/10 40/22 48/23 49/3 52/7 56/13 59/6 60/5 69/9 72/24 75/12 76/13 77/23 81/7 81/11 89/20 89/21 90/9 104/23 105/9 110/18 111/10 111/11	112/3 112/5 112/11 112/20 112/22 114/10 115/22 117/17 120/21 120/24 121/9 127/24 138/3 145/10 146/22 148/16 149/2 149/24 151/12 155/21 158/17 165/15 174/1 175/1 175/8 178/1 181/14 181/21 184/4 185/6 187/17 187/20 194/8 207/4 208/10 216/9 220/12 222/24 224/21 239/23 249/25 <b>gone [15]</b> 36/1 91/12 110/7 113/8 113/20 113/21 114/8 114/8 118/23 120/4 129/11 188/14 195/2 206/12 224/25 <b>good [16]</b> 26/20 27/1 39/2 45/17 50/21 99/2 122/12 143/19 149/24 150/6 167/2 177/8 178/7 189/7 219/9 245/7 <b>Goss [10]</b> 72/9 72/14 121/13 121/18 121/21 161/8 161/12 182/20 255/6 255/8 <b>got [24]</b> 9/1 20/14 23/20 70/1 70/2 71/10 75/25 80/20 92/7 102/12 105/19 107/18 118/18 120/3 120/8 120/8 120/9 120/12 145/22 147/24 148/2 180/4 191/17 218/17 <b>Government [4]</b> 96/3 96/14 97/2 107/11 <b>governments [5]</b> 95/22 95/23 95/24 96/3 96/6 <b>GP [4]</b> 78/7 215/21 227/10 232/7 <b>gradating [1]</b> 107/19 <b>grade [1]</b> 126/9 <b>gradual [1]</b> 90/24 <b>grateful [2]</b> 216/4 216/12 <b>grave [3]</b> 192/17 233/4 233/15 <b>great [4]</b> 84/8 202/25 209/6 217/11 <b>greatest [1]</b> 30/24 <b>greeted [2]</b> 93/14 124/23 <b>Gregory [6]</b> 242/11 242/12 242/14 242/16 242/25 243/6 <b>Gregory's [1]</b> 243/21 <b>grip [1]</b> 239/15 <b>gritted [1]</b> 201/22 <b>groups [4]</b> 100/14 100/17 127/8 127/9 <b>guarantee [2]</b> 148/1	234/19 <b>guaranteed [1]</b> 149/13 <b>guidance [4]</b> 148/17 157/19 234/23 243/17 <b>guns [2]</b> 167/23 190/21 <b>H</b> <b>had [290]</b> <b>hadn't [7]</b> 90/7 110/7 123/16 140/8 158/15 164/15 179/25 <b>half [8]</b> 15/1 20/18 45/9 60/6 120/25 178/16 178/16 183/5 <b>Hallaron [9]</b> 238/8 238/20 239/5 240/3 240/11 240/17 241/9 241/18 242/5 <b>Hallaron's [1]</b> 240/22 <b>hamster [2]</b> 73/1 208/17 <b>hand [4]</b> 68/9 132/4 132/5 173/10 <b>handed [4]</b> 123/23 127/23 166/20 166/24 <b>handful [1]</b> 140/22 <b>handle [1]</b> 239/15 <b>handover [6]</b> 14/16 87/23 92/10 167/10 219/14 220/1 <b>happen [14]</b> 60/3 68/8 68/10 69/21 71/16 78/1 81/21 113/3 114/2 118/3 118/4 120/20 136/16 191/3 <b>happened [24]</b> 30/19 41/13 56/16 56/24 61/22 73/18 74/10 74/11 77/10 78/19 81/2 82/24 102/2 108/22 110/21 114/19 116/15 118/17 136/15 147/23 155/21 202/22 206/13 239/19 <b>happening [17]</b> 41/8 58/23 59/18 77/5 84/18 85/5 88/18 90/7 99/5 101/23 104/9 104/10 111/22 114/13 136/14 137/1 158/23 <b>happens [1]</b> 101/9 <b>happy [9]</b> 22/9 39/23 43/23 46/22 68/23 78/20 149/6 178/22 229/14 <b>hard [3]</b> 181/2 195/12 252/15 <b>harder [1]</b> 177/10 <b>hardly [1]</b> 115/20 <b>Hare [5]</b> 245/25 246/3 246/14 246/17 246/22 <b>harm [24]</b> 7/11 10/7	10/14 39/5 62/10 125/20 126/6 127/5 127/6 134/24 135/5 136/1 156/24 157/3 157/3 157/5 157/5 157/8 172/6 172/11 177/16 192/25 218/24 231/24 <b>harming [1]</b> 61/17 <b>harms [1]</b> 158/4 <b>has [118]</b> 4/6 20/24 26/2 26/13 28/7 32/4 40/22 40/25 41/1 41/2 42/2 44/7 45/1 45/19 48/7 54/20 57/20 57/23 57/25 58/2 59/7 64/10 68/5 70/6 74/17 79/19 80/10 80/22 83/15 83/17 85/3 91/1 91/4 91/11 91/12 93/10 94/6 108/1 111/15 113/21 113/24 114/8 114/17 114/19 115/17 116/24 117/1 117/4 126/14 130/19 131/12 131/13 131/14 131/15 133/17 134/7 134/11 134/16 135/20 142/11 142/14 143/15 143/16 148/18 152/24 153/7 153/23 153/23 154/15 155/13 155/25 156/1 159/9 166/2 166/10 168/7 170/13 170/23 172/8 177/21 189/23 190/2 191/19 191/22 191/24 192/1 200/18 201/11 202/14 203/18 204/13 205/17 206/13 209/16 216/10 217/4 217/8 217/9 217/11 219/9 225/11 232/24 233/14 234/15 234/25 238/7 240/17 242/9 242/10 242/12 243/10 243/24 244/3 244/11 245/2 245/15 247/8 247/15 <b>hasn't [4]</b> 74/25 116/4 148/3 149/5 <b>hat [1]</b> 74/25 <b>hate [1]</b> 22/11 <b>have [415]</b> <b>haven't [5]</b> 38/14 65/1 102/12 111/2 196/3 <b>having [29]</b> 22/20 26/12 27/13 27/19 36/20 46/23 50/18 53/14 71/10 84/25 99/1 100/3 103/1 113/19 118/23 123/2 127/8 131/23 132/16 142/25 147/7 153/16 201/23 202/19 208/14 212/4 218/12 240/18
---	--	---	---	---



<b>H</b>	46/24 52/14 52/16 53/7 53/8 57/19 62/22 63/1 63/3 63/4 67/15 69/14 77/23 82/6 85/19 85/21 94/17 104/17 114/4 128/4 133/13 145/14 148/19 156/3 156/21 160/20 162/19 163/11 173/4 176/7 202/2 202/9 233/7 234/22 235/13 238/2 253/1	244/18 244/19 245/3 <b>Hi</b> [9] 68/17 78/6 134/5 134/7 134/11 145/6 148/9 203/15 203/19 <b>hide</b> [1] 132/15 <b>hiding</b> [1] 248/12 <b>hierarchy</b> [1] 86/17 <b>high</b> [16] 70/9 114/1 114/13 141/4 156/24 171/15 172/10 193/2 217/6 224/23 245/16 245/17 245/21 247/6 247/18 251/16 <b>high-level</b> [1] 217/6 <b>higher</b> [6] 25/17 49/14 125/4 125/5 163/6 212/7 <b>highlight</b> [4] 35/6 54/13 93/11 191/18 <b>highlighted</b> [6] 39/18 55/23 57/17 60/21 80/21 94/12 <b>highly</b> [5] 57/11 92/20 137/4 243/12 247/23 <b>him</b> [114] 15/24 40/4 47/4 48/3 48/24 49/9 58/2 61/18 63/8 64/25 64/25 65/10 67/22 67/24 69/16 71/23 73/25 74/21 78/25 79/7 79/13 86/24 90/19 93/19 94/3 94/17 96/13 105/5 109/22 115/22 116/15 127/1 133/8 136/3 138/1 138/6 138/6 138/7 138/9 138/19 139/18 140/1 140/24 140/24 141/13 142/7 142/25 145/9 145/11 146/13 146/22 148/5 153/11 153/25 154/7 156/2 156/5 156/5 156/22 156/25 158/15 158/16 158/25 159/10 177/4 181/2 186/15 186/16 187/21 187/22 192/1 195/13 197/2 197/4 200/5 200/5 200/13 202/17 202/19 205/13 205/14 208/23 209/24 212/9 213/15 219/10 220/16 220/19 221/19 222/21 224/24 225/2 225/6 225/16 225/17 226/22 229/3 229/22 232/3 235/21 237/20 239/17 239/25 240/1 240/19 247/13 249/15 249/17 249/19 252/1 252/18 252/21 253/23 254/3 <b>himself</b> [8] 15/22 64/16 64/22 64/25	76/24 129/24 131/16 158/19 <b>hinder</b> [1] 196/8 <b>hindsight</b> [7] 174/3 193/25 194/15 202/3 204/25 205/3 250/19 <b>hint</b> [1] 133/1 <b>his</b> [205] 18/13 19/4 21/3 21/18 23/1 23/2 24/13 24/14 25/2 25/12 28/13 34/8 42/2 42/20 42/21 42/21 42/25 44/17 49/12 56/25 57/24 58/2 58/6 58/7 59/20 59/25 60/2 61/15 62/14 63/10 64/2 64/16 67/10 68/5 69/19 70/4 71/5 71/5 71/20 71/22 71/23 71/25 73/3 74/7 74/20 74/24 74/25 75/18 76/17 80/10 80/20 84/9 84/14 85/1 93/15 94/9 95/7 98/2 98/6 98/17 98/17 98/18 98/18 98/21 98/22 99/25 100/1 101/19 102/11 103/10 107/20 107/25 109/14 112/8 124/17 129/24 130/3 130/6 131/8 131/19 132/2 133/7 134/15 135/4 135/24 137/13 140/8 142/6 142/17 144/1 144/7 145/2 150/10 154/2 156/1 156/4 156/6 156/25 157/5 157/6 157/8 166/6 168/20 171/4 171/9 173/6 173/7 173/9 174/19 177/3 179/2 179/3 179/3 179/11 180/7 191/23 192/1 192/6 192/13 192/14 193/23 195/13 196/20 196/21 200/13 200/24 201/9 202/18 205/12 206/15 208/19 209/10 209/13 209/24 210/5 211/9 211/19 211/23 218/14 219/2 219/3 219/6 219/12 219/24 219/25 220/3 220/6 220/8 220/8 220/12 220/22 221/16 221/17 221/24 222/3 222/8 222/14 222/19 223/9 223/20 223/24 224/14 224/17 225/13 225/15 225/16 225/19 226/12 226/21 227/7 228/18 229/11 229/16 229/17 230/12 230/13 230/16 231/14 231/18 232/3 232/14 233/21 236/8 236/15 237/3	237/3 237/6 241/15 242/5 242/16 246/5 246/7 247/12 247/17 247/21 248/7 248/8 250/16 250/17 252/6 252/6 252/9 252/14 253/1 254/7 <b>historic</b> [1] 16/8 <b>historical</b> [6] 16/14 26/18 63/11 63/15 136/13 157/14 <b>historically</b> [3] 30/16 30/17 30/25 <b>history</b> [11] 15/15 90/14 92/13 101/2 101/22 102/4 137/2 189/19 192/12 199/22 251/25 <b>hit</b> [4] 71/23 225/16 239/24 239/25 <b>hitting</b> [1] 71/25 <b>hm</b> [2] 38/19 114/11 <b>hockey</b> [20] 21/2 21/6 21/17 41/1 41/1 90/18 128/13 128/15 128/18 137/3 166/5 166/8 218/15 218/20 220/4 225/3 239/11 239/14 239/20 241/3 <b>Hodson</b> [4] 38/3 44/13 176/14 178/5 <b>Hodson's</b> [1] 183/22 <b>hold</b> [5] 73/3 112/25 146/15 206/8 236/11 <b>holder</b> [2] 13/17 13/19 <b>holds</b> [2] 16/1 243/4 <b>hole</b> [3] 131/25 132/14 132/16 <b>holistically</b> [1] 3/11 <b>home</b> [61] 15/21 34/12 34/13 34/14 40/3 40/11 47/7 49/7 49/8 61/4 82/10 84/8 84/13 84/15 93/14 99/13 99/14 101/1 109/1 110/12 112/19 114/8 114/20 115/22 116/1 116/5 116/14 118/24 124/18 124/19 129/12 130/25 133/16 134/23 135/4 135/5 135/22 139/5 142/13 170/9 170/17 170/19 170/23 171/3 187/18 207/23 208/9 211/22 211/23 211/24 222/20 224/3 226/23 226/25 227/8 227/9 232/3 246/15 248/18 249/12 249/14 <b>honest</b> [2] 64/7 99/3 <b>honestly</b> [2] 191/15 207/10 <b>hope</b> [5] 67/14 78/6 93/9 146/12 198/16
----------	--	--	--	--



<b>H</b> <b>hoped [1]</b> 154/15 <b>hopefully [1]</b> 77/23 <b>hopes [1]</b> 52/14 <b>hoping [2]</b> 183/12 185/1 <b>hospital [2]</b> 238/25 244/18 <b>hour [2]</b> 60/5 120/24 <b>hours [1]</b> 143/4 <b>house [16]</b> 41/16 79/8 79/9 127/10 139/18 139/24 140/1 140/8 153/23 220/12 226/8 229/22 230/3 230/10 230/17 233/6 <b>Housekeeping [2]</b> 254/13 255/13 <b>how [53]</b> 2/16 6/4 7/2 13/2 28/6 31/2 36/13 36/24 41/10 45/14 48/24 49/2 56/2 79/8 87/7 87/18 95/11 95/14 95/23 96/12 97/11 102/13 103/4 103/9 103/10 103/22 104/11 104/14 107/10 107/20 109/18 116/5 116/17 125/2 125/16 141/18 142/5 147/20 148/19 149/19 150/21 156/22 164/25 170/6 188/3 192/6 192/18 196/10 199/1 199/19 235/10 237/1 237/3 <b>however [18]</b> 9/23 15/22 39/23 61/11 64/16 94/3 110/1 115/9 178/22 179/13 220/11 221/17 234/4 246/14 249/20 251/24 252/22 253/22 <b>hurt [7]</b> 96/4 209/13 218/20 218/21 225/1 239/12 240/2	<b>I asked [1]</b> 107/14 <b>I be [2]</b> 92/18 134/8 <b>I believe [11]</b> 44/8 78/21 97/13 105/18 120/24 125/24 145/24 151/19 158/8 187/3 192/8 <b>I believed [1]</b> 203/2 <b>I bring [1]</b> 35/25 <b>I can [8]</b> 83/18 88/2 136/4 140/12 174/24 179/12 191/15 213/8 <b>I can't [23]</b> 33/23 67/22 83/11 83/11 106/6 114/6 114/21 128/1 145/24 147/25 152/11 167/8 171/6 171/11 172/22 191/15 194/17 197/11 201/3 201/4 202/7 202/11 202/21 <b>I characterise [2]</b> 150/8 198/21 <b>I copied [1]</b> 100/13 <b>I could [3]</b> 65/4 87/21 181/24 <b>I couldn't [1]</b> 173/1 <b>I definitely [1]</b> 128/2 <b>I did [5]</b> 128/18 180/19 195/7 197/8 206/6 <b>I didn't [11]</b> 70/5 79/3 99/6 101/11 129/9 129/10 137/22 139/9 167/9 180/19 185/13 <b>I disagree [3]</b> 101/22 179/19 185/13 <b>I discussed [1]</b> 148/9 <b>I do [16]</b> 2/7 3/2 5/7 42/4 48/17 58/22 86/17 109/21 110/1 120/18 142/24 151/14 177/10 178/22 196/1 198/25 <b>I don't [58]</b> 10/21 21/24 33/23 34/19 37/22 39/19 39/23 45/4 49/18 62/6 71/2 80/12 83/4 92/25 105/24 106/6 106/6 106/25 114/7 114/23 116/7 118/5 119/21 120/16 122/13 125/9 125/16 128/17 128/22 129/14 136/17 140/4 142/20 142/24 149/16 163/25 179/19 179/24 181/9 182/6 185/11 185/12 187/3 193/15 195/17 195/18 198/17 199/12 201/10 203/9 204/17 205/6 205/16 207/2 207/2 207/3 208/5 210/3 <b>I explored [1]</b> 90/12 <b>I feel [2]</b> 177/20	201/7 <b>I felt [4]</b> 87/18 88/17 99/2 167/8 <b>I follow [2]</b> 90/10 113/4 <b>I found [1]</b> 107/12 <b>I gained [1]</b> 4/20 <b>I give [1]</b> 152/19 <b>I had [5]</b> 86/24 151/15 182/11 201/13 202/12 <b>I have [15]</b> 4/8 23/25 44/6 48/2 48/3 65/7 70/24 93/19 98/11 134/7 147/21 177/22 198/20 201/3 206/12 <b>I haven't [2]</b> 65/1 102/12 <b>I honestly [2]</b> 191/15 207/10 <b>I hope [4]</b> 67/14 78/6 93/9 198/16 <b>I imagine [1]</b> 125/7 <b>I invited [2]</b> 197/11 197/11 <b>I just [7]</b> 24/24 44/2 65/22 68/21 161/1 192/10 210/20 <b>I knew [6]</b> 23/16 23/16 101/2 118/2 128/17 129/8 <b>I know [7]</b> 20/10 25/18 45/5 117/4 117/6 136/17 150/16 <b>I left [1]</b> 162/14 <b>I likely [2]</b> 166/14 200/4 <b>I make [1]</b> 28/21 <b>I may [3]</b> 44/3 128/7 167/10 <b>I mean [6]</b> 9/4 54/3 54/3 114/16 120/15 158/2 <b>I meant [1]</b> 18/24 <b>I need [8]</b> 34/19 38/9 42/5 65/15 70/21 70/23 78/9 113/16 <b>I needed [2]</b> 103/20 167/9 <b>I only [2]</b> 98/2 138/14 <b>I ought [1]</b> 207/25 <b>I overlook [1]</b> 80/18 <b>I perceived [1]</b> 101/24 <b>I presume [1]</b> 40/21 <b>I put [1]</b> 41/18 <b>I questioned [1]</b> 51/6 <b>I raised [1]</b> 91/25 <b>I raising [1]</b> 25/6 <b>I read [1]</b> 128/2 <b>I recall [1]</b> 125/24 <b>I refer [1]</b> 195/7 <b>I right [1]</b> 134/14 <b>I said [4]</b> 69/15 91/25 120/15 180/16 <b>I say [9]</b> 58/14 84/17	128/8 147/1 147/6 152/2 181/16 187/9 202/21 <b>I see [2]</b> 160/12 215/24 <b>I seek [1]</b> 85/18 <b>I should [3]</b> 43/21 132/22 148/3 <b>I showed [1]</b> 55/9 <b>I simply [1]</b> 45/7 <b>I sit [1]</b> 142/5 <b>I started [2]</b> 162/13 162/15 <b>I suggest [8]</b> 53/13 100/25 116/8 116/10 118/14 119/10 181/12 182/7 <b>I summarise [1]</b> 208/14 <b>I suppose [4]</b> 64/24 160/7 168/12 214/21 <b>I suspect [1]</b> 207/6 <b>I tell [1]</b> 22/2 <b>I think [139]</b> 4/9 7/6 12/3 12/25 13/16 14/8 15/11 15/16 16/6 16/25 17/12 17/18 21/25 22/8 22/9 30/7 35/3 37/14 38/1 50/24 54/2 59/25 60/1 60/23 61/25 62/5 62/7 63/6 63/20 64/7 75/17 77/24 78/15 79/10 82/7 83/6 86/1 86/10 87/2 87/11 87/17 93/23 97/18 97/18 101/4 102/23 109/11 109/22 110/14 117/7 118/7 120/19 122/8 123/10 123/22 127/11 128/23 130/6 131/2 132/20 134/21 135/8 135/11 135/19 136/25 137/16 138/9 140/18 141/6 141/20 142/4 143/3 143/6 143/10 145/8 146/4 146/15 146/25 147/10 148/5 149/9 149/20 151/2 151/12 152/13 153/8 154/9 154/22 154/24 155/1 160/22 162/17 162/25 163/10 164/24 165/19 166/12 166/17 167/17 167/24 168/1 168/5 171/21 172/4 172/15 173/12 173/15 173/18 174/17 175/5 176/10 179/19 180/15 181/16 182/10 186/13 187/4 188/14 189/10 189/11 190/16 190/24 192/12 195/7 195/7 195/15 195/24 196/25 199/25 200/1 200/4 203/10 205/16 207/17	208/1 208/11 211/1 215/21 254/18 <b>I thought [3]</b> 79/4 99/23 99/24 <b>I told [1]</b> 204/17 <b>I took [3]</b> 76/21 199/1 199/19 <b>I try [1]</b> 175/20 <b>I understand [10]</b> 16/11 18/18 29/14 29/16 30/3 32/10 68/18 89/14 107/25 169/2 <b>I understood [1]</b> 7/18 <b>I want [7]</b> 7/2 27/10 55/24 63/22 79/11 92/24 137/16 <b>I wanted [5]</b> 86/19 87/18 87/19 151/2 162/16 <b>I was [24]</b> 4/15 4/20 15/13 16/8 19/4 20/12 52/2 87/17 93/24 99/7 107/12 107/13 113/11 128/12 129/14 151/14 167/17 180/10 181/9 182/11 187/3 187/4 191/15 196/14 <b>I wasn't [7]</b> 83/3 99/14 120/15 120/15 137/11 160/2 200/1 <b>I went [1]</b> 92/10 <b>I will [12]</b> 37/11 60/7 68/18 68/20 72/18 111/12 111/12 128/7 138/16 182/16 213/23 245/22 <b>I won't [3]</b> 37/10 38/6 200/23 <b>I wonder [1]</b> 182/12 <b>I worked [2]</b> 182/10 205/3 <b>I would [34]</b> 3/7 3/20 4/7 15/12 19/16 20/1 24/22 25/1 25/18 33/13 33/14 38/10 41/23 59/10 59/10 70/15 92/9 97/9 136/21 145/7 163/6 168/16 172/5 196/9 197/8 197/12 201/8 201/12 201/14 202/8 202/20 207/14 213/16 239/18 <b>I wouldn't [4]</b> 181/16 200/2 202/11 202/13 <b>I'd [3]</b> 198/3 200/4 202/21 <b>I'm [87]</b> 5/6 5/17 5/18 9/13 16/11 19/12 20/6 22/9 25/3 25/5 25/21 26/12 26/24 27/1 29/20 30/9 30/11 30/11 31/11 33/24 34/2 34/4 35/14 36/2 39/22 42/7 42/7 43/4
---	--	--	---	---

I	102/14 240/5	included [3] 103/16	8/20 15/3 15/13 15/14	243/2
I'm... [59] 43/4 43/6	immediately [4] 7/12	129/16 240/4	15/19 16/2 16/8 16/12	insight [2] 125/1
44/21 53/9 56/13 58/4	99/9 103/13 118/13	includes [3] 235/7	16/15 16/22 17/1 18/4	219/9
65/1 65/6 65/15 67/24	immensely [1] 79/13	247/3 253/16	18/5 18/10 18/13	insignificant [2] 74/3
69/9 72/5 75/15 76/13	imminence [3] 39/6	including [12] 12/24	18/14 18/16 19/8	79/20
78/2 78/2 81/7 83/7	177/16 177/20	17/4 22/12 26/2 33/20	19/17 19/21 19/24	insofar [1] 139/13
83/21 84/20 89/11	impact [6] 2/17 49/13	61/2 68/24 200/22	20/14 20/14 21/11	inspection [2] 244/16
91/24 96/21 99/22	49/15 61/18 174/9	203/15 205/8 240/12	25/3 25/18 26/5 26/15	244/18
104/18 104/24 105/9	243/10	253/15	26/18 26/20 26/22	Instagram [2] 117/8
105/11 105/13 105/14	impenetrable [1]	incomplete [2] 57/12	27/7 27/13 29/4 29/20	117/13
106/24 107/6 108/14	29/9	154/16	42/8 55/2 55/12 55/19	instance [2] 115/9
111/10 114/7 115/4	implications [1]	inconsistencies [1]	66/19 67/3 67/20	115/19
116/19 117/9 117/17	61/15	224/7	68/25 69/2 69/17 78/9	instead [4] 41/5
118/12 119/22 119/22	implicit [1] 131/17	inconsistent [1]	87/23 90/3 90/6 90/23	77/24 217/5 218/2
120/18 120/21 130/19	important [19] 15/19	129/23	90/25 91/4 92/6 93/1	instigate [1] 7/7
145/17 155/20 165/15	16/15 21/11 34/9	inconvenient [1]	95/7 96/11 103/3	instilled [1] 116/21
186/3 195/8 195/15	36/12 45/19 59/25	60/9	107/6 107/18 108/7	instruction [6] 18/18
198/22 202/18 207/4	60/2 64/10 70/16	incorporated [1]	108/12 108/17 117/11	18/24 19/10 19/19
208/9 213/23 214/5	88/17 92/6 92/18	35/25	117/16 120/1 120/2	20/2 200/10
216/12 239/23	109/23 190/4 201/5	increase [12] 3/18	120/8 120/9 126/14	integrating [1] 176/5
I've [12] 17/10 18/10	201/10 202/1 203/7	24/10 40/9 43/7 43/13	135/7 135/8 145/4	intend [2] 245/10
36/1 50/9 54/2 95/13	imposed [1] 192/21	67/9 67/18 68/13 70/8	153/16 157/17 159/6	254/12
97/4 118/7 147/24	impossible [2]	94/22 221/18 253/18	167/9 167/10 168/22	intended [4] 27/15
202/17 204/18 214/5	174/10 217/25	increased [11] 10/25	169/24 179/15 179/21	59/4 91/14 217/4
I've mentioned [1]	imprisonment [1]	11/1 24/16 25/24	179/22 180/3 180/4	intending [1] 195/4
50/9	61/20	41/15 56/19 130/16	181/19 190/4 190/10	Intensive [2] 122/9
I've taken [1] 97/4	improve [2] 46/6 49/3	177/22 178/11 179/15	190/23 193/16 198/24	127/17
idea [7] 143/19 150/9	improved [2] 4/6	181/20	199/4 199/6 199/10	intent [4] 21/11 55/16
150/20 151/20 180/7	80/15	increases [3] 39/23	200/3 200/22 201/19	190/2 190/9
218/16 239/20	improvement [4]	41/9 178/23	201/23 202/1 204/16	intention [7] 48/19
ideal [4] 49/22 142/7	82/9 84/8 84/13 248/4	increasing [2] 7/25	205/25 206/4 212/16	67/5 67/5 91/7 132/2
185/21 187/9	improvements [2]	222/3	214/13 228/13 232/12	132/7 172/21
Ideally [1] 239/18	84/5 231/8	indeed [7] 47/4	237/9 247/3 249/1	intentional [1]
ideas [1] 149/19	improving [1] 92/4	121/15 121/19 139/24	249/5 249/8 250/14	218/24
identification [1]	imputed [1] 114/12	146/4 158/4 171/18	251/19 251/21 251/22	intentions [4] 21/5
169/21	Imran [1] 245/9	indefinitely [1] 79/5	informed [14] 48/3	21/13 21/19 166/7
identified [21] 7/12	inability [2] 156/25	independence [1]	93/16 94/6 138/25	inter [2] 42/13 228/11
31/13 37/14 47/15	237/5	28/13	139/4 221/25 225/24	inter-agency [1]
52/8 77/1 81/4 88/2	inaccurate [1]	indicate [1] 95/11	226/18 226/20 226/24	228/11
90/5 92/15 143/11	170/15	indicated [6] 70/3	229/13 230/13 237/12	interaction [2] 47/17
143/24 151/4 153/21	inappropriate [6]	106/7 222/16 239/1	252/22	224/21
164/20 164/21 191/8	57/4 57/4 57/6 69/10	244/23 244/25	infrequent [1] 32/2	interactions [10]
191/10 229/24 230/6	70/10 90/19	indicating [6] 17/14	initial [6] 14/6 63/10	136/2 137/20 219/1
239/2	inappropriately [3]	45/22 79/16 94/4	69/8 105/18 125/24	224/3 225/13 231/18
identifies [3] 32/25	76/2 207/20 209/3	103/23 251/7	174/18	231/22 232/11 237/4
135/25 238/12	incidences [1]	indication [3] 46/17	initiate [1] 246/9	240/19
identify [7] 33/4 52/6	133/17	77/15 111/14	injure [1] 209/13	interest [6] 129/8
52/20 103/4 169/15	incident [41] 54/16	indications [4] 134/1	injustice [3] 64/17	129/17 140/25 173/6
170/6 238/22	56/1 56/7 56/7 56/8	134/23 135/1 138/2	64/17 237/1	173/9 232/14
identifying [4] 7/23	56/23 57/22 58/1 64/9	indicator [1] 135/17	innocent [1] 90/17	interested [4] 29/20
53/10 129/16 215/14	71/18 80/16 80/19	indicators [1] 26/16	input [15] 38/10	36/2 83/7 105/13
ideologies [1] 104/6	112/19 113/5 113/6	individual [8] 3/14	126/14 144/5 151/4	interesting [1] 173/8
ie [1] 238/23	115/22 128/13 128/18	3/17 12/20 12/23	163/4 163/7 163/18	interests [1] 50/21
if [284]	158/14 170/17 189/15	25/20 100/19 137/7	164/4 173/12 181/11	Interim [1] 242/14
ignore [1] 193/13	191/21 191/25 192/7	214/20	195/16 196/7 200/9	internal [1] 135/16
ignored [1] 193/15	192/8 194/14 194/25	individuals [1]	204/2 214/23	international [1]
ill [1] 203/7	195/7 206/11 209/8	217/24	Inquiry [24] 1/13	232/14
illegal' [1] 94/14	210/6 211/22 220/5	indulged [1] 70/13	25/19 70/24 92/22	internet [13] 22/11
illness [1] 186/12	224/23 225/3 226/25	influence [5] 42/23	99/4 99/23 122/1	94/10 97/12 97/13
illogical [2] 41/19	239/11 241/3 241/4	43/2 64/11 179/5	128/7 161/17 217/1	97/25 98/14 99/25
42/4	248/19 251/1	204/2	217/8 217/11 225/11	100/1 100/3 129/4
imagine [2] 125/7	incidents [9] 54/23	Info [1] 15/5	234/16 234/25 238/7	167/19 169/21 173/7
175/10	57/21 58/9 189/24	inform [3] 62/22	242/9 243/20 243/21	interpreted [1] 68/1
immediate [6] 7/11	191/20 194/2 195/9	226/7 243/20	244/3 244/11 244/24	interpreting [1] 91/24
7/12 73/22 102/10	227/9 250/9	informal [1] 20/13	245/15 254/23	intervals [1] 228/6
	include [1] 202/15	information [114]	Inquiry's [2] 92/23	intervene [4] 76/11

