Southport Inquiry

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SOUTHPORT INQUIRY PHASE 2

FIRST WITNESS STATEMENT OF MARK NORRIS ON BEHALF OF THE LOCAL GOVERNMENT ASSOCIATION

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I, Mark Norris, a Principal Policy Adviser at the Local Government Association, of 18 Smith Square, London, will say as follows:

Overview

Introduction

1. I am a Principal Policy Adviser at the Local Government Association ("**LGA**") of 18 Smith Square, London, SW1P 3HZ. I am authorised by the LGA to make this statement on its behalf in response to the Rule 9 ("**Rule 9**") Request, dated 1 July 2026, seeking evidence for the Southport Inquiry. This request concerns Phase 2 of the Inquiry relating to the adequacy of arrangements in England for managing the risks from violence fixated individuals ("**VFIs**").

The basis of my evidence

2. I took up my current role in 2015, having previously joined the LGA in 2007, and before that worked in a local authority for seven years. As a principal policy adviser, I have led the team supporting the policy work of the LGA's Safer and Stronger Communities Committee since 2015. The Committee's responsibilities include crime and community safety, counter terrorism, counter extremism, cohesion, probation and reoffending and regulatory services including trading standards. Prior to my current role I worked on crime, community safety, counter terrorism, counter extremism, probation, and reoffending policy for the LGA.

3. As I have not worked across all the policy areas covered by the Inquiry's Rule 9 Request during my time at the LGA, in making this statement, from time to time, I have had to rely on information provided to me by fellow LGA officers who were involved in these areas. My statement must therefore be read as representing the collective understanding and knowledge of the LGA.

4. I am happy to place such reliance on my fellow LGA officers, as they are highly professional, and it is my belief that they have diligently and fairly reported to me, as far as allowable in the time available, the relevant information that I set out below.

Outline

5. My statement is divided after this introductory section into the following twelve parts:

   a. Part A: Overview of the LGA's role, remit, and responsibilities

   b. Part B: Identification of VFIs

   c. Part C: Policies and guidance

   d. Part D: Information sharing

   e. Part E: Training

   f. Part F: Assessment and management of risk

   g. Part G: Multi-Agency Arrangements

   h. Part H: The role of the on-line environment

   i. Part I: The effectiveness of current laws and systems for identifying, monitoring, and disrupting the activities of VFIs

   j. Part J: Sale and possession of offensive weapons and articles with a point or blade

   k. Part K: Improvements

   and

l. Part L: Other matters.

Summary of key points

6. My statement explains the range of challenges councils face in the identification, assessment, and management of VFIs.

7. It describes how currently there are multiple initiatives, agencies and legislative frameworks, concerning the response to the risks posed by VFIs, whose provisions partially overlap but not in a clear way, making distinctions that are hard to follow, and leaving it unclear how the response to the identification of a VFI case should proceed.

8. In this respect it notes the inadequacy of Prevent and identifies the need for a whole systems approach in the round.

9. It identifies as the key changes necessary to enable councils and their partners to manage the risks posed by such individuals better as follows:

    a. A legislative safeguarding framework for identifying, assessing, or managing VFIs, based on a clear definition as to whom should be characterised as a VFI.

    b. A clear recognition of both the demand pressures and resourcing constraints, that councils, other public services, and others who might intervene, face when engaging with VFIs.

    c. The need for an evidence base from which to assess the risks posed by VFIs and to identify what interventions are needed and appropriate.

10. While not wishing to be completely prescriptive, the LGA has a clear view as to the minimum necessary conditions for a successful future policy for the identification, assessment and management of the risks posed by VFIs. These are that the policy must:

a. Have a statutory footing.

b. Require every relevant agency to cooperate effectively with it.

c. Have proper and sufficient funding for all relevant agencies.

d. Have provision for early-stage triage.

e. Provide an easy and efficient mechanism for agencies to share information concerning VFIs.

11. The new policy must also clearly state and require relevant agencies (such as children's services and adult social care) to acknowledge, that when dealing with the VFIs the primary focus is on the need to protect the general public from harm, in contrast to what is likely to be their more usual focus on safeguarding specific vulnerable individuals.

Part A: Overview of the LGA's role, remit, and responsibilities

12. The LGA was set up in 1997 as an unincorporated association. In 2018, the LGA moved to a new structure as an unlimited company, and the former unincorporated association was dissolved. Membership is voluntary and councils make their own decisions on whether to join.

13. The full membership of the LGA in England and Wales now comprises:

a. All but one of the 317 principal councils in England (i.e., all but the London Borough of Bromley), and

b. All 22 principal Welsh councils through a corporate membership scheme with the Welsh LGA ("**WLGA**"), an independent organisation with its own business plan, priorities, and governance structure.

14. In contrast to the WLGA, neither the Convention of Scottish Local Authorities nor the Northern Ireland Local Government Association, are members of the LGA. They are independent membership bodies representing the interest of local government in Scotland and Northern Ireland, respectively.

15. The LGA is funded through a combination of membership subscriptions, central government grants and contracts and commercial income including from a programme of conferences and events.

16. It is a politically led but cross-party organisation, with the overall purpose to promote, improve and support local government. It provides a strong, credible voice for local government with national government.

17. Its Board of Directors is elected annually by the General Assembly, comprising representatives of all authorities in full membership of the LGA, and meets every six weeks.

18. The LGA's activities relating to council service areas and their statutory duties and related policy issues, such as children's safeguarding and community safety, can be broadly stated as follows:

    a. Providing the views of our members to Government on national policies, guidance, legislation, or regulations.

    b. Acting as an interface between central and local government sharing information where this is necessary (for example, in relation to a specific issue or challenge).

    c. Developing guidance and other support materials (e.g., training programmes) for our members, including sharing good practice.

    d. Issuing media statements and other communications to provide information

about the work of our members and to defend the reputation of local government.

19. As a membership body the LGA is not directly involved in the management of VFIs, nor is it directly part of local multi-agency arrangements for managing the risks posed by VFIs. The LGA does however have a unique knowledge of the local government sector, the legislative and policy context in which it operates, the issues it faces, and its many strengths and successes.

20. In addition to its policy work on crime and community safety, the LGA has committees leading on policy work in relation to young people, families, children's services, and children's safeguarding as well as adult social services and adults safeguarding. Alongside our policy work the LGA also supports councils directly through a range of improvement functions. This support includes the Department for Education's ("**DfE**") Children's improvement programme, which incorporates our Children's Improvement Advisers, peer reviews into various aspects of children's services, support, and guidance to chief executives on children's services, and support and guidance for councillors on, for example children's safeguarding.

21. The LGA is also a partner with the Association of Directors of Adult Social Services ("**ADASS**") in the Partners in Care and Health ("**PCH**") programme seeking to improve the delivery of adult social care. It offers a comprehensive range of support that enables councils, care providers, and the social care workforce, to deliver high-quality services that promote choice, control, and independence for the people they support.

22. The LGA's policy and improvement work is informed by its close relationships with several other professional officer bodies in addition to ADASS, such as the Association of Directors of Children's Services, Association of Directors of Public Health, and the Association of Chief Trading Standards Officers.

23. Not all the LGA's support to and engagement with councils is delivered through formal

programmes or professional bodies. The LGA assists councils to share good practice on dealing with issues concerned with counter-terrorism, counter-extremism, and cohesion, through the Special Interest Group on Countering Emerging threats ("**SIGCE**"). This provides a forum for relevant council officers and practitioners to come together to consider and share experiences around topical issues and enable councils to seek support from other authorities.

24. There is a similar arrangement for council officers involved in community safety, where the LGA's network informs its policy work based on practical experience and enables the sharing of information and innovative practice.

25. In my view, for these reasons, the LGA is well placed both (1) to assist the Inquiry to understand councils' place in the arrangements for identifying, assessing and managing VFIs and (2) to consider how to operationalise any recommendations that the Inquiry makes that relate to these functions.

Part B: Identification and definition of VFIs

The use of the term Violence Fixated Individual ("VFI") by the LGA and councils

26. There is no clear and consistent definition of what makes a person a VFI. For this reason, while the LGA recognises the term "VFI," it is not widely used in its policy work. When the term is used by the LGA, it is understood as a reference to individuals who, though not motivated by ideology, are obsessed with violence to the point where they could act on that obsession, and for that reason pose a threat to the public or a section of the public.

27. The term VFI has been used most in relation to the LGA's work on counter-terrorism and counter-extremism. In 2025 the LGA changed the name of the LGA-funded and run SIGCE to reflect the expanding field of topics it covered, dropping 'Extremism' and adding 'Emerging threats'. One reason for this was that VFI work was one of the

emerging threats (see **MN/01 - LGA000001**; the Home Affairs Select Committee submission). The LGA and local authority officers used the term VFI in roundtables the SIGCE held in October 2025 and March 2026, when discussing VFI and 'Com' networks. The SIGCE participants involved outside the LGA are chiefly Prevent, counter-extremism and community cohesion practitioners in local authorities. The LGA has also used the term in submissions to government and Parliament such as that to the Home Affairs Select Committee.

28. While the LGA has not carried out a systematic assessment of the awareness of the term VFI among individual council services, it does know that there are considerable differences among them as to the understanding of, and meaning attributed to, the term.

29. Council Prevent practitioners and those involved in community safety recognise the term, as do those council staff involved in multi-agency risk assessment processes such as Multi-Agency Public Protection Arrangements ("**MAPPA**"). In using the term Prevent practitioners the LGA is referring to council practitioners who work in the Prevent space (and in the context of our evidence, refers to those who attended our roundtable sessions to help inform this statement). This could be the designated Prevent lead within a council (which can cover roles including Prevent Coordinator or Community Safety Manager), but also other roles such as Prevent Education Officers and Channel Chairs (some of whom have roles such as safeguarding leads).

30. Previous practice by council Prevent practitioners has been to talk about mixed, unstable, or unclear ("**MUU**") individuals or more recently "**FEVMAC**" (fascination with extreme violence or mass casualty attacks). While these categories are not the same as VFI, they do include it. In practice VFIs are often dealt with under Prevent as much because they do not fit a definition that would allow them to be dealt with under any other system (or under another label within Prevent) as because they meet a detailed definition.

31. There is also recognition and awareness of the term VFI among children's social services and safeguarding professionals. This has increased since the Southport attack. Although there is recognition of the term, in comparison to other terms such as 'serious youth violence,' 'radicalisation,' 'extremism' and 'harmful behaviour,' the term VFI is less likely to be used among the children's workforce to classify young people's behaviour. Additionally, in these types of cases, the focus for children's services may be on the offence committed, and the underlying contributors to the violent behaviour, such as poor mental health.

32. The term VFI is much less commonly used and understood within adult social care services in councils. It is not widely recognised in generic safeguarding adults' work, where there is more likely to be consideration of issues such as stalking and harassment. Adult safeguarding is more focused on those who are being exploited or are at risk because of their social care needs, rather than being a risk to others.

33. Prevent/Channel practitioners have reported that colleagues who work outside these specific council services would not necessarily have any clear understanding of the term VFI. This is because 'violence' and 'violence-fixation' can be interpreted to incorporate a wide range of issues, including, by way of example, knife crime, domestic abuse, and aspects of the night-time economy.

34. This fluidity of meaning across council service mirrors that found in public agencies and other partners local authorities. Prevent practitioners report that the term VFI, not being statutorily defined is being interpreted differently. A further connected problem is that despite Home Office communications, uncertainty continues as to whether cases involving an interest in extreme violence are relevant to Prevent or counter-terrorism. (See **MN/02 – LGA000002**; Problems with the definition are briefly explored in the email VFI dated 21/5/25, which provides a summary of a Home Office event on VFI.)

35. In the view of council Prevent officers VFI cases may not progress to Channel that should have been, even where there are other public protection and safeguarding issues, because of the lack of clarity about the term VFI and inconsistency in its use. The lack of information passed to councils on these types of cases has given rise to anxieties as to whether they are being referred or managed elsewhere, or worse that they are being closed without being properly resolved. It must be emphasised that councils often do not receive information about next steps in such cases.

36. Prevent practitioners point out that some councils have other forums which may pick up and address issues concerned with 'violence fixated' individuals, such as exploitation panels, knife crime panels, and working groups that address gang membership. The practical consequence of this is that identifying the most appropriate pathway for managing a case can be difficult and inconsistent.

37. Council Prevent practitioners have also received requests from local partners such as schools for further clarity/definitions and better guidance on thresholds. Without a clear definition, councils report it is difficult to deliver training to partners, leading to a mixed quality of referrals. Councils understand that the Home Office is reviewing the definition and are expecting to publish something in the Autumn, however in the LGA's view there is a present urgent need for clarification of the terminology and for a clear and well-understood framing of the policies and practices that are appropriate and necessary for addressing those thus identified as VFI.

38. I must add that the usefulness of the term VFI is a subject of some debate amongst professionals, particularly when used in relation to children and young people. Some working in children's social care, youth services and the youth justice system have expressed concern that the label "Violence Fixated Individual," may prevent the appropriate consideration of a young person's needs, may obscure an adequate and proper consideration of what might be behind such behaviour. The concern is that the term stigmatises to the extent that staff do not explore a child's needs more widely,

and the child does not get the necessary support.

39. There have also been questions about whether the term properly captures the motivations and preoccupations of VFIs; in such cases the focus is on the observed behaviour, rather than on fully understanding its causes, thereby discouraging staff and practitioners from exercising sufficient curiosity of the causes to develop a proper intervention to arrest the behaviour.

Identification of VFIs in practice

40. Staff at schools and colleges, such as safeguarding leads, are likely to be among the first to meet children and young people that are fixated with violence. It is, though, difficult for them to know how to support them and/or how to access the right services for support. This is particularly the case where young people have multiple needs and different professionals need to be involved. Education staff are most likely to initially make a Prevent referral yet may recognise that this is not always the most effective channel for young people who have no notable ideology. These staff may also need more training to understand the causes of the behaviours, when they may need to intervene, and how to do this safely.

41. In the LGA's view, it is important to understand that the focus in legislation and guidance has led children's services predominantly to consider harm within the home, rather than external to it, though it is right to add that the government is now taking steps to address this. Despite this focus in legislation, councils have developed and increasingly utilise approaches such as contextual safeguarding to protect young people from harm outside the home (including online), in recognition of the evolving nature of risks to children and young people. Most referrals to children's services consider interactions within families, with the most common factors identified at the end of assessments being concerns about the mental health of a parent, or domestic abuse in the household. As a result children's services are most experienced in

identifying and supporting children and young people who are at risk of or experiencing harm or neglect from a family member, rather than the child themselves being the source of potential harm. This means children's services staff must take a fundamentally different approach than usual to identify and then support VFIs. Children's services staff must rely on a combination of their professional experience and the assessment of other professionals (police, mental health).

