

IN THE SOUTHPORT PUBLIC INQUIRY
SIR ADRIAN FULFORD

**Phase 2 opening statement on behalf of
Leanne Lucas, Heidi Liddle and John Hayes**

Introduction

1. This Phase 2 Opening Statement is made on behalf of Leanne Lucas, Heidi Liddle and John Hayes, the three adult survivors of the attack.
2. Evidence regarding Leanne, Heidi and John was heard during Phase 1. In summary, Leanne was the organiser of the Taylor Swift workshop, Heidi was the dance teacher at the event, and John was present in the business situated across the landing from the event, and his wife is the director of the company that owns the building. All three acted with bravery and selflessness to save lives. Leanne and John suffered severe and life-threatening physical injuries. All three suffered severe and enduring psychological and emotional harm.
3. While Leanne, Heidi and John are not subject experts in the important areas under consideration in Phase 2, their lived experience provides part of the vital backdrop to the issues being addressed. It is hoped that the profound and traumatic consequences of the attack that they have suffered will ground some of the more esoteric definitional and policy discussions before the Inquiry in Phase 2. Plainly for those most affected by this outrage, Phase 2 is not an academic exercise. It must focus on finding the most effective ways of identifying, assessing and managing the risk from potentially dangerous individuals. And must do so within the balances, values and practical constraints of a democratic society and resources.
4. At the outset of Phase 1, Leanne, Heidi and John emphasised what they considered to be at stake in this Inquiry: the very confidence of the public, so badly shaken as it been by the outrage that took place and the concern that the State and others had failed to prevent it. The Inquiry's Phase 1 report exposed a multitude of failures to prevent the attack. The

Chair has been steadfast in his resolve that those numerous failings must be addressed through real, deep-rooted and concrete change. That is now the acid test of Phase 2. Leanne, Heidi and John look to the Inquiry to make good on that promise and will work with the Inquiry so that future prevention is made a reality.

Phase 1 findings: the starting point for Phase 2

5. The Southport outrage was not foreseeable in terms of time or place, and it had no discernible motive or aim. Its severity and barbarity were rare if not unique. The chance of similar attacks occurring at any particular place or time is therefore slight. However, the chance of such an attack occurring somewhere at some time is a real probability. That makes the identification of dangerous individuals imperative, and developing ways of assessing and managing such risk, and finding effective ways to divert or negate threat, of the utmost importance.
6. As the Chair concluded in the Phase 1 report, the Southport attacker was known to various authorities; more than enough was known about him to have called for effective action to be taken. Existing authorities and services had sufficient powers and resources to have identified and managed the risk he posed; if they had acted as they should have done, the attack would not have happened.
7. The failings identified in the Phase 1 report included failures to ‘own’ the risk, failures of interoperability, and failures of communication and information-sharing. No doubt, systems and processes can be improved. But before considering new definitions, processes, policies or tools in Phase 2, it is important to emphasise that existing provisions should engage many of the problems identified with so-called VFIs, if only they are resourced properly and managed and overseen effectively to ensure they work together. The difficulties with multi-agency working are well known, but so are the solutions. Compatible IT systems, clear and accessible regulations on data protection and information-sharing, an embedded culture of responsibility, interoperability and collaboration (rather than siloed thinking), proper resourcing – these are obvious examples.
8. Although measures considered in Phase 2 will add to ordinary or existing service provision, most will be reliant on them. It will be the social workers, police officers, youth workers,

and mental health practitioners who will undertake the actual risk monitoring and diversionary work. Fixing the foundations is a condition precedent for the success of additional and specific 'VFI'-related provision.

