

Tuesday, 20th October 2026

(10.00 am)

SIR ADRIAN FULFORD: Can you remain standing for a moment.

MR MARK NORRIS (affirmed)

SIR ADRIAN FULFORD: Thank you very much indeed. Please have a seat. Yes, Mr Moss.

Questions by MR MOSS

MR MOSS: Thank you, sir.

Mr Norris, just start by giving us your full name, if you would please?

A. Mark Norris.

Q. Thank you. Just keep your voice up. We can have on screen your statement, please, LGA000032. We will start with the first page. We see first witness statement from you and if we go, please, to the end of the statement, page 88 LGA000032_0088. We have redacted your signature but we can see that it is dated 7 August and could you just confirm, first of all, please, that that statement is true to the best of your knowledge and belief?

A. I can confirm that.

Q. Thank you. If we go back, please, to the first part of your statement. If we look at page 4 LGA000032_0004, just to introduce, first of all, your role. So, you tell us in paragraph 1 that you are a Principal Policy

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also deals with probation re-offending and has responsibility for a number of other areas, including regulatory services in respect of trading standards as well.

Q. Thank you. The Inquiry saw, in its Phase 1 work, at least some insight into how broad the involvement of local authorities are. Against that background, in paragraph 3, you say, as to your own direct experience and knowledge that you haven't "worked across all the policy areas" that are covered in the statement and in a perfectly conventional way, we should understand, should we, that it is a corporate statement in the sense that in other areas, you have drawn on the experience of some of your senior colleagues?

A. I have, yes.

Q. Thank you. And if we go over the page LGA000032_0005, in paragraph 4, you say that you are "happy to" rely to that information because those you have consulted are highly professional and that they have diligently fed into -- my paraphrase -- your statement; is that right?

A. That is right.

Q. If we can have on screen, please Amanda, the totality of paragraph 5. We have got a good idea there, from paragraph 5, of the breadth of your statement. If the Chair will forgive me making an observation rather than

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Adviser at the Local Government Association, is that right?

A. It is, yes.

Q. Thank you. And we will come onto the role of the LGA as my first substantive topic, but can I just pick up on your own background, first of all, just so that we have a feel for it.

Looking at paragraph 2, I think you personally joined the LGA in 2007, but in terms of your current role as a Principal Policy Adviser, you have got good experience of that. You took up that role, I think, in 2015?

A. I did, yes.

Q. So over ten years in that role, and you explain there that you have led the team supporting the policy work of the LGA Safer and Stronger Communities Committee since then, since 2015. Just tell us a little bit about what that committee deals with?

A. It has a broad remit. Its role is to respond and inform Government about issues related to community safety, from a local authority point of view. It considers pretty much anything that falls under the responsibility of the Home Office, so dealing with, at one end of the harm spectrum, I suppose, terrorism, counter terrorism, counter extremism, works through cohesion issues but

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asking a question. It is a detailed and on any view a very helpful statement and we are grateful.

Consistent with that, if we look at page 6 LGA000032_0006 please, you very helpfully, right at the top of the statement, give a summary of the key points which extends just for a couple of pages of A4, which again, on any view, is extremely helpful. We will come back to this in places. But we should note for now, is this right, that right at the top of that list, paragraph 7, of key points, you say that:

"[The statement] describes how currently there are multiple initiatives, agencies and legislative frameworks, concerning the response to the risk 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."

So in its Phase 2 work, the Inquiry has been looking at this and the phrase that some other witnesses have coined is very much a patchwork of different provisions, none of them directly targeted on VFIs. Should we understand that at a high level, the LGA very much agrees with that?

A. We do, yes.

Q. Thank you. Can we move then to my first substantive

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topic, just to understand the role of the LGA in a little bit more detail, please.

So could we have page 7 LGA000032_0007, paragraph 12. You deal there with some of the formalities. So "set up in 1997 as an unincorporated association." 2018, moved to a new structure as an unlimited company:

"Membership is voluntary and councils make their own decisions on whether to join".

If we have understood it correctly though, looking at paragraph 13(a), you don't have a bad success rate because:

"All but one of the 317 principal councils in England ..."

Are members?

A. Yes.

Q. I will avoid the temptation to ask you what the issue is with Bromley, but can we look at 13(b), you say that:

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

So looks as though there is some relationship there because you say the full membership comprises all 22 through that scheme. Can you just explain how that

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parties and there's some system whereby the ratios on committees are divided? Can you just explain how that works?

A. Yes. So the LGA represents councils and obviously councils are body corporates made up of their elected members. So the elected members, the councillors on those authorities are appointed onto LGA structures. The Safer and Stronger Communities Committee that I have been working to has around 18 members on it. We are -- have just expanded the number of political groups internally within the LGA. So there are currently five which represent major political parties; so, Labour, Conservative, Reform, Lib Dem, Green. Then there is an independent group of officers which represents smaller political parties but also genuine independents, which people will be familiar from, from local elections, where people stand on no political ticket but are related on the basis of being an independent.