42. As previously described the use of the term VFI is not regarded as helpful in a children's services context as it does not identify a young person's needs whether that is support around mental health or neurodevelopmental conditions. The core focus from a children's services perspective must be the multi-agency response which ensures that the children's social care workers can bring in the most appropriate agency to provide that support, such as Child and Adolescent Mental Health Services ("**CAMHS**"), youth justice or youth services. It is worth noting that children's services do not often support social work staff to train as Approved Mental Health Professionals ("**AMHPs**"), and as such tend to be particularly reliant on health agencies when dealing with mental health issues. Within Adult Social Care, access to AMHPs and those with experience of mental health is more likely to be available, but this is not always the case.

43. It is important to note that children's social care is currently undergoing numerous reforms, including changes to information sharing and multi-agency working as set out by DfE in the children's social care reform implementation plan published in May 2026.

44. There is currently little by the way of protocols for education staff to draw on specifically related to VFIs. Local authorities would therefore expect education staff to draw on existing practice, policies and protocols to identify VFIs, such as safeguarding and justice protocols. Having identified a VFI local authorities would expect education and children's social care staff to review the information they have by working through multi-agency safeguarding arrangements such as Multi-Agency Safeguarding Hubs

("**MASHs**"). The young person then may be referred to Prevent or Channel by the MASH or referred to another form of support depending on the needs of the child.

The collection and analysis of data and statistics concerning VFIs

45. The LGA has not undertaken any statistical analysis on VFI cases and their risk and is not aware of such data being collected by councils, though statistics for Prevent and Channel are collected and submitted to the Home Office. The most recent statistics on Prevent and Channel referrals were published in August 2026 (See **MN/03 - LGA000003**).

46. However, information received by the LGA from local authorities, suggests that since the Southport attack there has been a significant increase in both Prevent referrals and adopted Channel cases relating to VFIs. This is reflected in the August 2026 Home Office statistics which show a significant increase in referrals between October 2024 and September 2025 – the highest number of referrals recorded in a single year. Councils have reported (and this is supported by the Home Office statistics) that the increase in cases is not solely related to those where there is no ideological motive; some councils reported a large rise in Extreme Right Wing ("**XRW**") cases, and one has suggested that referring agencies, such as schools, had been "sitting on" broader concerns for some time, but were then prompted to act following the Southport tragedy.

47. Councils have reported a mixed case profile. Young people feature strongly, though while in some case this is an increase, in others this reflects long term trend. One local authority has said most cases concern 11–21 year-olds, while another has reported more adults as a longer-term issue. Home Office statistics show that in the year ending on 30 September 2025 individuals aged 11-15 accounted for the largest proportion of referrals to Prevent – 36 per cent – where age was known. One local authority has reported an increase in female referrals. One local authority noted that it was no longer

unusual for primary school children to be referred for accessing inappropriate online material.

Part C: Policies and guidance

LGA policies and guidance

48. The LGA has not published any specific guidance on identifying, assessing, or managing VFIs, nor about the risk posed by harmful online content in influencing and enabling VFIs to prepare and carry out violent attacks.

49. The LGA does not for example currently have any policy or guidance on safeguarding adults that references VFIs. Adult safeguarding policy and guidance focuses on people with care and support needs because of the definitions in the Care Act 2014 and Care and Support Statutory Guidance, which focus councils' adult safeguarding practice. There is limited reference in the accompanying guidance to people who may be harmful to others (i.e. it refers to unpaid and paid carers, people in positions of trust regarding safeguarding adults). Reference to online content is limited to scamming under financial and material abuse.

50. Similarly, although the LGA has hosted several roundtables with groups of Prevent practitioners to explore views on managing VFIs to inform the LGA's own position, the outcomes of these have not been published. No minutes were produced for circulation outside of the LGA as these were not forums for providing guidance or promoting particular practice/approaches.

51. Having said that, the LGA has collated good practice and guidance on topics that could be helpful to councils in identifying, assessing, and managing VFIs. The LGA has published documents that are open to councils and partners to use or reference, though there is no expectation that the LGA's suggestions around good practice or what is in our guidance are implemented. The documents are developed either with

the use of commissioned experts who have gone through a competitive procurement or draw on policy officer knowledge and are tested with key partners and stakeholders.

52. In the counter extremism space this includes guidance on responding to mis/dis/mal-information, although this is broadly regarding 'harmful but legal' content and not directly related to preventing mis/dis/mal-information from influencing and/or enabling VFIs. The LGA has also shared information on the emerging threat landscape, such as 'Com' net groups, but it has not generally covered the management of individuals.

53. As already mentioned, the LGA also provides the secretariat to, and formerly funded, the SIGCE, which provides support to councils and wider partners.

54. There is also a range of good practice and guidance available on the LGA's website related to councils' role in protecting and supporting children and young people such as around youth justice, mental health, safeguarding and supporting children and young people. These resources include:

    a. Youth Justice Resource Pack **(See MN/04 - LGA000004)**

    b. A Youth Justice System that works for children **(See MN/05 - LGA000005)**

    c. Supporting children and young people in the youth justice system **(See MN/06 - LGA000006)**

    d. Girls involved in youth violence: key findings and recommendations **(See MN/07 - LGA000007)**

    e. Supporting the youngest children youth justice system: what works reducing reoffending and improve outcomes? **(See MN/08 - LGA000008)**

f. The relationship between family violence and youth offending **(See MN/09 - LGA000009)**

g. Tackling child exploitation: resources pack **(See MN/10 - LGA000010)**

h. Whole household approach young people's mental health: A 'must know' guide for local councillors **(See MN/11 - LGA000011)**

i. Children's Mental Health task and finish group: key findings and recommendations **(See MN/12 - LGA000012)**

j. Must know: Safeguarding children **(See MN/13 - LGA000013)**

k. Must know for youth services – updated January 2026 **(See MN/14 - LGA000014)**

l. Re-thinking local – youth services. **(See MN/15 - LGA000015)**

55. The LGA has also contributed to other organisation's work, such as the Youth Endowment Fund's system guidance for policymakers in England and Wales on preventing children and young people's involvement in violence (**See MN/16 - LGA000016**).

Gaps in national legislation, strategy, guidance, governance, and accountability structures

56. The LGA's clear view is that there is no comprehensive framework relating to identifying, assessing, and managing VFIs. Councils and their officers when seeking to manage VFIs must navigate different legislative regimes, none of which have been created with VFIs in mind. This is the result of a lack of national clarity about the best strategy for managing VFIs. That omission has led to the absence of governance and accountability frameworks suitable for VFIs.

57. Lord Anderson's report on the Lessons for Prevent (See **MN/17 - LGA000017**), the Report of the Independent Commission on UK Counter-Terrorism, Law, Policy and Practice (See **MN/18 – LGA000018**) and the Home Affairs Select Committee report on combating new forms of extremism did discuss placing Prevent and processes for identifying, assessing and managing VFIs in a safeguarding context (See **MN/19 - LGA000019**).

58. Councils' responsibilities in respect of safeguarding children and young people as well as adults are set out in legislation. As has been pointed out earlier, at the heart of the legislation underpinning safeguarding in both these contexts is protection of vulnerable individuals from harm. In contrast to that approach, the primary goal in identifying, assessing and managing VFIs is the need to focus on preventing them from harming others; the LGA of course accepts that VFIs may also have safeguarding needs but the nature of the issue with VFIs is that the protection of the public must be a no less paramount concern.

59. In the case of adults with care and support needs the Care Act 2014 and accompanying Care and Support Statutory Guidance (See **MN/20 - LGA000020**) do not include any reference to VFIs. Their focus is on identifying people with care and support needs and their risks and experience of abuse and neglect. In the LGA's view the safeguarding adults' regime is not an appropriate framework for addressing VFIs, although there are of course interactions and links between it and reducing harms such as with domestic abuse or stalking: Safeguarding Adults Boards will link with other partnerships such as Community Safety Partnerships and through this there will be engagement with cross-cutting policies and programmes such as Prevent.

60. Similarly, children's social care legislation has, as previously noted, not traditionally focused on violence outside the home, nor are extra-familial harms actively considered in detail in current children's social care reform. It is however worth recognising that children's services have identified increasing levels of extra-familial harm amongst

children, in particular child criminal exploitation and mental health concerns for children, which they have been responding to. Work has been taking place to identify good practice in responding to such concerns including the contextual safeguarding approach pioneered by Professor Carlene Firmin MBE, and the Tackling Child Exploitation Support Programme delivered by Research in Practice, The Children's Society and the University of Bedfordshire and funded by DfE.

61. As such it is the LGA's view that overarching frameworks designed to protect the public from harm and reduce violence provide a better model for assessing, identifying, and managing VFIs than for example children's social care legislation.

62. The Prevent programme and Channel provide a model that others have identified as being suitable with changes for managing VFIs. It is true that councils and partner agencies have been using Prevent and Channel to assess and manage VFIs. That is not to say that the Prevent duty and Channel are suited for VFIs without change. The legislative basis for Prevent and Channel can be found in the Counter-Terrorism and Security Act 2015, which requires specific public authorities to have due regard to prevent people being drawn into terrorism. The definition of terrorism in this context is set out in the Terrorism Act 2000 and includes three limbs, of which the third requires the purpose of an action to be to advance a political, religious, racial, or ideological cause for it to count as terrorism.

63. Councils have told us that the specific legislative objective of Prevent and Channel to prevent people being drawn into terrorism creates issues for local authorities and Channel Panels in taking on VFI referrals. There is a general and widespread doubt that Prevent and Channel should be used for assessing and managing VFI referrals, as they fail to meet the statutory definitions for someone engaging in terrorism. This debate has become more intense as referrals to Prevent and Channel have increased though there is a lack of resources to manage individuals where it has not been demonstrated they are at risk of being drawn into terrorism. What has happened is that

Prevent practitioners, seeking a pragmatic way to support individuals and reduce the risk of harm they present to others, have been interpreting sections 26 and 36 of the Counter-Terrorism and Security Act 2015 to allow the referral of VFIs. Whether or not such an interpretation is apt it has certainly led to concerns about inconsistencies and understanding.

64. Those Prevent officers, applying a broad definition of VFIs, report that police colleagues are focussed only on extreme violence and mass casualty attacks. Some police officers differentiate between 'fascinated by' and 'fascinated in committing' violence, being concerned that if the former is applied as the threshold for intervention, the system could be overwhelmed. One council reported that the police required an 'intent to commit.' Others spoke about differences between operational policing colleagues and senior policing managers about whether to 'bend the rules to make cases fit'.

65. In the LGA's view Prevent and Channel offer a multi-agency model for assessing and managing VFIs, although it is not designed for that purpose. There would need to be changes made to the operation to the Prevent and Channel model to make it fit for purpose in identifying, assessing, and managing the risks posed by VFIs. The feedback the LGA has had from Prevent practitioners in local authorities is that they are struggling to cope with the complexity of cases and the younger cohorts that are being referred through it. They have also pointed out the challenges created by the continuing ambiguity of whether VFIs fit into the Prevent and Channel space.

66. If, as Lord Anderson recommends, Prevent and Channel should continue to be the primary process for dealing with VFIs, then as he also suggested serious consideration must be given to amending legislation to clarify that existing practice is right and VFIs fall within the scope of Prevent and Channel. As Lord Anderson additionally recommends consideration should be given to whether preparatory activity is made subject to new offences applicable in the context of mass violence falling outside the

context of terrorism; a point Jonathan Hall, the Independent Reviewer of Terrorism Legislation, supports.

67. Prevent and Channel are not the only multi-agency models for identifying, assessing, and managing VFIs. Local authority practitioners, like others including the Independent Commission on UK Counter-Terrorism Law, Policy and Practice, identified several existing approaches that could be adapted for dealing with VFIs. These include the serious violence duty, the establishment of Violence Reduction Units ("**VRU**") to prevent and reduce public space violence, MAPPA, Potentially Dangerous Persons ("**PDP**") panels, Multi-Agency Risk Assessment Conferences ("**MARACs**"), multi-agency safeguarding arrangements such as MASHs in child protection contexts, multi-agency risk management frameworks sitting under Local Adult Safeguarding Boards and the Young Futures panels currently being piloted.

68. Several other issues have been raised by Prevent practitioners that also need to be addressed when it comes to identifying, assessing, and managing VFIs:

    a. *Closed and 'inappropriate' referrals*. There is a view that there needs to be greater communication between partners about closed referrals or referrals that fail to meet the Prevent and Channel threshold. This would assist in ensuring cases are not missed, help to improve the quality of referrals and enable support to be provided, for example in relation to education referrals which may not have been thought to be appropriate for Prevent and Channel.

    b. *The consent-based nature of Prevent and Channel*. The need for people or the parents of children and young people to consent to support through Channel, can be problematic in VFI cases. If cases are not transferred to Police Led Partnerships ("**PLP**") but consent is refused to participate in Channel there is a limited ability to intervene further – a position that does not exist for managing cases through MAPPA for example.

c. *Resources*. The latest statistics on Prevent and Channel referrals published in August 2026 show that in the year ending September 2025 there were 10,293 Prevent referrals, a 39 per cent increase over the previous year, with 2,159 referrals to Channel compared with 997 the year before. The number of Prevent referrals has fluctuated over time but these statistics reflect what the LGA has been told by Prevent practitioners in terms of a significant increase recently in caseloads. These practitioners report that to a degree these referrals reflect overstretch and lack of capacity in other systems like CAMHS, where for example getting access to tier 4 beds is difficult. AMHP Leads have worked with NHS England and the Mental Health Lead in the Chief Social Worker's Office to develop guidance around admission to tier 4 bed where doctors and AMHPs think this is necessary but are refused by CAMHS bed managers. That guidance has never been published. What has happened instead is those young people are held on wards or 'specialist' provision by Deprivation of Liberty Orders ("**DOLOs**") from the High Court, paid for by local authorities. At the same time funding for Prevent has been reduced, and there have been delays in allocations of annual funding. Going forward Prevent and Channel need greater funding, especially if they are to be the mechanism for assessing and managing VFIs, with resources being made available on a multi-year funding basis.

d. *Interventions*. There is currently a lack of information and evidence base available regarding the success of interventions. There is an increasing amount of information available for youth offending, or reducing youth violence, but its applicability to violence fixated individuals is not clear. Local authorities suggested therefore that further guidance from the Home Office around what interventions work would be helpful. They also suggested there was a need to pilot interventions to better understand what works well. Alongside that they suggested there was end-to-end scenario testing through local authorities by

the Home Office which would also help to identify issues and gaps and formulate appropriate pathway(s). This should include a mapping exercise of the different forums and pathways that exist, clarifying the purpose of each and what tools and levers are available to them. There needs to be greater investment in the interventions related to VFIs especially as currently there are limited numbers of Prevent Intervention Providers, and many of these are overstretched.