9. A further and related point arises. Phase 2 represents a generational opportunity: to identify new ways of identifying risk; to deliver better intervention; and to protect the public from harm. But that opportunity carries risk. Novel systems should not be identified and endorsed for novelty's sake. Phase 1 showed that numerous services reached this dangerous and disturbed individual but did not own the risk and carry through adequate intervention. Where existing processes are in place and are capable of functioning with effective revision, that should be said.
10. There is a further risk: that the failures identified in Phase 1 lead to the wrong lessons being learned. It would be easy to conclude, given the gravity of what happened in July 2024, that only a tough, punitive set of responses will do. Draconian measures may provide an illusion of safety but, ultimately, what Phase 1 showed is the public will be made safer through better identification of risk, robust assessment of need, and effective delivery of intervention. This must be the Inquiry's focus. If the outcome of Phase 2 is the recommendation of greater punitive powers and quasi-criminal civil interventions, there is a real risk that the public will end up not more safe, but that much less free.

Identification of VFIs: common themes and possible warning signs

11. Setting aside definitional issues (addressed later in this opening), there appears to be some common ground on potentially relevant factors in VFI cases. Isolation, grievance and fixation. Anger. Mental health issues and deterioration. Social circumstances including school non-attendance, peer rejection, the absence of positive adult figures, and a lack of monitoring by caregivers. Weapon interest and availability. Evidenced loss of self-control. Engagement in risky networks. Behavioural signs of mobilisation, preparation, planning and growing detachment. As the experts have said, a great deal more research is needed. That is significant. If the evidence base for framing the cohort is sparse and inadequate, the risks are obvious: failures to identify those who should be caught; numerous false positives which dilutes the resources available to intervene with the true targets; an illusion of public

safety that erodes public confidence; and social and community stigma for those affected leading to further isolation and grievance.

12. In addition, individual circumstances and context will always be central; no 'checklist' can identify risk in all cases. There is also a particular need in this context to ensure that common themes act so as to focus attention on risk of serious harm, rather than simply operating to identify a broad cohort of vulnerable people who do not, in fact, pose a risk of real-world action leading to harm. This is in part an issue of application. But at the outset the emphasis must be on the identification of real-world risk, and signs of escalation towards action.

Identification of VFIs: definitions

13. Experts have highlighted problems with definition. If there is no clear definition, who is to be assessed to be a VFI? If we are to apply measures to VFIs, we need to know who they are. Should we be assessing Violence Fixated, or Violence Fascinated Individuals? Might Violence Affirming Individuals (VAI) be a better term because fixation or fascination does not necessarily lead to action, and VAI implies commitment to perpetration? Or does a focus on 'Affirming' raise a problem that those who pose a risk through 'Fixation' or 'Fascination' are overlooked? Should we classify Non-Ideological Extreme Violence (NIEV), or Non-Ideological Violent Extremists (NIVE), the former referring to the effect and the latter to the individual? Would Fascination with Extreme Violence or Mass Casualty Attacks (FEVMCA) be more appropriate?
14. Dr Irani stressed that this was not a matter of diagnosis: violence fixation is not a recognised psychiatric diagnosis, so significant risk may exist in a given case where no identification is present. If the definition of a VFI, or some other definition, is a means to an end – in terms of triggering a full risk assessment and triage to appropriate multi-agency bodies and management processes – then the Inquiry may consider that the parameters should be set sufficiently wide to accommodate three things. Firstly, the perceived difference between fixation, fascination and affirmation in such individuals is unlikely to be clear in most cases and may develop. Secondly, the practical difference said to distinguish these sub-categories appears to be rather more hypothetical than evidence-based. Thirdly the Inquiry should not

lose sight of the fact that some categories arise persistently, in particular Violence Against Women and Girls (VAWG).