<b>I</b>	218/1 218/3 219/3 219/23 219/25 224/14 227/23 228/10 229/10 230/4 230/21 230/23 231/17 233/18 234/8 234/9 234/14 235/19 242/6 243/3 <b>involves [2]</b> 122/13 238/21 <b>is [549]</b> <b>isn't [24]</b> 28/21 43/12 43/18 45/24 54/2 59/21 75/8 86/25 108/16 110/13 111/6 112/14 114/24 117/18 119/2 147/24 150/5 154/1 179/17 180/9 180/12 190/15 201/11 203/4 <b>isolated [9]</b> 47/18 48/20 48/22 50/23 137/14 194/7 194/24 194/24 252/22 <b>isolating [1]</b> 208/2 <b>isolation [9]</b> 30/3 49/4 49/5 52/15 54/6 62/15 126/17 127/7 157/6 <b>issue [19]</b> 31/14 45/5 51/24 58/21 59/9 61/14 75/15 91/17 130/13 133/19 138/24 142/14 145/22 159/10 168/4 203/18 220/22 227/20 243/14 <b>issues [18]</b> 25/8 30/11 31/18 36/14 42/16 45/20 61/2 91/20 92/1 100/9 141/12 143/24 154/6 178/25 179/9 223/10 241/23 243/7 <b>it [705]</b> <b>it's [117]</b> 1/10 2/16 3/4 8/7 14/8 14/22 19/4 20/6 20/11 24/25 27/1 27/1 27/2 29/3 29/4 29/11 30/8 30/23 32/9 32/11 32/20 33/18 35/6 35/25 40/15 42/14 48/11 50/7 53/22 55/18 55/23 56/14 58/7 58/7 58/15 59/25 60/2 60/8 65/19 65/24 66/1 68/13 69/18 72/11 72/15 73/9 74/19 77/8 77/11 80/7 82/2 82/15 82/19 83/22 84/10 84/11 85/20 86/25 89/11 89/19 89/25 91/6 94/14 94/22 96/17 96/19 105/2 106/24 112/19 113/8 114/22 114/24 115/21 115/22 116/9 117/18	118/6 118/7 122/1 122/22 126/23 131/17 136/14 136/15 137/17 138/17 150/22 153/4 153/5 155/23 157/21 165/2 169/1 176/11 178/4 178/17 179/20 189/6 190/12 190/25 195/12 195/15 199/14 201/3 201/10 202/7 202/7 203/5 205/3 205/18 206/6 208/10 211/13 212/12 214/18 214/20 254/18 <b>its [7]</b> 46/10 81/18 132/12 176/11 177/25 212/20 237/25 <b>itself [4]</b> 10/2 20/15 171/12 192/8 <b>J</b> <b>Jameson [3]</b> 22/5 166/18 219/4 <b>Janine [1]</b> 235/1 <b>January [21]</b> 71/19 72/16 78/4 91/18 99/20 111/9 111/13 122/8 124/7 196/1 205/6 205/10 207/17 207/23 208/9 218/22 223/7 229/15 230/1 241/20 250/7 <b>January 2021 [1]</b> 91/18 <b>January 2022 [1]</b> 99/20 <b>jigsaw [2]</b> 108/19 168/12 <b>Jill [1]</b> 217/19 <b>job [3]</b> 3/2 101/23 117/19 <b>jogged [1]</b> 205/17 <b>joined [2]</b> 53/12 65/8 <b>joint [10]</b> 130/24 146/18 147/10 148/14 148/18 149/5 149/8 149/10 154/14 232/5 <b>joke [1]</b> 17/12 <b>journey [1]</b> 223/14 <b>judge [1]</b> 116/2 <b>judgement [1]</b> 25/4 <b>judgemental [1]</b> 58/11 <b>judgements [2]</b> 24/21 116/3 <b>judgment [1]</b> 249/1 <b>judgments [2]</b> 247/25 248/3 <b>July [23]</b> 76/25 116/14 146/25 147/15 175/6 188/15 220/21 221/1 221/4 221/7 221/8 223/6 227/18 234/7 236/3 242/11 243/3 243/24 244/20 244/22 247/7 253/23	254/4 <b>jumping [1]</b> 73/9 <b>June [23]</b> 13/23 88/24 89/1 89/2 89/5 89/19 146/9 146/25 165/10 183/11 183/23 220/14 220/15 220/15 220/17 222/9 222/12 225/9 227/14 233/10 233/23 236/2 251/7 <b>junior [1]</b> 101/17 <b>just [139]</b> 1/9 1/12 2/15 3/3 3/5 5/9 5/17 7/14 7/15 8/13 14/3 14/14 15/3 15/7 16/19 18/2 18/17 18/18 19/19 19/21 19/23 20/1 20/2 20/6 20/18 20/21 21/17 21/25 24/24 28/19 28/20 28/24 29/7 30/11 31/17 31/18 35/6 37/11 40/17 44/2 58/7 60/11 60/19 60/21 62/1 63/23 65/15 65/18 65/22 65/23 65/24 66/5 68/21 73/10 75/8 77/25 78/5 80/20 81/10 82/12 84/15 85/4 85/21 90/4 91/24 93/3 98/10 98/11 100/25 101/25 102/7 102/15 105/8 105/14 108/10 113/4 117/3 117/5 117/6 117/14 118/2 118/8 118/13 124/6 125/10 126/23 133/5 134/19 135/16 136/9 137/22 142/25 144/19 145/19 147/24 148/2 148/21 149/20 153/5 155/10 161/1 164/3 165/5 167/2 167/25 171/15 174/13 175/16 182/22 183/22 184/25 185/9 185/10 187/4 189/12 192/10 193/15 195/20 196/17 196/22 197/3 200/14 201/9 202/16 205/16 206/12 208/25 210/20 211/9 211/17 212/4 213/13 213/14 213/24 214/8 215/3 215/18 218/3 254/2 <b>justice [11]</b> 53/16 171/23 172/8 215/13 238/10 238/15 238/16 238/19 238/23 242/6 244/1 <b>Justice Services [1]</b> 172/8 <b>justification [1]</b> 83/1 <b>justified [1]</b> 212/11 <b>justify [3]</b> 163/14 188/2 212/7	<b>justifying [1]</b> 75/22 <b>K</b> <b>Kate [1]</b> 135/18 <b>Kathryn [4]</b> 135/11 223/21 227/24 231/15 <b>KC [1]</b> 245/14 <b>keen [4]</b> 142/16 186/7 186/9 186/9 <b>keep [17]</b> 9/20 27/17 34/3 49/21 50/2 50/3 59/8 64/8 67/20 69/6 69/7 70/16 70/17 77/23 92/7 131/9 185/16 <b>keeping [4]</b> 16/8 16/9 188/2 252/20 <b>Kelly [1]</b> 240/7 <b>kept [3]</b> 24/24 133/8 245/9 <b>key [17]</b> 3/5 27/17 51/19 52/7 62/23 142/13 156/1 162/1 162/10 162/15 165/18 217/7 218/3 222/21 229/14 230/18 236/6 <b>keyword [5]</b> 229/11 230/11 230/14 230/19 230/20 <b>keyworker [5]</b> 217/22 228/20 229/1 229/11 230/22 <b>kicked [4]</b> 71/24 73/5 205/14 207/18 <b>kicking [2]</b> 71/22 74/1 <b>kicks [1]</b> 209/2 <b>kid [2]</b> 116/14 125/17 <b>kill [14]</b> 27/15 48/20 55/16 59/4 67/5 91/14 128/21 172/21 190/2 190/9 195/4 225/17 239/16 239/17 <b>Killen [2]</b> 227/17 227/19 <b>killing [4]</b> 21/5 21/13 21/19 166/8 <b>kind [4]</b> 33/3 79/10 95/24 151/22 <b>kindly [1]</b> 216/10 <b>kitchen [1]</b> 170/9 <b>knew [12]</b> 23/16 23/16 73/16 101/2 118/2 118/4 128/17 129/8 130/2 139/8 175/7 197/7 <b>knife [45]</b> 21/3 21/6 21/12 21/18 29/23 30/15 31/3 33/10 33/19 41/1 41/3 50/20 54/17 59/4 61/9 67/1 90/18 91/8 91/14 117/10 119/16 128/10 128/16 128/17 129/13 166/6 166/9 169/17 170/9 177/4 189/16
----------	---	--	--	---

<b>K</b> <b>knife...</b> [14] 194/16 194/25 195/9 204/6 204/6 204/8 204/9 218/20 225/17 226/21 236/13 237/10 237/14 239/13 <b>knife-carrying</b> [1] 194/16 <b>knives</b> [13] 57/21 58/1 58/9 67/4 67/5 170/3 170/7 189/24 190/14 191/20 191/25 204/4 204/8 <b>knock</b> [1] 61/15 <b>know</b> [68] 10/21 14/15 19/7 20/10 23/8 25/18 33/23 34/25 45/5 65/2 65/25 66/5 72/21 78/7 79/3 79/5 105/21 105/24 106/6 106/14 106/25 108/24 113/10 114/7 114/21 114/23 116/7 116/15 117/4 117/6 117/9 117/9 118/5 125/16 128/17 128/18 128/19 129/9 129/10 136/17 139/9 139/12 145/11 148/24 150/16 153/12 193/2 196/18 199/9 199/18 200/7 201/6 201/11 201/14 201/20 202/5 202/14 202/16 203/2 203/2 203/3 204/8 205/16 206/7 207/2 207/2 207/3 250/11 <b>know'</b> [1] 94/12 <b>knowing</b> [5] 102/17 102/18 119/17 128/22 199/25 <b>knowledge</b> [9] 1/17 24/16 27/3 122/4 139/1 159/19 161/19 238/1 250/12 <b>known</b> [9] 22/10 107/2 107/3 107/5 114/9 167/23 179/25 192/13 251/22 <b>knows</b> [1] 64/2	34/12 49/6 50/24 129/15 162/5 216/16 224/10 225/20 226/11 228/14 228/15 228/17 232/7 240/12 246/19 253/24 <b>Lancaster</b> [1] 2/5 <b>language</b> [6] 7/6 15/11 20/1 21/16 45/6 247/22 <b>laptop</b> [4] 73/4 74/7 205/13 208/20 <b>large</b> [2] 109/20 135/18 <b>largest</b> [1] 124/13 <b>lash</b> [1] 133/8 <b>lashing</b> [1] 133/17 <b>last</b> [30] 47/22 54/16 56/1 56/8 64/9 65/15 80/16 83/19 104/20 114/1 114/13 123/6 124/10 128/3 134/9 147/22 148/5 154/22 155/10 184/16 187/16 189/15 193/18 194/3 219/3 227/23 229/4 234/7 237/19 237/20 <b>late</b> [4] 72/11 72/21 195/20 197/3 <b>later</b> [21] 21/4 21/13 24/1 42/19 78/5 85/23 95/11 96/10 102/22 142/10 148/24 159/8 166/7 174/24 195/2 206/7 226/9 226/20 226/24 227/1 253/22 <b>latter</b> [1] 94/18 <b>laughed</b> [1] 57/4 <b>lay</b> [1] 246/19 <b>layout</b> [1] 98/15 <b>LCC</b> [22] 137/5 162/1 211/2 212/23 212/24 214/17 219/4 240/14 241/17 246/20 251/6 251/10 251/13 251/13 252/19 252/22 252/25 253/2 253/4 253/7 253/9 253/11 <b>LCC's</b> [1] 122/10 <b>LCC000032</b> [1] 166/15 <b>LCC000059</b> [1] 175/17 <b>LCC000061</b> [1] 175/16 <b>LCC000085</b> [1] 195/25 <b>LCC000093</b> [2] 82/4 82/5 <b>LCC000096</b> [1] 83/21 <b>LCC000187</b> [1] 123/22 <b>LCC000192</b> [1] 133/12 <b>LCC000197</b> [1] 148/25	<b>LCC000238</b> [2] 20/15 165/19 <b>LCC000283</b> [2] 28/17 169/8 <b>LCC000306</b> [3] 54/7 60/19 189/9 <b>LCC000310</b> [1] 195/25 <b>LCC000321</b> [2] 90/11 104/17 <b>LCC000357</b> [1] 138/13 <b>LCC000359</b> [1] 142/11 <b>LCC000365</b> [1] 155/6 <b>LCC000391</b> [2] 63/19 195/19 <b>LCC000780</b> [1] 102/21 <b>LCC000910</b> [1] 116/25 <b>LCC000966</b> [1] 113/15 <b>LCC000972</b> [1] 203/9 <b>LCC000973</b> [1] 14/25 <b>LCC000977</b> [1] 100/16 <b>LCC000998</b> [2] 44/1 176/13 <b>LCC001510</b> [2] 79/24 212/11 <b>LCC001707</b> [1] 161/16 <b>LCC001710</b> [2] 121/25 126/12 <b>LCC001711</b> [1] 98/1 <b>LCC001771</b> [1] 1/12 <b>LCC002302</b> [21] 11/24 22/3 35/5 37/12 38/3 51/13 65/18 72/9 72/15 78/3 80/6 88/11 93/8 130/22 134/3 137/15 144/22 147/14 152/15 198/7 205/20 <b>lead</b> [17] 8/7 61/18 88/6 88/25 89/21 122/16 142/7 158/9 158/12 168/13 168/17 169/4 182/1 184/23 197/20 219/18 245/16 <b>leadership</b> [1] 2/7 <b>leading</b> [1] 88/5 <b>leads</b> [2] 74/3 175/12 <b>leaps</b> [1] 21/22 <b>learn</b> [4] 79/7 97/15 219/10 219/11 <b>learned</b> [5] 65/20 81/15 207/17 207/19 243/6 <b>learning</b> [7] 36/14 47/6 60/23 161/22 238/13 242/22 249/20 <b>learns</b> [1] 79/8 <b>learnt</b> [2] 47/9 74/25 <b>least</b> [9] 35/21 53/24 128/3 136/6 140/15	202/12 214/5 229/7 254/15 <b>leave</b> [12] 58/21 60/24 68/19 142/17 147/12 149/9 152/14 153/23 155/1 229/22 230/3 230/10 <b>leaves</b> [3] 45/10 45/22 183/6 <b>leaving</b> [6] 20/21 79/11 90/4 127/9 227/8 233/6 <b>led</b> [11] 32/17 85/10 95/17 96/13 108/1 126/9 191/3 207/23 224/7 231/5 245/5 <b>leeway</b> [1] 149/22 <b>left</b> [16] 29/13 87/4 104/11 104/14 105/3 105/15 106/5 116/5 121/11 162/5 162/14 188/17 216/20 218/6 219/16 220/3 <b>left-wing</b> [1] 106/5 <b>legal</b> [4] 28/5 33/2 243/19 246/9 <b>legs</b> [2] 71/22 71/24 <b>lend</b> [1] 13/12 <b>length</b> [1] 185/5 <b>lengthy</b> [2] 217/25 252/1 <b>lens</b> [1] 64/22 <b>less</b> [8] 11/10 13/11 77/11 141/13 143/7 163/4 163/18 164/4 <b>lesson</b> [1] 248/14 <b>lessons</b> [2] 140/24 243/6 <b>let</b> [8] 16/1 54/9 65/24 66/5 76/25 78/7 201/14 202/16 <b>let's</b> [7] 16/14 31/18 51/2 55/9 72/8 83/21 205/18 <b>letter</b> [2] 149/2 223/19 <b>level</b> [60] 2/3 2/4 5/23 5/24 5/24 5/25 6/1 6/7 6/9 6/10 6/12 6/13 6/18 6/19 7/3 7/7 7/16 7/17 8/10 9/7 9/12 9/25 10/4 10/6 10/11 10/17 23/20 29/2 39/12 42/23 43/3 46/17 54/15 58/4 58/14 111/16 112/25 115/2 115/9 125/19 125/22 126/1 126/9 126/18 126/21 127/12 155/16 158/8 163/6 165/22 165/24 171/19 172/13 173/12 173/16 173/16 179/5 180/8 189/14 217/6 <b>level 1</b> [1] 6/7 <b>level 2</b> [5] 6/10	112/25 158/8 165/24 172/13 <b>level 2a</b> [1] 5/24 <b>level 2b</b> [2] 5/23 5/25 <b>level 3</b> [15] 6/1 6/13 7/3 7/16 8/10 9/7 111/16 115/2 115/9 126/9 126/18 127/12 155/16 165/22 173/16 <b>levels</b> [6] 3/9 6/4 6/5 129/23 199/22 222/3 <b>Lewis</b> [28] 2/1 5/5 85/20 87/4 87/5 89/4 90/12 91/23 92/9 93/21 94/8 94/12 95/12 95/17 100/18 105/22 113/16 113/18 114/12 115/18 116/21 117/14 118/1 118/12 118/22 159/25 212/13 226/9 <b>liaised</b> [1] 240/11 <b>liaising</b> [1] 168/20 <b>liaison</b> [7] 228/12 228/13 238/8 238/9 238/11 244/2 244/8 <b>lies</b> [1] 74/16 <b>life</b> [3] 11/1 61/1 234/21 <b>light</b> [2] 193/3 222/2 <b>lightly</b> [1] 170/1 <b>like</b> [31] 19/15 34/15 54/8 73/14 73/18 76/25 77/20 79/13 80/2 95/6 96/3 96/9 97/20 98/13 104/7 112/21 120/15 121/1 122/18 129/4 129/20 144/17 145/20 150/15 155/22 160/13 167/9 176/23 186/16 201/7 215/25 <b>liked</b> [2] 219/14 239/25 <b>likely</b> [12] 25/11 25/13 44/22 61/17 93/21 166/14 174/1 175/23 178/7 178/12 200/4 251/23 <b>Likewise</b> [1] 192/16 <b>limit</b> [4] 163/25 164/3 199/6 247/16 <b>limited</b> [42] 10/20 11/2 11/3 11/6 11/10 11/11 12/2 12/6 12/12 48/21 49/10 49/25 50/1 50/3 50/4 50/5 50/13 50/15 50/22 50/25 78/11 78/14 81/23 85/5 141/22 145/12 150/22 153/1 163/11 164/11 165/1 174/2 174/17 184/25 185/2 234/15 234/18 243/13 247/22 249/8 250/13 254/8
---	--	---	---	--