69. More could also be done to support children's services and their role in identifying, assessing, and managing VFIs:

a. *Embedding VFI*: The phrase VFI is being used, but it is not embedded across children's services, adult social care, education, health or justice services in the same way that other phrases such as radicalisation, contextual safeguarding or serious youth violence are considered, and this means different things to different agencies. However, as previously noted, the use of the phrase VFI is not one that the children's sector believes accurately represents the needs and the best way to support young people who present in this way.

b. *Reducing confusion*: This is a busy space, but confused, as different government departments are putting out different guidance for different agencies, so local partners are not all responding from the same starting point or understanding.

c. *Better guidance*: There is limited guidance and information available in this space – particularly for schools and the children's workforce. Whilst there is much focus on safeguarding, serious violence, Prevent, radicalisation and harmful sexual behaviour, there is less focus on VFIs.

d. *Mental health issues*: Understanding how mental health needs present in this space, and intersects with violence fixated individuals also remains unclear,

with no specific mental health pathways for this group or agreed mental health criteria for identifying people in it.

70. It is worth noting that there are currently numerous different reform programmes going through national government which will impact on councils' children's services, such as the Special Educational Needs and Disabilities ("**SEND**") Review, Families First Children's Social Care Reform, and the implementation of the Children's Wellbeing and Schools Act 2026. None of these consider violence fixated individuals explicitly and are all being delivered in a fragmented way, impacting council's ability to properly provide support on the ground to children and young people, and ensure all the programmes align effectively.

71. Furthermore, councils have fed back the impact of rising demand and decreasing funding on their ability to properly support children and young people in their communities, protect others, ensure staff are being trained and supported in different forms of harm, and effectively implement all the new reform programmes.

72. The 2026 ADASS Spring Survey also highlighted the continuing financial pressures facing adult social care with councils in England having overspent their adult social care budgets for 2025/26 by £715 million (See **MN/21 - LGA000021**). A particular pressure is coming from young people with mental health and or neurodiverse needs who are subject to DOLOs from the High Court and placed in high-cost placements outside of tier 4 mental health because they are not perceived as 'appropriate' for those mental health services. As a result, over half the Directors of Adult Social Services have partial or no confidence in meeting their legal duties for safeguarding.

Part D: Information sharing

Data and information sharing between councils, schools, children's social care, youth justice, healthcare providers, police, and other agencies regarding the risk posed by VFIs

73. The LGA does not have a role to play in operational data sharing so does not have a comprehensive picture of the data sharing arrangements in place in its member authorities regarding the risks posed by VFIs. This is a complex area governed by a range of different pieces of legislation, which in many cases apply to individual council service areas rather than across councils as a whole.

74. Section 115 of the Crime and Disorder Act 1998 provides a statutory basis for allowing any person or organisation that would not otherwise have the power to disclose information to share it with a relevant authority (or someone acting on its behalf) where it is necessary or expedient for the purposes of the Act - primarily preventing and reducing crime, disorder, anti-social behaviour and related issues. However, organisations are often uncomfortable using this provision and will often require a memorandum of understanding and/or a data sharing agreement for a specific data type to comply with UK GDPR and Data Protection Act legislation. Memorandums of understanding or data sharing agreements involve each relevant party giving input into an agreement after seeking advice from a monitoring officer or external legal advice. This slows down data sharing, sometimes leaves out relevant parties from sharing, and delays new data sets from being shared between relevant parties. There are additional complications with regards to data definitions and format.

75. In respect of Prevent our understanding is that data would be shared under the Prevent duty and other legislative provisions relating to information sharing such as under safeguarding responsibilities. Similarly, the Channel process will by its nature involve information sharing between agencies. It is noteworthy in this context though that the specific Prevent duty tool kit for local authorities from the Home Office advises councils to enter into local-level information sharing agreements.

76. Although guidance encourages information sharing some local authorities have told us that they have experienced a culture of secrecy around sharing Prevent data, with there being a reluctance to share some things and/or data is securitised unnecessarily

and sharing it becomes more complex than needed.

77. This issue also occurs where decisions are taken not to refer people to Prevent and Channel, or where for example an individual does not demonstrate an intention to commit a mass casualty attack but clearly have serious significant public protection risks.

78. Councils have data sharing agreements with their partners to support children and young people in general (for example safeguarding duties through Working Together to Safeguard Children, information sharing under UK General Data Protection Regulation (UK GDPR) and Data Protection Act, existing multi agency safeguarding arrangements), but there is nothing specific for VFIs.

79. Furthermore, data sharing continues to be a practical challenge, even if the law and framework is in place that enables it to happen. This is why the government is having to consider how to increase confidence in the public sector sharing data and also introducing the single unique identifier to overcome some of the challenges that exist at the moment in relation to risk aversity in sharing data, a focus on consent, and data systems that do not talk across partners nor easily present information to ensure it is identified. Furthermore, given the lack of a clear definition of VFI, it may be challenging for the term to be accurately recorded and understood across different systems and then appropriately interpreted by those reviewing the data and sharing information. In addition, a VFI may not have yet committed an offence or have reached relevant safeguarding thresholds which may mean that again, they are not consistently reported on which then means screening data, identifying patterns, and sharing insight with partners is likely to be challenging and inconsistent.

80. The framework for data sharing in the context of children's services will be changing as the government are in the process of consulting on revised Working Together to Safeguard Children and Information Sharing Duty statutory guidance, to make

improvements to information sharing between different agencies. Alongside this there are significant reforms to strengthen multi-agency working and safeguarding arrangements as part of the Children's Social Care Reset.

81. Like other service areas councils will have data sharing agreements related to adult social care provisions and/or adult safeguarding responsibilities, in particular, with the NHS, where it is for the benefit of people using relevant services and relying on support from different agencies.

Information sharing problems where parents withhold, withdraw or manipulate their consent

82. The issue of parents of young people withholding, withdrawing, or manipulating their consent to information sharing presents different issues depending on the relevant service or legislative framework.

83. In relation to Prevent there are restrictions on local authorities' ability to intervene without consent and so without it, they search for alternative means by which to support the individual in a manner that will mitigate the risk they pose, or to convince the police to act.

84. Within the children's safeguarding system, consent is not required to hold or share personal data if a child is at risk, or if there is a perceived risk of harm. However, for much of the youth service system and in preventative work it is important to work with the consent of the young person, and their family to ensure that the young person fully engages (although this goes beyond data sharing). This is also the case when sharing data with voluntary and community organisations where consent is required.

85. To mitigate these, effective working and the building of relationships with the family and child are essential, as well as ensuring the most appropriate agency is the one that is working with the young person or family. However, as noted by the "Learning

for the future final analysis of Serious Case Reviews 2017-19" published in December 2022 (See **MN/22 - LGA000022**), resource pressures across agencies including children's social care, health, and police "lead to organisational practices that make it difficult for professionals to offer relationship-based work. Changes in workers, large caseloads and incident-based work with cases being closed and reopened undermine trusting relationships between children and professionals." (p.95)

The impact of s. 4 of Children's Wellbeing and Schools Act 2026 and the Single Unique Identifier on information sharing

86. The introduction of a Single Unique Identifier ("**SUI**") is helpful to connect relevant data for children better, as is a duty on certain partners to share information relevant to safeguarding or promoting the welfare of a child.

87. Information sharing is highlighted frequently as a factor where children have not been kept safe and there needs to be further work to address this. However, the LGA is clear that the SUI will not be a 'magic bullet' for information sharing and must be supported by wider action including investment in systems, administrative support, and clear guidance. A SUI will also be unable to compensate for data systems that do not talk to each other, a lack of good quality data recording and information, capacity in organisations to analyse data and a shared language across practitioners.

The impact of the Data (Use and Access) Act 2025 on information sharing

88. The introduction of the Data (Use and Access) Act 2025 has not been raised by councils, Community Safety Partnerships ("**CSPs**") or partners as impacting the sharing of information in relation to safeguarding and crime prevention. This may be because the Act does not significantly change the basis on which councils share information. For example, councils remain unable to rely on legitimate interests for processing information that falls within their activities or obligations. There are, as has already been noted, a range of existing legislation that requires or should facilitate the

sharing of information, such as Section 115 of the Crime and Disorder Act 1998, which already permit in theory the sharing of information in relation to the risks posed by VFIs.

Suggestions for changes to law, policy, or practice to improve information sharing regarding the risk posed by VFIs

89. There is already a range of statutory provisions and broader guidance governing the sharing of information, that, in theory should facilitate and improve the sharing of information on risks posed by VFIs. Section 115 of the Crime and Disorder Act 1998 has been mentioned in this context. Principle 7 of the Caldicott principles also sets out the importance of sharing confidential information where it is in the best interests of patients and service users. Nonetheless, in practice, there remains a reticence to share information on individuals, something that government guidance itself can strengthen. The LGA has already pointed to the government Prevent duty tool kit for local authorities which recommends entering into data sharing agreements to facilitate the sharing of information.

90. An option the LGA has previously made to government is for a national data sharing agreement with accompanying legal advice for public agencies. This could consider relevant legislation such as s.115, the Mental Health Act 1983, the Children Act 1989, the Care Act 2014, the Human Rights Act 1998, the Data Protection Act 2018, and UK GDPR requirements. Such a national data sharing agreement would require a standardized definition of a VFI to ensure there was consistent understanding across organisations.

91. A national data sharing agreement of this sort would also have to consider the improvements being implemented in this area in terms of information sharing for Children's social care, discussed above. Alongside these changes there is also a need for training and resources to support the implementation of any new systems

(considering the costs of changing existing systems), and ensure all agencies are aware of these changes and what they mean for their organisation and practice, would support the implementation of these changes.

Part E: Training

Training issues

92. The LGA does not make recommendations about specific training courses in relation to VFIs and has not provided specific training on VFIs. However, ideology and MUU has previously featured as part of threat briefings in LGA leadership essentials courses for elected members. These programme sessions have been covered by Home Office officials and/or academics, and the LGA asks participants for feedback via evaluation forms to inform the development of those courses. The LGA has also facilitated the provision of training on issues such as mis/dis/mal-information, and the LGA also hold regular meetings of an informal network of Community Safety Partnerships to share best practice, consult, or raise issues and concerns. VFIs have not been requested as a specific issue on agendas of this group.

93. More broadly the LGA understands that levels of training have increased, with further training still to be rolled out by the Home Office, but there is a question as to how this is understood and adopted on the ground. Practitioners are also urgently waiting for clarity on how the VFI space should be defined and further detail from government or Counter Terrorism Policing ("**CTP**") about 'what Southport means for us.'

94. In the LGA's view a universal training package on VFIs with clear definitions and case studies should be developed as soon as possible; there is a need for training across all public bodies to ensure a consistent language and identification of risk of VFIs (whilst recognising the reluctance in children's services to use this term, given it overlooks the underlying needs of the young person). Council Prevent practitioners have reported they are being asked for support by wider partners at a local level (such

as schools), but without national guidance there is a risk of inconsistent local approaches/training being delivered. This should include training around online risks more broadly and also online risks in terms of VFI.

95. In addition, it is vital that training and guidance keeps pace with evolving issues to enable those working directly with individuals to understand what behaviours to look for and identify where new threats might be an influencing factor. A lack of confidence was expressed by council Prevent leads in a few areas that emerging risks such as cases involving 'Com' net are being recognised by frontline practitioners, because they do not currently have sufficient expertise to be able to recognise certain behaviours/beliefs of concern. Further advice on appropriate referral pathways where there are multiple issues would also be welcome, such as where there is serious youth violence, gang involvement, or engagement with 'gore' websites.

96. As previously noted, any training should also include end-to-end scenario testing through local authorities as this would help to identify issues and gaps and formulate appropriate pathway(s) for VFIs. This should include a mapping exercise of the different forums and pathways that exist, clarifying the purpose of each and what tools and levers are available to them, which could then be extrapolated into guidance.

97. Alongside training and end-to-end scenario testing research needs to be conducted into what interventions work to support VFIs, as well as how these interact with established services. An expanded evidence base should cover what works specifically with children and young people, although there is much known about what supports vulnerable young people in general which can be used and built on.

The LGA's support to councils

98. The Special Interest Group on Countering Emerging Threats, (SIGCE), formerly known as the Special Interest Group on Countering Extremism, is a local authority network which has been working to support councils and partner agencies since 2018.

The network brings local authorities and partners together across England and Wales to share learning and experiences, explore common challenges, collaborate, and support each other in their work, and deliver support that helps to deepen understanding of current and evolving issues, activists and their tactics; develop and share good practice in strategic and operational delivery at a local level; and facilitate learning and mutual support across local authorities.

99. The network was originally funded by central government to support the delivery of the then national counter-extremism strategy 2015 and support the national network of Community Coordinators (co-chaired by Leeds and Luton councils) in dealing with shared challenges. Since it was established, it has also facilitated an online Knowledge Hub ("**KHub**") platform for officers from councils and partner agencies to exchange resources and ideas.

100. This year a Temperature Check Survey of SIGCE members has also been launched to help identify and highlight emerging threats, with the results provided through regular update reports on the KHub.

101. The SIGCE continues to hold regular informal roundtables facilitated by an external academic with the LGA helping to support its secretariat and offering advice on its strategic direction. As the national counter-extremism strategy lapsed the LGA decided to continue to provide both secretariat and funding to ensure continuity, and with the aim of subsequently securing national funding to continue its work. For the 2026/27 financial year the SIGCE is funded through a Ministry of Housing, Communities and Local Government ("**MHCLG**") grant.

102. The SIGCE provides support to councils on a range of issues across community cohesion, counter-extremism and Prevent, shaped by the issues that councils say matter most. The remit of the SIGCE has broadened in recent years to cover extremism-adjacent issues such as conspiracy theories and disinformation.

103. The SIGCE's work programme over the years has included:

a. Delivering seminars for local authorities on current and emerging extremism and cohesion issues;

b. Establishing regional forums, and more recently a national one, to facilitate peer-to-peer elected member engagement;

c. Setting up small task-based action learning groups for councils to work collaboratively on specific themes, such as Islamist extremism and the extreme right wing;

d. Holding approximately 50 roundtable sessions to date with an average attendance of 100 council practitioners on a broad range of extremism-related topics, including focussed on actors/groups purporting to have ideological motives, and others whose ideologies/motives may be unclear but nonetheless still potentially of harmful influence.