15. The need to filter cases is of course of great importance, particularly so if parameters for initial identification are set wide. The more cases referred into the VFI (or equivalent) category, the more stretched resources will become. However, until research provides answers to whether a particular definition is more appropriate than another, or indeed whether it is possible in practice to distinguish, then the Inquiry may consider that a wider net is required.
16. The Chair may consider that this chimes with evidence from Professor Gill who asserted that after 15 years of research the best answer to the question ‘what factors are causative?’ is “it depends”. This is not a failure of global research projects but instead reflects the complexity and multi-faceted nature of the problem. Importantly, Professor Gill followed this by asserting that if we embrace that complexity, we can be creative in response. We invite the Inquiry to take up that opportunity for creativity.
17. In doing so the Inquiry will, no doubt, have firmly in mind both the underlying purpose of a VFI (or equivalent) category – as a means to identify those who pose a risk of serious harm to the public – and the risks of an overly broad definition. Public protection will not be enhanced if the definition is so broad that it generates numerous false positives. There is a real danger of assuming that anyone who has shown interest in concerning online content poses a risk of carrying out an act of violence. Such an approach will not deliver public safety, it will unfairly burden and stigmatise the subjects directly affected, it will expend public resources needed for others, and it will not carry community and wider public confidence. These are real risks that must weigh in the balance.

VFIs: what should happen next?

18. The Big Front Door (BFD) idea has been supported by a number of experts. So far as we understand the proposal at this stage, it provides an alternative to the default position of referring VFIs to Prevent. In our view the Inquiry should look positively at this approach.

19. It is not for this Inquiry to look into the efficacy of Prevent in terms of its role in assessing and managing those deemed to be at risk of involvement in “terrorism”. However, there is plainly a question – which is a matter for this Inquiry – as to whether its role can and should be expanded to deal with VFIs. Putting aside for the moment the different views of Lord Anderson and Jonathan Hall KC on the one hand, and Sarah St Vincent and Alasdair Roxburgh on the other, as to the premise upon which Prevent is based, its harmful impacts on subjects (including children) and wider community relations, whether there is any real evaluative evidence to say that it works, and the loosening of criteria since 2019 to allow it to consider VFIs, the Inquiry may consider that there are a number of reasons why a different approach is needed.
20. Firstly, Prevent is firmly rooted in counter-terrorism. It is controversial and viewed with suspicion in some communities. If the aim of risk managing VFIs is premised on consensual engagement, then stigma and a perception that individuals are being cast as terrorists is an unlikely starting point for success. Secondly, the Inquiry has heard that referrals to Prevent can have significant impacts on children who may, following referral, require no intervention. There is therefore an obvious advantage in some form of the BFD model over reliance on Prevent: the former may still be seen as serving the dual purpose of public protection and safeguarding; the latter is less capable of that perception. Thirdly, adding this substantial body of work to the Prevent caseload raises obvious capacity issues.
21. We do not doubt that there may be crossover. The evidence indicates that Channel interventions can relate to social issues, such as housing or mentoring, which may or may not relate to ideology. Those are interventions which may be just as relevant but more appropriately provided to VFIs through a different door.
22. On this analysis the BFD would consist of a new overarching triage process determining where referrals should go. Who should lead and operate the BFD and how it should work is less than clear. Dr Taylor of CT Clinical services supported the BFD idea but told the Inquiry that no risk assessment tool with real predictive value is available for psychiatrists at this point, and he did not support the use of Structured Professional Judgment tools at the BFD stage. In opening, CTI identified ten agencies potentially relevant to the management of identified VFIs, including MASH, MAPPA and VRUs. It may be that the

BFD triage would simply determine the most appropriate agency and a full risk assessment and management plan would follow that referral, leading to appropriate interventions.

23. The Inquiry has already heard from a number of experts that information and data sharing between agencies is crucial. This aligns with the clear failings identified in the Phase 1 report. The importance of effective information sharing and interoperability arises at the triage stage, as well as during assessment and intervention. Any recommendation from the Inquiry – BFD or otherwise – must provide clarity on how information sharing will be effective and how it can be embedded within the cultures of multiple relevant institutions, whilst ensuring proper and robust safeguards are in place. This may require new legislation or regulation, it will certainly require consolidation of guidance and training. The development of common platforms or IT systems capable of connecting is a well-known hard-edged problem. However difficult, it must be solved. Changing the culture of the tapestry of agencies and authorities relevant to this sector is a non-runner if they do not even speak the same language.