<p><b>L</b></p> <p><b>line [10]</b> 123/11 131/23 132/10 134/13 155/19 165/16 165/16 168/7 213/13 237/8</p> <p><b>lines [1]</b> 190/18</p> <p><b>link [2]</b> 114/6 151/2</p> <p><b>linked [3]</b> 23/1 24/13 176/1</p> <p><b>list [6]</b> 101/16 108/1 229/12 235/22 236/12 241/13</p> <p><b>listed [2]</b> 100/14 240/20</p> <p><b>listen [1]</b> 58/15</p> <p><b>listened [1]</b> 237/1</p> <p><b>listening [2]</b> 59/21 156/6</p> <p><b>lists [1]</b> 251/5</p> <p><b>little [22]</b> 24/5 24/25 45/10 45/22 63/17 102/7 122/7 136/9 146/2 161/21 163/14 164/8 168/16 171/18 183/6 185/9 192/10 194/6 199/4 199/23 206/7 207/4</p> <p><b>live [2]</b> 154/6 154/10</p> <p><b>living [1]</b> 219/8</p> <p><b>Lloyd [2]</b> 235/1 235/5</p> <p><b>local [3]</b> 139/19 232/7 253/14</p> <p><b>locate [1]</b> 214/3</p> <p><b>location [1]</b> 110/10</p> <p><b>lockdown [16]</b> 17/23 24/7 24/9 34/10 35/20 37/4 39/6 47/20 48/23 78/20 173/20 174/9 175/4 175/8 177/16 183/14</p> <p><b>lockdowns [1]</b> 34/12</p> <p><b>Locke [3]</b> 217/20 233/19 234/2</p> <p><b>locked [1]</b> 49/6</p> <p><b>logic [1]</b> 40/12</p> <p><b>logistical [1]</b> 110/3</p> <p><b>London [2]</b> 106/3 248/11</p> <p><b>long [12]</b> 31/2 31/9 38/6 88/25 89/6 89/21 144/16 148/3 148/15 153/3 227/8 250/1</p> <p><b>long-term [2]</b> 148/15 250/1</p> <p><b>longer [11]</b> 11/2 12/14 131/12 133/16 140/7 164/18 164/22 212/4 227/15 252/8 252/14</p> <p><b>longitudinal [1]</b> 16/17</p> <p><b>longstanding [1]</b> 226/12</p> <p><b>look [97]</b> 5/9 5/15 8/9 11/4 11/12 11/24</p>	<p>13/24 15/1 15/18 16/19 18/20 22/19 26/24 28/9 28/17 28/19 29/1 29/12 29/22 31/12 31/24 34/19 35/5 39/16 40/18 42/9 44/1 45/13 50/16 50/17 50/21 52/5 54/7 54/8 55/24 57/16 62/2 62/3 72/8 72/8 74/23 75/21 82/5 85/16 86/6 90/10 90/11 91/25 100/1 100/10 100/16 100/20 101/8 102/21 112/17 113/15 122/14 123/22 125/1 125/3 126/11 133/5 133/12 133/14 135/14 140/23 141/9 142/12 148/24 154/12 155/6 167/11 168/23 169/8 170/11 174/8 178/15 180/21 182/23 183/3 183/9 185/4 185/23 189/7 189/9 189/21 191/17 193/6 198/25 200/16 203/9 203/12 206/11 207/24 207/25 212/11 253/10</p> <p><b>looked [16]</b> 48/4 63/9 77/10 92/23 165/13 167/6 182/22 184/17 195/18 198/15 203/9 208/10 208/11 215/15 241/7 244/16</p> <p><b>looking [38]</b> 3/11 10/12 11/18 21/5 21/20 24/19 24/23 25/1 25/8 25/8 27/5 34/2 46/11 46/17 60/20 62/8 75/1 75/17 81/15 87/13 89/14 91/17 97/18 98/4 98/9 101/6 102/1 107/13 107/17 111/5 112/22 140/5 166/8 167/4 183/11 198/25 201/24 253/4</p> <p><b>looks [9]</b> 28/6 68/15 80/1 98/13 112/20 169/15 176/23 204/24 209/15</p> <p><b>losing [1]</b> 222/19</p> <p><b>lost [2]</b> 70/19 90/7</p> <p><b>lot [8]</b> 117/19 127/2 137/13 150/24 165/14 199/15 211/21 249/23</p> <p><b>lots [5]</b> 96/5 107/23 107/24 130/11 214/20</p> <p><b>Louise [4]</b> 1/10 85/20 100/13 226/9</p> <p><b>low [9]</b> 5/24 6/12 23/19 23/24 23/25 88/4 88/5 247/19 249/9</p> <p><b>Low-level [1]</b> 5/24</p>	<p><b>lower [1]</b> 162/22</p> <p><b>lunch [1]</b> 120/22</p> <p><b>Luncheon [1]</b> 121/6</p> <p><b>lv2 [1]</b> 117/25</p> <p><b>Lynsey [1]</b> 221/25</p> <p><b>M</b></p> <p><b>made [49]</b> 27/16 35/21 41/2 47/3 50/17 53/25 57/4 67/11 71/21 72/7 73/17 74/12 74/18 74/22 74/23 75/23 78/12 78/15 83/4 110/9 113/9 113/11 113/13 114/2 114/14 116/3 123/15 125/18 139/11 155/13 155/16 156/5 159/25 168/7 212/21 217/1 225/15 227/22 233/7 233/8 234/16 242/7 245/13 246/21 249/11 249/23 250/20 251/24 252/7</p> <p><b>Maguire [1]</b> 246/15</p> <p><b>mail [1]</b> 203/13</p> <p><b>main [9]</b> 8/19 45/5 57/23 58/10 71/7 187/16 191/22 220/22 241/24</p> <p><b>mainstream [3]</b> 4/12 38/24 50/18</p> <p><b>maintain [2]</b> 185/15 203/7</p> <p><b>maintaining [1]</b> 246/18</p> <p><b>maintains [1]</b> 201/9</p> <p><b>major [1]</b> 56/23</p> <p><b>majority [2]</b> 75/4 143/8</p> <p><b>make [48]</b> 6/6 8/6 8/18 8/21 15/12 20/18 22/14 25/3 28/21 40/1 40/6 41/20 45/25 48/11 53/8 65/12 68/9 69/6 69/16 72/17 74/19 75/12 75/16 90/6 93/4 94/11 109/18 110/10 115/15 117/7 125/14 138/5 143/20 145/13 147/5 151/3 152/3 163/24 164/1 186/2 188/8 198/12 203/23 208/1 227/10 240/6 241/9 249/1</p> <p><b>maker [1]</b> 86/22</p> <p><b>makes [8]</b> 8/5 94/9 140/22 155/19 183/23 190/23 200/3 217/6</p> <p><b>making [25]</b> 2/18 24/20 25/1 37/4 48/5 56/18 56/21 56/25 58/7 59/15 67/14 73/19 80/1 96/24 97/11 100/12 103/7</p>	<p>103/12 129/17 140/19 167/2 168/21 206/10 214/9 235/11</p> <p><b>male [1]</b> 237/25</p> <p><b>malice [1]</b> 20/2</p> <p><b>man [3]</b> 33/19 98/20 219/9</p> <p><b>manage [4]</b> 139/17 169/6 229/17 242/2</p> <p><b>managed [7]</b> 123/11 140/8 140/8 174/23 184/9 187/12 202/17</p> <p><b>management [7]</b> 2/8 34/22 218/23 223/1 228/9 231/25 240/5</p> <p><b>manager [30]</b> 87/18 117/23 153/7 172/7 212/22 213/13 214/6 217/15 217/16 217/19 217/20 218/5 219/15 219/20 220/1 221/16 221/19 221/21 221/24 223/20 224/17 226/2 227/13 227/25 231/15 232/1 233/12 233/21 240/7 244/12</p> <p><b>manager's [1]</b> 228/5</p> <p><b>managerial [4]</b> 123/1 219/24 221/22 222/3</p> <p><b>managerial/supervis ory [1]</b> 219/24</p> <p><b>managers [1]</b> 240/25</p> <p><b>managing [8]</b> 2/13 2/16 61/2 168/11 201/16 206/25 215/14 224/12</p> <p><b>manipulate [2]</b> 67/19 205/1</p> <p><b>manipulated [1]</b> 86/20</p> <p><b>manipulating [1]</b> 95/6</p> <p><b>manipulative [3]</b> 66/17 94/24 247/23</p> <p><b>manner [1]</b> 239/1</p> <p><b>manual [2]</b> 99/12 99/20</p> <p><b>many [6]</b> 34/16 108/12 108/12 128/1 128/6 243/7</p> <p><b>March [40]</b> 11/25 12/3 12/11 13/23 14/22 17/22 34/8 85/21 111/10 111/19 113/5 123/16 125/4 129/11 139/13 165/6 165/10 168/1 173/3 217/23 223/5 226/18 229/2 229/5 229/8 230/1 230/2 230/8 230/14 231/1 231/3 241/20 241/21 242/4 243/25 244/14 244/14 246/15 248/19 253/21</p> <p><b>marginal [1]</b> 9/24</p> <p><b>marked [1]</b> 133/14</p>	<p><b>marker [2]</b> 153/2 153/5</p> <p><b>markers [2]</b> 104/2 104/4</p> <p><b>MASH [18]</b> 26/3 117/2 118/20 119/13 120/1 120/4 120/8 120/11 123/15 123/19 123/23 125/25 126/3 126/14 127/23 132/22 132/22 240/12</p> <p><b>MASH's [1]</b> 126/9</p> <p><b>massive [2]</b> 61/18 112/14</p> <p><b>material [7]</b> 17/4 22/11 90/20 190/19 217/4 217/9 232/9</p> <p><b>materials [1]</b> 217/7</p> <p><b>matter [9]</b> 11/17 25/7 63/15 105/10 126/3 159/17 164/19 200/6 208/5</p> <p><b>matters [6]</b> 24/17 61/13 91/23 121/11 191/12 197/24</p> <p><b>may [91]</b> 24/1 25/10 27/6 28/4 31/17 32/4 33/2 33/21 34/8 37/22 38/7 44/3 50/1 61/11 67/16 67/17 72/10 79/14 81/18 91/11 92/5 95/15 95/19 103/6 103/23 103/25 108/14 111/4 114/2 119/3 119/19 121/22 122/17 124/10 128/7 131/17 131/22 134/9 135/15 135/17 138/5 139/17 141/2 141/6 142/1 142/10 146/1 148/6 149/8 151/2 161/2 161/13 163/8 167/10 169/2 174/23 175/12 192/16 194/19 199/3 199/11 204/25 206/21 207/18 208/4 211/18 215/1 217/16 217/18 219/20 219/22 220/6 220/14 222/7 223/6 225/8 227/5 227/12 232/12 233/3 235/19 236/2 236/3 236/23 237/20 238/22 243/11 249/15 249/21 252/19 252/21</p> <p><b>May 2020 [1]</b> 192/16</p> <p><b>maybe [8]</b> 6/11 6/13 50/12 75/18 205/3 207/2 211/24 215/21</p> <p><b>McDowall [2]</b> 244/12 244/23</p> <p><b>McDowall's [1]</b> 244/21</p> <p><b>McLoughlin [1]</b> 251/7</p> <p><b>me [48]</b> 20/4 22/8</p>
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<b>M</b>	114/1 115/1 115/4 142/10 143/11 147/21 153/13 154/13 154/15 155/7 155/11 155/20 175/12 175/17 175/21 176/14 176/17 177/20 179/6 179/8 180/22 181/3 181/4 181/13 181/22 182/4 195/24 218/9 220/17 221/8 227/4 232/25 233/10 234/3 241/18 241/21 250/6 250/8 250/11 251/19 253/12	254/1 <b>message</b> [9] 67/25 68/17 69/8 136/1 198/9 198/14 199/19 201/1 203/6 <b>messages</b> [2] 67/11 203/6 <b>met</b> [11] 12/5 12/9 23/14 75/10 104/2 104/4 116/23 124/21 156/15 164/14 252/17 <b>methods</b> [1] 47/6 <b>Metropolitan</b> [1] 245/19 <b>MI5</b> [2] 96/12 106/4 <b>MI6</b> [2] 96/12 106/4 <b>Michael</b> [1] 242/11 <b>Michelle</b> [2] 217/22 228/20 <b>mid</b> [1] 152/14 <b>mid-August</b> [1] 152/14 <b>middle</b> [8] 5/3 78/24 83/24 109/4 131/4 152/15 152/21 154/17 <b>might</b> [53] 2/17 13/11 15/5 27/25 38/22 59/16 64/23 75/2 82/19 84/15 91/3 103/10 108/7 114/16 129/18 129/22 132/17 132/18 134/1 136/20 137/9 141/10 142/23 143/19 143/20 145/24 146/12 147/6 150/12 150/13 151/9 151/22 152/9 158/24 160/3 164/17 170/22 177/11 179/21 180/2 180/4 187/15 190/13 202/9 202/22 204/21 209/5 212/10 220/13 231/23 241/13 249/16 254/14 <b>mildly</b> [1] 138/2 <b>milk</b> [1] 109/5 <b>mind</b> [16] 16/8 16/9 18/18 64/3 78/3 92/8 102/4 121/2 129/18 136/15 173/19 173/24 195/6 200/13 200/24 204/18 <b>minds</b> [2] 78/12 78/15 <b>mindset</b> [2] 39/21 178/20 <b>minimal</b> [1] 36/10 <b>minimise</b> [2] 192/13 207/8 <b>minimising</b> [1] 179/22 <b>minimum</b> [1] 142/18 <b>minor</b> [1] 208/22 <b>minute</b> [3] 109/25 134/9 197/4 <b>minutes</b> [5] 120/24 123/2 161/2 175/14	182/15 <b>misdiagnosed</b> [1] 80/23 <b>misguided</b> [1] 74/9 <b>miss</b> [2] 16/21 61/6 <b>missed</b> [9] 33/16 52/22 53/2 76/1 76/4 82/20 84/17 88/20 88/20 <b>missing</b> [16] 49/25 55/6 55/11 113/8 113/20 113/21 114/8 114/10 115/25 116/14 118/24 129/11 139/5 167/13 190/22 226/20 <b>mistrust</b> [1] 222/23 <b>misunderstanding</b> [1] 30/4 <b>misunderstood</b> [2] 118/7 223/15 <b>misuse</b> [1] 238/13 <b>mitigate</b> [1] 101/6 <b>mixed</b> [1] 199/22 <b>Mm</b> [2] 38/19 114/11 <b>Mm-hm</b> [2] 38/19 114/11 <b>model</b> [3] 41/10 44/23 162/21 <b>modifying</b> [1] 137/6 <b>module</b> [1] 12/25 <b>Molyneux</b> [2] 227/17 227/19 <b>moment</b> [19] 6/22 20/21 24/6 25/5 28/20 33/24 52/3 62/25 72/19 78/24 80/13 83/7 104/25 116/19 118/25 137/1 137/13 165/18 181/2 <b>moments</b> [1] 91/18 <b>Monday</b> [8] 93/12 147/15 216/11 216/13 254/16 254/18 254/20 254/24 <b>Mondays</b> [1] 36/8 <b>money</b> [4] 94/10 94/11 97/12 165/23 <b>monitoring</b> [4] 38/21 38/22 173/4 248/8 <b>month</b> [7] 108/25 146/9 167/25 168/8 174/24 185/10 197/2 <b>monthly</b> [2] 13/6 228/6 <b>months</b> [15] 31/7 45/21 51/20 76/22 85/23 99/9 124/8 124/11 126/25 158/15 171/15 189/5 195/1 222/7 227/4 <b>more</b> [71] 2/25 4/3 4/7 6/13 9/24 9/24 13/11 23/8 24/23 25/2 31/19 35/10 46/1 46/23 47/2 49/13 51/1 54/1 57/2 65/8 84/1	85/14 86/18 87/14 87/15 87/19 97/9 101/17 116/22 119/13 123/1 129/21 132/19 136/12 136/14 136/25 140/10 145/15 148/19 154/19 157/2 162/23 163/17 164/4 165/3 167/9 169/1 170/22 173/3 178/2 184/5 186/16 187/11 196/25 199/23 200/7 213/9 222/15 225/9 228/8 229/22 230/3 230/10 230/11 230/17 232/13 237/11 237/16 243/7 247/1 250/2 <b>Morgan</b> [7] 217/15 218/4 218/8 218/22 219/13 220/2 220/3 <b>Morgan's</b> [1] 219/1 <b>morning</b> [4] 144/8 210/19 254/18 254/20 <b>Morris</b> [5] 135/11 135/19 223/21 227/25 231/15 <b>MOSS</b> [7] 1/4 1/7 60/16 121/2 216/7 245/14 255/4 <b>most</b> [5] 5/6 36/11 137/23 164/24 247/15 <b>mother</b> [7] 57/3 142/6 226/6 229/16 231/9 231/21 233/25 <b>mother's</b> [1] 226/13 <b>motion</b> [2] 140/15 143/22 <b>mouth</b> [1] 94/5 <b>mouthed</b> [2] 56/14 56/14 <b>move</b> [6] 71/2 160/22 162/21 186/24 188/5 192/7 <b>moved</b> [2] 38/14 176/18 <b>moving</b> [5] 44/10 63/17 68/5 80/17 115/4 <b>MR</b> [76] 1/4 1/7 60/16 72/9 72/14 109/13 109/15 110/9 121/2 121/13 121/18 121/21 146/5 149/2 161/8 161/12 182/20 206/7 207/17 216/7 217/14 217/16 218/4 218/8 218/22 219/1 219/13 219/18 220/1 220/2 220/3 220/13 220/17 220/20 221/4 221/5 221/10 221/13 221/15 221/20 221/22 221/23 222/4 222/9 223/4 223/24 224/5 224/13 228/25 229/6 231/9 232/22 232/23 242/11
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<p><b>M</b></p> <p><b>MR... [22]</b> 242/12 242/14 242/16 242/25 243/6 243/21 244/12 244/21 244/23 245/14 248/15 248/22 249/11 249/23 251/15 252/13 252/17 252/20 252/24 255/4 255/6 255/8</p> <p><b>Mr Coppard [4]</b> 221/5 221/23 232/22 232/23</p> <p><b>Mr Coughlan [4]</b> 109/13 110/9 146/5 149/2</p> <p><b>Mr Fay [1]</b> 252/13</p> <p><b>Mr Fitzpatrick [2]</b> 206/7 207/17</p> <p><b>Mr Goss [10]</b> 72/9 72/14 121/13 121/18 121/21 161/8 161/12 182/20 255/6 255/8</p> <p><b>Mr Gregory [1]</b> 242/12</p> <p><b>Mr McDowall [1]</b> 244/23</p> <p><b>MR MOSS [5]</b> 1/4 1/7 60/16 216/7 255/4</p> <p><b>Mrs [6]</b> 38/3 44/13 176/14 178/5 183/22 212/13</p> <p><b>Mrs Hodson [4]</b> 38/3 44/13 176/14 178/5</p> <p><b>Mrs Hodson's [1]</b> 183/22</p> <p><b>Mrs Lewis [1]</b> 212/13</p> <p><b>Ms [228]</b> 1/11 2/1 5/5 5/5 5/11 11/7 14/3 14/5 15/3 17/9 22/5 25/5 26/1 28/10 28/18 34/7 35/9 35/9 36/5 36/5 39/17 40/6 40/12 40/15 40/25 44/4 45/3 49/18 51/5 51/9 56/13 57/18 60/17 60/17 62/2 65/22 67/14 70/21 71/4 71/10 72/18 75/20 76/19 79/25 80/9 83/8 85/7 85/18 87/2 87/4 87/5 89/4 90/12 91/23 92/9 92/18 93/21 94/8 94/12 95/12 95/17 100/12 100/18 101/11 104/5 105/22 105/25 108/11 113/10 113/16 113/18 114/12 115/18 116/21 117/14 118/1 118/12 118/22 121/13 123/12 125/4 125/8 130/23 130/24 133/13 135/19 136/10 138/15 142/4 146/11 147/11 147/17 148/18 149/12 149/16 152/16 152/23</p> <p>153/8 153/10 153/15 154/14 154/16 155/4 155/7 155/8 155/20 157/19 157/20 157/20 159/8 159/25 160/10 160/14 160/23 160/24 165/15 166/18 167/2 172/7 175/20 176/6 176/15 177/5 178/16 179/18 182/7 182/21 187/9 195/20 197/24 198/8 198/16 201/25 202/5 207/5 210/18 215/23 216/10 216/14 216/14 216/16 217/18 217/19 217/20 217/22 219/4 221/23 221/25 223/21 224/15 224/19 225/7 225/14 225/19 225/22 225/24 226/3 226/6 226/9 226/9 226/14 226/16 226/21 226/22 227/2 227/10 227/18 227/23 227/24 228/1 228/11 228/20 228/25 229/10 229/13 229/13 229/17 230/4 230/13 230/13 230/15 230/21 230/23 231/17 231/22 232/4 232/16 233/1 233/2 233/9 233/11 233/13 233/17 233/19 234/2 235/1 235/2 235/5 235/15 236/2 236/13 236/17 236/20 237/4 237/7 237/14 237/19 237/21 238/20 239/5 240/3 240/7 240/11 240/17 240/22 241/9 241/18 242/5 246/14 247/6 247/11 248/4 250/4 250/7 250/12 251/7 251/21 253/20</p> <p><b>Ms Allred [1]</b> 250/7</p> <p><b>Ms Anderson [1]</b> 216/14</p> <p><b>Ms Anna [1]</b> 219/4</p> <p><b>Ms Ashworth [5]</b> 5/5 5/11 26/1 216/10 216/14</p> <p><b>Ms Barrett [45]</b> 1/11 25/5 28/10 40/12 40/15 40/25 49/18 56/13 57/18 60/17 60/17 62/2 65/22 67/14 70/21 71/10 72/18 75/20 76/19 85/7 85/18 87/2 92/18 100/12 101/11 104/5 108/11 123/12 130/24 136/10 146/11 147/11 148/18 152/16 152/23 153/10 153/15 154/14 155/4 155/8 157/20 167/2 195/20 197/24</p> <p>210/18</p> <p><b>Ms Callon [3]</b> 172/7 201/25 202/5</p> <p><b>Ms Cookson [3]</b> 14/3 14/5 15/3</p> <p><b>Ms Coombes [1]</b> 216/16</p> <p><b>Ms Croll [3]</b> 176/6 176/15 177/5</p> <p><b>Ms Fontaine [10]</b> 17/9 22/5 28/18 34/7 35/9 39/17 45/3 51/5 51/9 71/4</p> <p><b>Ms Fontaine's [1]</b> 40/6</p> <p><b>Ms Fontaine-Smith [18]</b> 35/9 79/25 80/9 83/8 105/25 160/23 160/24 165/15 175/20 178/16 179/18 182/7 182/21 187/9 198/8 198/16 207/5 215/23</p> <p><b>Ms Fontaine-Smith's [1]</b> 11/7</p> <p><b>Ms Hallaron [2]</b> 241/9 241/18</p> <p><b>Ms Heaton [4]</b> 147/17 149/12 153/8 157/20</p> <p><b>Ms Jameson [1]</b> 166/18</p> <p><b>Ms Lewis [23]</b> 2/1 5/5 87/4 87/5 89/4 90/12 91/23 92/9 93/21 94/12 95/12 95/17 105/22 113/16 113/18 114/12 115/18 116/21 117/14 118/1 118/12 118/22 159/25</p> <p><b>Ms McLoughlin [1]</b> 251/7</p> <p><b>Ms Morris [1]</b> 135/19</p> <p><b>Ms Smith [1]</b> 125/4</p> <p><b>Ms Steed [2]</b> 226/21 227/10</p> <p><b>Ms Warner [1]</b> 230/13</p> <p><b>Ms Williams [14]</b> 121/13 125/8 130/23 133/13 138/15 142/4 149/16 154/16 155/7 155/20 157/19 159/8 160/10 160/14</p> <p><b>much [25]</b> 1/5 14/22 22/18 25/7 26/16 35/17 51/15 59/22 60/10 61/11 71/14 121/15 121/19 138/4 149/21 149/22 160/19 161/9 164/18 164/22 176/23 209/13 216/3 222/14 248/23</p> <p><b>multi [21]</b> 6/14 43/5 43/8 43/10 171/8 173/4 178/6 180/22 181/13 197/19 218/8</p> <p>220/16 221/8 222/5 224/5 226/4 227/2 227/4 233/9 234/3 241/18</p> <p><b>multi-agencies [1]</b> 6/14</p> <p><b>multi-agency [12]</b> 43/8 43/10 171/8 173/4 178/6 180/22 181/13 197/19 218/8 224/5 234/3 241/18</p> <p><b>multi-disciplinary [7]</b> 220/16 221/8 222/5 226/4 227/2 227/4 233/9</p> <p><b>multiple [4]</b> 128/10 171/7 172/20 204/9</p> <p><b>Mum [4]</b> 93/14 94/3 124/21 124/24</p> <p><b>must [9]</b> 69/6 73/24 73/24 93/3 100/25 102/8 173/18 193/11 247/2</p> <p><b>mustn't [1]</b> 66/21</p> <p><b>my [42]</b> 4/15 20/1 21/21 29/17 30/8 34/3 36/3 36/5 38/9 42/22 45/6 46/4 46/20 49/25 67/15 74/1 82/19 82/25 87/17 87/17 93/25 101/23 105/9 107/13 132/20 159/19 160/16 168/14 170/10 172/16 172/25 177/23 179/4 180/20 185/14 196/4 197/25 204/18 205/17 207/10 214/6 215/23</p> <p><b>myself [3]</b> 15/12 180/1 200/1</p>				
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<p><b>N</b></p> <p><b>neither [5]</b> 48/9 133/24 158/20 176/18 185/25</p> <p><b>nerve [1]</b> 220/23</p> <p><b>neurodiverse [1]</b> 130/11</p> <p><b>never [9]</b> 13/17 120/13 129/20 151/15 153/24 173/25 215/15 231/23 251/10</p> <p><b>nevertheless [1]</b> 52/19</p> <p><b>new [20]</b> 80/25 93/9 112/11 112/16 179/14 179/21 179/22 180/3 181/19 181/24 184/5 212/1 214/15 221/24 222/2 226/1 227/13 227/15 227/21 230/18</p> <p><b>news [2]</b> 78/18 80/10</p> <p><b>next [24]</b> 6/9 62/12 79/25 94/21 121/13 131/22 140/18 141/3 142/12 151/2 153/14 154/25 155/12 200/16 203/10 219/15 223/22 226/16 227/3 231/16 233/10 234/14 236/12 245/9</p> <p><b>NHS [21]</b> 4/22 219/18 234/13 235/22 236/12 238/11 241/4 241/11 242/10 242/13 242/15 242/17 242/19 242/19 242/25 243/19 243/22 243/24 244/3 244/6 244/7</p> <p><b>NHS000349 [1]</b> 242/11</p> <p><b>night [3]</b> 137/6 144/1 218/16</p> <p><b>no [178]</b> 3/20 3/24 4/2 9/1 11/8 13/19 14/24 16/20 19/10 19/14 19/20 19/23 20/2 20/10 23/11 29/12 31/9 31/11 31/11 31/23 32/3 37/8 42/7 43/4 47/14 48/12 49/19 49/22 53/5 53/7 53/20 53/22 57/8 58/1 59/11 60/9 60/9 64/12 64/15 66/1 69/19 69/25 75/11 75/11 76/13 76/20 77/14 77/15 78/16 82/23 83/1 83/5 84/24 87/3 91/7 91/19 97/6 98/3 98/10 98/13 99/19 106/11 108/15 110/13 110/20 114/8 115/2 115/18 116/4 118/18 119/9 124/24 126/6 126/6 131/12 131/23</p>	<p>132/4 133/15 135/25 139/9 142/13 142/20 144/12 145/17 146/2 147/1 148/17 151/8 153/17 155/24 156/10 156/16 156/21 157/16 158/20 159/23 160/2 160/15 163/25 168/12 169/21 170/8 170/10 170/10 170/14 170/20 170/21 170/22 171/13 171/17 171/20 172/23 174/3 175/7 178/4 180/2 181/1 181/9 181/16 182/6 184/22 185/3 185/6 185/23 186/2 187/5 187/8 190/15 191/4 191/9 191/25 193/22 194/2 195/16 197/5 197/22 198/18 200/19 201/1 201/4 201/7 201/10 202/8 202/11 203/1 203/5 204/23 206/6 207/16 209/17 210/3 212/6 214/7 214/12 214/25 216/1 221/11 221/17 227/15 228/8 229/24 230/21 231/17 232/24 233/14 233/17 233/22 237/17 241/14 241/22 243/3 243/4 246/16 248/13 249/4 250/7 252/8 252/14</p> <p><b>nobody [4]</b> 50/11 91/12 184/3 209/6</p> <p><b>nod [1]</b> 208/25</p> <p><b>nodded [1]</b> 61/23</p> <p><b>noise [1]</b> 24/24</p> <p><b>noises [1]</b> 133/22</p> <p><b>nominal [1]</b> 10/1</p> <p><b>nominally [1]</b> 9/4</p> <p><b>non [11]</b> 28/22 28/24 29/1 29/3 29/7 39/3 177/14 227/7 246/11 246/19 247/21</p> <p><b>non-attendance [3]</b> 227/7 246/11 246/19</p> <p><b>non-compliance [2]</b> 39/3 177/14</p> <p><b>non-systems [3]</b> 28/22 29/3 29/7</p> <p><b>non-verbal [1]</b> 247/21</p> <p><b>none [6]</b> 34/11 62/9 63/11 106/4 117/11 220/10</p> <p><b>Nonetheless [2]</b> 174/7 220/3</p> <p><b>nor [3]</b> 25/6 131/9 176/18</p> <p><b>normal [1]</b> 144/17</p> <p><b>normally [1]</b> 251/18</p> <p><b>North [2]</b> 242/13 242/15</p> <p><b>not [382]</b></p>	<p><b>notable [1]</b> 240/24</p> <p><b>note [30]</b> 18/25 20/21 22/3 22/4 34/23 37/11 38/7 76/21 84/14 94/18 124/13 131/5 131/24 132/11 134/14 135/16 137/19 141/9 141/12 152/22 153/15 154/16 175/16 195/19 201/19 208/9 229/22 233/1 233/3 241/20</p> <p><b>noted [11]</b> 52/19 57/5 111/1 131/23 132/12 218/23 223/24 228/2 233/6 239/10 242/1</p> <p><b>notes [58]</b> 12/23 12/25 13/4 18/8 19/3 19/3 19/5 19/9 19/11 19/16 19/20 19/24 22/17 22/20 34/22 35/1 36/1 50/17 60/22 71/6 71/7 80/20 82/21 119/6 119/9 119/14 127/14 127/18 129/22 152/2 152/24 167/6 175/17 177/14 177/15 196/4 205/6 205/18 211/13 214/1 230/5 232/24 236/4 243/10 246/4 246/14 246/17 247/1 247/13 247/25 248/13 249/20 250/21 251/16 251/20 252/13 252/15 253/24</p> <p><b>nothing [22]</b> 61/7 69/3 76/12 76/14 77/2 77/20 116/1 126/7 138/23 149/24 154/19 157/12 157/15 157/23 158/2 158/6 159/6 181/24 204/22 214/24 220/10 239/24</p> <p><b>notice [2]</b> 15/17 110/11</p> <p><b>notified [1]</b> 113/14</p> <p><b>noting [1]</b> 243/14</p> <p><b>notwithstanding [2]</b> 116/13 143/18</p> <p><b>November [26]</b> 71/3 71/7 88/23 89/1 89/3 89/4 89/19 109/1 109/11 110/22 111/23 111/25 189/11 196/1 197/1 198/10 205/5 217/22 223/5 223/6 226/6 229/1 229/12 229/13 254/9 254/24</p> <p><b>November 2020 [1]</b> 197/1</p> <p><b>now [75]</b> 3/2 3/21 6/16 9/23 10/3 10/11 10/13 11/2 11/10 16/25 17/8 17/20 24/16 25/8 25/18 27/20 27/22 28/3 32/4 32/20 35/2 39/8 46/17</p>	<p>48/23 54/13 57/2 58/4 58/13 60/19 63/2 66/8 69/6 75/15 76/4 80/10 81/13 82/6 84/6 84/17 84/20 85/20 87/11 91/1 92/18 93/2 94/18 101/5 113/6 117/9 118/2 120/22 121/1 133/5 135/21 137/3 137/16 141/13 147/24 153/3 160/20 163/7 165/23 166/11 174/3 182/13 185/9 188/11 199/9 201/15 216/4 225/18 245/2 246/24 247/2 250/5</p> <p><b>number [9]</b> 14/1 91/25 94/22 124/14 125/13 144/14 194/13 198/15 226/4</p> <p><b>numerous [1]</b> 249/11</p> <p><b>O</b></p> <p><b>oath [1]</b> 121/16</p> <p><b>objective [2]</b> 67/2 217/6</p> <p><b>objectively [1]</b> 32/5</p> <p><b>objects [1]</b> 78/22</p> <p><b>observation [2]</b> 67/15 75/16</p> <p><b>observations [1]</b> 40/11</p> <p><b>observed [3]</b> 40/10 134/17 149/12</p> <p><b>observer [1]</b> 75/1</p> <p><b>obtained [9]</b> 170/7 217/13 234/12 234/25 238/7 242/9 244/7 244/11 245/18</p> <p><b>obtaining [2]</b> 135/7 135/8</p> <p><b>obvious [5]</b> 17/15 108/6 108/8 131/17 198/22</p> <p><b>obviously [14]</b> 36/21 36/23 37/5 87/24 99/4 111/2 141/17 147/23 165/18 170/15 174/9 184/3 186/12 189/5</p> <p><b>occasion [7]</b> 98/2 98/8 98/14 138/10 141/11 142/24 195/4</p> <p><b>occasions [9]</b> 50/9 128/10 128/19 140/22 141/10 141/11 172/21 204/9 229/8</p> <p><b>occur [3]</b> 77/9 172/11 183/17</p> <p><b>occurred [2]</b> 139/13 198/5</p> <p><b>occurring [2]</b> 77/12 77/14</p> <p><b>October [24]</b> 1/1 14/10 54/23 63/21 86/10 90/14 93/12 100/13 101/12 101/13</p>	<p>111/23 111/24 128/10 128/19 189/11 194/14 194/16 195/1 195/20 236/4 236/10 236/20 237/7 243/19</p> <p><b>October 2019 [1]</b> 194/14</p> <p><b>October 2025 [1]</b> 1/1</p> <p><b>odd [2]</b> 132/12 151/5</p> <p><b>oddly [1]</b> 132/17</p> <p><b>off [18]</b> 16/6 21/22 29/6 30/5 40/14 40/16 59/23 74/1 82/2 82/20 83/14 112/19 148/14 158/24 164/19 179/17 179/19 247/18</p> <p><b>offence [1]</b> 139/6</p> <p><b>offences [1]</b> 168/2</p> <p><b>offending [22]</b> 23/23 24/3 37/1 54/20 57/20 58/16 61/8 62/10 62/17 63/8 66/11 168/13 180/8 184/18 189/23 191/19 192/14 207/1 210/5 242/1 242/3 253/18</p> <p><b>offer [8]</b> 44/18 45/7 149/21 150/20 150/25 220/20 250/1 250/15</p> <p><b>offered [13]</b> 8/11 11/14 44/16 56/5 94/17 115/5 150/18 150/21 153/16 156/8 186/8 228/24 237/24</p> <p><b>offering [7]</b> 95/12 149/3 153/1 158/10 158/13 183/19 252/1</p> <p><b>office [2]</b> 20/3 20/3</p> <p><b>officer [4]</b> 147/7 158/17 245/21 253/14</p> <p><b>often [8]</b> 26/4 35/10 73/13 145/10 152/6 165/3 250/10 252/16</p> <p><b>Oh [1]</b> 99/22</p> <p><b>okay [14]</b> 12/10 16/13 30/22 31/1 78/6 83/23 102/1 138/1 142/5 160/11 165/17 195/23 198/18 210/21</p> <p><b>old [3]</b> 87/11 162/21 165/23</p> <p><b>older [1]</b> 8/24</p> <p><b>on [452]</b></p> <p><b>once [9]</b> 17/25 18/19 45/11 120/3 172/4 183/7 197/2 228/3 246/13</p> <p><b>one [97]</b> 5/7 10/17 26/8 27/10 28/20 31/9 32/25 33/5 43/20 44/16 44/16 45/8 45/8 46/15 49/19 49/22 51/24 54/22 55/10 56/20 56/21 58/2 58/4 58/14 58/15 63/17 68/15 69/6 80/7 80/20</p>
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<p><b>O</b></p> <p><b>one... [67]</b> 87/6 91/8 92/15 93/12 98/2 98/14 103/14 106/1 109/2 109/3 112/19 114/16 115/9 115/19 115/22 122/14 125/3 125/5 129/19 132/4 132/16 132/18 138/14 138/15 140/2 140/2 140/11 141/10 141/11 147/15 147/16 152/6 153/4 156/21 159/2 159/8 160/5 163/4 169/15 171/13 172/19 173/15 175/7 177/18 177/18 177/25 187/8 188/2 188/3 189/2 190/17 190/19 192/1 193/22 202/23 204/6 204/24 205/18 206/10 208/1 208/10 209/5 209/15 211/10 213/7 248/17 249/15</p> <p><b>one's [1]</b> 129/18</p> <p><b>one-on-one [1]</b> 140/2</p> <p><b>ones [1]</b> 127/25</p> <p><b>ongoing [2]</b> 106/18 106/21</p> <p><b>online [5]</b> 97/22 138/18 218/13 232/10 243/9</p> <p><b>only [43]</b> 9/3 9/25 10/12 11/4 14/24 16/11 18/5 19/21 26/20 27/1 40/14 40/16 43/23 44/19 45/4 60/8 68/22 69/1 69/5 82/12 85/2 85/5 98/2 113/25 117/12 126/4 127/7 138/14 138/20 145/9 158/16 168/19 169/25 172/15 172/19 188/16 190/17 207/2 207/5 207/8 209/13 218/19 246/4</p> <p><b>onto [13]</b> 5/19 13/4 16/1 18/9 19/8 19/17 30/21 31/14 31/19 144/23 157/4 214/6 214/6</p> <p><b>onwards [2]</b> 210/17 233/22</p> <p><b>open [51]</b> 9/20 11/1 11/17 23/16 50/2 50/3 50/6 50/8 54/15 70/20 98/23 98/25 99/3 103/17 103/18 106/8 106/13 106/20 107/4 108/6 118/8 118/18 119/7 123/20 135/20 147/24 148/21 149/9 152/24 153/3 158/7 159/20 160/6 163/15 164/7 164/10 166/11</p>	<p>168/6 168/10 183/25 185/3 185/7 185/14 185/16 186/10 188/2 189/14 197/23 212/8 214/12 231/14</p> <p><b>opened [7]</b> 51/5 51/8 118/13 188/6 188/8 188/12 203/15</p> <p><b>opening [4]</b> 14/19 190/6 203/16 248/11</p> <p><b>opens [1]</b> 27/18</p> <p><b>operation [3]</b> 129/23 199/23 201/21</p> <p><b>Operations [1]</b> 244/12</p> <p><b>opinion [5]</b> 38/15 42/23 176/20 179/5 219/6</p> <p><b>opportunities [1]</b> 24/9</p> <p><b>opportunity [9]</b> 24/6 65/23 76/1 76/5 158/25 177/19 179/9 179/10 249/13</p> <p><b>opposite [1]</b> 115/21</p> <p><b>oppositional [3]</b> 151/5 151/17 151/19</p> <p><b>opting [1]</b> 82/16</p> <p><b>option [11]</b> 8/22 44/19 48/7 48/8 48/11 148/23 159/2 164/10 186/2 186/14 245/8</p> <p><b>optional [1]</b> 151/18</p> <p><b>options [1]</b> 164/9</p> <p><b>or [156]</b> 2/21 3/10 4/6 5/7 6/11 6/23 7/13 8/16 8/16 8/20 9/3 9/9 9/24 9/25 10/3 10/8 10/11 14/16 15/22 19/6 19/16 21/6 25/9 26/3 34/15 35/9 36/7 36/10 36/14 37/1 45/12 48/9 49/19 55/4 58/2 63/12 64/12 64/17 66/15 69/3 69/4 73/24 79/9 83/9 85/2 92/22 95/1 96/13 97/15 97/19 102/14 110/10 112/7 118/9 118/12 118/21 119/12 120/23 124/11 126/10 127/16 127/24 129/14 129/17 130/13 130/16 132/22 134/23 135/4 136/10 136/23 136/23 139/2 141/10 141/11 141/20 143/21 145/6 147/25 148/11 148/23 150/23 151/16 151/17 153/2 155/21 155/22 156/25 157/21 158/19 160/4 160/8 163/3 163/4 166/9 167/9 167/22 169/3 171/7 171/9 171/18 171/25 172/16 173/16 174/20</p>	<p>174/24 178/11 179/14 181/19 181/24 183/8 185/25 188/24 192/1 192/13 193/20 194/24 196/11 196/22 197/5 199/17 202/14 202/16 203/2 204/8 204/9 204/10 209/13 214/6 214/6 214/23 215/1 215/16 215/16 217/9 220/18 228/6 228/8 231/11 231/17 231/23 232/2 232/3 232/24 233/6 233/18 236/22 238/13 238/17 239/2 239/4 250/9 251/10 252/12 252/25 253/15</p> <p><b>oral [2]</b> 217/14 225/11</p> <p><b>order [10]</b> 54/20 76/12 139/7 159/14 168/8 169/5 192/21 210/4 210/25 212/3</p> <p><b>ordered [1]</b> 196/20</p> <p><b>organisations [3]</b> 101/16 108/2 168/23</p> <p><b>organise [1]</b> 182/1</p> <p><b>organised [1]</b> 7/2</p> <p><b>orient [1]</b> 5/17</p> <p><b>original [1]</b> 230/16</p> <p><b>originally [3]</b> 11/14 13/2 201/14</p> <p><b>other [57]</b> 5/22 7/1 9/23 17/3 19/14 23/15 24/19 27/2 33/21 36/15 44/19 44/25 61/12 62/23 64/23 65/21 72/22 75/4 79/1 79/14 85/11 85/13 96/1 96/3 107/17 111/5 115/5 115/5 122/21 125/20 130/10 132/5 135/8 136/11 158/7 163/3 164/15 168/20 171/12 172/25 185/3 190/13 191/11 193/5 193/13 214/17 215/22 216/25 217/7 219/2 238/13 241/3 241/14 247/13 247/25 250/21 252/16</p> <p><b>others [49]</b> 3/17 3/19 6/14 18/12 27/7 27/10 38/2 41/12 42/1 52/1 52/13 57/10 58/21 59/1 59/8 59/9 59/13 61/9 61/17 62/10 64/21 65/2 65/3 65/12 67/3 70/25 74/18 74/21 75/1 75/14 87/8 103/22 111/3 122/12 123/10 130/16 134/24 160/13 168/4 168/11 172/11 176/16 192/25 193/21 206/25 210/2 215/14 218/24 240/9</p>	<p><b>otherwise [3]</b> 39/19 40/20 100/7</p> <p><b>ought [2]</b> 62/23 207/25</p> <p><b>our [35]</b> 19/14 22/13 28/12 28/21 28/22 29/14 29/16 33/15 36/10 36/11 40/11 45/10 45/23 49/10 50/8 53/7 53/10 67/12 75/18 81/6 113/11 118/20 118/25 120/9 121/13 124/22 175/9 179/20 180/20 183/6 193/6 204/14 214/23 215/16 241/7</p> <p><b>ourselves [2]</b> 8/10 17/22</p> <p><b>out [85]</b> 5/7 23/4 34/13 38/6 38/15 40/2 40/3 45/15 47/25 49/9 49/16 61/25 64/23 65/24 66/5 71/4 73/21 73/22 76/24 84/17 85/6 86/23 87/1 88/18 88/22 90/1 91/6 91/13 91/17 96/8 102/16 107/7 107/12 118/2 126/13 130/24 133/8 133/18 134/8 139/18 139/24 140/1 140/2 143/10 146/11 147/4 149/6 149/10 156/22 164/21 170/24 172/24 175/2 175/4 176/21 177/5 178/10 183/12 185/5 188/1 188/7 188/20 189/11 189/19 190/15 195/6 196/18 198/17 200/8 201/20 205/7 206/10 206/18 207/13 208/10 209/6 211/7 211/8 217/10 219/2 219/14 220/12 234/6 240/23 246/12</p> <p><b>outbursts [2]</b> 132/18 231/8</p> <p><b>outcome [10]</b> 39/9 103/19 103/20 105/21 106/10 107/2 119/12 172/1 175/13 252/2</p> <p><b>outcomes [1]</b> 88/5</p> <p><b>outright [1]</b> 136/10</p> <p><b>outset [1]</b> 16/14</p> <p><b>outside [9]</b> 5/22 7/15 75/1 138/3 140/7 157/6 185/14 224/21 248/8</p> <p><b>outsider [1]</b> 29/10</p> <p><b>outstanding [5]</b> 115/2 164/8 164/11 164/12 245/4</p> <p><b>over [53]</b> 4/22 4/25 45/21 45/24 46/20 46/25 47/1 47/23 54/20 66/3 73/15</p>	<p>75/24 77/25 78/5 84/25 109/5 120/24 123/23 124/22 126/15 127/23 140/18 140/19 141/3 141/15 141/15 143/24 144/23 154/25 155/18 159/10 163/8 166/21 166/24 167/19 167/25 168/4 169/21 169/24 170/6 173/10 176/4 176/15 182/24 184/3 184/8 201/1 208/16 222/6 225/19 227/3 227/25 237/24</p> <p><b>overall [8]</b> 168/24 168/25 191/5 215/10 231/15 231/25 245/5 248/6</p> <p><b>overcome [1]</b> 234/20</p> <p><b>overcomplicated [1]</b> 30/8</p> <p><b>overlook [2]</b> 80/12 80/18</p> <p><b>overlooked [5]</b> 75/8 211/22 211/25 215/2 252/21</p> <p><b>overly [1]</b> 210/9</p> <p><b>overridden [1]</b> 157/17</p> <p><b>override [5]</b> 48/13 126/7 157/16 159/7 186/3</p> <p><b>overseeing [1]</b> 219/23</p> <p><b>oversight [5]</b> 87/19 100/3 163/5 169/4 214/23</p> <p><b>overstating [1]</b> 147/6</p> <p><b>overview [5]</b> 18/17 217/6 219/6 235/5 242/17</p> <p><b>own [15]</b> 12/19 44/15 46/7 59/20 64/2 65/23 86/11 94/9 95/7 106/24 106/24 155/2 166/23 175/9 180/7</p> <hr/> <p><b>P</b></p> <p><b>p.12 [1]</b> 240/21</p> <p><b>p.14 [1]</b> 218/23</p> <p><b>p.15 [1]</b> 229/24</p> <p><b>p.2 [1]</b> 228/3</p> <p><b>p.2-3 [1]</b> 228/3</p> <p><b>p.3 [1]</b> 227/22</p> <p><b>p.5 [1]</b> 219/5</p> <p><b>p.5-6 [1]</b> 219/5</p> <p><b>p.74 [1]</b> 233/3</p> <p><b>package [1]</b> 163/4</p> <p><b>Paediatrics [1]</b> 241/11</p> <p><b>page [162]</b> 2/10 4/25 5/10 8/10 11/13 11/24 13/25 14/2 15/1 15/18 17/7 17/7 18/20 20/18 20/21 21/22 22/3 22/16 26/13 26/17</p>
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<b>P</b>	<b>page 15 [1]</b> 210/17 <b>page 17 [1]</b> 22/3 <b>page 18 [2]</b> 22/16 161/18 <b>page 19 [1]</b> 35/5 <b>page 2 [20]</b> 4/25 28/19 31/12 31/15 31/21 45/16 47/11 79/24 82/7 92/15 117/3 124/4 126/12 133/14 148/25 183/21 185/5 187/16 203/11 212/11 <b>page 22 [1]</b> 35/23 <b>page 24 [1]</b> 37/12 <b>page 26 [1]</b> 38/4 <b>page 27 [1]</b> 39/16 <b>page 3 [7]</b> 8/10 11/13 45/14 55/22 124/4 143/13 183/21 <b>page 33 [1]</b> 51/14 <b>page 36 [2]</b> 65/19 198/7 <b>page 37 [3]</b> 68/16 198/13 200/16 <b>page 38 [1]</b> 71/7 <b>page 39 [2]</b> 71/7 71/12 <b>page 4 [9]</b> 13/25 14/2 15/18 18/20 44/13 57/16 182/23 183/3 189/21 <b>page 41 [3]</b> 72/9 72/15 205/21 <b>page 42 [1]</b> 207/24 <b>page 43 [1]</b> 80/6 <b>page 46 [1]</b> 88/12 <b>page 48 [1]</b> 93/8 <b>page 5 [3]</b> 44/2 60/20 175/14 <b>page 6 [2]</b> 5/10 51/17 <b>page 7 [3]</b> 62/1 62/3 122/15 <b>page 8 [3]</b> 62/13 71/17 178/15 <b>page 9 [2]</b> 73/9 176/13 <b>page 98 [1]</b> 11/24 <b>pages [2]</b> 35/7 35/15 <b>pages 21 [1]</b> 35/15 <b>paper [1]</b> 239/15 <b>paperwork [2]</b> 23/25 190/1 <b>PAR2000003 [1]</b> 235/25 <b>PAR2000005 [1]</b> 236/5 <b>PAR2000006 [1]</b> 238/6 <b>PAR2000017 [1]</b> 235/2 <b>PAR2000018 [1]</b> 235/3 <b>paragraph [47]</b> 2/10 5/9 5/11 5/15 8/9 11/12 13/24 14/2	14/12 15/20 18/20 18/21 18/23 22/20 22/21 23/18 28/9 51/16 52/5 57/18 62/12 71/16 73/8 86/7 86/8 97/23 98/1 100/10 104/21 122/14 124/13 126/15 127/13 133/4 138/19 153/14 183/3 187/16 187/16 189/22 191/17 192/3 194/5 205/9 210/17 213/6 243/22 <b>paragraph 16 [1]</b> 126/15 <b>paragraph 18 [2]</b> 8/9 127/13 <b>paragraph 20 [1]</b> 11/12 <b>paragraph 26 [4]</b> 13/24 14/2 22/20 22/21 <b>paragraph 29 [2]</b> 18/20 18/21 <b>paragraph 32 [1]</b> 28/9 <b>paragraph 41 [3]</b> 5/9 5/11 5/15 <b>paragraph 42 [1]</b> 51/16 <b>paragraph 44 [1]</b> 52/5 <b>paragraph 46 [1]</b> 122/14 <b>paragraph 47 [1]</b> 62/12 <b>paragraph 48 [1]</b> 71/16 <b>paragraph 49 [1]</b> 73/8 <b>paragraph 5 [1]</b> 2/10 <b>paragraph 58 [2]</b> 192/3 194/5 <b>paragraph 65 [2]</b> 86/7 86/8 <b>paragraph 66 [1]</b> 100/10 <b>paragraph 68 [1]</b> 133/4 <b>paragraph 69 [2]</b> 97/23 98/1 <b>paragraph 80 [1]</b> 138/19 <b>paragraph 83 [1]</b> 210/17 <b>paragraph 88 [1]</b> 213/6 <b>paragraphs [3]</b> 1/19 104/20 175/13 <b>paragraphs 28 [1]</b> 175/13 <b>parallels [2]</b> 209/18 210/6 <b>parental [6]</b> 8/23 73/13 126/4 223/11 223/17 223/25	<b>parenting [24]</b> 30/3 39/25 40/7 41/6 54/6 61/2 64/16 77/19 77/21 150/25 151/22 156/9 178/24 223/2 234/14 234/18 235/1 235/3 235/6 235/7 235/9 235/20 235/23 236/19 <b>parents [67]</b> 8/15 8/19 36/4 37/5 40/3 40/17 44/14 47/4 47/8 55/25 56/8 56/22 57/10 73/12 77/22 94/14 95/7 97/20 100/21 101/10 101/20 115/6 115/10 115/22 116/1 124/14 124/17 126/25 133/7 135/24 136/21 142/16 142/21 144/7 144/7 144/15 149/5 150/3 151/1 151/5 151/10 151/14 151/24 152/2 152/3 155/15 156/8 156/25 171/5 171/9 174/19 222/11 223/2 223/13 223/25 229/7 231/1 231/2 231/3 231/18 234/24 237/4 237/22 237/25 246/10 246/22 252/5 <b>parents' [1]</b> 222/25 <b>parents/responsible [1]</b> 234/24 <b>part [34]</b> 18/23 19/2 21/25 24/4 26/24 31/16 60/1 66/10 70/22 72/11 73/11 93/2 94/18 101/10 102/6 130/17 136/23 163/3 172/8 181/9 182/8 184/20 185/22 197/12 208/4 215/8 219/24 222/3 226/3 243/2 244/14 246/7 248/14 249/18 <b>partially [1]</b> 27/14 <b>participate [1]</b> 222/16 <b>participating [1]</b> 220/18 <b>particular [15]</b> 5/20 21/1 26/14 58/4 63/3 81/10 135/11 140/23 166/4 169/3 169/10 184/2 184/11 190/9 199/9 <b>particularly [7]</b> 21/24 129/3 174/19 177/25 224/8 232/13 236/8 <b>parties [1]</b> 42/9 <b>partly [1]</b> 4/7 <b>Partnership [1]</b> 246/2 <b>parts [1]</b> 176/6	<b>pass [1]</b> 206/4 <b>passage [4]</b> 20/14 36/1 80/21 204/24 <b>passed [3]</b> 51/20 83/9 83/9 <b>past [7]</b> 54/21 78/6 101/8 103/9 104/3 136/15 229/19 <b>pasted [1]</b> 62/5 <b>Pastoral [1]</b> 161/25 <b>patchy [1]</b> 48/21 <b>pathway [2]</b> 221/25 237/19 <b>pathways [1]</b> 224/11 <b>patient [1]</b> 230/5 <b>patiently [2]</b> 160/17 215/23 <b>pattern [2]</b> 83/22 133/9 <b>patterns [1]</b> 144/2 <b>pause [7]</b> 54/8 65/16 65/23 66/1 66/6 105/8 160/25 <b>pausing [1]</b> 7/14 <b>pay [1]</b> 124/18 <b>paying [1]</b> 132/24 <b>PC [5]</b> 253/13 253/20 254/2 254/4 254/7 <b>pedagogy [1]</b> 161/22 <b>peer [1]</b> 170/24 <b>peers [1]</b> 218/14 <b>pending [1]</b> 105/19 <b>penultimate [6]</b> 38/5 104/21 132/10 137/18 139/17 205/21 <b>people [26]</b> 2/13 2/16 3/8 3/9 3/11 27/2 49/13 49/14 64/23 85/12 87/20 94/25 95/24 96/2 96/4 97/14 107/10 145/3 161/2 190/17 234/24 235/18 238/12 238/16 243/11 253/19 <b>perceive [2]</b> 38/25 177/2 <b>perceived [11]</b> 39/21 59/4 76/3 101/24 171/4 178/20 194/10 203/7 209/16 237/2 248/1 <b>perception [1]</b> 249/5 <b>perceptions [1]</b> 136/3 <b>perfectly [1]</b> 178/17 <b>perhaps [29]</b> 9/23 17/14 25/23 45/15 49/24 65/9 66/23 86/6 86/22 88/3 105/10 123/1 126/11 127/8 132/22 133/1 137/23 138/2 140/11 144/9 146/1 164/7 169/18 173/14 180/24 186/23 187/7 204/10 209/5 <b>period [38]</b> 5/12 5/16
----------	--	--	--	---