The make-up of structures within the LGA are determined on that politically proportionate basis. So the membership of the Safer and Stronger Communities Committee, for example, is divided amongst those six groups in a politically proportionate way.

Q. Thank you. And then if we look at paragraph 19, please, on page 9 LGA000032_0009, you make the point perfectly

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works, what the interface is with the Welsh LGA?

A. So predominantly the Welsh LGA will lead on devolved matters and liaise directly with the Welsh Government. Where there are issues that are not devolved, where WLGA has an interest, as do we, then we will consult very closely with them around areas of mutual interest. So I have had longstanding relationship with the WLGA around crime and community safety because it is not a devolved matter yet, and therefore we have talked to them quite regularly about issues of common concern to our member authorities and some of our responses to Government, for example, will be informed both by English and Welsh authority experience.

Q. Thank you. I am not sure if "tag line" is the right word to use but we have seen, in some of the submissions that the LGA has put into various bodies, that it starts with saying that the LGA is the national voice of local Government. Is that it in a nutshell or certainly what you aim to be?

A. Yes, that is certainly what we aim to be in a nutshell.

Q. Thank you. If you go on to paragraph 16 over the page LGA000032_0008. You say that the LGA is "politically led but cross-party organisation", can you just explain the "politically led"? I have seen from open source that there are, is this right, six main political

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fairly that:

"As a membership body the LGA [itself] is not directly involved in the management of VFIs, nor is it directly part of ... multi-agency arrangements ..."

At a local level. But you say that the association: "... does however have a unique knowledge of the local government sector, the legislative and policy context in which it operates, [and] the issues it faces, and its many strengths and successes."

So it is really on that knowledge base that we seek to draw and, of course, on which your witness statement request was made.

Can I ask about a different aspect. If we go to page 33 LGA000032_0033, paragraph 98. Bottom of the page. You -- under a heading "LGA's support to councils", you refer there to:

"the Special Interest Group on Countering Emerging Threats ... formerly known as the Special Interest Group on Countering Extremism ..."

And you explain that that:

"... is a local authority network which has been working to support councils and partner agencies since 2018."

Over the page, please LGA000032_0034:

"The network brings local authorities and partners

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1 together across England and Wales to share learning and
2 experiences, explore common challenges, collaborate, and
3 support each other in their work, and deliver support
4 that helps to deepen understanding of current and
5 evolving issues, activists and their tactics ..."

6 Can you just, in relation to that, explain what the
7 relationship is of the special interest group to the
8 LGA?

9 **A.** So, we effectively have been helping to run that.
10 Originally it was set up and run because it was funded
11 by the Home Office and we were providing support into
12 it. We then, when the funding stopped, took over
13 actually running the special interest group. And even
14 though currently we have funding from the Ministry of
15 Housing, Communities and Local Government, for this
16 financial year to run that network, we effectively
17 continue to run it from a secretariat point of view;
18 work with those who participate in it in deciding what
19 work it covers during the course of a particular year
20 and identify from that what support and assistance they
21 might need, collectively or individually.

22 **Q.** Thank you. So, if we look at paragraph 104, on page 35
23 LGA000032_0035. You are talking in here about the
24 sessions that are run by the special interest group on
25 countering emerging threats and towards the end of that

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1 practice, for those who participate from councils to
2 learn from each other and, as we get emerging issues,
3 for example, around VFIs, exploring that, sometimes with
4 the assistance of outside speakers, whether those are
5 academics, quite often we have them from Government
6 departments as well, whether that's MHCLG or the Home
7 Office, depending on the topic area and there is
8 an opportunity to explore it but it won't necessarily --
9 they are not particularly long sessions so they won't
10 offer the ability to go into in-depth and detailed
11 analysis. Though some work that might flow out of that
12 as a result of requests from people in the special
13 interest groups might lead to further sessions and
14 further in-depth work later on.

15 **Q.** Just finally on this topic, could we go back to page 16
16 LGA000032_0016, paragraph 45 of your statement please.
17 Mr Norris, as has been explained to you, part of my role
18 is to feed in and weave in some questions from the Core
19 Participants. The victims teams just raised, in
20 relation to your paragraph 45, you say:

21 "The LGA has not undertaken any statistical analysis
22 on VFI cases and their risk and is not aware of such
23 data being collected by councils, though statistics for
24 Prevent and Channel are collected and submitted to the
25 Home Office."

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1 paragraph, we note that one of the things that was run,
2 we see, penultimate line:

3 "... young people and extremism ([in] November 2023)
4 and [then] VFIs (including the 'Com' network in
5 October 2025)."

6 So it looks like the special interest group has been
7 active in offering sessions in that area, quite
8 recently, is that right?

9 **A.** It is, yes.

10 **Q.** But you go on to say, in 105:

11 "These have been broad sessions aimed at raising
12 awareness [among] those working in the community
13 cohesion, counter-extremism and Prevent space ..."

14 But you go on to say:

15 "[They] have not covered the identification,
16 assessment and management of VFIs."