Interventions

24. The Terms of Reference require the Inquiry to examine what interventions reduce the risk to the public from VFIs. The Inquiry should be bold and broad in its approach: casting the net wide to consider what interventions exist or could be formulated; focusing on robust evidence-based proposals as far as is possible; and pressing for those interventions which deliver public protection. If that requires resources and intensive care and treatment, that should be said, openly, without concerns over perception or funding constraints.
25. Multiple experts have stressed the importance of a holistic, multi-agency approach premised on structured risk assessment, early intervention and coordinated multi-agency safeguarding. Dr Irani noted that the multi-causal explanation for VFI risk means that interventions must be capable of considering the broad range of factors driving risk. Dr Martin described the benefits of integrated, multidisciplinary and trauma-informed care, focused on understanding a young person's risks, needs and vulnerabilities. She spoke about the need to start with the whole story. Dr Sizoo's international perspective highlighted a whole system, person-centred approach to complex safety concerns.

26. There will be no ‘one size fits all’ solution. Anecdotal evidence, including from Lord Anderson relating to Prevent, has already highlighted the perceived successes of simple and direct interventions to meet social needs and the use of mentoring. In our view approaches based around coercion, focused solely on monitoring, deterrence and enforced compliance, should be measures of last resort. They will inevitably be resource heavy, require supervision, and may have unintended consequences such as encouraging hidden behaviour, and further isolation and alienation. Violence fixation and its association, in some rare cases, with violent action, are complex issues. The responsive interventions must be capable of tackling those complexities with nuance. Integrated community engagement through youth clubs, outreach and mentoring; public health-focused interventions targeting risk factors such as social isolation, digital illiteracy or poor mental health; supporting parents through education and supervision strategies; seeking to maintain educational and social engagement. These interventions must be front and centre of the Inquiry’s thinking. The risks posed by a new world of violence fascination, online content and social isolation cannot be met by simply relying on more quasi-criminal orders, ever-greater monitoring, and criminal justice sanction.

The role of the internet and online environments

27. The Chair’s Phase 1 report has concluded that the material that the perpetrator viewed online contributed to and fed an already unhealthy fascination with violence. In Phase 2, we note that the Inquiry has already started to focus on how and why online environments may influence VFIs to carry out violent attacks. Interest, even fascination, with concerning online content understandably gives rise to alarm. But such interest on its own cannot be equated with a risk of real-world violence; as a number of experts have stressed, an interest in violence, without more, is not a reliable predictor of violent conduct. An understanding of the associations and mechanisms of influence, if they exist, is what is needed.

28. A range of views has already been provided to the Inquiry. No doubt more will follow. Do online communities like the True Crime Community and the Com Network influence participants through normalisation and glorification of violence? How can those involved be separated into those presenting a risk of serious harm, and those who do not? Professor Smith described the way in which violence, including non-ideological and nihilistic in form, may arise from group-based factors, including identity, grievance and moral

conviction, leading to an increasing confidence to act. These community dynamics informed and reinforced by algorithms, which provide personalised interaction, negativity bias and repeated reinforcement, and the anonymous nature of the online world, create 'online disinhibition'. Engagement with such communities and material plainly raises a flag and may well be a factor in the whole picture of risk in a particular case, but how much of an effect is likely to be unquantifiable unless there is direct evidence of grooming, influence and preparing to act.

29. Dr Gill emphasised that online environments act primarily as facilitators and amplifiers rather than standalone causes of violence, interacting with pre-existing vulnerabilities, grievances, social influences and situational pressures. A focus on the role of the internet is crucial in this Inquiry. That focus must be rooted in a recognition that violent behaviour is likely to be rooted in, for example, experiences of social exclusion, emotional distress, adverse childhood experiences, mental health difficulties, personal grievances and identity-related concerns. These issues must be tackled together.