<b>P</b>	<b>picked [3]</b> 33/17 43/23 85/6	4/25 5/9 6/22 7/1 8/9 11/24 13/25 15/1 15/2	179/25 181/4 183/10 191/14 192/24 194/20	146/18 151/3 191/12
<b>period... [36]</b> 10/24 11/5 11/7 11/15 12/4 12/15 13/22 13/23 14/22 34/21 51/2 55/10 55/11 60/18 71/3 78/20 78/21 85/18 89/6 89/22 99/17 108/24 111/9 112/6 123/10 162/18 163/3 163/17 164/18 164/22 187/10 188/17 204/7 208/2 221/18 246/11	<b>picking [3]</b> 64/20 142/12 153/12	15/18 17/8 17/25 18/2 18/19 18/21 20/22 28/7 28/10 28/17 28/19 31/13 35/5 35/6 35/23 38/4 38/6 39/16 44/1 44/1 48/25 49/1 54/7 55/22 57/16 57/17 57/18 60/20 62/2 62/13 63/19 63/23 65/19 66/3 69/2 71/17 78/4 78/7 79/24 80/8 83/24 85/19 90/11 90/12 92/16 93/12 97/24 100/16 102/12 102/15 102/22 104/5 104/20 105/6 116/25 121/16 121/22 121/23 121/25 122/15 123/22 124/4 124/4 125/1 126/15 128/9 130/22 131/5 133/12 134/3 137/15 138/17 141/24 143/10 143/13 144/22 149/1 154/13 155/18 160/25 161/9 161/13 161/14 161/16 175/20 176/13 177/13 178/15 178/17 189/21 198/8 198/13 198/22 200/7 200/9	206/1 207/19 208/1 210/23 214/19	24/14 102/9 138/4 138/11 149/5 149/8 150/6 160/3 163/24 176/6 199/4
<b>periods [4]</b> 13/21 27/6 147/12 227/8	<b>picture [9]</b> 119/15 129/5 132/12 132/17 152/10 168/24 206/21 208/4 214/18	54/7 55/22 57/16 57/17 57/18 60/20 62/2 62/13 63/19 63/23 65/19 66/3 69/2 71/17 78/4 78/7 79/24 80/8 83/24 85/19 90/11 90/12 92/16 93/12 97/24 100/16 102/12 102/15 102/22 104/5 104/20 105/6 116/25 121/16 121/22 121/23 121/25 122/15 123/22 124/4 124/4 125/1 126/15 128/9 130/22 131/5 133/12 134/3 137/15 138/17 141/24 143/10 143/13 144/22 149/1 154/13 155/18 160/25 161/9 161/13 161/14 161/16 175/20 176/13 177/13 178/15 178/17 189/21 198/8 198/13 198/22 200/7 200/9	<b>pointed [1]</b> 178/10 <b>pointing [2]</b> 99/8 130/16	<b>possibly [18]</b> 24/2 24/22 25/25 55/3 55/4 55/18 76/18 116/6 129/17 149/20 160/7 167/8 181/23 194/17 194/23 199/25 211/22 215/4
<b>permanent [1]</b> 236/15	<b>pictures [3]</b> 167/22 190/21 190/21	54/7 55/22 57/16 57/17 57/18 60/20 62/2 62/13 63/19 63/23 65/19 66/3 69/2 71/17 78/4 78/7 79/24 80/8 83/24 85/19 90/11 90/12 92/16 93/12 97/24 100/16 102/12 102/15 102/22 104/5 104/20 105/6 116/25 121/16 121/22 121/23 121/25 122/15 123/22 124/4 124/4 125/1 126/15 128/9 130/22 131/5 133/12 134/3 137/15 138/17 141/24 143/10 143/13 144/22 149/1 154/13 155/18 160/25 161/9 161/13 161/14 161/16 175/20 176/13 177/13 178/15 178/17 189/21 198/8 198/13 198/22 200/7 200/9	<b>points [14]</b> 3/6 33/18 62/5 62/7 65/7 67/21 70/24 84/6 96/23 124/14 142/13 177/5 184/20 193/3	<b>post [1]</b> 80/4 <b>posted [1]</b> 253/13 <b>postgraduate [1]</b> 2/7 <b>potential [25]</b> 3/16 6/17 10/18 25/24 60/23 62/17 63/8 94/7 129/7 132/13 136/7 136/8 136/16 136/19 143/11 154/6 157/12 158/4 159/3 159/10 170/6 176/2 196/11 219/10 247/4
<b>permanently [2]</b> 54/17 189/16	<b>piece [10]</b> 64/18 65/4 108/7 108/19 168/12 180/10 180/12 182/8 199/10 253/5	102/12 102/15 102/22 104/5 104/20 105/6 116/25 121/16 121/22 121/23 121/25 122/15 123/22 124/4 124/4 125/1 126/15 128/9 130/22 131/5 133/12 134/3 137/15 138/17 141/24 143/10 143/13 144/22 149/1 154/13 155/18 160/25 161/9 161/13 161/14 161/16 175/20 176/13 177/13 178/15 178/17 189/21 198/8 198/13 198/22 200/7 200/9	<b>poison [3]</b> 117/11 119/18 129/18	<b>potentially [12]</b> 10/17 61/20 119/15 133/1 176/1 177/11 180/6 184/4 195/12 200/15 212/6 243/17
<b>permission [2]</b> 94/1 216/19	<b>pieces [1]</b> 108/12	102/12 102/15 102/22 104/5 104/20 105/6 116/25 121/16 121/22 121/23 121/25 122/15 123/22 124/4 124/4 125/1 126/15 128/9 130/22 131/5 133/12 134/3 137/15 138/17 141/24 143/10 143/13 144/22 149/1 154/13 155/18 160/25 161/9 161/13 161/14 161/16 175/20 176/13 177/13 178/15 178/17 189/21 198/8 198/13 198/22 200/7 200/9	<b>police [28]</b> 7/13 21/2 57/3 92/22 108/9 108/18 109/2 109/3 109/4 113/9 113/25 115/11 115/23 119/11 120/6 129/15 147/7 147/8 158/17 166/5 226/8 226/20 226/25 239/24 245/21 247/1 253/13 254/1	<b>powers [2]</b> 10/18 159/4
<b>perpetrated [1]</b> 116/13	<b>pithy [2]</b> 28/11 38/12	102/12 102/15 102/22 104/5 104/20 105/6 116/25 121/16 121/22 121/23 121/25 122/15 123/22 124/4 124/4 125/1 126/15 128/9 130/22 131/5 133/12 134/3 137/15 138/17 141/24 143/10 143/13 144/22 149/1 154/13 155/18 160/25 161/9 161/13 161/14 161/16 175/20 176/13 177/13 178/15 178/17 189/21 198/8 198/13 198/22 200/7 200/9	<b>policies [2]</b> 96/6 242/24	<b>practical [1]</b> 234/23 <b>practically [1]</b> 143/6 <b>practice [7]</b> 2/5 18/3 51/18 58/23 65/7 127/17 197/14
<b>perpetrator [2]</b> 39/1 177/3	<b>place [37]</b> 19/14 29/5 39/25 40/7 42/11 43/9 43/10 59/6 76/16 77/17 78/13 81/6 115/6 131/2 148/24 155/11 155/15 157/12 171/2 178/24 179/13 197/2 218/9 222/12 222/18 223/4 229/15 229/21 236/21 236/23 241/13 242/24 245/23 247/5 252/1 252/2 253/1	102/12 102/15 102/22 104/5 104/20 105/6 116/25 121/16 121/22 121/23 121/25 122/15 123/22 124/4 124/4 125/1 126/15 128/9 130/22 131/5 133/12 134/3 137/15 138/17 141/24 143/10 143/13 144/22 149/1 154/13 155/18 160/25 161/9 161/13 161/14 161/16 175/20 176/13 177/13 178/15 178/17 189/21 198/8 198/13 198/22 200/7 200/9	<b>Policing [1]</b> 253/14 <b>political [8]</b> 96/18 96/23 100/9 104/24 105/1 107/8 111/24 112/18	<b>practitioner [7]</b> 124/7 217/21 218/5 224/16 232/17 233/19 238/9
<b>perplexed [1]</b> 72/10	<b>placed [1]</b> 132/17	102/12 102/15 102/22 104/5 104/20 105/6 116/25 121/16 121/22 121/23 121/25 122/15 123/22 124/4 124/4 125/1 126/15 128/9 130/22 131/5 133/12 134/3 137/15 138/17 141/24 143/10 143/13 144/22 149/1 154/13 155/18 160/25 161/9 161/13 161/14 161/16 175/20 176/13 177/13 178/15 178/17 189/21 198/8 198/13 198/22 200/7 200/9	<b>politics [3]</b> 96/14 105/1 232/14	<b>practitioners [3]</b> 217/12 217/14 232/20
<b>persistently [1]</b> 34/2	<b>placement [4]</b> 42/22 132/13 179/4 250/16	102/12 102/15 102/22 104/5 104/20 105/6 116/25 121/16 121/22 121/23 121/25 122/15 123/22 124/4 124/4 125/1 126/15 128/9 130/22 131/5 133/12 134/3 137/15 138/17 141/24 143/10 143/13 144/22 149/1 154/13 155/18 160/25 161/9 161/13 161/14 161/16 175/20 176/13 177/13 178/15 178/17 189/21 198/8 198/13 198/22 200/7 200/9	<b>poor [8]</b> 62/14 88/5 126/17 126/23 153/23 182/8 248/20 251/8	<b>pre [4]</b> 136/23 137/4 137/9 195/3
<b>person [20]</b> 3/14 3/14 27/18 30/14 54/19 64/9 90/8 101/7 153/21 169/17 172/16 172/17 172/20 181/10 189/18 193/6 193/8 193/19 231/24 238/21	<b>places [2]</b> 30/13 169/16	102/12 102/15 102/22 104/5 104/20 105/6 116/25 121/16 121/22 121/23 121/25 122/15 123/22 124/4 124/4 125/1 126/15 128/9 130/22 131/5 133/12 134/3 137/15 138/17 141/24 143/10 143/13 144/22 149/1 154/13 155/18 160/25 161/9 161/13 161/14 161/16 175/20 176/13 177/13 178/15 178/17 189/21 198/8 198/13 198/22 200/7 200/9	<b>pose [2]</b> 103/6 230/6 <b>posed [13]</b> 39/24 52/13 52/18 53/4 85/11 168/11 173/5 176/16 178/8 178/23 181/7 193/21 210/2	<b>pre-meditated [3]</b> 136/23 137/4 137/9
<b>person's [1]</b> 166/17	<b>places/reducing [2]</b> 30/13 169/16	102/12 102/15 102/22 104/5 104/20 105/6 116/25 121/16 121/22 121/23 121/25 122/15 123/22 124/4 124/4 125/1 126/15 128/9 130/22 131/5 133/12 134/3 137/15 138/17 141/24 143/10 143/13 144/22 149/1 154/13 155/18 160/25 161/9 161/13 161/14 161/16 175/20 176/13 177/13 178/15 178/17 189/21 198/8 198/13 198/22 200/7 200/9	<b>poses [2]</b> 76/8 177/21	<b>PRE000511 [1]</b> 125/1 <b>PRE000899 [1]</b> 251/9 <b>PRE001247 [1]</b> 250/25
<b>person-centred [1]</b> 193/19	<b>plain [3]</b> 57/12 98/7 98/16	102/12 102/15 102/22 104/5 104/20 105/6 116/25 121/16 121/22 121/23 121/25 122/15 123/22 124/4 124/4 125/1 126/15 128/9 130/22 131/5 133/12 134/3 137/15 138/17 141/24 143/10 143/13 144/22 149/1 154/13 155/18 160/25 161/9 161/13 161/14 161/16 175/20 176/13 177/13 178/15 178/17 189/21 198/8 198/13 198/22 200/7 200/9	<b>posing [2]</b> 171/15 192/24	<b>precise [1]</b> 24/6 <b>prefer [1]</b> 230/11 <b>preferred [2]</b> 42/22 179/4
<b>personal [3]</b> 25/7 66/19 219/15	<b>plan [51]</b> 32/17 32/18 32/21 32/25 33/1 33/3 33/5 33/13 33/20 33/23 34/5 44/9 52/14 62/22 63/4 63/5 76/16 76/20 77/5 77/7 78/13 81/6 82/6 82/18 82/22 82/22 83/18 84/19 85/8 85/8 85/14 111/19 112/24 149/1 149/9 152/16 155/24 166/17 166/20 166/23 166/23 167/4 168/9 173/4 181/25 182/24 223/21 229/20 231/16 233/11 239/13	102/12 102/15 102/22 104/5 104/20 105/6 116/25 121/16 121/22 121/23 121/25 122/15 123/22 124/4 124/4 125/1 126/15 128/9 130/22 131/5 133/12 134/3 137/15 138/17 141/24 143/10 143/13 144/22 149/1 154/13 155/18 160/25 161/9 161/13 161/14 161/16 175/20 176/13 177/13 178/15 178/17 189/21 198/8 198/13 198/22 200/7 200/9	<b>position [14]</b> 16/19 23/7 40/18 45/25 95/16 95/20 108/16 131/8 158/18 179/20 180/20 187/4 201/9 201/11	<b>prejudice [1]</b> 3/12 <b>prejudiced [1]</b> 231/6 <b>premises [1]</b> 239/7 <b>prepared [7]</b> 10/15 41/3 58/20 76/2 128/20 194/18 198/11
<b>personally [6]</b> 4/8 28/5 70/5 113/11 113/14 146/16	<b>plans [2]</b> 63/13 240/5	102/12 102/15 102/22 104/5 104/20 105/6 116/25 121/16 121/22 121/23 121/25 122/15 123/22 124/4 124/4 125/1 126/15 128/9 130/22 131/5 133/12 134/3 137/15 138/17 141/24 143/10 143/13 144/22 149/1 154/13 155/18 160/25 161/9 161/13 161/14 161/16 175/20 176/13 177/13 178/15 178/17 189/21 198/8 198/13 198/22 200/7 200/9	<b>poses [2]</b> 76/8 177/21	<b>preparing [2]</b> 205/19 208/12
<b>perspective [3]</b> 79/7 127/4 206/9	<b>plant [2]</b> 73/1 73/25	102/12 102/15 102/22 104/5 104/20 105/6 116/25 121/16 121/22 121/23 121/25 122/15 123/22 124/4 124/4 125/1 126/15 128/9 130/22 131/5 133/12 134/3 137/15 138/17 141/24 143/10 143/13 144/22 149/1 154/13 155/18 160/25 161/9 161/13 161/14 161/16 175/20 176/13 177/13 178/15 178/17 189/21 198/8 198/13 198/22 200/7 200/9	<b>positive [11]</b> 77/12 77/13 77/24 84/3 86/10 138/2 138/5 139/21 163/21 188/16 211/18	<b>present [5]</b> 45/11 45/23 111/5 139/25 183/7
<b>persuade [1]</b> 200/12	<b>plates [1]</b> 225/16	102/12 102/15 102/22 104/5 104/20 105/6 116/25 121/16 121/22 121/23 121/25 122/15 123/22 124/4 124/4 125/1 126/15 128/9 130/22 131/5 133/12 134/3 137/15 138/17 141/24 143/10 143/13 144/22 149/1 154/13 155/18 160/25 161/9 161/13 161/14 161/16 175/20 176/13 177/13 178/15 178/17 189/21 198/8 198/13 198/22 200/7 200/9	<b>positives [2]</b> 82/16 85/6	<b>presentation [4]</b>
<b>pet [1]</b> 73/1	<b>platform [1]</b> 244/10	102/12 102/15 102/22 104/5 104/20 105/6 116/25 121/16 121/22 121/23 121/25 122/15 123/22 124/4 124/4 125/1 126/15 128/9 130/22 131/5 133/12 134/3 137/15 138/17 141/24 143/10 143/13 144/22 149/1 154/13 155/18 160/25 161/9 161/13 161/14 161/16 175/20 176/13 177/13 178/15 178/17 189/21 198/8 198/13 198/22 200/7 200/9	<b>possession [5]</b> 128/16 128/17 129/12 226/22 239/6	
<b>phone [8]</b> 35/16 36/10 49/21 113/20 134/11 134/16 137/21 197/5	<b>play [2]</b> 196/12 243/1	102/12 102/15 102/22 104/5 104/20 105/6 116/25 121/16 121/22 121/23 121/25 122/15 123/22 124/4 124/4 125/1 126/15 128/9 130/22 131/5 133/12 134/3 137/15 138/17 141/24 143/10 143/13 144/22 149/1 154/13 155/18 160/25 161/9 161/13 161/14 161/16 175/20 176/13 177/13 178/15 178/17 189/21 198/8 198/13 198/22 200/7 200/9	<b>possibility [4]</b> 60/3	
<b>phoned [2]</b> 72/22 115/23	<b>played [1]</b> 76/24	102/12 102/15 102/22 104/5 104/20 105/6 116/25 121/16 121/22 121/23 121/25 122/15 123/22 124/4 124/4 125/1 126/15 128/9 130/22 131/5 133/12 134/3 137/15 138/17 141/24 143/10 143/13 144/22 149/1 154/13 155/18 160/25 161/9 161/13 161/14 161/16 175/20 176/13 177/13 178/15 178/17 189/21 198/8 198/13 198/22 200/7 200/9		
<b>physical [8]</b> 32/3 32/6 170/14 170/21 170/23 205/23 227/5 233/5	<b>plays [1]</b> 45/15	102/12 102/15 102/22 104/5 104/20 105/6 116/25 121/16 121/22 121/23 121/25 122/15 123/22 124/4 124/4 125/1 126/15 128/9 130/22 131/5 133/12 134/3 137/15 138/17 141/24 143/10 143/13 144/22 149/1 154/13 155/18 160/25 161/9 161/13 161/14 161/16 175/20 176/13 177/13 178/15 178/17 189/21 198/8 198/13 198/22 200/7 200/9		
<b>physically [3]</b> 19/22 90/17 225/5	<b>pleading [1]</b> 50/1	102/12 102/15 102/22 104/5 104/20 105/6 116/25 121/16 121/22 121/23 121/25 122/15 123/22 124/4 124/4 125/1 126/15 128/9 130/22 131/5 133/12 134/3 137/15 138/17 141/24 143/10 143/13 144/22 149/1 154/13 155/18 160/25 161/9 161/13 161/14 161/16 175/20 176/13 177/13 178/15 178/17 189		