104. Decisions as to the subject matter to be covered in these sessions have followed requests or have been practitioner-led. They have also responded the facilitators' expert insight into emerging issues. Dedicated sessions of particular note have explored the Regulation of Investigatory Powers Act ("**RIPA**") and online monitoring (February 2021), incels and the manosphere (October 2021), the hybridised threat landscape (February 2022), conspiracy theories and real-world spillover (June 2022), 'mixed unclear and unstable' ideology (December 2022), young people and extremism (November 2023), and VFIs (including the 'Com' network in October 2025).

105. These have been broad sessions aimed at raising awareness amongst those working in the community cohesion, counter-extremism and Prevent space about these issues as part of the broad extremism threat picture, but have not covered the identification, assessment, and management of VFIs. The SIGCE's focus is not on advising

practitioners on individual cases or managing them, but more about helping to upskill practitioners to understand this broad context and signpost them to further sources of information. This is usually done through expert inputs from for example academics or the Home Office.

106. The SIGCE KHub (which requires members to sign up with a corporate email address), also includes some specific posts from academics contracted to facilitate the network, signposting resources that members may find helpful, such as links to materials produced by specialist organisations operating in this space, such as the Institute for Strategic Dialogue.

107. Whilst these sessions have been offered to SIGCE members, some with write-ups subsequently shared amongst network members, slides shared, or posts on the KHub signposting additional resource, there has been no guidance produced, and no publication of any awareness-raising materials, or signposting of such material publicly, including on the LGA's website, regarding the identification, assessment and management of VFIs or the risk posed by harmful online content in influencing and enabling VFIs to prepare and carry out violent attacks.

108. The SIGCE has attracted significant levels of positive feedback from councils for its support. A selection of comments was collated as part of an LGA board paper in March 2024 (See **MN/31 - LGA000033**).

Part F: Assessment and management of risk

Assessing and Managing risk

109. There are several risk assessments council practitioners and staff conduct following the identification of a VFI. There is, in effect, a risk assessment built into Prevent in the sense that there is an initial assessment process where the police determine whether Channel is the appropriate avenue for an individual (as opposed to the PLP

or Pursue for example), and the Prevent Assessment Framework ("**PAF**") is used as part of the Channel process as a case progress. Once an individual is in Channel there is an ongoing risk assessment through the PAF and if despite the support provided through Channel an individual is thought to be about to commit or planning to commit an attack, that then becomes a matter for the police.

110. There are other thresholds for other anti-violence initiatives, while in children's services the sort of risk assessment would vary according to the presenting need of the young person and the organisation concerned. Often, a child would be presented to a multi-agency safeguarding panel to consider their needs and the most appropriate response. Councils would then use existing thresholds for risk assessments for VFIs when considering how to support VFIs, by applying for instance safeguarding, youth justice, and preventative thresholds. In the case of youth justice there are a range of different tools teams use to assess risk – however, this requires a young person being referred in. Different tools would be likely to be used if a child has not met the threshold for youth justice interventions.

111. Part of the problem is the plethora of siloed initiatives and thresholds which leaves Prevent acting as a default destination for those who do not meet other thresholds. It is not that the thresholds are wrong but that the system is not designed for this.

112. Until there is a clear definition of VFI and a clear objective for any framework to address the threat posed by a particular case, it is impossible to analyse the thresholds fully and to judge their merits. However, as noted elsewhere, it is clear to the LGA that without a definition of a VFI and a universal accepted understanding of the scope of this policy area, there will be problems. One problem will arise where initial police screening of a VFI case does not lead to Channel, in which case it is often unclear what happens next. Even if such a case does end up in Channel this may not lead to appropriate interventions or support. There are at least two reasons for this: (1) services such as CAMHS have such lengthy waiting lists, and (2) the case will often

not meet other service thresholds.

113. In adult social care, assessments are triggered by potential or actual eligibility under the Care Act, and under the Mental Health Act if a mental disorder means an individual poses a risk to their self or others. For the Care Act, where each local authority uses its own templates, the tests are more concerned with the vulnerability of the person and their own risks rather than risks to others. For the Mental Health Act there is more of a national template.

Local authority approaches to Autism Spectrum Disorder

Summary of approaches

114. Local authority staff factor autism spectrum disorder ("**ASD**"), other neurodevelopmental conditions, and mental health concerns, into their assessment of the risks posed by VFIs in a variety of ways.

115. Practitioners tell the LGA that, ASD and other neurodevelopmental conditions, alongside mental health concerns, can make assessments more complex, when seeking to understand the nature, seriousness, and immediacy of the risk. Such assessments will normally look at behaviours of concern, their context and known triggers, the individual's vulnerabilities, and the potential mitigations. In both children's and adult social care, council officers will work on these matters with education and health colleagues, police, housing, families, and social care providers.

116. ASD, other neurodevelopmental conditions, and mental health needs, should be considered as part of this wider formulation and not be treated as an explanation for risk in themselves. The LGA would expect practitioners to consider how communication needs, sensory needs, anxiety, trauma, cognitive differences, or mental distress may affect behaviour, engagement and the support or intervention needed to manage risk.

117. The LGA recognises (as do many councils) that where a person has a diagnosis or suspected need, joint working across education, health, social care, occupational therapy, psychology, and other relevant partners is important. This helps practitioners understand the drivers of violence-fixated behaviour and identify reasonable adjustments, adapted communication and appropriate risk mitigations. A structured and dynamic risk assessment is still needed to consider whether the risk can be reduced, by whom, and over what timescale.

Training

118. Council staff in regulated professional roles receive training as part of their professional training concerning to risk assessment and risk management. Such roles include social workers, occupational therapists, and Approved Mental Health Professionals. Training may cover mental health, safeguarding, legal frameworks, and multi-agency working. Some staff also receive training on autism, learning disability and other neurodevelopmental conditions.

119. For some professions, this is supported by specialist post-qualification training. This may be provided by councils or accessed through CPD and professional development. It may include forensic social work, serious harm assessment, trauma-informed practice, de-escalation, safety planning, and formulation-led risk assessment. However, training on how to adapt risk assessment for autistic people, people with other neurodevelopmental conditions or people with mental health needs is not consistently embedded. It often depends on local expertise, local partnerships, and access to specialist advice.

120. Adult social care staff who work with autistic people or people with a learning disability may also access positive behaviour support, functional behavioural assessment, and Oliver McGowan Mandatory Training. These programmes can strengthen understanding of communication, sensory needs, and reasonable adjustments.

However, they do not, on their own, provide specialist training in violence fixation for people with these diagnoses.

Opportunities to make appropriate referrals

121. Within adult social care, local authority staff are often able to make referrals to partner agencies. The response can depend on whether the person meets existing eligibility criteria such as that set out in the Care and Support Statutory Guidance (See **MN/20 - LGA000020**) or fits a statutory pathway, such as that in the Mental Health Act. Where the person is a known offender, or where there are domestic abuse, stalking, terrorism or other public protection concerns, multi-agency routes are usually clearer.

122. The position is more difficult where a person presents a concerning pattern of fixation or grievance but does not meet the threshold for those routes. This may include autistic people, people with a learning disability, and people with enduring mental health needs who are not open to secondary mental health services. In these cases, referrals may focus first on securing appropriate mental health, social care, or neurodevelopmental support. They may not begin with a shared serious harm assessment.

123. For autistic people and people with a learning disability, Dynamic Support Registers may be relevant where there are concerns about admission to hospital under the Mental Health Act, or where a person is at risk of escalation in the community. However, these arrangements are not designed as the main route for assessing or managing the risks that an individual may present to others. They are also not always consistently connected to serious harm, offending risk, or public protection processes. This can mean that the focus remains on care and support planning, rather than on a shared multi-agency assessment of risk to others and the support needed to manage that risk safely.

124. There is also a risk that responses focus on managing behaviour associated with autism or learning disability. This may not fully address the risk posed by the individual

or the adaptations needed to manage that risk safely. Adult social care providers may be asked to manage fixation-related behaviour through high staff ratios or restrictions on leaving the home alone. They may not always have access to the specialist advice, shared risk assessment or multi-agency support needed to understand the risk and agree an effective response.

125. Liaison and diversion services for autistic people, people with a learning disability and people with mental health needs are not consistently available. Access may also be restricted by local eligibility criteria. This can include requirements linked to a primary diagnosis of learning disability or an enduring mental health need. Screening processes may therefore result in people not meeting local thresholds. Social workers and social care providers report that accessing support can be complex and time consuming, even where support exists.

126. Community forensic services adapted for autistic people or people with a learning disability are not always available. Where they are available, they may only accept referrals for people who have already offended or who meet specific mental health criteria. Routes into NHS community forensic services are not consistent. Councils have also reported variation in access within the same NHS provider. This can depend on local service arrangements and clinical interpretation of thresholds.

127. Within children's services local authorities have good working arrangements in supporting all young people, underpinned by statutory guidance such as Working Together, but also in voluntary arrangements to bring in the best agency to support the young person. What remains a challenge is a lack of consistent shared language regarding young people's risk as a VFI, fully understanding the drivers behind the behaviour, and having clear routes for the best sort of support for the young person, and protection of others.

128. There is also an issue with capacity in those services to which VFIs might be referred.

Local authorities can in theory refer children and young people to CAMHS (for example) but the waiting list for CAMHS and other agencies is so long that this may not be appropriate or effective in serious cases. Furthermore, in some cases local CAMHS teams reject referrals for autism unless the child has a co-existing, severe mental health condition such as clinical depression. In its 2019 paper, "A healthcare system that works for all children", ADCS noted that there are specific challenges for young people aged 16-18; at 16, many young people are deemed too old for support from CAMHS but too young for support from adult mental health services (AMHS) (See **MN/23 - LGA000023**). The paper also notes that young people who have been receiving support from CAMHS for autism or ADHD may find that this support is removed when they turn 18 as adult services commonly have a higher threshold to provide support for these conditions. It is important to stress that partner agencies are generally not set up to assess the risk posed by VFIs.

Barriers to referrals

129. The main barriers identified concerning referrals in adult social care are linked to thresholds and eligibility for example under the Care Act as well as the availability of appropriate specialist support. Local authority staff can usually identify concerns and seek advice or make referrals. However, it can be difficult to secure a coordinated response where the person does not meet the criteria for mental health detention, criminal justice intervention, MAPPA, MARAC, or specialist forensic services.

130. A further barrier is the gap between services designed to support neurodevelopmental or mental health needs and services designed to manage public protection risk. Autism, learning disability and mental health services may focus on care, support, communication, sensory needs or reducing the risk of hospital admission. Public protection pathways may focus on offending, domestic abuse, terrorism, stalking, or other defined risks. People who present fixation-related risk may not fit neatly into either route.

131. As has been explained earlier, AMHPs have since 2020 been raising concerns about some admissions to tier 4 CAMHS units where they have undertaken an appropriate Mental Health Act assessment, are in possession of 2 medical recommendations from suitably qualified doctors, want to make an application for admission but are prevented from doing so because CAMHS bed managers at a regional level will refuse to accept requests on the basis that the young person is not 'suitable' for admission. This can be a particular problem for young people with neurodevelopmental conditions and/or behavioural problem but no acute mental illness such as psychosis. Local authorities are instead having to look for suitable placements in the private sector with authority for the deprivation of liberty being agreed by the High Court.

132. There are also further practical barriers. These include inconsistent access to adapted community forensic services, variation in local liaison and diversion provision, limited specialist advice for social care providers, and different interpretations of thresholds between areas or clinicians. These issues can make referrals complex and time consuming. They can also delay a shared formulation of risk.

133. As has previously been referred to the lack of a consistent, shared language when assessing risk in relation to VFIs remains a barrier. There is also the fact that local authorities understand other partners in the system may not have the knowledge or skills to support VFIs, there are at times a lack of clear pathways, and the presence of inconsistent thresholds risks individuals falling in-between different organisations.

The effectiveness of local authorities' abilities concerning complex VFI cases

134. As a general point, the LGA considers that local authorities do not currently have the capacity and resources to manage complex long-term VFI cases. That is not to say that no local authorities are doing so successfully, but in general the impression the LGA has is that local authorities are struggling to manage these cases because there is no clear specific framework designed to manage them (as discussed above), all of

the agencies involved are under-resourced and the demand has increased significantly in recent years.

135. Constraints on councils' resources also have an impact on their ability to manage complex and longer term VFI cases. While the LGA recognises the government has introduced measures to support the local government funding system including the Fair Funding Review and the introduction of multi-year settlements, they are not a resolution to the financial weakness of the local government sector, which faces cost and demand pressures. Councils continue to face high levels of demands for services like children's social care and are struggling with constrained budgets. Local authorities are also currently implementing significant reforms to the children's social care system and in some areas are also implementing local government reorganisation. This is also happening alongside a restructure of local health services with the mergers of Integrated Care Boards ("**ICBs**").

136. Research by the Children's Funding Alliance published this year (**See MN/24 - LGA000024**) shows the pressures children's services are under:

a. Local authorities in England spent a record £14.7 billion on children's services in 2024/25, reflecting the scale of pressure facing councils and rising costs of supporting children with the highest needs.

b. Between 2011 to 2025, spending on early help services has fallen by 40 per cent with more than 80 per cent of children's services budgets consumed by late intervention such as children entering care and other acute services.

c. The Alliance warns this has created a system increasingly forced to respond to crisis rather than prevent it.

137. The LGA has already set out some of the key findings from the ADASS Spring Survey 2026 (See **MN/21 - LGA000021**). As well as overspends in 2025/26 this set out the

need for Directors of Adult Social Care to deliver £909 million in savings during 2026/27. The survey also identified that the number of people aged 18-24 needing adult social care support is increasing partly because of increasing mental health needs, and with the complexity of cases increasing.

138. In addition, the legislative and policy framework which councils are operating in does not assist them in managing complex and long-term VFI cases. Many of the safeguarding systems that local authorities use, as stressed elsewhere, are designed to safeguard individuals, not to manage the risk they pose to others. Again, as already discussed, there is a lack of clarity about whether VFIs can be referred, assessed, and managed through Prevent and Channel, and there remains a lack of a standardized definition of a VFI.

139. As noted elsewhere there is significant concern from Prevent practitioners about their own capacity, as well as the resources of partners in dealing with long term and complex VFI cases. As already mentioned, the reductions or delays in Prevent funding are an issue too. Some councils have reported that police colleagues are overwhelmed by initial referrals, and many areas have reported Channel panels have been lengthened to cope with increased numbers of cases, lengthy timescales before complex cases can be closed and overstretched support services.