The effectiveness of systems for identifying, monitoring and disrupting online activities

30. This is a complex area and still in the foothills of our understanding. Firstly, the trans-national nature of the major platforms pose problems for regulation and disruption, albeit these are not insurmountable. Secondly, Parliament has recently legislated in this area, and it will be some time before any clear picture emerges of the efficacy of those provisions. Thirdly, any monitoring or disruptive activity will have significant civil liberties implications. Fourthly, there are practical barriers to what can be done: VPNs pose a real issue and have legitimate uses; young people are likely to be more equipped than their parents online.

31. Notwithstanding these complexities, there are a range of steps the Inquiry will no doubt be considering. At a macro-level, there must be focus on the platforms' responsibilities and joined-up thinking with Government. Dr Gill stressed the importance of investment in digital literacy, critical thinking programmes and media literacy initiatives because digital systems amplify extremist narratives, facilitate recruitment and create echo chambers that reinforce existing beliefs. We agree. There is also scope for improved moderation practices and coordinated cross-platform disruption.

32. At a more granular, ‘on the ground’ level, we anticipate that the Inquiry will be considering the possibility of legal powers to enable interrogation of VFIs’ devices if a particular threshold of concern is reached, ‘over the shoulder’ monitoring of VFIs’ internet usage, and, perhaps, some form of civil order regime for restricting internet usage and/or imposing monitoring requirements where specific risks are identified. We would urge caution and emphasise the costs and risks of such an approach. If a broad approach is taken to identification of VFIs, there is a risk of very significant intrusion to very significant numbers. This comes at a cost. Any interrogation and monitoring, in a pre-criminal context, raises a range of concerns and would have to be subject, if recommended, to a very high threshold. As noted above, coercive powers may alienate the subject further at the time they are most socially isolated, and where positive interventions may be most needed and effective. They may encourage the hiding of secondary devices. The efficacy of such measures is likely to be in inverse proportion to their use, given the resources involved.

Sale and possession of knives and other offensive weapons

33. The focus of the Terms of Reference in this area is on policies, regulation and criminal enforcement in relation to possession and sale. Too often a response to outrage is a reach for ever more draconian measures. The evidence of Patrick Green of the Ben Kinsella Trust was instructive in this regard:

“In terms of a narrative that has sometimes come from politicians, still does in some cases and is particularly present in the media is you can arrest your way out of this. Our response to a terrible situation is, we need more legislation, and legislation, regulation are in fact a deterrent to people getting involved in crime. That’s not the case. We know that’s not the case.”

34. We do see the case for prohibiting knives and associated weapons which have no legitimate use, and restrictions on purchase and advertising, however these are matters which have been addressed over decades. In terms of prohibitions and restrictions on purchase and advertising we do see a need to consolidate the various pieces of legislation and regulations, so that they are clear and accessible to all.

35. We also support the Inquiry in looking at whether sale of knives should be licensed. It would appear that this would make compliance and enforcement of existing provisions more straightforward, and may help in making age restrictions work and in reducing supply

to the grey market. However, there are well known problems with firearm licensing, including the lack of resources to administer compliance, and this is a subject which needs very careful consideration as it would involve considerable investment if it was to be effective.

36. We also urge the Inquiry to carefully consider how to stem the tide of illegal knives coming from abroad, both by restricting online advertising and sales, and by encouraging greater border controls and checks on these items. There has been evidence of significant efforts in this regard but to be effective it is clear that more remains to be done. There is also a case for stronger measures to ensure carriers take responsibility for making sure that they do not import or deliver illegal weapons, and for clearly and robustly applying age verification checks on delivery. As a starting point we consider that the Inquiry should approach this issue from a perspective that there has to be a proportionate balance between prohibition, restriction and licensing on the one hand, and state and private industry responsibility on the other, with consequent compliance and enforcement mechanisms.

37. However, any consideration of such legislation or regulations must be undertaken in parallel and in combination with work and research relating to the reasons why young people are attracted to and carry weapons. Knife violence will only ever be properly addressed by tackling the root causes of those who carry knives, and addressing that culture.