<p><b>P</b></p> <p><b>presentation... [4]</b> 216/25 217/5 218/2 245/13</p> <p><b>presentations [2]</b> 216/21 217/3</p> <p><b>presented [4]</b> 40/14 40/16 131/7 171/14</p> <p><b>presenting [2]</b> 157/15 235/10</p> <p><b>presents [1]</b> 135/21</p> <p><b>Presfield [27]</b> 112/11 123/15 123/24 125/2 125/10 125/22 140/19 147/4 245/17 245/21 246/3 246/6 246/7 248/15 249/7 249/24 250/5 250/17 250/22 251/2 251/15 251/17 253/6 253/10 253/16 253/21 253/22</p> <p><b>press [1]</b> 73/20</p> <p><b>pressed [2]</b> 132/6 138/21</p> <p><b>pressure [4]</b> 50/13 50/22 81/22 158/24</p> <p><b>presumably [5]</b> 9/6 9/13 34/16 96/25 153/15</p> <p><b>presume [1]</b> 40/21</p> <p><b>pretty [3]</b> 150/22 169/18 182/7</p> <p><b>prevent [72]</b> 14/7 14/9 22/14 22/21 23/4 23/9 55/14 56/3 59/16 59/19 80/1 80/3 80/25 82/23 82/23 82/24 83/2 83/3 83/3 83/17 84/23 92/16 99/23 102/18 103/6 103/14 103/16 103/17 103/18 103/20 103/24 104/2 104/3 104/4 105/18 105/20 106/2 106/8 106/18 106/20 107/4 107/6 107/18 108/3 108/13 128/25 129/3 139/25 167/16 167/18 190/20 190/24 191/8 201/22 205/13 208/23 212/17 212/22 213/5 213/7 213/14 213/18 213/24 214/7 214/11 214/14 215/2 248/8 248/10 250/19 251/23 253/18</p> <p><b>preventative [1]</b> 234/22</p> <p><b>preventing [3]</b> 124/15 127/1 158/22</p> <p><b>Prevention [1]</b> 4/23</p> <p><b>previous [31]</b> 2/22 14/14 44/13 51/20 55/6 57/25 70/15 78/19 87/14 87/25</p>	<p>90/15 107/25 118/25 121/9 124/5 127/14 127/21 127/22 127/24 128/25 139/1 159/24 167/11 170/25 176/18 189/20 191/24 217/3 239/21 250/9 251/20</p> <p><b>previously [7]</b> 69/15 77/11 131/18 143/21 143/21 163/8 189/2</p> <p><b>price [2]</b> 124/18 132/24</p> <p><b>primarily [1]</b> 152/4</p> <p><b>primary [3]</b> 162/1 250/16 252/8</p> <p><b>principally [2]</b> 59/8 61/12</p> <p><b>print [2]</b> 66/4 72/18</p> <p><b>prior [10]</b> 3/25 14/6 19/6 99/9 101/21 178/6 218/16 243/2 243/24 249/6</p> <p><b>priority [1]</b> 241/24</p> <p><b>privately [2]</b> 235/20 236/1</p> <p><b>proactive [1]</b> 51/9</p> <p><b>probability [1]</b> 23/20</p> <p><b>probably [7]</b> 3/4 17/23 20/4 79/5 172/17 196/9 197/22</p> <p><b>problem [10]</b> 27/24 55/18 56/23 72/3 74/16 77/16 110/8 116/11 116/19 251/12</p> <p><b>problems [3]</b> 36/20 49/4 223/1</p> <p><b>procedures [2]</b> 96/6 242/24</p> <p><b>proceedings [2]</b> 246/10 246/13</p> <p><b>process [36]</b> 7/5 7/8 62/21 68/22 81/8 82/1 89/14 112/21 112/23 115/16 118/20 119/2 119/3 119/10 119/19 120/18 120/19 142/23 154/25 164/13 175/11 176/10 181/17 185/16 190/6 197/12 197/19 199/18 202/15 202/25 203/24 207/11 238/20 239/3 244/15 251/17</p> <p><b>process-driven [1]</b> 119/10</p> <p><b>processes [1]</b> 119/23</p> <p><b>produce [1]</b> 51/19</p> <p><b>produced [2]</b> 28/18 166/17</p> <p><b>producing [4]</b> 171/21 171/23 193/13 195/21</p> <p><b>professional [26]</b> 2/4 2/5 39/8 48/15 48/17 57/25 73/25 79/6 101/5 118/14 119/5 122/16 126/25 158/9 158/13 168/17 169/4</p>	<p>182/1 184/23 191/24 197/20 203/1 234/5 247/16 248/3 248/25</p> <p><b>professionally [1]</b> 41/23</p> <p><b>professionals [21]</b> 5/22 24/20 38/11 77/4 84/2 115/1 124/15 128/20 129/25 133/25 145/13 153/22 155/14 171/7 179/25 181/5 181/7 186/13 193/17 223/14 224/4</p> <p><b>professionals' [1]</b> 247/25</p> <p><b>progress [4]</b> 146/2 147/2 149/19 155/24</p> <p><b>progressed [1]</b> 4/17</p> <p><b>project [1]</b> 236/17</p> <p><b>promotion [2]</b> 4/19 4/20</p> <p><b>proper [1]</b> 85/11</p> <p><b>properly [2]</b> 178/11 180/17</p> <p><b>property [1]</b> 254/4</p> <p><b>proposal [1]</b> 46/18</p> <p><b>propose [1]</b> 216/19</p> <p><b>proposed [1]</b> 173/9</p> <p><b>proscribed [4]</b> 100/14 100/17 101/16 108/2</p> <p><b>protection [2]</b> 102/9 102/20</p> <p><b>protocol [1]</b> 224/12</p> <p><b>prove [2]</b> 110/18 114/18</p> <p><b>proverbial [2]</b> 64/19 74/24</p> <p><b>provide [12]</b> 20/22 28/5 47/6 141/20 141/21 151/23 158/18 200/17 217/6 232/19 234/22 246/17</p> <p><b>provided [18]</b> 9/4 39/4 44/9 129/15 158/25 217/2 217/23 219/6 229/7 232/21 235/4 235/7 238/5 242/10 242/18 244/7 244/17 245/11</p> <p><b>provider [1]</b> 252/12</p> <p><b>provides [5]</b> 145/4 179/10 234/21 235/5 242/16</p> <p><b>providing [4]</b> 10/8 140/24 144/5 199/22</p> <p><b>provision [6]</b> 45/25 112/17 236/19 244/17 250/1 251/8</p> <p><b>psychiatric [2]</b> 238/25 245/14</p> <p><b>psychiatrist [1]</b> 227/15</p> <p><b>psychological [2]</b> 157/5 243/12</p> <p><b>public [6]</b> 201/17</p>	<p>216/25 217/7 217/10 236/8 236/9</p> <p><b>publicity [1]</b> 96/25</p> <p><b>published [2]</b> 245/1 245/2</p> <p><b>pulled [1]</b> 91/13</p> <p><b>punish [4]</b> 66/12 69/21 70/4 199/3</p> <p><b>punished [1]</b> 95/23</p> <p><b>pupil [13]</b> 20/24 21/1 21/5 21/14 21/19 27/15 50/19 90/18 166/2 166/4 166/8 178/1 225/1</p> <p><b>pupils [4]</b> 44/15 177/23 177/25 178/2</p> <p><b>purchasing [1]</b> 99/20</p> <p><b>purely [1]</b> 185/15</p> <p><b>purport [1]</b> 9/5</p> <p><b>purporting [1]</b> 10/12</p> <p><b>purpose [4]</b> 20/25 166/3 180/23 237/8</p> <p><b>pursuant [1]</b> 242/20</p> <p><b>pursue [1]</b> 249/4</p> <p><b>push [4]</b> 110/1 199/17 200/18 207/4</p> <p><b>pushed [2]</b> 158/21 247/16</p> <p><b>pushing [4]</b> 10/4 133/8 139/11 173/14</p> <p><b>put [39]</b> 13/4 18/8 18/9 19/10 19/14 26/22 41/18 41/24 42/5 45/21 48/15 48/17 53/14 65/7 77/17 82/16 92/24 95/15 95/20 105/2 105/5 105/13 105/13 105/14 111/19 119/14 119/15 126/1 140/12 157/4 174/24 176/23 179/13 181/21 213/8 233/11 236/11 247/5 253/1</p> <p><b>puts [2]</b> 41/7 89/18</p> <p><b>putting [4]</b> 13/5 44/25 47/5 115/13</p>	<p>175/2 175/4 250/11</p> <p><b>questioned [7]</b> 1/4 51/6 121/18 161/8 255/4 255/6 255/8</p> <p><b>questioning [5]</b> 97/9 97/10 102/11 105/9 121/14</p> <p><b>questions [17]</b> 34/3 34/4 70/25 96/20 101/25 104/8 107/24 120/12 120/13 120/23 160/12 160/16 193/20 199/15 215/24 232/4 232/13</p> <p><b>quicker [1]</b> 237/17</p> <p><b>quickly [3]</b> 44/3 128/7 248/12</p> <p><b>quite [21]</b> 26/4 38/12 45/19 73/13 105/2 128/7 140/4 152/2 155/23 162/18 165/14 168/14 175/7 181/12 186/11 194/17 199/14 201/5 204/21 211/3 215/4</p>
(92) presentation... - rather				

<b>R</b>	10/1 10/5 31/16 31/21 36/12 42/24 58/25 66/17 66/22 69/21 70/16 88/21 89/11 96/2 137/14 141/4 142/6 142/22 163/12 164/17 172/9 215/15	<b>recognising [5]</b> 3/14 25/23 56/24 86/10 170/12 <b>recollection [2]</b> 232/24 233/14 <b>recollections [2]</b> 155/22 175/9 <b>recommendation [1]</b> 250/15 <b>recommendations [1]</b> 33/12 <b>recommended [1]</b> 33/12 <b>record [20]</b> 5/21 22/16 34/19 75/11 90/13 92/24 93/5 93/8 123/25 126/13 133/24 135/2 135/15 138/19 155/10 195/21 230/4 230/5 239/8 239/10 <b>recorded [12]</b> 20/8 21/12 105/12 135/2 169/25 170/25 196/3 206/6 211/14 228/8 229/23 241/21 <b>recording [4]</b> 32/15 103/21 170/13 228/4 <b>records [24]</b> 26/5 34/20 36/11 37/11 37/23 56/17 63/18 70/12 71/4 75/2 87/13 106/17 118/15 120/10 125/25 127/15 128/3 129/15 129/16 129/19 221/11 233/3 243/4 247/12 <b>red [1]</b> 125/12 <b>reduced [3]</b> 171/19 177/22 197/1 <b>reducing [6]</b> 30/13 77/5 77/13 77/23 169/16 248/6 <b>reduction [3]</b> 77/6 112/2 211/4 <b>refer [17]</b> 2/9 7/17 37/13 38/17 72/20 103/6 103/23 115/20 143/14 152/3 159/2 176/22 181/24 194/9 194/13 195/7 206/24 <b>reference [29]</b> 12/1 12/11 12/14 17/23 23/18 37/12 41/20 48/5 51/13 52/2 54/23 60/24 63/14 63/21 71/9 71/12 88/11 91/7 93/21 95/13 107/22 107/23 108/2 132/23 152/20 153/8 225/2 234/16 243/2 <b>referenced [2]</b> 63/11 84/23 <b>references [2]</b> 71/6 107/20 <b>referral [107]</b> 14/7 14/9 20/15 20/19	22/15 22/21 23/4 26/3 28/12 39/13 50/19 56/3 63/20 71/21 73/19 74/14 74/19 74/20 74/23 75/9 75/12 75/23 76/12 78/9 80/1 80/3 80/25 82/23 82/25 83/2 83/3 83/4 83/17 84/23 89/5 91/13 99/18 99/24 103/14 103/18 103/20 105/18 105/20 106/2 106/10 106/12 106/19 107/5 107/12 107/15 117/3 118/9 123/15 124/6 125/18 127/16 132/22 141/19 144/25 145/13 145/16 151/12 153/17 159/22 159/25 165/20 167/5 167/16 167/19 178/1 190/20 190/24 191/2 191/3 191/8 192/21 209/22 210/4 210/25 212/3 212/17 212/21 213/7 213/14 213/20 213/24 214/8 214/11 214/14 215/2 227/21 233/6 233/8 234/2 235/11 235/24 240/6 240/15 240/16 240/21 241/9 241/15 241/17 241/25 248/10 250/19 251/23 <b>referrals [18]</b> 14/14 55/14 55/14 59/16 59/19 90/15 102/18 103/17 104/3 128/25 129/3 145/6 145/19 145/20 146/10 213/6 241/16 242/7 <b>referred [12]</b> 22/20 117/10 123/25 166/13 191/13 195/4 230/20 237/12 239/3 240/6 241/12 248/7 <b>referring [6]</b> 39/4 103/1 148/13 170/18 195/8 238/17 <b>refers [10]</b> 233/1 248/11 248/16 249/15 249/23 250/6 250/24 251/5 251/12 251/13 <b>reflect [2]</b> 80/16 204/15 <b>reflected [1]</b> 163/1 <b>reflecting [6]</b> 24/16 32/4 36/23 75/24 91/12 119/4 <b>reflection [4]</b> 63/22 84/16 228/16 248/25 <b>reflective [1]</b> 111/6 <b>reflectively [1]</b> 25/9 <b>reflects [3]</b> 119/9 243/7 253/2 <b>reforms [1]</b> 163/4 <b>refusal [1]</b> 157/6	<b>refuse [1]</b> 246/22 <b>refused [4]</b> 94/11 124/25 156/1 220/16 <b>refusing [2]</b> 47/9 154/20 <b>regard [5]</b> 46/5 127/11 225/23 244/7 244/8 <b>regarded [1]</b> 126/3 <b>regarding [8]</b> 36/3 57/21 90/19 117/7 125/2 189/24 191/20 250/9 <b>regardless [1]</b> 163/12 <b>regards [4]</b> 3/16 64/15 145/15 170/16 <b>Region [2]</b> 242/13 242/15 <b>Regional [2]</b> 242/12 242/15 <b>registered [2]</b> 78/8 234/19 <b>registering [1]</b> 67/8 <b>regret [2]</b> 120/13 120/19 <b>regular [1]</b> 225/7 <b>regulate [1]</b> 219/12 <b>regulation [1]</b> 223/12 <b>reinforces [1]</b> 199/2 <b>rejecting [1]</b> 43/11 <b>relate [2]</b> 62/9 248/19 <b>related [6]</b> 92/20 105/22 106/1 106/3 106/4 139/13 <b>relating [1]</b> 90/15 <b>relation [55]</b> 21/11 22/22 24/3 28/12 33/9 34/21 48/14 48/18 50/19 51/24 53/5 53/23 58/19 59/12 73/11 75/23 77/18 80/3 82/8 93/3 97/25 104/22 110/3 117/2 117/12 118/6 155/24 216/23 218/15 220/11 222/6 224/5 226/12 226/13 227/7 227/20 232/2 232/13 232/22 233/16 233/23 233/24 235/10 235/11 236/8 237/1 237/14 239/10 243/4 245/12 248/10 248/11 253/7 255/9 255/11 <b>relationship [18]</b> 9/18 49/9 71/5 75/17 76/17 84/3 84/5 84/9 88/6 99/2 109/12 143/16 143/21 184/15 202/13 203/8 211/19 211/21 <b>relationships [5]</b> 52/9 158/22 186/13 193/9 193/12 <b>relative [2]</b> 87/8
----------	---	--	---	--

<b>R</b>				
<b>relative... [1]</b> 87/14	227/18	<b>response [26]</b> 39/16	57/18 58/5 58/15	191/9 192/18 192/25
<b>relatively [3]</b> 133/9	<b>replied [2]</b> 134/8	40/12 41/18 45/2	61/11 66/3 66/24	193/21 196/13 196/21
139/21 159/11	239/17	47/11 68/15 68/20	68/13 72/22 80/18	201/16 206/25 209/23
<b>relaxed [1]</b> 249/18	<b>replies [2]</b> 44/14 45/3	102/11 118/23 145/5	82/19 83/21 83/25	210/1 215/14 218/23
<b>relentless [1]</b> 194/10	<b>reply [4]</b> 134/10	148/8 153/17 177/6	86/16 88/9 96/21	218/24 218/25 221/16
<b>relevance [1]</b> 109/22	183/22 185/4 203/4	178/15 178/18 200/17	100/8 102/8 106/9	221/18 221/19 224/6
<b>relevant [25]</b> 2/14 4/9	<b>report [22]</b> 23/21	206/18 206/25 209/21	107/2 107/7 107/15	228/1 228/2 228/4
6/22 16/2 17/1 18/5	65/18 72/23 84/20	214/3 224/8 233/13	109/2 111/22 118/6	228/5 228/8 228/9
18/11 19/17 19/24	84/21 106/16 195/21	241/5 247/19 251/10	118/8 118/10 128/25	228/15 229/23 230/7
20/11 26/18 26/19	203/20 204/13 207/10	251/11	134/14 143/25 144/11	231/25 240/3 240/5
57/22 58/9 90/13	208/5 224/20 232/1	<b>responses [2]</b> 47/17	160/8 162/24 168/17	240/8 240/9 242/2
90/23 90/25 191/5	240/3 241/5 244/18	90/16	169/13 180/25 181/8	247/3 247/3 247/5
191/21 199/17 214/22	244/22 244/24 244/25	<b>responsibilities [3]</b>	193/11 195/15 195/23	247/12 248/6 248/8
228/21 233/20 235/17	245/2 250/24 251/1	147/5 224/11 242/17	209/18	249/2 249/7 250/22
242/23	<b>reported [13]</b> 71/20	<b>responsibility [10]</b>	<b>rightly [1]</b> 72/10	<b>risks [32]</b> 7/23 7/24
<b>reliving [1]</b> 64/8	72/5 82/8 113/8	116/20 123/2 157/22	<b>Riley [5]</b> 217/21	41/14 44/15 52/13
<b>reluctance [1]</b> 253/9	113/19 124/21 220/17	169/1 169/2 184/23	232/16 233/1 233/13	53/6 53/23 58/17 59/1
<b>reluctant [3]</b> 244/24	224/22 226/19 231/7	215/19 228/5 231/25	233/17	61/9 61/9 62/9 63/1
247/13 249/10	236/14 239/11 239/25	246/18	<b>rise [3]</b> 119/17	63/14 65/10 65/11
<b>rely [1]</b> 196/4	<b>reports [4]</b> 84/7	<b>responsible [6]</b> 68/4	121/16 161/1	67/9 75/24 77/4 77/13
<b>remain [11]</b> 70/20	84/12 85/7 224/1	168/19 206/24 215/14	<b>risk [189]</b> 3/16 3/18	85/11 88/2 101/24
79/1 155/15 164/10	<b>representatives [1]</b>	234/24 249/7	7/11 7/12 10/7 10/12	103/5 108/1 111/7
173/16 185/3 185/6	243/20	<b>responsive [1]</b> 245/6	10/13 10/14 15/21	153/21 154/2 176/4
185/14 186/10 214/12	<b>request [7]</b> 50/17	<b>rest [4]</b> 69/2 112/25	15/23 16/17 17/1	190/5 210/10 210/10
231/14	89/5 144/24 199/13	191/17 197/4	18/12 19/6 23/19	<b>road [1]</b> 254/2
<b>remained [5]</b> 131/7	226/2 227/10 227/13	<b>restrict [1]</b> 120/23	23/22 23/23 24/3	<b>Robin [1]</b> 100/17
163/15 191/10 244/22	<b>requested [8]</b> 18/7	<b>restrictions [3]</b> 46/13	25/16 25/22 25/24	<b>robust [1]</b> 173/4
253/5	86/2 153/13 222/2	175/5 183/14	26/14 26/19 26/22	<b>role [43]</b> 5/1 12/19
<b>remaining [2]</b> 212/8	226/1 227/14 235/20	<b>result [6]</b> 159/24	27/7 27/7 31/9 39/4	24/22 41/10 45/10
245/8	236/10	166/15 210/5 250/12	39/5 39/7 39/24 40/9	45/22 53/5 53/7 53/9
<b>remains [2]</b> 216/9	<b>requesting [1]</b>	252/10 252/21	40/18 41/9 41/20	53/22 54/4 66/13
243/15	146/11	<b>resulted [2]</b> 224/24	41/21 41/22 42/1 42/4	67/12 120/11 122/13
<b>remember [13]</b> 71/18	<b>require [4]</b> 167/12	236/15	42/10 42/11 42/23	122/15 122/17 168/11
83/11 83/11 85/23	238/22 238/24 243/12	<b>resume [2]</b> 45/11	43/3 43/7 43/13 52/1	168/14 169/1 180/21
91/8 91/14 95/17	<b>required [7]</b> 7/6 8/16	183/7	52/17 52/20 53/4	183/6 184/24 185/3
136/4 145/25 167/8	29/2 37/19 187/23	<b>retaliatory [1]</b> 73/6	53/10 54/1 54/5 55/2	187/5 187/25 188/3
171/11 191/15 201/4	235/18 253/1	<b>retention [1]</b> 27/3	55/19 56/19 57/10	196/12 202/24 202/25
<b>remembered [1]</b>	<b>requires [2]</b> 36/7	<b>retired [1]</b> 251/16	58/20 58/21 59/9	212/6 219/24 221/20
91/21	243/16	<b>return [11]</b> 15/25	59/13 59/14 59/21	221/23 222/4 228/22
<b>remind [5]</b> 8/10 14/3	<b>requiring [1]</b> 243/23	19/7 36/10 44/10 45/9	62/10 62/17 63/8	230/22 230/24 232/18
17/22 46/9 46/16	<b>research [1]</b> 4/8	46/2 48/2 149/8	64/16 64/21 64/22	235/16 242/17 243/1
<b>reminder [1]</b> 12/1	<b>researched [1]</b>	152/14 183/5 187/22	64/23 65/2 65/3 67/2	253/16
<b>reminds [1]</b> 72/10	218/13	<b>returned [7]</b> 37/15	67/18 68/13 70/8	<b>roles [1]</b> 7/2
<b>remit [1]</b> 215/16	<b>reserved [1]</b> 249/10	54/18 183/17 189/5	74/18 74/20 74/21	<b>roll [6]</b> 147/5 252/18
<b>remorse [4]</b> 172/23	<b>resided [1]</b> 253/24	189/17 192/18 226/25	75/1 75/5 75/7 75/13	252/21 252/23 253/5
172/25 209/12 209/17	<b>resilience [1]</b> 238/3	<b>returning [3]</b> 96/10	76/7 76/7 76/22 76/23	253/8
<b>remote [2]</b> 175/1	<b>resource [1]</b> 81/22	195/22 197/25	77/1 86/20 90/24 91/6	<b>room [2]</b> 142/6
175/24	<b>resources [2]</b> 182/10	<b>returns [2]</b> 45/12	92/16 94/22 102/4	222/14
<b>remotely [2]</b> 173/23	243/13	183/8	102/13 103/11 105/3	<b>Rooney [1]</b> 36/5
173/23	<b>respect [6]</b> 30/24	<b>revenge [1]</b> 224/25	105/5 105/15 107/18	<b>root [1]</b> 209/7
<b>remove [2]</b> 252/18	33/17 52/8 207/25	<b>review [5]</b> 100/15	111/3 112/2 117/11	<b>round [8]</b> 100/17
252/23	222/20 245/5	129/22 223/21 231/15	125/20 127/6 127/11	104/7 144/13 186/9
<b>removing [1]</b> 253/7	<b>respectable [2]</b> 39/2	245/9	130/16 134/24 135/5	195/10 200/5 202/17
<b>renumbering [1]</b>	177/9	<b>reviewed [1]</b> 228/6	154/6 156/24 157/5	209/15
162/25	<b>respects [1]</b> 72/22	<b>reviewing [3]</b> 127/18	157/8 157/13 158/21	<b>rounded [2]</b> 152/9
<b>reopening [2]</b> 45/13	<b>respond [6]</b> 36/11	129/19 246/18	163/17 168/4 168/11	170/22
183/9	36/13 36/25 68/18	<b>ricin [1]</b> 99/20	168/24 169/3 171/16	<b>route [2]</b> 160/3 176/9
<b>repeat [1]</b> 21/15	179/9 209/3	<b>right [69]</b> 1/22 4/12	171/19 172/2 172/6	<b>routine [1]</b> 61/3
<b>repeated [1]</b> 226/2	<b>responded [8]</b> 36/18	9/1 9/13 9/20 10/9	172/10 173/5 173/12	<b>routines [1]</b> 219/8
<b>repeatedly [2]</b> 54/16	55/25 56/8 56/22	11/12 11/22 15/16	176/7 176/16 177/15	<b>row [1]</b> 62/7
189/15	57/10 168/9 185/11	16/25 17/6 21/16 23/3	177/15 177/21 178/8	<b>rules [2]</b> 96/11 171/1
<b>repercussions [1]</b>	207/20	23/22 27/8 28/15	178/10 178/23 179/5	<b>run [3]</b> 114/19 227/10
94/7	<b>responder [1]</b> 242/20	29/20 31/6 33/2 33/8	179/16 180/8 180/13	248/18
<b>replace [2]</b> 204/4	<b>responding [6]</b>	34/4 40/15 43/18	180/15 180/16 180/18	<b>running [1]</b> 79/9
	109/19 174/20 182/8	45/14 51/22 52/11	180/20 180/21 180/21	<b>rush [1]</b> 68/20
	208/22 214/25 228/18	54/8 54/12 55/19	181/7 181/20 191/6	