140. Stretched capacity also affects Channel intervention providers ("**IPs**") and the need for more specialist IPs who can provide expertise concerning VFIs (when providers have traditionally focussed on ideology). What interventions work best in managing the risks of complex and long term VFI cases is still being explored and a better research and evidence base is needed to inform interventions.

141. Some council Prevent practitioners report concerns that people may be falling through gaps during transition from children to adult services; CAMHS assessments are often not done when individuals are still children, and there are long waits to get an

assessment as an adult. Overstretched services such as mental health are especially concerning as many VFIs need intensive mental health support, but do not necessarily meet thresholds for intervention.

142. Prevent has lost a significant proportion of its funding over recent years. Additional funding is needed to meet increased demand (this increase is not limited to Home Office Funded areas), along with multi-year funding (where there is an issue related to the mismatch between school years and financial years which can be problematic for school-based projects), capacity, and communication. Cuts in Prevent funding over recent years have led to cuts in local teams, including Prevent education staff, which in some areas has significantly reducing training delivered to schools. Reductions in local training in turn leads to poor quality referrals, adding to resource pressures elsewhere.

143. At an individual level councils' staff will draw on extensive experience and skills acquired in safeguarding contexts to inform their management of the risk posed by VFIs. The development of plans to manage the risk posed by VFIs will be done through existing safeguarding, youth justice and serious violence arrangements in the case of children's services which includes bringing together multi-agency safeguarding arrangements to consider the best option of support, and lead agency to support, the young person. If they have already offended or are known to the youth justice system, they may use traditional youth justice assessments, risk management plans, prevention options and consider risk, protective factors, and relevant interventions. There are often panels that will consider young people that are at risk of offending, so it may be the case that the young person's case is brought there. If it reaches the relevant referral mechanisms, councils will use Prevent and Channel arrangement to consider the needs of the VFI.

Part G: Multi-Agency Arrangements

Multi-Agency Protection Arrangements ("MAPPA")

144. Multi-Agency Protection Arrangements are designed to provide a multi-agency framework to protect the public and could be an appropriate route for some VFI cases. They are however established to manage the risk posed by individuals who have been convicted of certain serious offences, including violent or terrorism offences. VFIs may not have been convicted of an offence at the point they pose a risk to the public.

145. As already set out there are several multi-agency case management processes in addition to MAPPA, and some Prevent practitioners think that VFI cases could be managed through a PDP panel. A potentially dangerous person is a person who is not currently managed under one of the four MAPPA categories, but there are reasonable grounds for believing that there is a risk of them committing an offence or offences that will cause serious harm. This can include someone suspected but not convicted of terrorism or extremism related activity. Several councils suggested this could provide a viable alternative to Prevent for individuals where there are VFI concerns, as well as providing assurance of ongoing monitoring and police oversight.

146. In considering multi-agency case management processes, there is an issue associated with the way transition to adulthood is addressed at different ages in different statutory agencies. For example, it is challenging for mental health support to be provided for young people as they approach their 18th birthday, despite efforts to extend support to 25. For young people in care, they remain the responsibility of the local authority up to 21 or 23 depending on their support, although if they are not cared for by the local authority their support by children's social care is likely to decline as they approach their 18th birthday and they may be supported into adult social care, depending on their care and support needs, or to other voluntary agencies. This does make support for young people aged 17-25 more challenging.

147. Councils and their partners have long-established multi-agency arrangements which

are underpinned by legislation and guidance and supported by different panels, partnership meetings, and established governance. These would consider the needs of children who are at risk of harm, or likely to cause harm to others, as well as consider broader system change. As noted previously, due to the evolving use of the term VFI, it may not be the case that there is a focused pathway on young people that need that type of support now.

Co-ordination within MAPPA

148. As the LGA is not involved in operational delivery it does not have detailed information on how various agencies engaged in MAPPA coordinate their management plans and cases, but as the LGA has previously noted agencies will have standard approaches to how they work in their local MAPPA arrangements and use those.

The most appropriate multi-agency structure

Outline of the issues

149. Whatever structure is adopted the LGA is clear that the following conditions are pre-requisites for such a structure's ability to addressing VFI issues successfully:

a. The structure must have a statutory footing.

b. Every agency must be obliged and funded to cooperate effectively with it.

c. The structure must properly funded.

d. The structure must provide for early-stage triage.

e. The structure must enable easy sharing of information between agencies.

f. The structure must acknowledge a significant culture shift in that safeguarding, in a children's services and in an adult social care context has traditionally

focused on protecting the individual from harm, whereas VFI cases raise very important issues concerning the protection of society from the harm a VFI may inflict.

150. If these conditions are met, then there may be more than one model which can deliver an effective service.

151. Overall, there is a need to consider how to improve the whole systems approach in the round and not leave Prevent to address VFI cases alone, and without a clear statutory footing. There are multiple initiatives, agencies and legislative frameworks that overlap, and the distinctions and overlaps between them in responding to VFI cases is currently unclear.

152. Although as already noted, Prevent and Channel were established to work with individuals with a political, religious, racial, or ideological motive, in recent years it has been argued that support and management of individuals should not begin with ideology, but with a two-pronged risk analysis. This would require considering (1) the risks that a VFI poses, and deciding how to manage those risks, and (2) identifying and managing risks to, and vulnerabilities of, the individual themselves.

153. Complex cases require consideration of the subject, whichever pathway is used, and those cases which include a broad range of harms/risks of harms alongside radicalisation, require a broad range of expertise and flexibility in response.

154. While Prevent, Channel, and the specialist expertise of Prevent practitioners concerning radicalisation and counter-extremism are still important in responding to counter terrorism-related cases, it is useful to consider whether other safeguarding avenues are more appropriate for VFI cases.

155. In addition to multi-agency case and risk management processes like MASHs and MARACs, there are a variety of existing approaches which *could* be utilised to manage

VFI:

a. Multi-agency Risk Management panels ("**MARMS**") could be considered for adults.

b. There could be High Risk Multi Agency Complex Adult Safeguarding Forums.

c. There could be partnerships to address serious violence which include a lot of the same organisations as the Prevent responsible authorities, with an overlap between the Prevent duty and the Serious Violence duty. However, there are concerns about long-term funding for delivery of the Serious Violence Duty.

d. Establishing Young Futures panels, currently being piloted, could be a more flexible approach for young people. In this context their needs may be identified (for example around youth work and neurodevelopmental conditions), and which is removed from the policing and counter-terrorism space.

e. Violence Reduction Units may be in a stronger position to respond in terms of the broader violence prevention work.

f. Forensic Child and Adolescent Mental Health Services ("**FCAMHS**") can support cases where there are complex needs and high-risk behaviour, however they do not typically offer a package of support.

g. Using Potentially Dangerous Persons panels.

h. The LGA understands that Kent police manage some VFIs, for whom there is no terrorism risk and who do not meet PDP criteria, through work undertaken by community safety unit inspectors.

i. One council has told the LGA that many cases are referred to social care, but social workers often are not equipped to deal with complex cases in this area,

and/or are unaware and ill equipped to respond to emerging threats. This is compounded by high levels of social worker churn and use of short-term contractors.

156. Specifically in relation to MASH arrangements while these are in place for children in nearly all local areas, there is considerable variation for safeguarding over-18-year-olds and most local authorities do not have a MASH for safeguarding adults. There will be local arrangements for police, health, and others to refer to the local authority their safeguarding concerns and local arrangements for sharing information, which may or may not be described as a MASH. It should not be assumed there would be a transfer of responsibility from a Children's MASH to an Adults MASH.

157. For many local authorities setting up such approaches would have to be undertaken from scratch; if so a careful and comprehensive roll out would be necessary to ensure that cases did not end up with Prevent by default.

158. The LGA would also draw attention to the consistent feedback it has received from local authorities that the local partnerships landscape for community is already overly complicated, involving duplication, leaving 'gaps' for some individuals, and having different lead agencies and funding mechanisms that are often short term. The tendency for government to introduce new duties and structures on local public service partners can lead to officer time being used on administration rather than delivering outcomes.

A 'Big Front Door' model

159. A Big Front Door ("**BFD**") model that receives all violence-related concerns, could provide an initial entry point. Early triage would be a critical factor in the success of such a model, helping to identify which agency/referral pathway was the most appropriate, whereas currently, in some areas, unless referrals go via the MASH, Prevent is the first opportunity for multi-agency triage. This could help to identify a

broader range of issues at an earlier stage, with more collective consideration of safeguarding concerns, including risks both to, and from, the subject involved. It would also improve information sharing. Prevent/Channel could be retained but would focus on cases where there is a suspected terrorism-related risk and where specialist support including via IPs is already well embedded. This would help avoid Prevent being overwhelmed.

160. In designing a BFD model consideration would need to be given to when and where critical specialist counter-terrorism insight and intelligence would be incorporated into the initial stages of the process, as local authority officers alone would not have this insight. This would be vital in safeguarding the public. One mechanism for achieving this could be to ensure counter-terrorism officers are involved in the early triage process. A risk that would need to be addressed would be the issue about whether, and to what extent, policing involvement in a BFD model might alter or affect trust in the existing children and adults safeguarding systems and their core purpose of protecting and supporting the individual. The LGA would also be concerned about counter terrorism-related risks being transferred to local authorities

161. A particular advantage of the BFD model would be its ability to address concerns the LGA has heard from some council officers that police Prevent officers may not refer cases to Prevent because they do not meet the s36 of the Counter-Terrorism and Security Act 2015 requirements, yet there may be wider safeguarding concerns that still require further consideration and potential intervention. It is not always clear how these cases are resolved/closed (some councils have called for a sub-Channel multi-agency group to manage cases referred but not accepted to Channel to ensure multi agency support or consideration can be considered appropriately).

162. Further consideration would need to be given as to how to join up with children and adult social services, given the greater breadth of responsibilities in children's services compared to adult social care. This would also need to consider transitional

arrangements between the two and where support for example ends because the individual has reached their 18th birthday.

163. A BFD model would require additional resource to ensure that local authority teams involved in initial triage, who are already incredibly stretched, are not overwhelmed.

164. It is also critical that any BFD model ensures those services receiving referrals (for example CAMHS) have the capacity and resource to respond with suitable interventions. Lessons must be learned from the recent Home Office 'below thresholds' pilot about the limited capacity of the provision outside of Prevent to address the risk posed by those deemed not to be Prevent relevant.

Utilising existing safeguarding arrangements

165. A consideration when considering utilising existing systems, structures, policy and practices for safeguarding children and adults is that they are very different from each other. Many young people who are at risk of abuse or neglect do not meet the criteria for adult safeguarding (see Cocker, C. Holmes, D, Cooper, A (2024) Transitional Safeguarding, Policy Press Bristol and **MN/25 - LGA000025**: Transitional safeguarding resources | Local Government Association). The thresholds for young people who might transition to adult services vary across sectors, localities, and transition points, for example for adult mental health services and adult social care services.

166. The risks of people harming others is only included in safeguarding adults work when it falls into a current category such as financial, domestic or physical abuse, and where the person at risk has care and support needs and/or is unable to protect themselves (see the Care Act 2014 and **MN/20 - LGA000020**: Care and Support Statutory Guidance). Therefore, the current safeguarding adult arrangements for multi-agency working would not include VFI unless they fall into such a category.

167. There are multi-agency information sharing agreements regarding safeguarding adults, authorised by local strategic multiagency partnerships as statutory Safeguarding Adults Boards in all areas. Local policies and procedures would determine when multi-agency meetings are required both for prevention and risk management; these vary considerably. Many places have some form of high-risk panel for escalating complex cases, covering areas such as self-neglect or homelessness and safeguarding, frequently developed in response to a Safeguarding Adults Review which has demonstrated that multi-agency work requires improvement.

168. There are Multi-Agency Risk Assessment Conferences (MARACs) in all areas; these are for reviewing, risk assessing and managing high-risk domestic abuse situations; they have a clearer focus on and experience of addressing the behaviours of perpetrators (than safeguarding adults multi-agency arrangements) although they would not consider VFIs within their remit unless domestic abuse was the key factor. Adult safeguarding professionals frequently participate in MARACs to provide information and monitor risk when there are people with care and support needs involved.

169. One consideration that needs to be taken into account in designing any new system for VFIs, in particular in the case of young people, is that compared with the broader range of safeguarding cases VFI are more likely to be the exception than the rule, and the majority of young people are well supported within the existing structures. It is important that systems in place for children's services are designed for most young people, with flexibility and capacity in the system to respond to specific needs as and when required.

170. Furthermore, it makes the most sense for local systems to decide on who the lead agency should be, depending on the local set up, capacity, and capability of different areas.

171. What government does have to consider is ensuring that all agencies within the system are fully funded, that there is capacity among staff to be able to be flexible and adaptable, for example to respond to children with different needs and with different behaviours, and that they have the skills to do this.

How would a VFI Duty Holder work?

172. In respect of the suggestion that there should be a VFI Duty – Holder, the LGA notes that senior staff in councils have considerable skills in multi-agency case management. A particularly good example of this concerns the relationship between adult social care and the NHS. So, the LGA's view is that the key issue is whether a Duty – Holder would have the time and capacity to take on that role in respect of VFIs.

173. Placing additional burdens and responsibilities on senior officers for example in children's services would impact on their capacity and time to lead on this given the existing high demand for services they are already experiencing, as well as the numerous changes in children's social care and wider systems, which are due to be implemented over the next three years (but will take longer to be embedded). Any proposals in relation to a lead organisation or position would also need to take account of the current reforms to the children's safeguarding system, which are setting out clearer responsibilities around case management and lead professionals, and any further changes to this are likely to make the situation more complex.

174. The LGA sees some advantages in the duty holder being a person in the agency best placed to be in touch with the VFI and to coordinate input. The disadvantage is that some or all agencies might be reluctant for their staff to take up this role given the pressures on their services and their staff.

175. An option could be to create a new post within local authorities, where the person recruited had the capabilities to do the job and there was adequate funding. The advantages of having a single individual in this kind of coordinating role would include

a clear level of accountability; however, the disadvantage would be that without any accountability to that individual on the part of professionals in other organisations (such as the police) there is no guarantee that the new system would deliver better. VFI work requires a multi-agency approach and this, the LGA considers could be better achieved by statutory duty of cooperation rather than a lead agency that lacks the power to compel partners. The multi-agency triaging that it is understood was absent in the case of AR, is a vital part of dealing with VFI. If a single individual was to coordinate such an approach, they must have the power to require the full cooperation of other agencies.