38. We invite the Inquiry to take a broad approach to interventions and protective measures. Diversion schemes are vital and so is youth education. The experts expressed quite forthright opinions on what might work and what does not in this area, but those views were candidly accompanied by assertions that there was an absence of evaluatory evidence. There is intuitive and anecdotal support for the carrot and stick approach spoken to by Commander Clayman, where the police identified risky individuals and warned them that they were known, whilst offering support from youth workers. There was a strong view from both Commander Clayman and Patrick Green that earlier approaches to shock children and young people by confronting them with the consequences of knife crime did not work. There was support for the view that engendering empathy for victims was a positive pathway. It is clear from the evidence of Lord Anderson that intervening to mitigate important but basic social needs, coupled with mentoring is an effective approach.

39. It appears that there are laudable police, voluntary sector, and VRU programmes already in this space, but scant evidence as to how effective they are. In accordance with a public health approach, we take the view that although prohibitions and regulation are important elements, the real long-term solution to knife crime rests in changing culture and identifying and managing those dangerous individuals who may go on to commit serious violence. To that end we urge the Inquiry to look at what areas of research should be undertaken to optimise those approaches.
40. Complementary to the above approaches to knife crime, much more can be done regarding related issues. A huge proportion of knife crime involves kitchen knives. That proportion goes up in terms of homicides. Many outrages involving knives, including the Southport attack and a number of well-known terrorist attacks involve kitchen knives rather than illegal weapons. The ‘Let’s Be Blunt’ campaign has come to prominence in recent times, largely through the efforts of Leanne Lucas, and has widespread backing. It was referred to very positively by Commander Clayman in his presentation to the Inquiry, endorsed by all the other Seminar 5 experts, and several police forces and Violence Reduction Units. Professor Brennan asserted that promoting rounded tip kitchen knives “deserves strong consideration”. A number of issues arise: should it be promoted as a policy to replace existing knives in vulnerable households? Should it go wider? For example, should a date be set by which the sale of only rounded kitchen knives be mandatory in the UK, analogous to the phasing out of ICE cars in favour of electric vehicles? We invite the Inquiry to look closely at the campaign and the case for rounded tips.

Summary

41. We commend the way in which the Inquiry has approached Phase 2 and it is clear that the seminars have been an efficient method to raise and investigate many questions in a short period of time. Whereas there has been a high degree of agreement and complementary evidence, the Inquiry has also elicited a degree of challenge which can only be helpful going forward.
42. A common feature of the evidence has been the lack of clear evaluative evidence for theories and interventions alike, and the repeated call for further research. The former is a symptom of the fact that we are not in an area of scientific certainty. We are not able to

conduct research or tests akin to the testing of a new pharmaceutical. The latter is not just the academics refrain, but a legitimate call for resources to ascertain what actually works and what does not.

43. In our view, where there is a dearth of data or research the Inquiry must say so. If it puts forth solutions where there is scant evidence, it is acting on intuition. The Inquiry has spoken as to the first line of recommendations to prevent a recurrence of the Southport tragedy in its Phase 1 report. Fixing the existing business-as-usual problems of under-resourcing, lack of an embedded interoperability culture, a failure of responsibility, a lack of data, incompatible IT systems, communication failures and unclear data-sharing arrangements are some of the issues for which there are answers. If those foundations are fixed the underlying issues of many dangerous young people will be addressed. Where that is not sufficient, the bedrock of robust services is essential to any further mechanisms or systems which are formulated to identify and manage the chronic and acute risks of so-called VFIs.

44. In terms of those 'second line' measures we consider the BFD approach to be most promising. We doubt that with this approach Prevent should have a role with VFIs and we favour as wide an approach as possible. Wherever there is a mechanism or programme which appears to have a prospect of negating or mitigating the risk of a VFI it should be pursued. But we urge the Inquiry to take an evidence-first approach and recommend to policy makers that the roll out of new measures should not take place until all possible data-gathering and research as to efficacy has been undertaken.

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