<b>S</b> <b>safe [14]</b> 30/13 133/14 133/15 138/1 138/20 147/6 147/7 147/8 169/15 169/24 223/3 227/15 245/6 253/17 <b>Safeguard [2]</b> 46/4 46/10 <b>safeguarding [35]</b> 6/15 6/17 48/12 64/12 64/15 64/25 71/21 73/19 74/12 74/19 74/20 75/5 75/23 92/17 186/3 209/22 217/21 225/25 226/23 226/24 227/6 227/20 232/16 232/19 232/21 232/24 233/2 233/4 233/15 235/12 240/13 240/14 241/17 245/16 246/1 <b>safely [1]</b> 226/25 <b>Safer [1]</b> 253/14 <b>safety [4]</b> 69/1 69/5 173/7 179/13 <b>said [57]</b> 12/2 18/22 21/3 26/2 32/4 40/22 49/12 54/2 59/3 62/25 69/15 73/17 84/19 91/13 91/25 95/14 100/12 104/1 106/17 114/5 119/12 120/4 120/15 124/24 130/2 130/3 131/11 166/5 170/13 172/10 172/21 180/16 186/6 190/18 200/18 201/7 201/8 201/14 202/12 206/12 209/12 215/11 218/13 219/11 220/9 220/22 220/24 221/2 223/13 225/17 229/19 230/8 231/3 231/10 239/19 239/22 241/22 <b>Samantha [2]</b> 217/18 221/23 <b>same [27]</b> 3/9 18/15 20/3 20/3 22/20 53/15 64/19 71/7 83/22 117/18 131/7 163/3 171/21 193/17 195/2 195/3 204/9 206/9 206/11 210/23 211/3 212/3 214/17 226/9 227/1 245/13 253/22 <b>Samuel [2]</b> 217/16 228/25 <b>sand [1]</b> 156/20 <b>Sarah [1]</b> 216/18 <b>sat [5]</b> 5/23 7/3 20/4 131/7 172/18 <b>Saturday [2]</b> 218/16 239/21 <b>save [3]</b> 62/3 66/23	245/8 <b>SAVRY [3]</b> 240/8 241/1 241/6 <b>saw [11]</b> 53/5 86/11 98/2 124/24 190/1 192/16 224/19 236/20 239/7 248/4 249/18 <b>say [126]</b> 2/4 2/12 3/7 3/20 4/7 5/14 5/20 7/16 7/20 9/1 14/1 14/3 15/9 19/19 19/23 20/1 22/21 23/25 25/15 25/18 25/21 26/12 27/1 27/24 29/18 40/20 41/23 51/16 51/24 52/5 53/3 53/22 56/22 58/5 58/14 59/10 61/11 62/13 62/15 62/20 64/4 64/10 70/14 70/15 72/2 73/8 73/10 74/13 74/23 75/11 79/8 79/11 82/1 83/15 84/17 86/1 91/11 92/5 93/3 94/3 95/18 95/19 97/9 97/25 100/4 107/16 114/22 114/24 116/6 122/21 126/15 127/4 127/13 127/22 128/8 128/9 128/23 131/21 132/23 133/5 134/6 134/14 134/15 134/25 138/17 140/9 141/2 142/4 144/15 146/2 147/1 147/6 148/22 149/16 149/25 152/2 158/12 160/13 162/10 163/6 170/19 171/12 175/20 176/11 178/18 179/1 181/16 187/9 189/25 194/6 195/12 196/9 197/24 198/22 202/2 202/8 202/14 202/21 204/12 204/17 204/21 205/25 208/6 209/18 213/6 252/2 <b>saying [72]</b> 5/21 8/24 11/20 15/21 16/11 17/3 17/8 17/13 23/5 31/11 41/8 42/7 42/7 43/4 43/4 43/6 44/5 48/25 53/9 56/18 58/8 58/15 59/5 66/21 73/24 78/25 80/21 83/9 87/20 93/18 94/3 94/11 95/14 95/21 96/7 96/9 96/17 96/19 97/1 97/8 97/20 100/18 101/4 101/19 102/22 107/9 109/22 111/4 115/19 115/20 118/24 119/16 119/22 119/22 120/18 125/10 132/4 133/6 135/17 138/19 141/13 150/16	157/22 158/2 173/15 185/6 185/11 186/15 186/16 193/22 200/4 200/6 <b>says [20]</b> 29/2 29/3 29/18 31/25 32/10 44/20 131/23 138/1 142/7 149/6 153/6 170/14 170/21 200/20 201/9 203/4 212/20 250/10 251/9 251/24 <b>scale [1]</b> 3/10 <b>scan [1]</b> 105/2 <b>scared [1]</b> 226/7 <b>scary [1]</b> 224/22 <b>scattergun [2]</b> 96/9 97/10 <b>scenario [2]</b> 7/14 175/11 <b>scene [1]</b> 29/13 <b>scepticism [2]</b> 134/14 135/3 <b>schedule [1]</b> 216/13 <b>scheduled [2]</b> 221/1 248/17 <b>school [175]</b> 6/11 19/1 19/7 20/24 20/25 28/13 35/25 37/15 38/22 38/24 39/3 40/24 41/5 41/8 41/12 43/12 44/8 44/10 45/7 45/9 45/12 45/19 46/8 46/23 48/3 48/23 50/1 50/18 51/25 54/17 54/18 56/6 56/14 56/18 59/5 62/14 62/16 66/23 67/3 67/4 73/24 80/1 83/17 84/1 90/16 90/18 93/16 94/7 99/11 99/13 110/8 110/10 112/3 112/5 112/7 112/11 112/16 115/8 123/15 124/5 124/10 124/19 126/18 126/24 128/10 128/14 129/4 131/13 135/22 138/3 140/20 140/22 141/3 141/16 141/16 141/20 142/17 143/1 144/14 145/10 146/7 155/17 158/9 158/12 158/15 162/1 166/2 166/3 167/20 170/3 174/14 176/5 176/16 176/21 177/14 177/21 177/25 178/12 180/14 180/15 183/5 183/8 183/17 183/19 184/2 184/5 184/13 184/16 185/10 186/19 187/1 187/4 187/12 187/17 187/18 187/22 188/15 189/6 189/16 189/17 190/20 192/17 192/19 194/8 194/25 195/2 195/8 212/13	215/21 218/18 220/24 224/23 227/7 230/12 233/5 236/9 236/14 236/15 237/2 237/11 239/7 245/17 245/17 245/17 245/20 245/21 246/3 246/5 246/14 246/23 246/24 247/4 247/7 247/8 248/9 248/15 249/3 249/11 250/5 250/24 251/4 251/9 251/16 251/20 251/25 252/4 252/7 252/12 252/21 253/17 253/17 253/25 254/2 254/5 254/6 <b>school's [1]</b> 184/20 <b>schooling [1]</b> 179/1 <b>schools [7]</b> 4/11 4/12 45/24 157/4 188/11 247/2 253/15 <b>Schools' [1]</b> 253/14 <b>scope [3]</b> 183/11 188/3 197/22 <b>scraping [1]</b> 149/18 <b>scratch [1]</b> 159/18 <b>screen [13]</b> 1/11 12/18 14/2 14/25 38/4 60/19 73/10 78/24 80/13 97/24 116/25 138/17 161/16 <b>screened [1]</b> 126/1 <b>search [1]</b> 129/4 <b>searches [1]</b> 97/13 <b>searching [3]</b> 27/25 167/20 190/20 <b>seat [3]</b> 1/6 121/20 161/10 <b>second [28]</b> 5/12 5/16 5/19 18/23 30/23 51/2 55/10 58/19 60/18 62/7 80/1 80/3 90/17 106/1 125/3 141/24 141/25 184/9 185/9 186/9 186/10 187/16 189/2 196/1 210/14 211/7 212/17 213/25 <b>section [14]</b> 2/19 5/1 6/18 36/2 63/22 63/23 65/19 75/10 75/12 86/2 89/5 155/24 159/7 247/2 <b>Section 17 [1]</b> 89/5 <b>Section 47 [2]</b> 6/18 75/10 <b>sectioned [1]</b> 222/25 <b>secure [1]</b> 203/13 <b>see [93]</b> 5/15 6/22 11/25 14/8 17/7 18/6 27/6 27/19 28/10 29/23 33/13 33/14 33/23 34/21 35/8 35/14 35/23 38/18 38/23 41/14 41/22 42/10 45/14 45/15	47/10 50/11 50/16 50/20 51/10 55/1 58/19 63/19 64/14 67/24 76/4 78/25 82/6 82/8 83/18 86/7 88/19 90/24 92/17 93/13 95/11 96/10 100/16 104/18 116/8 117/3 117/5 120/10 124/1 124/1 124/5 124/17 124/25 125/16 127/14 131/22 132/10 141/16 142/11 145/2 147/8 147/25 148/1 153/14 155/6 155/18 156/1 156/21 158/15 158/16 160/12 165/19 166/1 175/19 177/1 189/9 194/1 200/7 203/13 203/21 204/4 212/10 212/13 215/24 225/9 228/7 246/23 249/2 249/13 <b>seeds [1]</b> 99/21 <b>seeing [15]</b> 42/8 50/6 50/6 50/7 64/21 77/22 81/25 86/22 100/2 100/6 112/2 124/15 125/9 143/1 198/10 <b>seek [7]</b> 46/9 49/18 85/18 111/12 113/16 147/17 217/25 <b>seeking [10]</b> 42/24 46/16 53/25 67/19 67/20 192/13 196/14 196/14 200/24 203/24 <b>seeks [1]</b> 177/7 <b>seem [15]</b> 12/24 22/23 30/4 34/2 49/24 77/13 87/14 94/9 108/14 110/7 111/25 116/21 144/9 144/11 177/7 <b>seemed [3]</b> 77/4 139/5 176/18 <b>seeming [1]</b> 253/9 <b>seemingly [1]</b> 214/25 <b>seems [16]</b> 19/21 38/25 39/1 67/22 72/25 73/6 88/25 89/21 111/13 114/12 143/25 144/9 145/3 176/20 177/2 180/23 <b>seen [35]</b> 6/8 12/23 20/16 23/25 50/7 72/12 83/12 98/11 103/25 117/19 123/16 124/6 124/10 125/8 126/10 126/23 126/24 129/20 131/12 131/25 132/21 135/16 136/12 148/3 148/5 153/22 155/10 163/8 171/24 179/22 184/15 198/19 205/19 235/21 249/21 <b>sees [2]</b> 54/22
---	---	--	--	---



<b>S</b>	50/15 50/25 53/16 59/23 62/13 66/18 75/16 78/11 78/14 79/3 79/4 79/6 79/22 81/13 81/23 85/15 90/22 91/5 95/8 98/23 98/25 100/15 113/15 116/15 120/7 122/10 123/7 145/18 145/19 153/1 153/24 156/9 158/6 162/2 162/13 162/14 162/19 163/10 163/11 163/12 165/1 165/3 174/4 181/10 182/10 183/6 183/9 185/25 186/7 188/4 193/6 205/2 215/13 226/10 238/10 238/15 244/2 244/9 246/25 251/8	<b>Shall [1]</b> 2/12 <b>share [23]</b> 8/20 38/9 45/19 66/21 69/2 69/17 93/18 94/2 94/10 94/15 95/1 95/7 120/9 176/6 200/2 200/13 202/2 203/11 204/18 205/20 214/13 237/9 244/24 <b>shared [24]</b> 18/4 32/12 36/17 57/23 61/13 69/3 99/6 108/17 120/1 168/22 179/15 181/19 191/22 199/6 199/11 201/10 202/6 202/9 223/19 225/19 225/25 228/15 232/14 251/19 <b>sharing [9]</b> 68/21 68/25 96/11 117/16 198/24 200/22 200/23 204/17 228/13 <b>SHARON [9]</b> 1/3 1/10 147/22 148/1 148/14 150/4 153/12 156/3 255/3 <b>she [129]</b> 14/4 14/9 20/3 38/12 41/20 43/8 43/10 43/12 43/15 44/20 51/9 83/12 87/7 87/11 90/13 91/23 92/1 92/1 116/6 124/25 135/25 146/12 146/15 146/15 147/24 148/14 148/15 172/4 172/5 172/6 176/16 176/23 177/14 178/6 178/10 183/23 183/24 183/25 216/10 224/16 225/25 226/7 226/8 226/24 227/5 227/11 227/15 228/2 228/3 228/7 228/7 228/11 228/13 228/16 228/21 228/22 228/23 229/2 229/5 229/20 229/23 229/25 230/25 231/10 231/10 231/19 231/20 231/23 232/8 232/8 232/12 232/12 232/17 232/21 232/24 233/14 233/17 233/20 234/4 234/9 234/10 235/6 235/8 235/15 236/6 236/23 237/11 237/15 237/17 238/3 239/7 239/10 240/9 240/13 240/14 240/17 240/20 240/25 241/2 241/4 242/1 247/7 247/8 247/11 247/13 247/14 247/14 247/15 247/24 247/25 248/4 248/5 248/5 248/6 248/10 248/13 250/5 250/7 250/9 250/13 250/18	250/21 250/24 251/3 251/5 251/6 251/7 251/12 251/13 <b>she's [11]</b> 41/23 42/9 42/10 43/4 43/11 43/12 87/9 87/10 87/11 113/19 150/6 <b>shocked [1]</b> 228/7 <b>shoes [1]</b> 209/14 <b>shootings [4]</b> 67/4 129/5 167/20 190/20 <b>short [10]</b> 60/14 110/11 125/16 139/18 140/6 161/5 164/22 182/18 188/16 216/25 <b>shortcomings [1]</b> 117/1 <b>shorter [1]</b> 120/22 <b>shortly [11]</b> 43/17 63/18 108/24 152/13 162/7 165/4 182/21 188/6 210/13 211/16 227/13 <b>should [54]</b> 6/3 16/17 28/3 32/17 32/20 33/5 33/5 33/17 33/20 33/22 34/1 38/24 39/11 43/21 45/15 46/6 53/15 53/19 61/12 67/7 67/17 74/19 84/14 108/10 108/17 110/10 118/12 119/1 132/22 148/3 172/9 173/3 173/5 173/25 185/20 190/25 193/2 199/3 199/23 200/7 207/12 210/7 212/9 221/9 221/13 223/18 223/19 228/5 230/18 233/8 250/19 251/20 252/11 253/11 <b>shouldn't [7]</b> 70/8 92/3 114/18 169/11 207/13 208/6 210/7 <b>shouting [1]</b> 224/1 <b>show [3]</b> 36/11 82/7 209/12 <b>showed [5]</b> 55/9 98/3 98/8 98/15 237/5 <b>Showers' [1]</b> 236/18 <b>showing [5]</b> 67/6 70/10 97/6 137/12 139/21 <b>shown [4]</b> 99/7 104/11 104/14 209/17 <b>shows [2]</b> 30/12 66/9 <b>shut [1]</b> 248/2 <b>shutting [1]</b> 181/6 <b>sick [1]</b> 148/15 <b>side [2]</b> 54/22 58/19 <b>sight [3]</b> 98/7 98/16 213/2 <b>sighted [1]</b> 27/14 <b>sign [6]</b> 47/8 47/9 94/22 187/18 187/22 214/7	<b>signed [3]</b> 82/2 122/1 161/17 <b>significance [1]</b> 56/16 <b>significant [26]</b> 10/7 10/14 26/11 36/20 61/17 65/11 80/19 80/25 84/14 85/10 92/20 102/6 102/13 125/20 126/6 127/5 127/6 176/15 190/9 190/22 196/11 196/12 237/6 243/10 243/15 246/19 <b>significantly [3]</b> 49/14 80/15 236/24 <b>signing [1]</b> 83/14 <b>signs [7]</b> 26/14 132/5 134/23 135/4 135/5 138/5 211/18 <b>similar [4]</b> 97/2 127/2 192/10 243/17 <b>simple [4]</b> 64/7 91/7 108/16 144/10 <b>simpler [1]</b> 34/3 <b>simplify [1]</b> 30/9 <b>simplistic [1]</b> 24/17 <b>simply [17]</b> 45/7 118/24 119/11 127/9 141/7 145/18 147/8 153/2 157/22 158/2 159/17 164/19 170/13 170/21 193/20 215/1 253/4 <b>since [9]</b> 51/20 87/10 171/18 194/3 220/23 231/8 242/11 243/25 246/21 <b>single [3]</b> 6/12 26/13 118/16 <b>sir [30]</b> 1/8 22/16 35/14 51/13 60/7 60/7 60/10 60/17 71/6 71/12 88/11 120/21 121/8 121/22 138/13 160/18 160/23 161/1 161/13 167/1 175/16 182/12 182/21 216/2 216/8 216/19 245/8 245/13 254/11 254/21 <b>sit [9]</b> 6/16 7/21 20/3 60/11 121/2 121/4 142/5 182/16 254/19 <b>sitting [1]</b> 254/16 <b>situation [11]</b> 7/10 51/21 68/4 79/7 97/7 127/7 157/24 158/5 158/20 163/13 205/23 <b>situational [1]</b> 219/13 <b>situations [4]</b> 76/23 85/14 127/3 166/20 <b>Sixth [1]</b> 250/4 <b>skills [5]</b> 95/12 219/7 219/7 238/1 247/16 <b>Skott [3]</b> 217/14 218/4 220/1
----------	--	--	---	---



<b>S</b> <b>slam</b> [1] 32/2 <b>slap</b> [1] 73/7 <b>slavery</b> [1] 79/9 <b>sleeping</b> [2] 131/14 144/2 <b>slight</b> [2] 149/17 209/16 <b>slighted</b> [2] 74/9 76/4 <b>slightly</b> [7] 12/14 17/13 161/2 162/13 162/22 162/23 211/13 <b>slippers</b> [1] 209/14 <b>small</b> [3] 60/1 66/4 226/21 <b>smiley</b> [1] 117/25 <b>Smith</b> [25] 13/23 35/9 79/25 80/9 83/8 105/25 125/4 160/23 160/24 161/7 161/15 165/15 175/20 178/16 179/18 182/7 182/21 187/9 198/8 198/16 207/5 215/23 251/21 253/20 255/7 <b>Smith's</b> [1] 11/7 <b>so</b> [296] <b>social</b> [85] 5/25 7/13 8/1 8/3 8/4 8/6 8/7 9/12 14/6 14/18 16/7 21/10 28/23 30/2 30/6 30/19 32/13 32/19 32/24 32/25 33/11 33/12 47/15 47/16 49/3 49/5 52/8 52/15 54/6 56/5 62/14 69/2 74/15 79/11 79/16 85/24 87/12 88/22 88/24 89/2 89/23 90/2 91/1 91/11 92/5 96/13 106/16 106/17 117/2 120/10 126/17 127/7 139/7 139/14 140/11 159/14 159/20 160/9 161/22 163/5 163/7 163/9 163/18 164/4 166/18 216/15 216/17 219/4 219/4 219/7 224/8 224/21 225/20 225/25 226/15 227/21 228/16 228/17 232/8 238/18 239/4 240/15 241/21 247/17 247/20 <b>socially</b> [3] 47/18 48/20 50/23 <b>societal</b> [1] 243/8 <b>sofa</b> [1] 131/15 <b>solely</b> [3] 157/21 157/22 215/13 <b>solo</b> [1] 137/16 <b>some</b> [76] 3/5 3/17 5/4 9/6 9/14 9/23 12/23 14/13 29/9 31/24 42/16 47/16 48/20 50/9 66/18 66/23 70/23 73/2 86/22 90/13 90/23 91/23 92/6 101/3 103/4 103/5 103/10 103/22 109/12 109/21 110/1 114/16 119/13 121/10 122/18 123/16 124/11 125/1 128/12 129/3 129/8 130/14 130/15 133/6 133/19 138/2 138/5 139/1 139/11 140/15 140/20 142/12 143/22 145/4 147/11 152/13 153/4 153/22 155/1 164/19 170/12 172/25 174/17 176/9 179/8 185/5 189/19 189/25 203/23 205/22 219/23 227/10 230/23 231/7 234/15 243/11 <b>somebody</b> [11] 13/11 25/4 33/9 103/8 117/22 119/10 119/17 139/7 139/25 159/18 213/9 <b>someone</b> [5] 15/24 50/7 144/10 152/11 239/22 <b>something</b> [53] 1/20 4/3 15/24 15/25 20/7 27/13 27/17 33/14 34/23 53/18 59/7 77/17 86/11 95/1 95/2 97/19 97/19 102/2 111/1 120/16 126/3 130/3 130/9 130/17 132/1 136/9 138/20 139/8 142/21 144/9 145/8 149/14 157/24 167/13 171/24 173/8 177/9 177/10 179/17 184/15 186/16 186/25 190/12 190/25 203/1 203/5 207/9 212/7 212/10 212/24 213/20 215/15 220/13 <b>sometimes</b> [5] 12/24 13/16 26/7 34/21 224/7 <b>somewhat</b> [6] 5/3 19/21 25/21 71/11 86/20 212/4 <b>son</b> [6] 42/2 56/25 68/5 70/4 71/25 211/19 <b>son's</b> [4] 42/20 42/25 179/2 180/8 <b>soon</b> [3] 46/2 79/11 82/13 <b>sooner</b> [4] 45/12 183/8 228/6 241/14 <b>sorry</b> [27] 7/20 10/22 12/8 21/15 31/1 31/4 31/11 46/20 55/21 61/22 63/20 65/15 72/4 78/2 98/24 99/23 100/24 104/13 105/25 107/1 114/7 117/3 125/4 134/25 137/18 171/11 209/12 <b>sort</b> [17] 22/5 66/18 89/11 96/8 96/17 114/16 127/6 129/18 136/1 158/17 158/22 164/1 182/2 199/12 199/17 204/15 207/6 <b>sorted</b> [1] 203/18 <b>sorts</b> [3] 96/8 127/18 137/12 <b>sought</b> [4] 157/19 192/4 226/23 236/16 <b>sound</b> [2] 88/9 122/18 <b>sounds</b> [1] 95/6 <b>Southport</b> [3] 242/14 242/25 253/14 <b>spanned</b> [2] 165/5 215/10 <b>speak</b> [7] 67/22 67/24 68/11 131/10 146/12 152/11 220/16 <b>speaking</b> [6] 8/15 11/6 32/5 143/6 152/7 236/9 <b>special</b> [4] 4/10 4/11 158/11 247/9 <b>specialised</b> [1] 243/12 <b>specialist</b> [11] 39/13 44/16 81/5 85/14 85/15 112/16 177/19 217/21 232/16 237/11 245/3 <b>specific</b> [12] 2/13 77/14 136/17 137/7 139/12 186/23 194/3 194/7 194/10 194/17 199/12 240/18 <b>specifically</b> [12] 38/16 55/13 59/12 128/22 130/19 137/11 139/9 142/24 150/25 167/8 176/22 191/10 <b>Specification</b> [1] 244/9 <b>specifics</b> [3] 129/9 145/25 254/10 <b>specified</b> [1] 47/14 <b>spectrum</b> [3] 3/17 24/14 211/9 <b>spend</b> [1] 222/14 <b>split</b> [2] 88/7 231/10 <b>spoke</b> [7] 74/7 93/15 209/10 220/14 222/19 236/25 254/5 <b>spoken</b> [6] 18/7 44/6 111/2 131/10 136/18 208/14 <b>spontaneous</b> [2] 136/23 136/25 <b>sporadic</b> [2] 95/21 96/9 <b>sporadically</b> [1] 225/9 <b>spotted</b> [1] 132/16 <b>spring</b> [1] 162/3 <b>SSPO</b> [2] 253/15 253/16 <b>stab</b> [2] 64/23 119/16 <b>Stacey</b> [1] 225/20 <b>staff</b> [12] 2/17 124/10 124/18 132/24 177/23 222/6 247/13 251/13 251/13 252/15 253/17 254/5 <b>staffing</b> [1] 253/6 <b>stage</b> [36] 12/14 21/10 24/1 24/4 46/9 52/16 64/12 66/4 74/4 87/13 88/4 89/7 106/13 109/9 114/10 116/12 116/14 124/8 125/11 138/4 140/12 142/16 144/16 145/16 151/4 175/7 183/15 190/2 196/19 200/1 206/21 234/8 234/22 242/5 244/25 246/16 <b>stages</b> [6] 31/19 108/13 159/8 174/11 176/11 238/16 <b>stairs</b> [1] 142/5 <b>stand</b> [4] 48/15 74/4 190/15 190/23 <b>Standard</b> [1] 244/8 <b>stands</b> [2] 70/22 73/4 <b>start</b> [14] 1/9 13/21 17/13 55/1 73/12 86/23 110/8 111/13 130/23 156/17 164/15 189/8 249/7 254/15 <b>started</b> [5] 2/21 158/14 162/13 162/15 205/12 <b>starting</b> [5] 17/10 35/8 112/16 159/17 231/8 <b>starts</b> [4] 44/4 73/25 96/12 189/10 <b>state</b> [2] 215/5 251/3 <b>stated</b> [6] 94/13 132/1 156/3 177/8 243/21 252/14 <b>statement</b> [69] 1/13 1/16 1/20 5/1 5/10 11/13 13/24 18/20 18/23 22/19 27/16 28/9 51/16 62/1 62/3 62/12 70/15 70/22 71/17 73/8 75/21 75/22 86/7 86/8 92/25 93/2 97/24 100/11 100/11 106/24 106/25 122/1 122/4 126/11 128/23 133/4 138/16 138/18 152/3 161/17 161/19 175/14 186/6 192/3 194/5 194/13 194/18 198/11 205/8 205/19 210/17 213/5 219/2 222/8 226/5 226/17 228/4 232/4 234/6 235/5 235/15 238/7 240/24 242/10 242/16 243/21 244/12 244/21 251/9 <b>statements</b> [5] 217/7 217/13 217/24 234/25 245/18 <b>states</b> [21] 131/15 133/15 133/16 246/3 246/22 247/11 247/14 248/22 248/23 249/4 249/13 250/1 250/7 250/12 250/18 250/25 251/17 251/22 252/4 252/17 253/8 <b>Station</b> [1] 239/24 <b>statutory</b> [3] 10/18 86/2 159/4 <b>stay</b> [3] 173/16 183/24 222/15 <b>stayed</b> [1] 232/1 <b>staying</b> [2] 142/6 223/2 <b>stays</b> [1] 79/4 <b>Steed</b> [23] 217/18 221/23 224/15 224/19 225/7 225/14 225/19 225/24 226/3 226/6 226/9 226/21 226/22 227/2 227/10 227/18 228/1 228/11 229/13 230/13 233/2 233/9 233/11 <b>Steed's</b> [3] 226/14 226/17 227/23 <b>step</b> [15] 7/7 22/4 26/3 29/4 85/23 89/23 103/2 103/3 112/24 132/21 140/11 158/12 165/21 190/1 211/2 <b>step-down</b> [2] 103/3 190/1 <b>Stephanie</b> [1] 238/8 <b>stepped</b> [8] 14/24 47/15 54/21 155/8 158/8 173/14 180/1 192/5 <b>stepping</b> [2] 185/9 214/17 <b>steps</b> [11] 32/24 140/11 198/1 211/18 223/22 226/16 231/16 233/10 250/2 251/2 251/5 <b>stick</b> [23] 21/2 21/6 21/6 21/18 41/1 41/2 90/18 128/13 128/15 128/18 129/18 137/4 166/5 166/9 166/9 218/15 218/20 220/4 225/3 239/11 239/14	
---	--

<p><b>S</b></p> <p><b>stick... [2]</b> 239/20 241/3</p> <p><b>Sticking [1]</b> 23/18</p> <p><b>still [42]</b> 11/2 11/17 12/2 12/11 45/8 51/11 54/22 76/1 76/18 79/1 79/5 105/19 106/8 106/9 106/13 106/17 106/19 127/12 142/16 146/25 147/1 150/6 152/16 156/24 158/7 164/7 164/8 164/11 172/12 172/18 176/11 177/5 187/5 187/8 187/25 188/18 191/5 192/21 192/24 193/3 193/16 210/4</p> <p><b>stomp [1]</b> 32/1</p> <p><b>stop [2]</b> 77/8 230/13</p> <p><b>stopped [4]</b> 146/7 174/20 247/7 252/5</p> <p><b>stopping [1]</b> 49/2</p> <p><b>story [1]</b> 19/4</p> <p><b>straight [2]</b> 64/2 133/25</p> <p><b>straightaway [2]</b> 77/8 83/4</p> <p><b>strained [1]</b> 135/24</p> <p><b>strange [1]</b> 134/16</p> <p><b>strategies [2]</b> 77/21 179/12</p> <p><b>strategy [5]</b> 167/7 218/8 234/3 241/19 253/12</p> <p><b>strengths [1]</b> 24/21</p> <p><b>stress [1]</b> 223/25</p> <p><b>striking [2]</b> 207/21 209/3</p> <p><b>strikingly [1]</b> 55/11</p> <p><b>strong [1]</b> 238/2</p> <p><b>struck [1]</b> 199/23</p> <p><b>structure [3]</b> 5/2 6/6 61/3</p> <p><b>structured [2]</b> 197/4 197/5</p> <p><b>struggle [1]</b> 72/18</p> <p><b>struggled [2]</b> 47/13 247/20</p> <p><b>struggles [1]</b> 135/22</p> <p><b>struggling [7]</b> 9/8 47/23 57/24 70/18 135/24 144/19 191/23</p> <p><b>stuck [2]</b> 71/11 135/20</p> <p><b>student [4]</b> 239/16 239/25 248/25 249/6</p> <p><b>students [3]</b> 45/25 249/20 252/16</p> <p><b>stuff [2]</b> 66/23 152/6</p> <p><b>style [1]</b> 223/2</p> <p><b>subject [4]</b> 3/5 8/11 146/21 168/7</p> <p><b>submitted [1]</b> 240/14</p> <p><b>subsequent [1]</b></p>	<p>146/4</p> <p><b>subsequently [4]</b> 97/15 123/24 195/25 252/22</p> <p><b>substance [1]</b> 238/13</p> <p><b>substantial [2]</b> 47/3 164/1</p> <p><b>substantially [1]</b> 250/23</p> <p><b>success [2]</b> 46/23 187/12</p> <p><b>such [14]</b> 2/1 24/20 26/2 26/8 46/5 116/20 135/9 181/21 223/10 236/16 239/4 243/13 246/25 250/10</p> <p><b>sudden [1]</b> 211/4</p> <p><b>suffer [1]</b> 178/12</p> <p><b>sufficient [2]</b> 28/1 99/16</p> <p><b>sufficiently [2]</b> 25/23 195/5</p> <p><b>suggest [27]</b> 24/12 26/25 39/19 49/19 49/19 49/22 53/13 56/13 69/10 70/12 76/13 81/7 81/8 100/7 100/25 116/8 116/10 118/14 119/10 120/21 168/16 171/19 179/6 179/15 181/12 181/19 182/7</p> <p><b>suggested [3]</b> 70/12 193/19 203/23</p> <p><b>suggesting [7]</b> 25/5 96/22 107/6 116/19 118/12 118/21 187/8</p> <p><b>suggestion [5]</b> 32/5 40/6 42/1 42/24 180/22</p> <p><b>suggests [1]</b> 253/10</p> <p><b>summarise [8]</b> 111/10 111/12 175/12 175/21 208/14 217/25 218/2 245/22</p> <p><b>summarises [2]</b> 242/18 242/21</p> <p><b>summarising [1]</b> 124/6</p> <p><b>summary [14]</b> 9/13 20/22 32/7 84/16 92/7 127/20 166/1 168/3 189/12 216/23 245/12 249/2 255/9 255/11</p> <p><b>summer [6]</b> 45/24 46/25 152/13 182/24 184/3 184/8</p> <p><b>superficial [1]</b> 57/11</p> <p><b>supervised [5]</b> 12/20 85/7 91/9 97/22 157/19</p> <p><b>supervising [1]</b> 13/22</p> <p><b>supervision [18]</b> 2/5 12/23 13/4 13/7 18/8 19/3 37/11 63/18 65/5</p>	<p>76/21 116/20 153/7 195/19 228/25 232/19 232/21 232/25 233/2</p> <p><b>supervisions [2]</b> 13/5 154/10</p> <p><b>supervisor [5]</b> 1/24 91/20 92/3 108/21 118/21</p> <p><b>supervisory [2]</b> 219/24 221/22</p> <p><b>support [110]</b> 1/22 1/25 1/25 4/17 4/18 6/11 7/4 8/25 9/2 12/20 13/8 13/12 19/22 36/7 37/15 40/4 42/24 45/12 47/2 47/4 48/10 49/1 50/22 51/4 51/10 52/16 53/13 56/4 64/11 69/5 79/15 81/4 84/2 84/3 86/15 86/23 87/12 90/21 94/16 102/24 107/7 108/4 111/15 114/3 114/15 115/5 117/5 118/22 122/9 122/9 122/16 123/11 127/12 127/17 143/12 143/14 143/18 149/7 149/21 150/9 150/17 150/19 150/25 151/22 155/14 155/15 155/25 156/4 156/9 157/4 158/10 158/13 158/18 158/23 160/4 161/25 162/12 168/13 168/14 175/24 181/14 181/16 183/8 186/1 188/11 191/11 198/3 211/4 212/4 226/16 229/14 229/17 230/12 231/11 232/19 234/23 235/8 236/16 237/12 237/13 237/13 237/16 237/22 243/12 246/17 247/6 249/24 252/19 253/1 253/3</p> <p><b>supported [6]</b> 43/22 58/2 115/3 157/7 192/1 229/6</p> <p><b>supporting [6]</b> 60/25 65/12 77/22 141/21 229/22 230/3</p> <p><b>supportive [2]</b> 53/24 149/23</p> <p><b>supports [1]</b> 238/15</p> <p><b>suppose [4]</b> 64/24 160/7 168/12 214/21</p> <p><b>sure [17]</b> 15/12 44/21 58/4 59/16 65/12 68/9 90/6 97/17 103/7 103/12 117/9 128/24 130/19 147/5 168/21 175/9 187/9</p> <p><b>surely [4]</b> 33/22 40/18 41/14 102/8</p> <p><b>surgery [1]</b> 78/8</p> <p><b>surprise [3]</b> 126/2</p>	<p>161/2 214/4</p> <p><b>surprised [2]</b> 91/25 214/5</p> <p><b>suspect [1]</b> 207/6</p> <p><b>sustainable [2]</b> 30/13 169/16</p> <p><b>sworn [4]</b> 1/3 161/7 255/3 255/7</p> <p><b>symptoms [2]</b> 218/13 236/7</p> <p><b>synopsis [2]</b> 26/18 28/11</p> <p><b>system [16]</b> 18/15 18/25 19/15 19/17 26/12 29/16 35/1 203/13 214/6 221/12 230/6 238/15 238/17 238/19 238/23 242/6</p> <p><b>systemic [2]</b> 25/8 228/24</p> <p><b>systems [8]</b> 20/9 27/11 28/22 28/24 29/1 29/3 29/7 58/8</p> <p><b>T</b></p> <p><b>tab [1]</b> 248/13</p> <p><b>table [2]</b> 149/17 168/7</p> <p><b>tablets [3]</b> 98/17 98/18 98/22</p> <p><b>TAF [47]</b> 7/21 7/25 37/18 38/8 38/10 39/9 42/12 42/16 47/22 52/23 53/20 53/21 59/15 61/13 62/21 82/21 82/24 83/19 86/9 110/17 110/19 110/25 111/1 111/4 111/18 111/19 123/3 135/11 142/10 145/22 146/9 147/21 147/22 148/24 155/7 155/10 168/21 175/12 176/17 179/6 180/23 181/4 181/17 182/4 195/24 197/9 199/18</p> <p><b>TAFs [3]</b> 197/18 205/5 205/8</p> <p><b>tail [2]</b> 16/22 89/25</p> <p><b>tailor [1]</b> 140/23</p> <p><b>taint [1]</b> 249/5</p> <p><b>take [37]</b> 6/22 9/19 24/18 31/18 33/21 37/10 40/17 43/8 43/10 44/17 48/7 50/2 62/25 72/19 88/3 89/20 111/12 116/12 120/22 121/14 121/16 128/7 144/10 146/16 147/20 158/9 158/25 165/15 166/21 182/12 193/4 196/5 198/1 205/6 209/5 211/14 229/21</p> <p><b>taken [31]</b> 3/4 3/6 9/7 18/10 41/1 54/17</p>	<p>65/21 75/14 77/24 80/16 89/19 92/13 97/4 130/4 159/16 159/24 188/16 189/16 197/2 201/11 210/13 211/18 213/20 226/16 234/1 236/13 239/23 250/2 251/2 251/5 252/2</p> <p><b>takes [2]</b> 71/15 93/13</p> <p><b>taking [14]</b> 40/20 52/2 75/15 84/19 84/20 104/18 127/19 143/25 158/24 168/13 202/25 237/10 247/3 252/6</p> <p><b>Taliban [13]</b> 96/2 96/15 96/24 96/25 97/7 100/9 101/13 101/20 102/16 107/7 107/9 107/21 107/22</p> <p><b>talk [11]</b> 39/15 40/22 42/13 76/14 95/2 122/15 186/6 200/5 202/17 222/15 254/7</p> <p><b>talked [6]</b> 63/10 67/10 72/6 94/20 129/17 229/18</p> <p><b>talking [22]</b> 7/23 20/4 31/9 58/13 59/14 59/15 64/2 64/25 76/6 76/7 89/12 89/12 95/22 96/5 96/10 96/12 96/17 99/24 104/8 211/17 222/23 231/20</p> <p><b>talks [2]</b> 170/2 199/10</p> <p><b>tape [1]</b> 125/12</p> <p><b>target [2]</b> 86/21 195/3</p> <p><b>Targeted [6]</b> 102/23 108/4 111/14 143/12 143/14 237/13</p> <p><b>targeting [1]</b> 137/7</p> <p><b>task [1]</b> 201/20</p> <p><b>taught [4]</b> 44/18 247/7 247/15 248/5</p> <p><b>taxi [1]</b> 137/6</p> <p><b>teach [1]</b> 247/14</p> <p><b>teacher [7]</b> 39/13 44/17 177/19 239/22 247/6 248/15 250/5</p> <p><b>teaching [3]</b> 45/1 247/9 247/13</p> <p><b>team [67]</b> 7/5 7/22 8/7 21/10 26/4 28/5 32/20 32/23 37/18 44/18 44/23 44/24 46/9 49/20 53/5 53/7 53/23 53/24 57/20 58/16 58/25 59/3 59/12 66/11 67/8 67/19 70/13 72/2 88/24 89/19 102/24 108/4 115/14 117/22</p>
---	---	--	---	---