176. The LGA is also concerned that a focus on structures and processes could mean that the need to focus on the underlying causes of someone who is showing an obsession with violence are lost while adding an additional layer of complexity to the system. Even with a named individual as a duty holder there still needs to be effective multi-agency partnership, with clear case management and clear protocols which outline the responsibilities across the partnership.

The capabilities of local authority children's social care workers to address VFI issues

Capacity to recognise that welfare issues may be relevant to the threat VFIs pose to others

177. Of course, responsibility for safeguarding against the risks to others would not currently rest with children's social care but with Multi-Agency Safeguarding Arrangements (MASA) and Prevent and Channel. Nonetheless, those working in children's social care should normally be capable of recognising that factors impacting an individual's welfare may also be relevant to the threat they pose. This is so even the predominant focus of children's social care is not harm outside the home.

178. That said, the LGA considers that with children's social care already being under

significant strain, expecting staff to consider issues beyond the focus on the needs of individuals may not always be easy, particularly when the children's social care system is already going under significant reform to reconfigure how the system works at the moment.

How to ensure a child's risk to others is properly noted and addressed

179. Children's social care and the framework it is based on (policy, legislation, structures) is currently not set up in such a way as to easily prioritise risk to others above the safeguarding of the child, so this would need very substantial changes across the board.

180. This is one of the reasons that separate mechanisms such as MASH, Channel and Prevent exist: to ensure that children's social care is focussed on protecting children, as per the various obligations on local authorities in the Children Act 1989 and Children's Wellbeing and Schools Act 2026.

181. The LGA considers that this separation is appropriate; children's social care should be afforded the clarity of legislation and policy to prioritise the safety and wellbeing of children themselves. However, where VFI are identified by children's social care, it is vital that there are clear and effective referral routes to appropriate support channels (such as Prevent or another more appropriate option), where public safety concerns can be addressed alongside the child's needs

A single, shared multi-agency risk assessment tool?

182. The advantage of a shared multi-agency risk assessment tool could be greater clarity and consistency. The disadvantage is how it interfaces with the many existing tools, assessments, and templates already in use to assess risk across a range of agencies, some of which will be designed around existing legislation and frameworks so it may not be easy to develop. What might be helpful is to draw out the key risk domains to

be considered and used whatever the tool or template.

The adequacy of joint decision making

183. For adults with care and support needs who are at risk of abuse or neglect, there is a range of effective practice, but there remain challenges in effectively embedding joint decision making including the demand and financial pressures in councils' children's and adult services, which the LGA has detailed previously.

184. Safeguarding adults became a statutory duty with the Care Act 2014. Safeguarding Adults Reviews (SARs) illustrate the continuing challenges in embedding consistency of practice of multi-agency working (including information sharing and decision making), see for example the second National Analysis of SARs (See **MN/26 - LGA000026**)

185. Care Quality Commission inspections of local authority adult social care services show there are challenges in delivering safeguarding services as approximately 40 per cent of services require improvement or are inadequate in their safeguarding adults' services (**see MN/27 – LGA000027**: Local authority assessment reports - Care Quality Commission).

186. There is a similar position in respect of children's services, in that while there is effective practice there is always more that can be done to ensure that joint decision making is fully embedded in systems. Ofsted inspections of local authority children's services for example suggest a similar proportion (44 per cent) require improvement or are inadequate when it comes to child protection **arrangement (see MN/28 -**

LGA000028: Inspection of children's services – ADCS).

187. Furthermore, the current system in children's services, as has been pointed out, is under significant flux with changes to police systems, health, and safeguarding services. This is putting existing arrangements under strain and impacting the understanding of different statutory agencies in their duties.

188. As the LGA has noted above there are also challenges in respect of assessing and managing VFIs through Prevent and Channel.

189. It is helpful to consider the impact of national policy making. A recent example concerns decisions to establish local authorities on smaller footprints through local government reorganisation, while simultaneously merging ICBs. The result was that ICBs (along with police in many cases) have been left trying to operate across several multi-agency safeguarding arrangements, each with potentially their own policies, procedures, and priorities.

Ideas for better case escalation

190. The LGA does not have specific recommendations to make in relation to case escalation processes for VFIs. As has been raised earlier in the statement the escalation processes for VFIs are impacted by the lack of a comprehensive framework relating to identifying, assessing, and managing VFIs. Councils, their officers and partner agencies when seeking to manage VFIs must navigate different legislative regimes, none of which have been created with VFIs in mind. This creates issues for escalating cases, especially where, as in the case with Prevent currently, VFI cases do not easily fit statutory criteria.

191. In designing a new model for identifying, assessing and managing the risks from VFIs, the LGA notes there are lessons from children's and adults safeguarding that could be used to inform escalation processes. For example, the issue of escalation was

considered as part of the "learning for the future: final analysis of Serious Case Reviews, 2017-19" (**exhibit MN/22 - LGA000022**, as referred to earlier), which noted challenges around the extent to which professionals across disciplines understood information being shared, and reluctance amongst some professionals to use escalation processes where this directly challenges senior workers (section 4.3.1). The report emphasised the need for opportunities to engage in discussion and 'translation' of information, and to consider how to create opportunities for constructive interprofessional dialogue.

Ideas to ensure local authorities own risks appropriately

192. In the LGA's view, councils are prepared to own and manage risk. The issue, as outlined already, is that councils and partners are trying to use existing systems and frameworks for something they are not designed to address. For example, and as set out earlier, consideration needs to be given to redesigning Prevent so it is better placed to deal with VFIs, or for another system to be used or put in place alongside it that can do this job. The prerequisites for success as set out elsewhere apply in either scenario, but if one of these approaches is taken, the LGA would expect that those responsible under that framework will exercise their responsibility to the extent that are funded to do so, and – based on the evidence to date - probably well beyond that.

193. Public agencies, particularly children's social care and youth justice, are also used to owning and managing risk appropriately and many in the existing system do this well for most young people. However, alongside changes to the framework for identifying, assessing and managing VFIs there needs to be more resources and a better understanding of the intervention that work in relation to VFIs so for example young people who are fixated with violence have their underlying needs appropriately identified and met, and staff feel confident to support them. Furthermore, the LGA would reemphasise that currently the adults and children's safeguarding systems are designed for managing the risks posed by individuals to others. The

children's social care system is not designed to focus on violence carried out by a young person, and as a result at the core of any new framework for managing VFIs there has to be a multi-agency response in place to support the child or young person through the most appropriate agency.

194. It should be recognised that councils, working alongside government and partners, are increasingly supporting young people through children's social care where they may previously have worked with the youth justice or mental health services. This is positive progress toward developing a culture focussed on support. However, where the youth justice grant has reduced, as a result of fewer young people being worked with by youth justice teams, this funding has not been transferred to children's social care and as such is not being invested in support. Equally the high costs of supporting some young people with complex mental health needs (as described in the Nuffield Family Observatory Report **(See MN/29 - LGA000029)** on DOLOs from the High Court would (arguably) previously have been met via mental health services.

195. In the LGA's view, councils are prepared to own and manage risk. The issue, as outlined already, is that councils and partners are trying to use existing systems and frameworks for something they are not designed to address. For example, and as set out earlier, consideration needs to be given to redesigning Prevent so it is better placed to deal with VFIs, or for another system to be used or put in place alongside it that can do this job. The prerequisites for success as set out elsewhere apply in either scenario, but if one of these approaches is taken, the LGA would expect that those responsible under that framework will exercise their responsibility to the extent that are funded to do so, and – based on the evidence to date - probably well beyond that.

Local authority interventions to reduce the risks posed by VFIs and their effectiveness

196. Those local authorities to whom the LGA recently spoke about the nature of current

Prevent and Channel cases, reported as one, a significant increase in their complexity in recent years. Neurodevelopmental conditions and mental health issues feature strongly in referrals, both in children and adults. Cases are more multifaceted, with many individuals experiencing adverse childhood experiences, being out of school, in local authority care, experiencing bullying, being isolated, having personal grievances, and are in complex family environments, such as those experiencing domestic abuse.

197. Prevent, as part of the CONTEST strategy and as set out under s36 of the Counter-Terrorism and Security Act 2015, was fundamentally designed to assess and address the vulnerability (or "susceptibility") of individuals being drawn into terrorism, for political, religious, racial, or ideological causes. IPs have been a core part of the Channel support offer since their introduction, with a focus on working one-to-one with an individual to challenge extreme, distorted, and harmful ideological, religious, or political views, and encouraging critical thought.

198. While councils have told the LGA that there is a much better package of interventions available now than a few years ago, the system, by its nature, has been slow to adapt to the evolving complexity, breadth, and drivers of what now forms many Channel cases. Traditional IP ideological support may therefore be of less relevance and/or less effective in these instances, including in managing VFI cases where there is no or minimal ideological interest.

199. Some councils have had success with responding to newly emerged 'Com net' cases, where it may be possible for an IP to support an individual to disengage from harmful online platforms or in response to challenging conspiracy theories. Other IPs have been able to provide specialist support around issues such as domestic violence and misogyny, but they are small in number.

200. For the complex cases that have become the norm however, a much broader range of

responses are often required. This might include support around domestic abuse or mental health issues, addressing school attendance, housing issues, or providing diversionary activities such as gym or sports club membership that might improve feelings of isolation and help with disengagement from the online world.

Success and barriers to delivering effective interventions

201. Prevent Channel panels have traditionally commissioned support from IPs to work directly with individuals, often linked to ideology, with a small number who are able to support on broader issues. Councils have reported that IPs are hugely under-resourced, including those with expertise in XRW and Islamist ideology, as well as more specialist IPs that may be able to provide support around issues such as online engagement and challenging conspiracy theories. It is noted that the latter are very limited in number, and it is critical that as new threats continue to emerge, IPs are responsive, with new IPs trained or commissioned to understand and respond to these issues as appropriate. Council Prevent practitioners the LGA has spoken to said that they would welcome further guidance or piloting from the Home Office to identify effective Channel interventions for VFIs.

202. One significant potential barrier to the success of interventions delivered through Channel is the requirement for consent to receive this support from either the parents of the individual concerned if under 18, or the individual themselves if they are over 18. Unlike other case management or safeguarding avenues where consent is not required, in Channel this can be problematic and/or raise questions from subjects, especially in VFI cases; if these individuals or their parents do not consent to receive support (and are not otherwise on a PLP) then Channel interventions are limited, leaving councils with limited options for intervention but still holding the risk. Some councils have also told us an increasing number of individuals/parents are not consenting (noting too that often parents are themselves a radicalising influence), and

cases are being closed as a result, with concerns that it is unclear what happens next.

203. Over the years the LGA has also heard anecdotal reports from councils about lobbying from anti-Prevent groups seeking to dissuade individuals from engaging in the Channel process and refuse consent to receive interventions. Alongside concerns that Prevent remains a 'toxic brand' for some, this can hinder engagement, especially with Muslim communities. There remains a need to build trust in Prevent which moving to mandatory engagement with it would make more difficult. There is also an issue with how IPs deal with individuals who accept support and also exhibit apparently changed behaviour but have not changed their views and beliefs.

204. As a multi-agency structure Channel has increasingly become a forum for seeking support around broader complex issues such as mental health and neurodevelopmental condition assessments. Prevent practitioners to whom the LGA has spoken reported that traditional avenues such as CAMHS and SEND are incredibly under-resourced and overstretched. They indicate that Prevent is increasingly being used as an avenue for desperate parents or teachers to seek support and/or expedite support, particularly in the light of Home Office steers to accept or adopt VFI cases. Practitioners are keen to note however that Prevent is not 'a magic wand' and cannot necessarily open new doors. Further, cases end up staying in Channel for extended periods, adding to Channel's own resource pressures, because the complex issues they are now looking to address beyond the terrorism/radicalisation space are long-term and difficult to resolve.

205. Addressing wider systemic issues and support upstream is critical. It is clear to the LGA that these cases cannot be addressed through a counter-terrorism lens alone. As one example, two councils in our focus group commented on when those with mental health needs are managed on their medication they have no concerns – but often end up in Channel if they stop medication or self-medicate on drugs or alcohol and then "make extreme statements." Another commented that many Channel cases have

unmet needs because they are not diagnosed and/or there is a stigma about mental health and neurodevelopmental conditions in certain communities (presenting yet a further barrier to effective interventions).

206. More broadly, cuts to youth services and youth centres and outreach, have contributed to an increased sense of isolation and added to risk in this space.

207. It should be added that the recent Home Office Family Interventions Pilot is providing support for family or close friends of Channel adoptees, however the LGA is concerned by the pilot's very short duration which it is understood started in late February 2026 and ran until the end of March.

Innovative and specialised local approaches with national potential

208. Councils have shared other approaches that they use for supporting young people with broader behaviours such as looking at supporting young men who are socially excluded, digital resilience programmes, support for young men on belonging and work around the safety of women and girls. This is a mix of work with statutory services and voluntary and community organisations to work with young people.

209. There is some specific work developing in London through the regional improvement agency's (the London Innovation and Improvement Alliance) programme - "Your Choice" – which is a pan-London approach to bringing together best practice in adolescent safeguarding and emphasises a child first approach to working with young people affected by violence. It has been in place since 2022, and the Youth Endowment Fund Efficacy Report, published in January 2026, **(See MN/32 - LGA000034)** indicated this approach could have a positive impact on young people's psychological health and wellbeing.

Good practice from other areas of risk management that could be applied to VFIs

210. As has already been outlined there are a range of frameworks and multi-agency safeguarding and violence prevention arrangements where risks are managed to the public, which any new framework for managing the risks from VFIs could draw on. The examples of work within the youth justice and youth services, where the focus is both on risk management while also about considering the child's needs and supporting them holistically, as evidenced in the answers to previous questions could be considered.

The utility of Prevent for VFIs

211. As already noted, the LGA considers that Prevent is not currently a completely appropriate mechanism for the identification, assessment and management of the risks posed by VFIs because it was not designed and is not resourced for the task. That said, it could potentially become either part of an appropriate system (as part of the BFD) or be adapted in line with the pre-requisites as already set out. This general view is explained further below.

Definition

212. As it stands under s36 of the Counter-Terrorism and Security Act 2015, Prevent is concerned with "vulnerability to being drawn into terrorism". However, there remains a lack of clarity, and inconsistency, about whether, and if so which, VFI cases satisfy this legislative threshold.

213. Council Prevent practitioners have expressed views that agencies are "just making things work" and are "shoehorning people into the process by working around statutory restrictions," to do what they can to avoid cases falling through gaps. In addition, as noted earlier, inconsistent interpretation and practice on the ground, have resulted

from a lack of a clear definition both of (1) who is a VFI and (2) what the policy on VFIs should encompass.