<b>T</b>	<b>Terrorism/Prevent</b>	47/18 50/17 50/24	8/22 13/6 125/11	<b>thereafter [6]</b> 165/4
<b>team...</b> [33] 119/11	<b>[1]</b> 212/22	53/12 53/18 53/20	<b>then [122]</b> 3/1 4/7	221/3 227/13 230/22
122/10 124/19 140/10	<b>terrorist [4]</b> 23/13	54/2 55/15 56/13 58/6	4/21 4/24 6/13 7/11	236/22 248/21
143/12 143/15 143/15	100/14 101/16 108/2	58/11 58/11 60/1	8/1 10/7 11/8 11/9	<b>therefore [12]</b> 37/14
153/7 158/11 159/13	<b>testicles [3]</b> 73/5	60/23 63/20 65/3	12/24 13/3 13/20	77/12 81/11 81/23
159/21 159/23 168/13	207/20 209/2	69/20 70/16 73/10	14/25 17/18 26/17	128/5 130/2 133/19
189/23 191/19 198/1	<b>testimonial [1]</b> 238/5	74/21 74/22 77/10	31/21 32/17 44/11	156/11 212/17 212/23
212/25 214/17 221/8	<b>tests [1]</b> 227/11	78/18 79/8 79/19	44/20 45/3 45/14 46/3	244/5 249/14
222/5 225/21 226/4	<b>text [8]</b> 31/13 55/22	80/21 82/12 84/19	47/1 48/5 48/11 48/14	<b>therein [1]</b> 74/16
226/24 227/4 228/14	57/17 57/17 134/7	85/15 89/11 91/5	51/2 57/16 60/25	<b>these [44]</b> 31/20
230/19 232/8 233/10	135/18 198/8 201/1	93/21 98/12 99/22	62/15 62/25 64/4	33/17 35/7 36/13
235/13 238/11 240/12	<b>texted [1]</b> 226/22	99/24 101/8 102/2	64/14 65/18 68/15	36/16 42/14 42/16
241/7 242/2	<b>than [40]</b> 11/21 12/15	104/24 111/14 112/14	69/17 71/15 73/3	46/3 59/17 63/1 63/14
<b>team's [1]</b> 46/18	14/23 23/24 25/13	112/16 114/9 114/9	77/25 79/24 80/6	63/24 66/8 69/18 75/2
<b>teams [5]</b> 34/15	35/10 39/1 41/9 43/2	114/10 115/20 116/2	89/18 94/16 100/18	79/10 81/10 83/15
89/16 125/13 168/22	46/23 48/25 49/14	116/17 119/22 120/11	103/15 104/20 105/9	91/23 92/4 93/3 116/3
211/2	64/22 75/24 77/11	121/25 122/24 126/13	106/6 109/10 110/10	132/18 142/18 154/10
<b>technical [3]</b> 13/1	92/7 96/20 102/7	127/4 134/11 138/10	110/17 111/9 111/18	158/4 163/20 166/20
30/10 60/25	102/10 105/8 112/21	147/17 147/23 148/2	112/20 113/4 113/14	179/7 179/9 187/8
<b>technically [3]</b> 8/15	115/5 122/19 122/23	148/11 148/17 151/3	117/14 117/25 120/2	217/23 222/10 225/19
11/5 31/5	123/1 140/7 165/3	151/7 153/8 160/8	124/18 125/10 125/15	230/2 231/2 236/4
<b>techniques [1]</b> 238/3	175/24 177/3 177/22	162/4 162/6 162/24	141/2 141/15 141/24	236/7 236/24 240/5
<b>teenagers [2]</b> 73/13	184/13 187/12 192/7	169/23 174/12 176/25	142/10 143/1 144/1	244/5 245/22 249/22
190/13	199/24 200/7 200/13	181/4 181/23 183/21	144/23 145/5 145/8	249/25
<b>teeth [1]</b> 201/22	210/10 250/2 252/14	190/21 190/22 191/17	146/25 148/10 154/25	<b>they [141]</b> 6/4 8/24
<b>telephone [9]</b> 22/4	254/17	194/18 198/18 199/1	156/8 158/25 165/10	9/8 9/21 12/21 12/24
35/21 47/23 174/20	<b>thank [92]</b> 1/5 1/8	199/19 203/5 204/11	165/13 165/22 167/10	18/6 23/5 23/12 23/22
220/7 225/21 226/19	1/11 1/19 2/3 2/9 2/19	206/14 209/25 211/14	172/14 175/11 175/16	33/3 35/3 35/15 36/20
229/4 230/14	3/3 3/23 4/9 4/25 8/9	215/9	177/19 178/25 179/6	37/1 38/14 38/18
<b>tell [16]</b> 1/19 2/3 2/15	12/17 13/7 13/20 14/8	<b>their [46]</b> 9/11 18/7	186/2 186/20 188/5	40/20 44/11 44/14
2/19 22/2 27/2 69/23	14/25 20/12 21/24	18/9 19/2 23/5 24/21	189/3 189/21 191/1	46/15 47/2 47/4 49/14
70/2 70/5 93/25	22/8 22/18 23/18 28/9	24/22 33/16 35/11	195/1 195/24 196/3	50/10 53/20 56/3 56/3
107/16 108/9 118/6	28/17 34/7 34/19 35/5	36/18 38/14 44/15	197/18 197/25 198/21	56/4 62/23 66/19
171/14 195/15 207/10	35/17 35/18 37/9 44/6	46/18 48/11 66/13	200/16 201/13 201/14	71/21 77/6 78/8 80/15
<b>telling [6]</b> 90/8 95/7	51/2 51/15 52/5 54/9	81/6 84/5 85/14 96/25	203/23 204/16 205/13	81/5 85/16 87/20
136/13 136/14 150/5	60/7 60/9 60/17 60/17	120/11 125/25 136/2	206/6 209/2 215/19	87/21 96/12 98/23
205/11	61/25 63/17 66/1	136/2 140/23 141/22	215/20 216/14 216/18	98/25 104/4 112/10
<b>temper [1]</b> 74/25	68/15 68/17 70/21	142/22 147/4 147/5	223/20 225/8 226/1	120/8 120/10 123/16
<b>temperament [3]</b>	71/14 72/13 72/14	159/4 176/19 181/5	231/14 238/15 239/1	123/20 124/13 125/12
42/21 42/25 179/3	82/4 86/5 87/2 87/23	181/11 186/2 190/24	248/12 251/23 251/25	125/13 125/18 125/18
<b>temptation [1]</b> 65/6	88/13 88/14 90/10	192/17 197/1 200/8	252/19 252/25	126/4 126/7 132/24
<b>tempted [1]</b> 75/2	91/16 93/7 108/24	204/2 217/24 218/1	<b>therapeutic [4]</b>	133/7 133/7 135/17
<b>ten [4]</b> 124/11 158/15	109/9 113/2 116/25	218/3 219/21 223/2	220/18 235/3 235/8	139/13 140/23 142/22
168/8 194/25	117/16 120/21 121/15	223/16 234/24 253/9	235/16	144/9 144/11 144/19
<b>tend [1]</b> 70/12	121/19 122/7 123/5	<b>them [58]</b> 6/21 23/6	<b>therapist [3]</b> 217/17	144/20 145/11 149/22
<b>tendency [1]</b> 25/20	123/14 128/5 130/21	35/15 50/11 53/8	219/22 222/10	149/23 149/23 149/25
<b>term [5]</b> 45/9 148/15	137/15 140/9 147/16	54/20 56/5 62/6 62/9	<b>therapy [16]</b> 220/11	149/25 150/4 150/4
183/5 188/17 250/1	160/16 160/18 160/19	69/7 70/3 91/21 92/2	222/17 222/23 223/12	150/17 151/15 152/12
<b>terms [42]</b> 6/10 6/17	160/19 160/21 161/9	93/25 97/7 107/10	223/18 228/24 229/6	155/16 158/10 158/16
7/2 12/18 23/8 34/7	161/11 165/5 167/3	109/24 109/24 111/12	229/7 230/24 230/25	158/17 158/19 159/16
37/16 49/23 53/10	182/12 182/21 183/21	111/12 115/5 121/12	231/9 231/11 231/13	159/19 160/5 160/6
54/3 57/9 59/19 61/7	188/5 198/14 203/19	122/22 122/23 123/25	235/4 235/20 235/23	160/7 163/8 165/3
75/13 86/5 87/7 87/23	216/3 216/5 216/8	128/2 133/2 133/8	<b>there [317]</b>	165/21 171/2 171/4
89/18 101/4 101/5	254/21	133/24 149/22 150/5	<b>there's [39]</b> 4/25 10/7	181/20 184/7 184/17
102/9 109/7 109/18	<b>Thanks [3]</b> 17/25	150/25 159/3 180/16	11/25 12/11 13/4	184/21 186/23 187/20
111/3 117/11 122/7	117/25 118/2	180/19 181/17 184/5	19/14 19/20 19/23	191/5 191/8 191/9
130/13 150/10 179/21	<b>that [1866]</b>	184/17 191/13 193/9	22/4 26/3 32/5 48/22	191/10 192/18 193/5
181/23 187/11 198/24	<b>that's [116]</b> 4/3 6/7	197/10 197/11 197/12	53/22 55/18 61/7 69/8	193/15 193/15 196/3
228/12 228/18 242/2	6/16 8/15 11/4 15/11	197/12 200/9 201/12	69/19 71/4 83/16	196/23 197/1 197/3
243/2 243/6 243/8	16/10 17/23 18/4	201/14 201/22 206/12	84/12 91/7 92/6 93/2	199/3 200/7 200/7
245/6 246/21 250/21	19/17 20/1 22/5 22/16	208/14 215/17 219/12	95/13 96/3 104/3	200/8 201/10 201/19
251/2	23/4 23/7 27/20 28/3	231/5 231/5 231/6	113/4 116/4 118/16	201/20 201/21 201/23
<b>Terror [1]</b> 248/12	28/3 29/5 29/14 29/16	238/17 238/18 251/8	120/17 127/11 132/4	203/2 203/2 203/3
<b>terrorism [4]</b> 96/23	30/20 32/14 32/15	<b>themes [3]</b> 222/22	136/16 142/10 148/1	204/2 213/2 223/1
108/9 108/18 212/22	33/24 40/8 40/10	236/6 236/23	150/24 169/21 204/22	223/10 223/13 223/15
	40/15 40/21 43/18	<b>themselves [4]</b> 8/18	214/7	223/15 223/16 231/4

<b>T</b>	161/25 162/17 162/25 163/10 163/23 163/25 164/24 165/19 166/12 166/17 167/15 167/17 167/24 168/1 168/5 168/10 171/21 172/4 172/15 173/12 173/15 173/18 174/17 175/5 176/10 179/19 179/19 179/24 180/3 180/15 181/9 181/16 182/6 182/10 186/13 186/21 187/3 187/4 188/14 189/10 189/11 190/16 190/24 192/12 193/3 193/15 194/14 194/19 195/5 195/7 195/7 195/15 195/17 195/24 196/2 196/25 197/7 197/19 198/22 198/25 199/25 200/1 200/4 202/11 202/22 202/23 203/9 203/10 204/24 205/16 207/7 207/14 207/17 208/1 208/6 208/11 209/18 211/1 213/16 214/24 215/1 215/21 218/12 220/24 239/17 254/18	158/3 200/3 200/12 205/4 206/11 <b>thought [22]</b> 23/13 38/22 57/6 58/2 79/4 99/23 99/24 107/4 108/3 108/6 132/16 136/21 143/19 160/5 176/1 192/1 193/23 202/20 207/11 239/21 239/24 251/7 <b>thoughts [5]</b> 93/15 104/23 139/2 139/11 179/11 <b>threatened [2]</b> 205/12 249/17 <b>threatens [1]</b> 208/19 <b>threats [1]</b> 225/15 <b>three [8]</b> 104/20 113/4 124/7 197/3 210/20 212/5 229/7 245/20 <b>threshold [6]</b> 74/14 75/9 115/10 115/20 115/23 116/5 <b>thresholds [1]</b> 224/6 <b>threw [1]</b> 132/1 <b>through [49]</b> 3/2 3/22 4/22 7/13 7/15 8/2 11/1 13/3 17/10 18/15 35/15 36/1 39/22 42/13 50/16 52/14 52/15 59/10 59/11 62/6 64/22 76/7 98/10 98/12 111/9 113/12 117/17 118/20 125/12 127/20 128/6 138/6 155/11 156/9 159/4 163/16 164/20 165/15 175/5 178/21 181/17 190/6 201/21 210/18 214/22 237/17 238/2 238/16 244/10 <b>throughout [6]</b> 118/15 134/22 136/5 174/10 225/8 230/3 <b>throw [2]</b> 32/1 225/16 <b>throwing [3]</b> 109/5 132/7 205/12 <b>thrown [1]</b> 225/18 <b>Thursday [1]</b> 72/16 <b>Thursdays [1]</b> 36/8 <b>tier [1]</b> 243/24 <b>tight [1]</b> 34/13 <b>time [157]</b> 5/12 5/23 6/20 6/24 10/20 11/2 11/3 11/6 11/10 11/11 11/20 12/2 12/6 12/12 14/16 22/10 24/6 24/15 25/2 25/10 25/20 26/21 27/15 30/23 34/9 34/17 37/7 40/2 40/11 42/5 44/11 49/15 50/5 50/13 50/15 50/25 54/10 55/25 56/8 56/20 56/22 59/15 63/17	65/23 68/24 69/13 75/6 75/11 78/11 78/14 79/3 80/16 81/5 81/18 81/21 81/23 87/7 88/25 89/6 89/22 94/19 99/3 100/11 103/25 105/19 106/8 106/18 111/7 112/5 113/10 123/17 124/1 125/2 126/7 130/12 130/18 135/16 136/21 137/11 143/4 144/11 144/12 148/4 148/5 148/15 149/10 149/20 153/1 153/3 153/22 154/9 154/11 156/3 156/7 157/15 157/18 158/23 159/5 159/19 160/1 160/5 163/11 163/20 163/25 164/3 164/11 165/1 171/21 172/11 172/15 174/2 182/11 183/10 185/9 185/18 186/9 186/10 186/11 187/6 188/4 190/16 194/21 195/12 195/21 199/1 199/20 199/24 200/21 201/17 206/5 207/11 208/2 210/14 211/3 212/3 213/25 214/17 216/9 219/11 220/2 221/13 222/14 226/5 226/14 228/21 228/23 229/2 233/20 235/17 240/19 240/23 242/13 242/24 244/21 246/5 246/6 248/5 <b>time-limited [1]</b> 50/13 <b>times [15]</b> 57/4 87/5 98/23 98/25 109/14 112/19 128/6 194/13 194/25 198/15 223/14 223/15 223/16 228/12 249/24 <b>timetable [1]</b> 246/7 <b>timing [1]</b> 14/15 <b>tip [1]</b> 10/9 <b>tips [1]</b> 10/13 <b>tissue [1]</b> 239/15 <b>title [5]</b> 29/10 29/12 29/15 29/17 162/15 <b>today [5]</b> 20/11 27/6 47/7 147/21 195/18 <b>together [9]</b> 28/10 36/15 41/24 42/17 46/4 46/10 122/22 228/17 233/11 <b>told [19]</b> 15/3 98/18 98/21 100/2 103/18 118/23 128/20 134/15 135/3 169/19 171/25 203/3 203/3 204/17 206/13 236/14 237/17 248/17 252/18	<b>tolerated [1]</b> 53/19 <b>toll [1]</b> 234/1 <b>tomorrow [4]</b> 68/19 134/8 134/12 254/16 <b>tone [2]</b> 115/12 116/16 <b>tones [1]</b> 95/7 <b>too [12]</b> 24/17 37/6 58/20 59/22 79/11 82/1 82/13 116/2 148/4 195/10 202/25 249/25 <b>took [20]</b> 76/21 91/23 100/4 123/19 131/2 148/24 155/11 186/14 199/1 199/19 215/19 218/9 222/12 222/18 223/4 226/3 227/25 229/15 236/21 236/22 <b>tool [4]</b> 138/10 218/23 228/2 228/9 <b>tools [1]</b> 151/10 <b>top [32]</b> 11/25 17/7 20/18 21/17 29/13 35/6 35/23 37/12 39/17 45/3 57/18 78/3 78/4 79/24 93/13 117/22 134/4 144/23 145/5 168/7 169/12 178/16 183/4 183/22 185/4 189/3 189/22 198/13 212/12 229/11 235/22 236/11 <b>top-up [1]</b> 189/3 <b>topic [2]</b> 181/14 217/1 <b>topics [1]</b> 93/3 <b>total [2]</b> 40/18 157/8 <b>totality [1]</b> 112/22 <b>totally [6]</b> 46/20 76/2 76/3 112/6 112/7 206/22 <b>touched [2]</b> 20/12 205/5 <b>towards [13]</b> 25/21 64/4 109/11 130/23 133/2 136/20 136/21 137/13 154/7 176/10 222/21 225/6 230/18 <b>trace [1]</b> 131/22 <b>track [1]</b> 133/24 <b>train [1]</b> 89/18 <b>trained [1]</b> 207/7 <b>training [15]</b> 2/24 2/25 3/1 3/4 3/6 3/15 3/22 3/23 4/6 99/12 99/20 130/13 130/17 130/20 228/22 <b>training' [1]</b> 252/25 <b>traits [1]</b> 196/15 <b>transcript [4]</b> 55/20 61/22 91/24 208/25 <b>transfer [1]</b> 63/5 <b>transferred [2]</b> 126/10 236/17 <b>transferring [1]</b>
----------	--	---	--	--

<p><b>T</b></p> <p><b>transferring...</b> [1] 19/16</p> <p><b>transformation</b> [1] 4/22</p> <p><b>transition</b> [5] 112/10 112/14 112/20 246/7 248/20</p> <p><b>transitions</b> [4] 159/13 159/21 159/22 248/16</p> <p><b>transport</b> [3] 44/8 45/4 48/4</p> <p><b>trashed</b> [1] 226/8</p> <p><b>trauma</b> [1] 2/17</p> <p><b>travel</b> [2] 109/20 254/14</p> <p><b>treated</b> [4] 97/1 107/10 169/11 246/8</p> <p><b>treating</b> [2] 66/17 186/22</p> <p><b>treatment</b> [9] 107/9 216/24 217/2 221/10 233/18 245/11 252/9 252/11 255/10</p> <p><b>tree</b> [1] 97/19</p> <p><b>trees</b> [1] 97/19</p> <p><b>trickled</b> [1] 156/20</p> <p><b>tricky</b> [1] 186/11</p> <p><b>tried</b> [5] 47/5 125/13 202/16 205/13 254/7</p> <p><b>tries</b> [5] 148/11 203/23 204/4 208/23 248/25</p> <p><b>trigger</b> [1] 102/5</p> <p><b>triggered</b> [2] 73/2 194/9</p> <p><b>trimming</b> [2] 73/1 73/25</p> <p><b>troubling</b> [2] 177/24 243/9</p> <p><b>true</b> [3] 1/16 122/4 161/19</p> <p><b>trump</b> [1] 187/1</p> <p><b>trust</b> [6] 219/19 231/4 234/13 238/12 241/4 241/11</p> <p><b>try</b> [20] 9/17 9/17 30/10 54/9 68/9 83/21 102/12 111/10 128/1 138/3 138/3 138/16 143/22 147/22 149/10 152/16 163/20 164/13 175/20 198/1</p> <p><b>trying</b> [16] 41/24 49/21 65/6 67/6 68/1 70/15 70/17 70/17 73/3 73/12 74/4 164/13 167/22 190/20 201/22 231/9</p> <p><b>Tuesday</b> [1] 134/18</p> <p><b>Tuesdays</b> [1] 36/8</p> <p><b>TUPE'd</b> [1] 4/21</p> <p><b>turn</b> [6] 13/20 22/2 51/2 165/13 234/14</p>	<p>245/22</p> <p><b>turned</b> [1] 159/9</p> <p><b>turning</b> [3] 159/10 219/25 229/10</p> <p><b>turnover</b> [1] 251/13</p> <p><b>turns</b> [1] 159/18</p> <p><b>tutor</b> [1] 248/16</p> <p><b>twice</b> [1] 99/10</p> <p><b>two</b> [32] 5/3 5/7 13/4 34/24 54/23 69/25 78/5 80/6 80/8 86/2 87/14 89/11 89/16 89/17 90/15 102/22 109/4 125/4 126/25 134/19 140/1 140/11 147/17 162/16 162/17 165/8 184/2 185/24 195/1 216/21 229/3 248/20</p> <p><b>two-thirds</b> [1] 80/8</p> <p><b>type</b> [4] 31/18 88/25 89/9 169/10</p> <p><b>types</b> [2] 26/14 242/18</p> <p><b>typical</b> [3] 81/18 89/1 126/21</p> <p><b>typically</b> [1] 238/21</p> <p><b>typo</b> [1] 105/14</p> <p><b>TYS</b> [2] 146/5 156/1</p> <p><b>U</b></p> <p><b>ultimately</b> [4] 8/6 151/24 174/4 175/11</p> <p><b>unable</b> [4] 49/16 156/4 233/11 234/4</p> <p><b>unacceptable</b> [1] 41/11</p> <p><b>unaccepted</b> [1] 214/16</p> <p><b>unanswered</b> [1] 35/12</p> <p><b>unasked</b> [1] 121/11</p> <p><b>unaware</b> [1] 232/9</p> <p><b>unclear</b> [3] 78/2 89/11 149/7</p> <p><b>uncommon</b> [1] 249/19</p> <p><b>under</b> [21] 30/13 31/20 46/10 46/12 55/23 60/20 60/22 90/21 92/17 165/6 185/10 192/21 194/3 215/21 223/20 228/24 231/14 232/6 238/24 245/9 246/16</p> <p><b>undergoing</b> [1] 228/23</p> <p><b>underlining</b> [1] 41/10</p> <p><b>underlying</b> [3] 129/2 170/2 190/19</p> <p><b>undermined</b> [2] 177/12 223/17</p> <p><b>underpinning</b> [1] 167/18</p> <p><b>underplaying</b> [1] 53/17</p>	<p><b>understand</b> [29] 3/16 4/3 6/3 16/1 16/11 18/18 24/4 29/14 29/16 30/3 32/10 58/16 68/18 69/14 70/23 81/15 87/20 89/14 99/16 99/17 102/3 107/25 114/4 169/2 219/10 219/12 222/24 229/20 237/5</p> <p><b>understandable</b> [1] 58/14</p> <p><b>understanding</b> [25] 2/16 15/14 21/21 24/12 40/24 41/21 46/4 71/25 82/25 87/22 101/23 106/7 106/12 106/15 106/19 144/2 169/5 196/22 196/23 196/25 223/9 237/10 238/1 243/22 247/21</p> <p><b>understands</b> [4] 43/20 46/15 87/6 225/2</p> <p><b>understood</b> [5] 7/18 23/7 154/7 194/6 248/6</p> <p><b>undertaken</b> [1] 228/9</p> <p><b>undertook</b> [2] 229/25 244/15</p> <p><b>underweight</b> [1] 225/4</p> <p><b>undiagnosed</b> [2] 166/11 176/2</p> <p><b>unduly</b> [2] 81/7 81/8</p> <p><b>unfair</b> [6] 25/22 66/12 97/8 107/10 108/14 184/20</p> <p><b>unfolded</b> [1] 154/25</p> <p><b>unfortunately</b> [5] 34/11 36/9 190/15 190/16 232/23</p> <p><b>unhappy</b> [1] 142/8</p> <p><b>unilaterally</b> [1] 118/8</p> <p><b>unit</b> [5] 39/13 42/18 50/19 69/5 178/1</p> <p><b>universal</b> [2] 6/7 215/20</p> <p><b>University</b> [1] 2/6</p> <p><b>unjustifiably</b> [1] 76/3</p> <p><b>unlawful</b> [1] 72/1</p> <p><b>unless</b> [3] 120/17 120/17 131/10</p> <p><b>unmet</b> [2] 164/15 164/20</p> <p><b>unpicking</b> [1] 136/9</p> <p><b>unreasonably</b> [1] 209/5</p> <p><b>unsafe</b> [1] 231/23</p> <p><b>unsuccessful</b> [1] 125/14</p> <p><b>unsupervised</b> [1] 97/21</p> <p><b>unsure</b> [2] 64/6 115/4</p>	<p><b>until</b> [18] 44/25 48/7 48/10 78/21 93/19 152/14 153/10 186/1 186/20 188/17 218/6 219/20 219/22 224/17 233/23 236/11 247/7 254/23</p> <p><b>unusual</b> [2] 199/13 199/16</p> <p><b>unwell</b> [1] 221/2</p> <p><b>unwilling</b> [1] 150/14</p> <p><b>up</b> [73] 5/10 7/7 10/4 11/9 14/2 15/5 15/8 15/12 17/4 17/14 18/16 21/16 21/20 22/2 28/2 33/17 34/19 34/25 35/11 35/25 38/2 43/23 44/12 44/17 44/21 45/15 47/5 49/9 52/23 53/12 64/20 65/8 67/18 73/10 78/12 78/15 93/13 107/12 107/15 111/18 115/13 125/4 125/5 130/19 130/23 133/5 137/16 137/20 137/24 138/14 138/16 142/12 147/17 148/11 148/21 153/12 159/2 163/23 166/15 169/12 176/13 181/24 189/3 195/10 195/19 205/18 210/20 212/7 213/12 218/16 225/22 231/10 234/20</p> <p><b>update</b> [3] 44/6 156/8 221/15</p> <p><b>updated</b> [4] 2/24 228/2 228/6 250/23</p> <p><b>uploaded</b> [2] 214/5 244/10</p> <p><b>upon</b> [1] 13/8</p> <p><b>upstairs</b> [1] 142/1</p> <p><b>urgent</b> [1] 240/16</p> <p><b>us</b> [77] 1/9 1/12 1/19 2/3 2/15 2/19 3/3 3/5 8/14 8/20 8/22 10/15 14/3 14/17 14/24 15/3 15/7 18/2 18/13 18/14 19/14 27/2 30/1 32/14 33/4 42/16 46/24 48/10 48/25 49/17 50/8 57/19 62/2 62/3 71/15 72/6 74/12 77/4 79/1 85/19 89/2 89/8 89/24 90/8 97/7 99/3 99/6 107/11 114/4 115/15 115/21 116/16 118/19 118/25 119/13 120/11 121/2 121/22 123/24 136/13 136/14 145/6 145/21 146/22 148/3 148/21 149/22 150/24 151/24 172/18 177/21 181/1 186/1 186/14 202/9 203/19</p>	<p>212/6</p> <p><b>US Government</b> [1] 107/11</p> <p><b>usage</b> [2] 100/3 169/22</p> <p><b>use</b> [16] 10/18 20/1 26/17 41/3 59/4 62/18 63/9 76/2 91/8 98/6 129/4 140/5 143/20 167/19 216/20 239/13</p> <p><b>used</b> [16] 7/7 15/11 20/25 32/11 32/14 41/1 52/6 95/12 98/16 109/6 138/10 138/20 166/3 178/1 218/19 248/1</p> <p><b>useful</b> [3] 27/17 108/18 232/10</p> <p><b>using</b> [4] 27/21 98/18 98/21 209/24</p> <p><b>usual</b> [2] 127/17 197/14</p> <p><b>usually</b> [2] 8/7 198/3</p> <p><b>V</b></p> <p><b>valid</b> [1] 59/23</p> <p><b>value</b> [7] 38/23 40/20 100/5 120/17 130/4 131/22 177/1</p> <p><b>various</b> [5] 37/20 47/5 222/4 240/11 240/22</p> <p><b>vary</b> [1] 3/8</p> <p><b>vast</b> [2] 75/4 143/7</p> <p><b>verbal</b> [1] 247/21</p> <p><b>verbally</b> [1] 225/5</p> <p><b>vernacular</b> [1] 53/15</p> <p><b>version</b> [2] 55/7 214/1</p> <p><b>very</b> [101] 1/5 4/15 6/12 7/16 22/18 23/14 24/25 27/1 27/17 28/4 30/7 34/9 35/7 35/17 36/20 39/2 39/2 39/11 46/13 48/15 48/18 48/21 48/21 49/10 51/15 53/12 53/24 55/18 60/1 60/9 62/2 62/4 64/2 66/4 66/16 70/8 71/14 71/24 72/9 79/25 81/13 82/18 87/9 94/23 95/21 96/8 96/14 96/14 97/10 97/10 107/16 109/13 110/11 121/15 121/19 127/25 128/3 135/14 135/23 136/6 138/4 144/16 145/11 150/8 155/13 156/7 158/4 160/16 160/19 161/9 163/19 171/18 173/19 175/18 176/15 177/8 177/9 182/9 183/23 186/7 186/22 186/23 188/16 194/3 196/11 205/5 206/1 211/16</p>
---	--	--	--	---

<p><b>V</b></p> <p><b>very... [13]</b> 214/18 215/23 216/3 216/4 216/12 226/7 247/17 247/22 247/22 248/20 249/8 249/10 249/14 <b>via [3]</b> 44/18 113/13 203/13 <b>vicarious [1]</b> 2/17 <b>victim [5]</b> 38/25 177/2 239/12 248/1 251/1 <b>video [2]</b> 47/23 224/19 <b>view [36]</b> 9/7 26/13 39/1 42/20 42/25 45/21 66/12 73/15 74/9 87/5 92/19 104/11 104/14 116/22 123/19 153/1 170/22 172/6 176/17 177/20 179/2 180/24 181/1 181/18 181/21 200/12 201/17 201/25 209/5 221/13 221/17 226/14 231/24 232/11 250/19 251/3 <b>viewed [1]</b> 70/3 <b>viewing [2]</b> 90/19 98/7 <b>views [9]</b> 96/21 103/5 103/10 103/22 129/7 129/8 129/9 139/2 195/13 <b>violence [33]</b> 26/17 59/13 74/8 74/11 74/19 76/2 109/1 109/5 110/20 110/21 111/25 112/18 131/15 131/18 131/24 132/5 132/6 132/19 133/16 134/23 135/4 136/20 136/22 137/9 141/12 154/7 157/15 168/2 173/7 173/9 209/17 211/22 211/23 <b>violent [14]</b> 75/7 90/20 133/2 133/10 136/7 136/20 141/13 157/12 170/24 193/22 194/2 207/1 225/6 232/9 <b>violent/aggressive [1]</b> 194/2 <b>virtual [2]</b> 44/18 44/24 <b>virtually [1]</b> 174/10 <b>virus [1]</b> 186/12 <b>visibility [1]</b> 99/15 <b>vision [1]</b> 96/2 <b>visit [40]</b> 47/8 49/8 78/10 80/7 80/9 92/11 92/12 92/12 93/14 101/1 124/20 124/23 124/24 130/24 131/5</p>	<p>131/8 134/6 137/17 137/19 141/6 141/25 146/12 146/19 147/10 147/22 148/14 148/18 149/5 149/8 149/10 150/5 153/11 207/23 208/9 211/8 246/15 248/17 249/15 253/21 253/24 <b>visited [2]</b> 171/3 254/4 <b>visiting [1]</b> 164/15 <b>visits [7]</b> 92/10 146/5 197/5 248/16 248/20 249/11 254/8 <b>vocal [1]</b> 96/14 <b>vocalisation [2]</b> 56/10 56/12 <b>voice [16]</b> 28/24 29/7 32/8 32/9 32/15 58/6 58/7 58/11 59/22 59/25 60/2 88/17 88/21 90/7 152/5 156/6 <b>voiced [1]</b> 155/25 <b>voicing [5]</b> 48/23 59/20 96/22 107/7 156/2 <b>vulnerabilities [3]</b> 23/17 238/14 239/2 <b>vulnerability [2]</b> 25/9 61/8 <b>vulnerable [4]</b> 23/13 23/14 23/16 191/11</p> <p><b>W</b></p> <p><b>wait [6]</b> 48/7 81/10 100/23 149/6 153/10 188/17 <b>waited [2]</b> 84/25 235/21 <b>waiting [3]</b> 229/12 235/22 236/12 <b>walk [5]</b> 84/7 139/18 140/3 140/6 229/18 <b>Walker [5]</b> 217/21 232/16 233/1 233/13 233/17 <b>Walker-Riley [5]</b> 217/21 232/16 233/1 233/13 233/17 <b>wall [6]</b> 131/25 132/1 132/3 132/12 132/14 132/16 <b>want [51]</b> 5/7 7/2 15/5 20/8 22/8 27/10 44/3 48/10 55/24 63/2 63/22 64/8 66/22 68/20 68/21 69/5 71/2 72/8 79/11 79/16 88/3 92/24 94/3 95/1 95/2 108/7 111/11 114/2 114/14 137/16 138/14 140/4 140/7 140/9 140/10 141/7 148/22 150/23 152/12 155/14</p>	<p>155/15 155/25 175/19 186/1 200/6 201/10 205/6 222/16 230/10 230/17 239/17 <b>wanted [24]</b> 51/11 73/20 86/19 87/18 87/19 94/2 117/7 119/16 148/2 149/23 149/23 149/25 149/25 150/4 150/9 150/9 151/2 153/24 153/25 162/16 188/11 207/10 220/10 247/20 <b>wanting [2]</b> 116/11 137/14 <b>wants [1]</b> 145/8 <b>warn [2]</b> 70/9 108/4 <b>warned [1]</b> 94/7 <b>Warner [13]</b> 217/22 228/20 228/25 229/13 229/17 230/4 230/13 230/15 230/21 230/23 231/17 231/22 232/4 <b>Warner's [1]</b> 229/10 <b>warning [6]</b> 26/13 26/14 26/16 56/6 95/14 103/21 <b>warnings [3]</b> 27/18 28/1 28/7 <b>wary [1]</b> 186/11 <b>was [891]</b> <b>wasn't [95]</b> 3/23 6/5 12/5 19/10 23/5 23/5 23/6 23/12 29/25 31/5 34/13 39/6 40/13 41/8 41/25 45/6 56/12 59/6 63/3 67/12 71/11 73/23 74/18 74/22 74/23 75/9 75/10 75/16 75/23 76/24 83/3 83/9 88/21 90/4 92/1 93/16 97/20 98/21 99/5 99/14 99/16 100/2 101/24 104/1 104/1 104/6 104/6 107/22 110/25 112/5 119/3 120/15 120/15 127/5 137/11 137/12 140/4 143/7 144/19 148/15 149/14 150/6 154/5 154/10 156/14 157/24 160/2 168/4 172/15 174/4 174/13 175/1 177/16 178/13 180/19 182/2 182/4 183/11 184/25 185/2 185/13 186/19 187/20 190/10 190/17 194/24 199/13 199/16 200/1 207/9 209/8 209/12 210/9 213/20 228/15 <b>water [2]</b> 205/12 225/18 <b>waved [1]</b> 225/17 <b>waving [1]</b> 94/4</p>	<p><b>way [39]</b> 3/7 13/14 25/11 25/14 45/10 45/22 54/2 58/22 58/24 61/17 64/16 65/14 73/2 73/4 74/5 77/2 80/8 87/17 87/17 94/25 123/14 140/12 145/9 150/8 150/13 157/16 174/24 183/6 186/22 186/25 198/25 205/3 206/12 207/6 213/8 218/20 241/14 241/25 248/13 <b>ways [2]</b> 13/5 94/23 <b>we [543]</b> <b>we'd [7]</b> 9/17 26/21 40/10 70/19 88/20 140/7 212/7 <b>we'll [11]</b> 5/19 28/10 30/21 31/19 38/1 45/25 59/19 60/24 70/7 121/11 196/4 <b>we're [22]</b> 7/24 8/23 10/5 24/19 27/5 29/6 30/19 30/20 31/9 50/6 58/13 81/11 85/14 89/12 89/12 91/12 118/18 121/1 121/9 183/11 185/6 216/8 <b>we've [19]</b> 5/4 6/8 16/6 33/4 81/10 92/7 101/7 112/24 115/23 118/18 120/8 123/11 132/21 152/25 174/8 195/18 203/9 205/5 214/2 <b>weakness [1]</b> 25/10 <b>weapon [1]</b> 137/7 <b>weapons [7]</b> 62/18 63/9 168/2 170/3 170/7 172/16 172/20 <b>wearing [2]</b> 131/9 209/14 <b>website [1]</b> 245/2 <b>wedge [1]</b> 198/23 <b>Wednesday [1]</b> 1/1 <b>Wednesdays [1]</b> 36/9 <b>week [19]</b> 10/25 11/8 11/9 11/14 78/7 80/17 101/21 102/7 102/17 114/1 114/14 142/10 143/4 163/12 174/2 216/22 238/5 245/1 245/9 <b>weekend [2]</b> 109/4 148/10 <b>weekly [1]</b> 229/21 <b>weeks [16]</b> 11/17 11/21 12/15 78/5 79/19 84/15 152/24 153/2 155/1 164/7 173/19 174/25 212/8 236/22 237/24 246/5 <b>weight [3]</b> 50/12 176/23 245/23 <b>welfare [5]</b> 5/2 36/14</p>	<p>37/1 61/15 124/23 <b>well [46]</b> 4/8 9/7 10/2 10/10 12/19 20/13 27/10 36/6 37/1 37/6 40/15 43/10 48/15 48/17 55/4 63/7 70/7 74/21 74/22 84/19 86/18 91/11 98/21 100/4 110/2 129/6 133/20 135/7 137/10 142/4 147/6 147/24 150/16 158/11 163/23 164/6 167/4 175/10 183/23 193/5 198/13 199/7 205/16 242/23 245/5 246/8 <b>well-led [1]</b> 245/5 <b>wellbeing [18]</b> 2/14 4/23 36/17 58/3 60/22 69/1 69/4 90/21 122/10 123/7 162/2 192/2 226/10 227/6 233/5 238/2 243/11 252/10 <b>went [11]</b> 11/8 35/11 47/7 83/6 92/10 152/13 229/17 234/4 240/13 246/3 251/4 <b>were [266]</b> <b>weren't [24]</b> 27/21 34/11 34/14 38/1 49/7 59/14 99/5 100/1 100/6 111/7 119/7 125/7 144/20 149/21 149/22 152/9 155/7 155/20 155/23 158/17 160/6 180/17 193/5 193/15 <b>West [3]</b> 240/12 242/13 242/15 <b>what [223]</b> 2/15 3/3 3/12 4/23 5/19 7/5 7/8 9/4 15/2 15/9 16/22 17/19 17/20 18/22 18/24 22/21 23/4 23/7 23/8 24/21 26/24 27/2 27/10 29/2 29/17 30/1 30/10 32/4 32/20 33/12 34/7 35/19 37/23 40/1 40/6 40/8 40/10 40/14 40/16 40/20 40/24 41/5 41/11 41/13 42/2 42/7 42/11 43/4 44/9 44/21 49/1 49/10 49/16 49/23 50/3 52/13 54/2 54/3 55/11 55/16 56/6 56/11 56/12 56/16 56/24 58/15 58/22 58/23 59/12 62/23 64/6 64/17 65/3 67/7 68/5 69/9 69/14 69/15 70/14 70/16 73/6 74/11 75/6 75/6 76/11 76/11 77/22 77/25 78/19 79/7 81/1 82/8</p>
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<p><b>W</b></p> <p><b>what... [131]</b> 84/18 85/2 87/20 87/21 88/18 89/3 89/23 90/7 92/24 93/19 94/10 94/17 94/17 95/6 95/14 95/17 95/21 95/24 96/1 96/6 96/9 96/11 96/17 96/19 96/24 97/4 98/3 98/8 98/11 98/12 98/13 98/16 99/17 99/24 100/1 100/2 101/2 101/2 101/6 101/8 101/23 102/1 102/1 104/1 104/9 104/23 105/11 105/12 106/15 109/18 112/9 112/22 114/12 115/4 115/5 115/18 116/8 116/15 118/4 118/13 118/16 119/12 119/22 120/2 120/18 122/13 123/23 123/24 125/10 125/24 127/17 129/10 129/22 130/2 130/3 131/23 134/15 135/3 135/17 136/4 139/12 140/7 142/23 148/2 148/3 148/13 148/17 148/22 149/22 149/23 149/25 150/9 150/19 155/21 158/1 162/11 162/14 163/13 164/9 164/18 165/2 165/22 165/23 169/18 170/13 173/20 176/9 182/11 186/5 187/11 196/18 196/23 200/18 203/4 204/4 207/10 212/11 213/18 214/14 215/20 216/9 216/19 216/20 220/8 222/24 229/20 231/4 233/15 250/1 250/11 251/4</p> <p><b>what's [17]</b> 10/5 29/10 29/12 29/15 29/17 47/10 55/6 78/24 82/7 90/9 92/5 97/23 99/4 104/10 114/19 199/13 211/14</p> <p><b>whatever [7]</b> 79/14 98/7 99/15 99/15 136/25 187/1 198/4</p> <p><b>WhatsApp [1]</b> 198/9</p> <p><b>whatsoever [1]</b> 214/7</p> <p><b>when [128]</b> 2/21 4/15 4/18 4/20 10/22 11/9 14/17 14/24 15/17 16/1 18/6 20/4 24/9 26/3 32/2 32/14 32/24 34/20 37/15 45/24 47/14 50/9 50/16 53/13 54/16 57/3 64/6 68/15 70/2 73/4 73/12</p>	<p>74/3 76/3 76/21 78/18 83/3 84/16 85/16 91/23 91/25 92/24 95/1 95/23 96/2 98/8 98/10 98/16 99/1 111/9 111/14 112/17 112/23 115/22 116/3 118/17 119/25 121/1 124/19 125/23 127/18 127/19 127/22 128/13 129/11 129/19 131/25 132/6 141/7 141/11 142/1 148/15 149/7 149/19 149/21 149/25 150/5 158/7 159/18 162/10 162/13 162/14 162/15 164/25 166/5 167/25 169/15 170/14 171/3 176/5 177/5 189/8 189/15 190/4 190/16 191/9 193/12 195/6 195/7 198/11 199/13 200/6 204/24 205/13 205/19 205/23 206/10 207/12 209/10 209/15 211/7 213/5 214/8 215/16 218/17 218/18 220/7 225/1 232/14 232/22 233/23 235/19 237/21 238/14 239/6 239/21 248/2 249/10 251/10</p> <p><b>whenabouts [1]</b> 14/20</p> <p><b>whenever [1]</b> 249/18</p> <p><b>where [53]</b> 6/13 6/16 9/14 9/25 10/1 23/20 28/3 28/24 30/3 30/4 30/11 33/23 34/2 42/10 48/20 56/18 59/5 61/6 70/24 78/20 86/7 87/20 93/15 98/14 104/16 105/9 105/17 109/4 110/7 111/4 111/19 112/6 127/4 143/1 143/11 145/23 147/4 153/14 159/3 159/15 164/17 171/2 175/7 175/8 184/17 196/10 197/23 208/16 209/17 210/4 217/8 246/22 249/16</p> <p><b>whereas [2]</b> 114/19 163/8</p> <p><b>whereby [1]</b> 224/23</p> <p><b>Wherever [1]</b> 91/4</p> <p><b>whether [20]</b> 8/17 12/9 19/5 36/25 83/8 102/13 129/5 151/15 160/8 160/12 187/17 199/17 199/18 204/9 209/22 232/5 240/7 251/1 252/12 253/21</p> <p><b>which [91]</b> 4/24 7/21 15/17 17/14 26/17 27/14 31/14 32/9</p>	<p>36/21 39/22 40/25 41/7 42/3 44/2 49/21 71/23 73/1 77/1 79/22 81/1 83/19 85/7 86/24 88/6 89/21 92/21 92/21 105/1 109/2 109/3 110/13 112/11 119/1 122/15 128/6 128/14 139/11 140/24 148/23 151/3 156/6 156/14 158/8 158/9 159/7 159/23 171/8 171/14 178/22 192/8 194/3 194/10 200/16 208/1 210/5 217/7 218/9 220/21 221/18 221/19 222/7 222/19 224/24 224/25 226/5 227/11 234/6 234/15 234/19 236/15 236/18 236/21 237/23 237/24 238/6 240/4 240/4 240/14 241/6 241/24 242/10 243/16 243/17 244/2 244/9 244/19 245/9 245/10 246/4 248/23 254/11</p> <p><b>whichever [2]</b> 45/12 183/8</p> <p><b>while [10]</b> 65/9 73/10 75/3 128/15 130/22 131/12 163/10 206/7 215/11 215/12</p> <p><b>whilst [4]</b> 221/16 235/21 239/12 243/21</p> <p><b>white [1]</b> 49/14</p> <p><b>white' [2]</b> 23/2 24/13</p> <p><b>who [63]</b> 7/7 7/8 7/11 8/5 8/19 8/21 8/24 8/24 9/8 14/4 14/5 24/20 25/1 25/13 27/18 32/25 33/9 37/6 38/2 43/22 44/7 48/18 48/20 52/20 53/25 59/3 66/11 70/3 70/18 85/13 89/20 95/8 96/4 97/2 99/3 102/23 124/14 124/21 124/24 125/20 130/11 136/19 142/11 144/16 145/13 149/25 156/1 172/19 173/6 201/16 206/24 215/19 219/9 223/21 225/1 231/15 232/1 235/4 235/18 236/14 238/8 246/23 252/14</p> <p><b>who'd [2]</b> 172/23 190/17</p> <p><b>who's [2]</b> 50/19 103/8</p> <p><b>whole [12]</b> 31/13 63/7 67/8 89/14 95/8 115/12 116/2 116/16 158/13 158/14 169/6 198/14</p> <p><b>wholly [2]</b> 81/8</p>	<p>133/25</p> <p><b>whom [4]</b> 2/1 66/19 74/17 225/11</p> <p><b>whose [1]</b> 139/25</p> <p><b>why [58]</b> 15/7 19/11 19/23 30/17 31/19 34/25 40/21 40/21 46/8 50/2 50/3 50/25 51/7 53/13 53/20 72/10 74/22 74/22 75/11 75/22 85/5 85/5 88/15 93/18 95/22 95/24 95/25 96/1 103/16 104/4 104/9 104/9 104/10 106/25 107/5 107/15 110/24 114/4 114/6 114/6 116/3 116/4 117/19 134/11 163/15 183/17 189/2 202/9 202/11 202/13 206/24 208/4 212/7 218/14 237/18 239/21 240/20 251/11</p> <p><b>wider [2]</b> 127/9 197/22</p> <p><b>will [64]</b> 3/10 8/13 8/19 12/9 14/2 14/24 15/16 17/19 20/14 31/14 35/14 37/11 38/7 44/10 44/18 45/24 60/7 60/11 61/13 64/6 65/20 67/14 67/15 68/18 68/20 68/22 72/18 75/20 79/1 79/5 85/23 93/4 101/11 111/12 111/12 111/16 120/22 121/4 121/13 124/17 128/7 138/3 138/16 142/1 149/8 160/8 175/9 177/19 182/16 195/15 195/24 196/5 198/16 208/11 211/13 213/23 216/8 216/13 217/3 219/11 235/9 245/22 246/24 254/19</p> <p><b>Williams [17]</b> 121/13 121/17 121/24 125/8 130/23 133/13 138/15 142/4 149/16 154/16 155/7 155/20 157/19 159/8 160/10 160/14 255/5</p> <p><b>willing [3]</b> 140/2 151/23 151/25</p> <p><b>willingness [1]</b> 139/22</p> <p><b>wince [1]</b> 211/13</p> <p><b>window [1]</b> 174/2</p> <p><b>wing [5]</b> 104/11 104/14 105/3 105/15 106/5</p> <p><b>winky [1]</b> 17/15</p> <p><b>wish [1]</b> 239/18</p> <p><b>wished [2]</b> 230/13 252/14</p>	<p><b>wishes [2]</b> 179/11 252/13</p> <p><b>withdraw [4]</b> 9/14 68/24 200/21 202/17</p> <p><b>withdrawal [4]</b> 9/25 10/8 156/19 158/24</p> <p><b>withdrawing [1]</b> 49/3</p> <p><b>withdrawn [2]</b> 50/23 202/15</p> <p><b>withdrew [1]</b> 216/6</p> <p><b>within [55]</b> 4/12 6/11 6/15 7/4 12/4 18/11 26/25 27/3 33/20 61/3 71/3 77/24 88/19 96/7 107/8 108/25 117/2 126/18 127/12 134/23 135/4 157/2 159/13 162/2 163/19 170/17 170/19 170/23 174/2 182/10 188/3 211/2 211/23 214/17 217/24 218/1 219/2 224/3 228/22 229/5 230/19 230/24 232/4 233/20 234/6 235/13 238/9 238/10 239/9 241/7 242/16 246/4 251/21 252/12 254/1</p> <p><b>without [17]</b> 3/12 8/23 25/23 27/19 68/21 71/2 72/24 100/3 109/24 110/18 111/10 123/20 159/4 185/2 200/23 214/23 226/25</p> <p><b>witness [32]</b> 70/22 75/14 92/25 121/9 121/13 121/25 133/4 138/16 138/18 160/9 161/17 172/7 186/6 192/3 194/5 194/18 198/11 201/25 205/8 210/16 213/5 216/6 216/15 217/8 219/2 222/8 234/6 234/25 240/24 244/11 245/18 245/19</p> <p><b>witnesses [3]</b> 5/4 65/21 245/20</p> <p><b>won't [11]</b> 37/10 38/6 47/6 72/12 93/9 116/5 147/25 148/10 153/12 198/10 200/23</p> <p><b>wonder [2]</b> 24/24 182/12</p> <p><b>word [3]</b> 10/22 40/17 140/5</p> <p><b>words [5]</b> 46/3 63/14 63/24 74/1 125/20</p> <p><b>work [101]</b> 2/15 2/22 8/20 8/22 8/25 9/12 12/21 20/3 21/10 33/11 33/21 34/7 34/15 37/19 38/23 39/3 43/21 46/22 46/24 47/14 47/16</p>
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<p><b>W</b></p> <p><b>work... [80]</b> 47/25 49/5 53/8 53/11 55/15 59/11 59/12 64/6 64/18 65/4 65/13 71/5 71/11 73/11 75/7 77/16 84/3 87/1 95/24 103/11 104/9 113/11 115/2 115/24 117/6 118/19 120/15 130/10 130/11 138/7 138/11 143/20 149/13 150/22 150/24 151/23 153/11 156/5 156/22 161/22 163/5 163/7 163/20 164/20 168/19 169/3 169/12 173/6 173/20 175/1 175/2 177/1 177/11 177/14 180/10 180/12 182/8 183/12 183/15 183/20 184/25 185/2 187/6 187/7 189/8 193/10 196/18 197/5 200/8 205/7 214/21 220/18 227/15 229/15 230/17 230/18 233/13 235/6 239/14 248/7</p> <p><b>worked [16]</b> 18/15 87/9 87/11 143/15 164/2 182/10 205/3 218/4 228/17 228/20 228/23 229/5 233/21 237/21 242/12 252/15</p> <p><b>worker [42]</b> 1/22 1/25 4/17 4/18 8/1 8/3 8/4 8/6 8/8 13/9 19/22 30/6 32/19 32/25 51/5 51/19 86/15 86/23 87/12 88/22 90/5 90/5 93/20 117/2 117/5 118/22 120/10 122/9 122/16 149/7 156/1 156/1 161/25 162/1 162/10 162/12 162/15 163/9 166/18 202/13 219/4 225/20</p> <p><b>worker's [1]</b> 103/12 <b>workers [11]</b> 2/1 7/4 12/20 33/12 53/14 79/17 123/11 163/5 163/18 164/5 246/23</p> <p><b>workers' [1]</b> 33/11 <b>working [45]</b> 2/21 3/11 4/10 6/12 8/19 8/23 10/22 16/9 30/20 36/15 46/4 46/10 51/9 52/14 52/15 52/17 53/4 54/20 68/9 77/7 85/16 87/17 87/18 103/8 109/23 122/22 134/17 146/22 163/10 164/16 184/4 184/7 187/3 196/16 196/24 212/9 215/12 215/17</p>	<p>224/5 228/12 232/2 232/5 235/17 243/16 253/16</p> <p><b>world [5]</b> 96/1 104/9 104/23 185/21 219/10</p> <p><b>worried [3]</b> 10/5 49/15 133/7</p> <p><b>worries [1]</b> 220/12 <b>worry [5]</b> 6/8 33/25 55/9 69/4 137/9</p> <p><b>worrying [2]</b> 7/17 75/13</p> <p><b>worse [1]</b> 92/7 <b>worst [1]</b> 57/12 <b>worth [1]</b> 139/11 <b>worthwhile [1]</b> 220/13</p> <p><b>would [314]</b> <b>wouldn't [38]</b> 7/14 9/20 18/6 18/8 26/15 32/12 33/15 34/15 59/1 61/5 70/19 73/17 77/7 80/18 93/18 93/20 94/14 104/2 104/4 110/25 115/15 118/19 119/6 125/8 142/7 145/19 146/16 154/9 181/16 200/2 201/6 202/11 202/13 205/19 214/11 215/6 239/11 239/19</p> <p><b>wrapped [1]</b> 239/14 <b>write [3]</b> 119/6 119/8 219/3</p> <p><b>writing [1]</b> 121/12 <b>written [5]</b> 18/16 26/1 65/2 65/5 231/5</p> <p><b>wrong [21]</b> 31/24 40/13 41/19 42/4 43/15 57/12 72/1 73/16 75/25 81/16 81/19 95/15 145/3 180/5 180/8 195/15 198/22 206/22 208/24 213/23 224/25</p> <p><b>wrote [2]</b> 100/11 243/20</p> <p><b>Y</b></p> <p><b>yeah [29]</b> 6/10 9/20 11/16 18/13 23/5 25/5 29/21 31/4 39/15 43/19 50/24 58/6 58/13 58/13 62/11 64/24 65/1 65/15 86/24 99/22 108/23 114/25 116/23 136/17 154/24 164/6 173/23 205/17 215/9</p> <p><b>year [19]</b> 1/14 31/4 31/5 31/6 54/16 54/21 56/1 56/9 64/9 84/25 126/24 127/10 165/6 184/6 189/15 194/3 194/19 215/10 220/24</p> <p><b>years [9]</b> 4/21 34/24</p>	<p>87/10 87/10 135/21 137/3 162/17 162/17 247/8</p> <p><b>yes [509]</b> <b>yesterday [5]</b> 2/1 87/6 177/20 204/17 212/16</p> <p><b>yet [7]</b> 15/9 102/12 114/12 116/16 159/23 176/2 217/9</p> <p><b>YOT [49]</b> 36/17 39/5 64/18 65/3 65/4 65/13 66/22 67/20 68/1 68/9 69/20 69/23 70/2 70/5 70/9 75/15 107/17 166/11 168/6 168/10 171/22 174/14 176/6 177/15 184/7 192/24 196/18 197/9 197/14 197/17 198/23 199/3 200/6 201/6 201/16 202/2 202/6 202/10 202/13 204/18 206/5 206/8 206/24 207/12 208/5 210/24 212/2 215/18 248/7</p> <p><b>YOT's [1]</b> 77/16 <b>you [937]</b> <b>you'd [6]</b> 16/21 133/20 146/18 148/5 187/11 189/2</p> <p><b>you'll [6]</b> 5/15 64/19 70/23 71/18 72/17 88/3</p> <p><b>you're [12]</b> 15/9 17/3 30/8 36/21 40/20 56/20 75/6 83/25 96/17 111/3 113/5 202/19</p> <p><b>you've [12]</b> 4/3 15/3 17/15 30/24 61/25 83/12 106/7 107/16 107/18 108/10 122/8 192/3</p> <p><b>young [20]</b> 30/14 33/19 54/19 61/20 98/20 153/21 166/17 169/17 172/15 172/17 172/20 189/18 190/17 193/6 219/9 234/24 235/18 238/21 243/11 253/18</p> <p><b>your [237]</b> 1/9 1/13 1/17 1/19 1/20 1/20 1/21 2/19 2/22 3/15 4/9 4/14 5/1 5/1 5/9 5/16 6/10 6/21 7/5 8/9 11/12 12/19 13/21 13/22 13/24 17/15 18/20 18/22 19/10 19/21 22/16 22/19 24/12 26/4 26/25 27/3 27/11 27/11 28/9 30/3 30/9 30/24 31/17 32/23 33/2 33/16 34/16 34/22 37/11</p>	<p>38/10 43/3 45/21 46/6 46/9 46/18 48/14 48/25 50/12 51/16 53/3 53/5 53/23 53/24 59/12 61/23 62/1 62/3 62/12 62/13 63/14 63/18 63/24 65/23 67/18 68/17 68/18 68/21 70/9 70/13 70/15 70/21 70/22 71/16 72/2 73/8 75/5 75/15 75/20 75/22 76/21 79/3 79/4 79/6 79/6 79/22 82/4 85/18 86/5 86/7 86/8 86/11 87/24 91/5 92/21 92/25 93/2 93/10 97/4 97/24 100/10 101/17 103/3 106/7 106/7 106/12 106/15 106/19 106/24 106/24 107/16 108/11 108/21 113/16 115/13 116/9 116/15 116/19 119/11 121/22 121/25 122/4 122/7 123/5 123/14 126/11 126/21 127/4 127/17 128/23 129/21 130/9 130/13 130/17 131/5 131/11 133/4 134/6 134/13 134/22 135/2 136/5 136/22 137/16 137/20 138/15 138/18 138/25 141/4 142/4 142/6 144/2 145/5 145/19 148/23 149/12 152/2 152/3 152/14 153/14 154/22 155/1 155/19 155/22 157/22 160/20 161/13 161/17 161/19 161/21 162/7 162/16 165/5 166/23 168/19 172/19 174/4 174/13 175/13 175/16 178/6 178/15 180/22 181/14 181/18 182/8 182/24 184/24 185/4 185/5 185/22 186/6 187/1 189/3 189/20 192/3 193/13 194/5 194/13 194/18 195/22 196/8 197/14 198/1 198/11 199/14 200/8 200/12 200/17 200/23 201/17 203/15 205/8 205/19 207/24 208/9 208/12 208/25 210/16 212/4 212/15 213/5 213/8 213/13 215/8 215/10 216/4 216/19</p> <p><b>yours [1]</b> 79/13 <b>yourself [6]</b> 5/17 13/18 17/18 53/3 69/3 87/16</p> <p><b>youth [23]</b> 25/13 37/1 53/16 54/19 57/20</p>	<p>58/16 66/11 95/12 102/24 108/4 111/15 140/10 143/12 143/14 161/22 168/13 171/23 172/8 189/23 191/19 215/13 238/10 242/1</p> <p><b>YouTube [1]</b> 138/20</p> <p><b>Z</b></p> <p><b>zip [1]</b> 94/4 <b>zoom [1]</b> 143/10</p>
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