214. Whilst there have been messages from the government to steer the scope or provision of Prevent in various ways – including how "ideology" is defined and to what extent it is or is not a requirement for a Prevent/Channel referral/adoption – these have been mixed, causing confusion on the ground.

215. This can lead to tensions between what a council and police consider to be an appropriate referral, with the council wanting to do more to support certain cases but which are not proceeding beyond the police Gateway assessment. One council told the LGA that the police had decided to pursue an 'ethical reduction' in the number of cases reaching Channel. Another council noted they are currently running a serious case review because a case with a VFI footprint was not progressed to Channel by the police having been deemed not to meet the threshold.

216. There are also reports of a lack of communication from police to councils about closed referrals, or what happens to 'inappropriate referrals' that do not pass the Gateway threshold, with concerns this could allow cases with other safeguarding concerns to fall through the gaps. Further clarity on why referrals were deemed inappropriate could help improve the quality of future referrals and build capacity locally.

217. Without clear policy and legislative changes to support the management of VFIs within the Prevent/Channel, local authorities are left holding the risk, but without a firm and clear statutory footing. One council told the LGA, "…everyone is working outside of s36 in reality", with some police officers uncomfortable in signing through s36 decisions in some VFI cases. So, the LGA repeats again it is critical that there is a clear legislative basis for Prevent to operate in a way that links clearly and appropriately to deal with VFIs.

Membership and resourcing

218. As a methodology, Channel is an effective mechanism that brings together multiple partners, with a well-developed framework for supporting individuals or providing interventions to manage individuals susceptible to terrorism and it is well practised in considering the risks from individual to others. Councils are best placed to information-gather from key agencies, working alongside the intelligence and expertise of Counter Terrorism officers. As such, some practitioners tell the LGA that Prevent and Channel provide a good methodology for dealing with VFIs.

219. Crucially however, Prevent was designed for a different age, to deal with a different threat picture. It was designed as a counter-terrorism tool specifically and not as a tool for violence prevention or management, nor as an alternative to other mainstream services such as mental health provision.

220. It is not geared up for the complexity of cases and younger cohort that are now the norm. While there are large amounts of goodwill and pragmatism amongst practitioners to try and get people the support they need, Prevent and Channel have in practice become more about trying to ensure that people do not fall through the gaps across a broad range of overlapping services and initiatives, many of which are hugely overstretched. A further concern driving this is to ensure that where cases do not meet thresholds for intervention via other services or the criminal justice system, they are still addressed.

221. Thus, Channel has become “a bit of a mop up” for everyone, a holding space which picks up cases where there is uncertainty about where they should sit to “try to find ways to patch the leaks” but the governance is not clear.

222. There are also significant concerns about the capacity of Prevent and Channel to cope with the additional demands that receiving VFI cases has placed on them. As noted previously, councils have told us they have seen significant increases in referrals and

adopted cases over 2024/25, with some councils already describing themselves as "nearly at breaking point" as a result. Further resourcing is critical to ensure that this is sustainable, both currently and in any new structures and arrangements to manage VFIs. The LGA has already set out additional concerns regarding the capacity and resourcing of Channel and partners.

223. Moreover, using Prevent for VFI cases dilutes the counter-terrorism focus and risks pulling people into a counter-terrorism framework that may not be appropriate or proportionate. Historically there have been concerns about whether it is appropriate to deal with very young people as 'potential terrorists' given it is highly unlikely they would enter this space.

Interventions

224. The effectiveness of interventions through Prevent and Channel have been covered in detail earlier in this witness statement.

Mental health and neurodevelopmental conditions

225. As noted earlier, Prevent practitioners in councils have said that neurodevelopmental conditions and mental health issues or trauma experience feature strongly in Prevent and Channel cases, both in children and adults, and are regarded as primary drivers. Practitioners express the view that neurodevelopmental conditions can contribute to hyper-focusing on certain things online.

226. One council has reported that many cases have unmet needs because they are not diagnosed and/or there is a stigma about mental health or neurodevelopmental conditions in certain communities.

227. However, there is significant concern about the capacity and resourcing of mental health services to cope with demand and Prevent practitioners have said that many Channel cases involving individuals with mental health needs do not meet the

thresholds for support.

Part H: The role of the on-line environment

Online disinhibition, anonymity, or harmful content platforms

228. The LGA understands that online activity is an essential part of VFI radicalisation or self-radicalisation. In the main its understanding does not come from local authorities but from expert presentations and the Home Office **(see MN/02 - LGA000002 - CL email of 21/5/25).** The LGA has not had detailed discussions with local authorities about the role of the online environment in contributing to the risk of escalation in violence by VFIs.

Challenges for local authorities from the online environment

229. Local authorities face significant challenges from the online environment when seeking to protect and safeguard children; these include establishing clarity regarding responsibility, understanding risk, and enacting speedy responses to children and young people who access harmful materials. Local authorities referenced local experiences where police had not been able to identify Internet Protocol addresses related to online incidents, resulting in delays to the council being able to intervene and respond in a timely fashion.

230. Furthermore, there is a staffing issue. Few have the capability and capacity to respond to online environments. Some specialist workers engaging with Prevent and Channel support young people who are involved in harmful online behaviour, however, how they interact with the rest of the system and the rest of the workforce still needs to be further considered.

231. The pace with which online harms evolve is also a very significant issue. Those seeking to manipulate others are extremely adept at finding ways to avoid detection.

Constantly changing algorithms and evolving artificial intelligence makes both identifying and supporting those at risk extremely difficult.

Best practice in children's services and education for the assessment and management of online activity risk

232. Given government policy on school autonomy, it is principally for professionals in individual schools and Multi- Academy Trusts to assess and manage risks to pupils arising out of online activity. However, councils may have a role in supporting council-maintained schools providing model guidance and advice and highlighting best practice.

233. In residential children's services settings the responsibility would likewise sit with the provider.

234. There is some good practice that exists in supporting staff to feel more confident in talking about the online space which needs to be constantly maintained as the online world is constantly changing. Staff report feeling less confident on this topic and as to how to have conversations with young people to understand what they are interacting with.

235. There are some good examples of youth services developing online programmes to support young people, or to speak to young people about the challenges of different online spaces.

236. Council officers have fed back that there should be more onus on internet companies to reduce the risks that are presented to young people online, instead of putting the blame on young people who come across the material. Throughout the passage of the Online Safety Act 2023 the LGA advocated strongly in favour of the Draft Online Safety Bill Joint Committee's recommendation that Ofcom should publish a 'safety by design' code of practice to support this, though this was not adopted.

Managing and monitoring access to the internet in educational settings

237. The LGA does not hold any information in relation to support or guidance available in relation to managing and monitoring access to the internet by students in educational settings, or how well the importance of managing and monitoring access to the internet in educational settings is understood.

Training in the education sector concerning consistent and up-to-date understanding of online risks

238. This is a developing field with different approaches locally, and across different agencies. Councils and schools are responsible for commissioning training for their own staff. The LGA, as a membership organisation, does not have oversight of this training, which is an operational matter.

Tools and guidance for *workers* to identify and respond to online risks

239. As previously noted, this is a varying picture across the country and can be vague, based on principles, or can be quickly out of date. For many young people, being online is part of their culture and they are likely to know more, more quickly than the children's workforce. What is key, and this relates to the fundamentals of working with children and young people, is staff having the confidence to support children in difficult conversations and knowing where to go if they are more concerned about the behaviours for additional support.

Tools and guidance for *parents* to identify and respond to online risks

240. As with our answers to previous questions, this will vary across the country; this is in part because it will be for individual schools and Trusts to deal with parents in educational settings. Family hubs are one setting in which this topic may be covered as part of parenting workshops, along with signposting to online tools and resources.

Capacity to verify information about online activity

241. The LGA does not hold any information on the extent to which those working in young people and children's services, including educational settings, are expected to verify what they are told about a young person or child's online activity (either by the child, or by their parents), or the extent to which they have any power to do so.

Information sharing concerning online activity

242. The LGA has not undertaken any assessment of information sharing in relation to children's online activity between children's services, schools, child and youth justice services and youth services.

Barriers to accessing information concerning online activity

243. The LGA's experience relates more to the impact on cohesion of online activities by individuals and organisations. Within this context local authorities face significant barriers to monitoring, reporting, and responding to issues. These barriers include:

a. *Inconsistent police response*. For instance, Operation Ford's role in dealing with the harassment of councillors is not as great as the LGA would like among councillors, and the responsiveness of police forces is uneven.

b. *Poor information-sharing arrangements with police.* This is an issue that goes beyond misinformation but is relevant here. Councils have repeatedly told the LGA that the effectiveness of their community tension monitoring depends to a significant extent on the relationship with police intelligence, which varies from place to place, and where it is good, seems to us to be too reliant on individual relationships. This applies both to the police providing information to councils and councils knowing who to share intelligence with. One issue impacting this is the lack of security cleared council staff, which is a systemic failing. It needs

either to be simpler to have council staff cleared or easier for police to share intelligence about locally relevant issues with non-cleared council staff.

c. *Lack of legal consequences for those generating and disseminating harmful material*.

d. *Lack of investigatory powers.* It is impossible to monitor ward-level local social media groups unless staff or councillors happen to be on them. Misinformation can spread on these groups before councils even know it exists.

e. *Uncertainty over legal rules*: It is not entirely clear when monitoring of social media strays into surveillance as covered by RIPA.

f. *Slow local authority communication*: Local authority communications teams work at a much slower pace compared to the speed at which misinformation spreads on social media. This is not a criticism of councils. Councils are hampered by a need to fact check and politically clear statements. It is also necessary to consider which untruths to ignore (for fear of amplifying them through denial) and which to rebut. This is not always a simple judgement to make.

244. In terms of support, the LGA has produced guides to mis/dis/mal-information for officers and members, containing case studies and advice.

245. The LGA has run several training sessions on disinformation for officers and members. These were funded by a grant from MHCLG and evaluated using a Department for Science, Innovation and Technology evaluation tool which found that:

a. The proportion of participants who felt "very confident" in judging online information rose from 4 per cent to 27 per cent, and those "fairly confident" increased from 58 per cent to 67 per cent, resulting in 94 per cent expressing

confidence overall after the workshop.

b. The share of participants who said they would "always" consider the truthfulness of online news rose from 59 per cent to 77 per cent, while those saying "sometimes" dropped from 36 per cent to 22 per cent. After the workshops, 99 per cent of respondents thought they would consider accuracy of information either "all" or "some" of the time.

c. After the training, 98 per cent of participants reported feeling better equipped to tackle mis/disinformation.

d. Participants described the workshop as informative, practical, and relevant, with praise for the trainers' delivery and structure. Many recommend it for wider rollout and future sessions.

246. In October 2025, the Home Office established a function that enables partners to raise asylum accommodation related misinformation concerns and, where appropriate, receive factual clarification. Its primary purpose is to support awareness, rather than direct intervention or content correction. The LGA supported this through promotion to member councils and membership of an associated task and finish group. Councils reported mixed experiences with the service, but in general its existence was a welcome step forward. However, the task and finish group stopped meeting from February, because of a Home Office internal reorganisation.

247. The LGA's website contains resources around online harms, including a guide for councillors although these are now several years old. The website also hosts materials from our Debate not Hate campaign around civility in public life.

248. As referred to earlier the SIGCE ran a roundtable on RIPA.

How local authorities identify concerning patterns of online behaviour

249. Outside of schools and employee use of council IT, councils cannot monitor online behaviour of the type described above. Children's homes would have firewalls preventing access to some sites, as would council IT systems and schools. If reported as part of a Prevent referral, this would be looked at as part of the initial assessment.

Restricting and monitoring access to the internet

250. There are currently limited powers for councils to restrict or monitor access to the internet on the part of children or young people, and this could only be done through children's safeguarding and youth justice legislation where a court makes an appropriate order. Local authority officers have fed back that given the challenges in trying to monitor or regulate access to the internet the focus should be on reducing the risk of the internet to young people, rather than the individual. Consideration also should be given to how effective restrictions are in addressing violence fixation.

Effectiveness of s. 214A of the Online Safety Act 2025 in preventing and restricting access by children to internet services

251. The LGA does not have a view on this question.

Gaps and limitations concerning the capacity of the Online Safety Act 2025 to prevent children and young people becoming fixated with violence

252. The LGA does not have enough feedback from our member authorities to take an informed view on the gaps and limitations in the Online Safety Act 2025.

Part I: The effectiveness of current laws and systems for identifying, monitoring, and disrupting the activities of VFIs

Suitability and efficacy of local authority powers and duties to identify, monitor and disrupt the risk posed by VFIs

253. As previously set out, the LGA considers that none of the legal duties and powers available to councils are well suited to identify, monitor, and disrupt the risk posed by VFIs. The emphasis of safeguarding is on protecting the individual rather than protecting society from the individual. There is still debate over whether Prevent applies (in the strictest legal sense) to non-ideological cases. This is not to say that the LGA thinks councils should ignore such cases or that they do, but to recognise the lack of a designed solution.

254. A SIGCE roundtable on MUU in 2022 addressed this point with participants noting that there is:

a. A trend for Prevent to pick things up in the absence of anybody else to do so, but at the cost of Prevent trying to do too much.

b. A fear that if Prevent takes everything on board then it becomes its business by default.

c. A need for more clear direction; if safeguarding then more resources are needed to respond, if not there needs to be clear lines of responsibility for who deals with cases in MUU.

255. The reality of Prevent work is that there are an increasing number of complex cases involving threats of harm without being linked to a specific ideology. The Prevent infrastructure is becoming over-burdened with too many different categories and moving too slowly to match emerging risk. There is a risk that the net is being cast too

far and becomes meaningless. Prevent then becomes a safety net far removed from its original remit.

256. Safeguarding adults' duties and powers do not include identifying, monitoring, or disrupting the risk posed by VFIs. The Care Act 2014 safeguarding duties apply to adults with care and support needs who are at risk or experiencing abuse or neglect and because of their care needs are unable to protect themselves from either the risk or experience of abuse or neglect. The definition of what constitutes abuse and neglect includes self-neglect and consideration of an adult's ability to protect themselves by controlling their own behaviour but there is no reference to risks posed to others. The Care and Support Statutory guidance refers to internet scamming as a form of financial abuse. The description of who abuses adults is very wide. There is a duty to co-operate, including to identify and manage risk and prevent abuse and neglect.

257. The reference to criminal offences clarifies that, although the local authority has the lead role in making safeguarding enquiries, the early involvement of the police is helpful.

258. The safeguarding duties therefore would only apply if the VFI had identifiable care and support needs, were experiencing risk of harm of abuse to themselves rather than posing a risk to others.

259. Where VFIs may have a formal mental disorder, it may be possible to mitigate any violence fixation through powers in the Mental Health Act, but it must be emphasised that the person must have a formal mental disorder and that doctors agree to taking action under the act (which may be detention in hospital or a community treatment order) and services agree to accept admissions when requested to do so.

260. Local authorities already possess a substantial range of safeguarding, education, youth justice, and partnership powers that are broadly capable of identifying and sharing information about VFI-related concerns. The introduction of new information-

sharing duties and a Single Unique Identifier is likely to further strengthen these functions as well as continual refreshment of the Working Together Guidance.

261. However, the current support that is set out is less effective at monitoring and disrupting VFI risk, particularly where an individual falls below criminal, mental health or terrorism thresholds. The most significant gap is the absence of a dedicated national VFI framework that clearly allocates risk ownership, establishes assessment standards, and provides structured intervention pathways.

The extent to which existing legal duties and powers are adequate in assisting local authorities in responding to VFIs

262. Existing powers and duties for safeguarding adults under the Care Act 2014 do not provide a framework for assisting local authorities to respond to VFIs.

263. The existing legal framework enables local authorities to identify concerns, share information and convene multi-agency responses regarding all children and young people up to 18 years old. Existing safeguarding, youth justice, and serious violence legislation already provide substantial powers for those purposes.

264. However, what works less well is moving from identification to active management and disruption of risk. The principal deficiencies are:

a. No shared language / understanding in relation to VFIs.

b. An absence of clear risk ownership arrangements.

c. Inconsistent multi-agency thresholds.

d. Limited powers for monitoring individuals below criminal, terrorism, and mental health thresholds.

e. Lack of nationally standardised intervention pathways.

f. Lack of evidence-based approaches to support young people who are fixated with violence.

Necessary changes to current legislation

265. The LGA has considered in some depth earlier in the statement the changes needed to address the activities of children and young people who present a high risk of serious harm.

266. In the LGA's view the existing legislative framework for supporting vulnerable children or young people and protecting them from harm, or young people who may cause risk, does not need to change. Alongside the changes identified previously in this statement there also needs to be a change to the siloed approach taken at a national level to the identification, assessment, and management of VFIs which means different government departments have different responsibilities for different parts of the process.

267. This can result in confusion on the ground with different organisations taking responsibility or having a different focus. For example, the Home Office considers matters from a legal or policing perspective, while DfE considers matters from the perspective of safeguarding children and young people, and the Department of Health and Social Care ("**DHSC**") safeguarding perspective is limited to adults with care and support needs. This is a busy space, but confused, as different government departments are putting out different guidance for different agencies and age groups, so local partners are not all responding from the same starting point or understanding.

268. A blueprint style approach to guidance is not required but a shared backbone or thread would be more helpful than the current approach.

Sufficiency of non – criminal powers for disrupting preparatory activities by VFIs

269. The powers and structures available to local authorities for these purposes need to be reviewed as has already been covered elsewhere in this statement. As part of this process the duties of all relevant agencies could be usefully clarified, given that there is no legal definition of VFIs.

270. Existing powers and duties for safeguarding adults under the Care Act 2014 do not provide a framework for assisting local authorities to disrupt preparatory activities by VFIs and manage this area of risk posed by those who fall below the threshold for criminal prosecution unless they have care and support needs and/or are known to be targeting people with care and support needs.

271. In relation to children and young people the powers and structures are not entirely sufficient for example, where a young person shows concerning but unclear behaviours, and has not committed a crime, nor has a diagnosable mental health condition, then having a clear intervention in place, or something that will respond to the young person's needs would assist. The policy drive within the Mental Health Act 2025 to prevent the longer term admission of people with a learning disability or autism may worsen the problem – alternatively this may offer an opportunity to focus on the development of community based interventions and services that are more appropriate.

272. In these circumstances, local authorities possess few direct disruption powers. They may:

a. Increase support and supervision,

b. Coordinate safeguarding interventions,

c. involve schools and families,

d. Refer to mental health services,

e. Share intelligence with police, and

f. Work with other organisations such as the voluntary and community sector to try to prevent harmful or risky behaviour.

Possible additional powers for local authorities

273. The LGA does not believe that additional powers for local authorities are as important as addressing the range of issues set out before in the statement to enable councils and their partners to effectively deal with VFIs.

Clarity and use of court orders concerning VFIs and those at risk of becoming VFIs

274. The LGA does not have an understanding from local authorities of the clarity and use of existing orders (e.g., court orders, civil injunctions) relevant to those at risk of becoming VFIs and established VFIs.

Adequacy of current legal powers addressing risk identification and escalation concerning the acquisition of dangerous but legal items

275. Local authorities only have a role in relation to regulated items. Our members have duties under offensive weapons legislation but the primary issue with advertising knives is online. The availability of household knives that are readily available underlines the need for a broader approach to prevention of the use of legitimate but potentially dangerous items than just a focus on their retail and sale.

Adequacy of, local authority related statutory powers concerning modern online threats promoting extreme violence

276. The LGA is not aware of any powers local authorities have that address online threats. The role of online activity in promoting extremism and violence is clearly significant, but this is a matter for the police, whose powers do not currently appear adequate, although this may be a question of resourcing limitations preventing the enforcement of existing laws.

Youth Offending Teams issues

277. The LGA does not make assessments of the effectiveness of Youth Offending Teams; this is the responsibility of HM Inspectorate of Probation, which carries out statutory inspections of youth justice services under section 39 of the Crime and Disorder Act 1998.

278. In 2021 the LGA, alongside the Association of Directors of Children's Services ("**ADCS**") and the Association of Youth Offending Team Managers ("**AYM**") published a joint policy position paper entitled "A Youth Justice System that Works for Children" (**EXHIBIT MN/05 -** **LGA000005**). In this paper, the three organisations set out a range of challenges in relation to the delivery of youth justice services. While the LGA has not looked specifically at the barriers to effective management of VFIs by Youth Offending Teams, these factors contribute to challenges across the delivery of all youth justice services and so are relevant here:

a. Increasing complexity of children's needs.

b. Increasing severity of offences committed by children, with violent crimes and drug offences becoming proportionally more common.

c. Gaps in policy, guidance and practice responses to criminal exploitation and

modern slavery.

d. Funding challenges, with councils funding intensive support packages for children on the edge of criminalisation, and youth justice services managing greater levels of risk in the community with reduced funding. This is in addition to wider funding challenges including for the Ministry of Justice.

e. Over-representation of black and ethnic minority children in the youth justice system.

f. Delays in police investigations and backlogs in the courts.

g. Challenges in the secure estate with rising levels of violence and self-harm, and 48 per cent of the youth custodial population on remand.

h. Conflict between strategic and practice approaches that treat children in the youth justice system either as 'children' or 'offenders' first.

i. Gaps in departmental responsibilities, with youth justice policy in the Ministry of Justice and children's social care and education in DfE.

279. In terms of local assurance, statutory guidance on the roles and responsibilities of the Director of Children's Services and the Lead Member for Children's Services (Department for Education, 2013, (**EXHIBIT MN/30 - LGA000030**) outlines the importance of local assurance of services that ensure children, young people and families receive effective help, and that local structures support effective interagency and partnership working including in relation to youth offending.

280. The guidance also identifies a role for the Director of Children's Services and the Lead Member for Children's Services in ensuring "coherent planning between all agencies providing services for children involved in the youth justice system (including those leaving custody) …and ensure that safeguarding responsibilities are effectively carried

out." Local assurance mechanisms will vary but will generally include reports to full council as part of performance monitoring, consideration by overview and scrutiny committees, and in terms of children in custody, reports to corporate parenting panels.

Part J: Sale and possession of offensive weapons and articles with a point or blade

Controls on VFIs concerning offensive weapons and articles with a point or blade

281. Further measures would be welcome, if they are practicable, however it is unlikely that this is the thing that is going to make the most difference. Tackling the core needs of a VFI, having coordinated support and a clear response from key stakeholders would make more of a significant impact.

Part K: Improvements

Conditions for success

282. As set out previously whatever structure is adopted to identify, assess and manage the risk from VFIs there are several pre-requisites for its success:

a. A statutory footing.

b. Every agency must be obliged and funded to cooperate effectively with it.

c. Properly funded.

d. Include early-stage triage.

e. Easy sharing of information between agencies.

f. Acknowledgement that safeguarding in a children's services and adult social care context has traditionally been focused on protecting the individual from

harm whereas VFI work requires the protection of society from the harm a VFI may inflict. This is a significant culture shift in emphasis for these services.

g. If these conditions are met, then there may be more than one model which can deliver an effective service.

h. There is a need to consider how to improve the whole systems approach in the round and not leave Prevent to address VFI cases alone, and without a clear statutory footing. There are multiple initiatives, agencies and legislative frameworks that overlap, and the distinctions and overlaps between them in responding to VFI cases is currently unclear.

283. In addition to these prerequisites, and as also previously set out, councils require more support and more resources around identifying and evaluating the right interventions, access to IPs, including more for extreme right wing/Islamist extremism ideology cases, as well as IPs offering broader support.

284. The Care and Support Statutory Guidance section on 'person alleged to be responsible for abuse and neglect' (14112-119) (See **MN/20 - LGA000020**) could be strengthened to clarify that partner agencies should work together to identify, prevent and manage risks posed by the person alleged to be responsible for abuse and neglect, although this would be limited to any risks of abuse or neglect of people with care and support needs. At present, the guidance predominantly focuses on people in positions of trust who are alleged to be responsible for abuse or neglect.

285. In relation to this it should be noted that the DHSC is currently planning to review the statutory guidance on safeguarding adults in response to Baroness Casey's early recommendations arising from her review of adult social care.

286. Supporting children's services, without introducing new expectations that further complicate local working by:

a. Investing in staff welfare, capability, and capacity so they can do targeted, relationship-based work with young people;

b. Investing in youth services, so young people can develop positive relationships with trusted adults and be prevented from being drawn into negative online environments, or external groups;

c. Considering the role of mental health services and the need to particularly build up forensic CAMHS services who can provide expert support to the young person, their family, and the broader workforce;

d. Considering the risk of transitions for young people, and the impact that this can have on the support that is offered and planned;

e. Considering carefully the use of VFI as a term given children's services are trying to move towards trauma informed language, which is not stigmatising for young people and encourages support and help to be accessed, rather than causing greater rifts.

Part L: Other matters

Concluding points

287. Consideration or introduction of new processes must be considered holistically, including in the context of local government reform where some key partners are already undergoing significant reform.

288. Additional holistic focus on the cohesion, hate crime and counter extremism space is needed. This includes for example assistance for primary schools to tackle cohesion concerns, encourage great mixing and other measures that might prevent a referral from secondary school.

289. The LGA has noted in the government's response to Lord Anderson's review of Prevent that a cross-Government taskforce has been set up by the Home Office to consider the range of existing multi-agency and safeguarding arrangements, how they interact with Prevent and what more might be needed.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: **SIGNATURE**

Dated: 7th August 2026

Local Government Association

Southport Inquiry

Annex A: Exhibit Schedule

Exhibit No.	Inquiry reference No.	Document description
MN/01	LGA000001	LGA submission to the Home Affairs Committee call for evidence: Combatting new forms of extremism, dated 18 June 2025
MN/02	LGA000002	Problems with the definition are briefly explored in the email VFI dated 21/5/25, which provides a summary of a Home Office event on VFI
MN/03	LGA000003	GOV.UK Home Office Official Statistics Publication: Individuals referred to and supported through the Prevent Programme, October 2024 to September 2025, published 6 August 2025
MN/04	LGA000004	LGA Publication - Youth Justice Resource Pack
MN/05	LGA000005	LGA Publication – A Youth Justice System that works for children
MN/06	LGA000006	LGA Publication – 'Supporting children and young people in the youth justice system', published 9 June 2023
MN/07	LGA000007	LGA Publication – 'Girls involved in youth violence: key findings and recommendations', published 6 November 2024
MN/08	LGA000008	LGA Publication – 'Supporting the youngest children youth justice system: what works reducing reoffending and improve outcomes?' Published 25 April 2022
MN/09	LGA000009	LGA Publication - The relationship between family violence and youth offending
MN/10	LGA000010	LGA Publication – 'Tackling child exploitation: resources pack' published 6 August 2021

MN/11	LGA000011	LGA Publication – 'Whole household approach young people's mental health: A 'must know' guide for local councillors' published July 2021
MN/12	LGA000012	LGA Publication – 'Children's Mental Health task and finish group: key findings and recommendations' published 4 February 2025
MN/13	LGA000013	LGA Publication – 'Must know: Safeguarding children' published 4 March 2025
MN/14	LGA000014	LGA Publication - Must know for youth services – updated January 2026
MN/15	LGA000015	LGA Publication - Re-thinking local – youth services
MN/16	LGA000016	Youth Endowment Fund's System guidance for policymakers in England and Wales on preventing children and young people's involvement in violence, dated July 2026
MN/17	LGA000017	Lord Anderson's report on the Lessons for Prevent
MN/18	LGA000018	the Report of the Independent Commission on UK Counter-Terrorism,, Law, Policy and Practice
MN/19	LGA000019	The Home Affairs Select Committee report on combating new forms of extremism did discuss placing Prevent and processes for identifying, assessing and managing VFIs in a safeguarding context
MN/20	LGA000020	GOV.UK 'Care and Support Statutory Guidance', Updated 22 July 2025
MN/21	LGA000021	The 2026 ADASS Spring Survey
MN/22	LGA000022	Department for Education Publication 'Laring for the Future: final analysis of Serious Case Reviews, 2017-19, published December 2022
MN/23	LGA000023	Association of Directors of Children's Services (ADCS) 2019 publication 'a healthcare system that works for all children'
MN/24	LGA000024	Research by the Children's Funding Alliance published 2026
MN/25	LGA000025	LGA Publication 'Transitional Safeguarding resources

MN/26	LGA000026	LGA Publication dated 12 July 2024 - Second national analysis of Safeguarding Adult Reviews: April 2019 - March 2023
MN/27	LGA000027	Care Quality Commission Publication dated 4 June 2026 – Local Authority Assessment Reports
MN/28	LGA000028	ADCS Inspection of Children's Services, published 22 July 2026
MN/29	LGA000029	Nuffield Family Justice Observatory Report 2023 'Children Subject to deprivation of liberty orders' –
MN/30	LGA000030	Department for Education, 2013
MN/31	LGA000033	SIGCE Annual Review and Future Workplan for the LGA's Safer and Stronger Communities Board March 2024
MN/32	LGA000034	Youth Endowment Fund's 'Your Choice' Efficacy Trial Report January 2026