17 Can you just help with that distinction because
18 there obviously was a VFI session? Are you saying that
19 that concentrated on the nature of VFIs and the nature
20 of the Com risk but wasn't looking at assessment and
21 management of VFIs, or what's the distinction?

22 **A.** As you were saying, it was more about the nature of VFIs
23 and what was happening in that space, is what was
24 covered in that session. So, the way the sessions work
25 is about exchanging information, exchanging good

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1 So in relation to that, they ask -- or make the
2 observation that the LGA seems well placed to propose
3 collection of data to inform statistical analysis and
4 asked the question: why has the LGA not done so to date?
5 Can you help with that?

6 **A.** Where there is already data that has been collected in
7 the case of VFIs and the Prevent and Channel statistics,
8 with the Home Office, we seek not to duplicate the
9 burden that's placed on our own member authorities where
10 they are already collecting that data. The other thing
11 is while we do have a research and analysis team within
12 the LGA, it is small, it covers all 800 functions that
13 local authorities perform and there's therefore
14 decisions that have to be made internally about what we
15 focus on and where we collect data from and frankly,
16 I think in terms of we're a relatively small
17 organisation, we wouldn't have the resources to be able
18 to collect that information statistically on a regular
19 basis anyway. So there is a question then about the
20 value of what we would be able to achieve and I think
21 from our point of view, we would say, the Home Office
22 collect that data, it is regular, it is something that
23 councils are already providing back to them and that's
24 probably the better datasets to go with.

25 **Q.** Thank you. We will come on, as my next topic, to

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1 definitions. But if there was to become a settled
 2 definition, in future could the LGA have a role, once
 3 there is a clear definition, in collecting data to
 4 inform issues like the success or otherwise of
 5 interventions? Is that something potentially in the
 6 future that there may be a role for the LGA?

7 **A.** There might be a role but I think I would come back to
 8 the resource implications for us as an organisation in
 9 terms of doing that and also not wishing to duplicate
 10 existing, and more robust probably, methods of data
 11 collection, which -- for example, if that's where the
 12 Home Office were going and that's what they were doing,
 13 I think we would suggested reliance primarily on Home
 14 Office datasets rather than asking the LGA to get into
 15 that space.

16 **Q.** Thank you. Can we turn then to that second topic of the
 17 definitions of "VFI" or "NIEV", as we will come on to.
 18 Let's start by looking at what you say about this in
 19 your own statement. So can we have page 10
 20 LGA000032_0010, paragraph 26.

21 It is a familiar refrain but you make the point
 22 that:
 23 "There is no clear and consistent definition of what
 24 makes a person a VFI."
 25 Is that right?

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1 the special interest group, partly to reflect that.
 2 If we look, please, just over the page
 3 LGA000032_0011 at the rest of 27. You refer there to
 4 the submission that was made to the Home Affairs Select
 5 Committee. I don't want to go to that in detail but if
 6 we could just have it on screen please, at LGA000001.

7 So we see, just to get our bearings, the date is
 8 18 June and there's the tag line:
 9 "The LGA is the National Voice of local government."
 10 If we could go to page 2 LGA000001_0002. It is the
 11 section on "Recent trends" that I'm interested in,
 12 I think it is the second half of the page.

13 So the question was:
 14 "What trends are evident in the growth of
 15 extremism ..."
 16 "There are two broad strands in extremism trends
 17 that we are currently aware of:"

18 The first sub-bullet was:
 19 "An apparent increase in 'traditional
 20 extremism' ..."

21 If we go over the page LGA000032_0004. The second
 22 was:
 23 "Changes in the nature of extremism, with
 24 a significant increase in 'extremist' behaviour
 25 (typically an interest in violence) that is either not

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1 **A.** Yes.

2 **Q.** Should we understand -- I'm not suggesting this as
 3 a criticism that local Government should have done, but
 4 should we understand that there hasn't been any work, to
 5 your knowledge, whether by the LGA or by local
 6 authorities together, to have a working definition at
 7 local authority level?

8 **A.** No, there hasn't been.

9 **Q.** Thank you. You say that as a result of that, that:
 10 "... the term 'VFI' is not widely used in ... policy
 11 work."
 12 Although I think we will come onto some examples
 13 where it is more recognised, is that fair?

14 **A.** Yes.

15 **Q.** Thank you. So in 27, you say:
 16 "The [VFI term] has been used most in relation to
 17 the LGA's work on counter-terrorism and
 18 counter-extremism."
 19 So for you and your team, it is a familiar term?

20 **A.** It is a familiar term but, as we put there in the
 21 witness statement -- and clear from one of the email
 22 exchanges we had -- I think we first came across it as
 23 a particular term early 2025. So it is relatively new
 24 even for us as a team within the LGA.

25 **Q.** Thank you. You touch on there of the change of name of

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1 linked to ideology or in which the influence of
 2 an ideological cause appears to be transient. This
 3 change has been accompanied by a significant increase in
 4 Prevent referrals relating to under 18-year-olds. While
 5 there are questions over whether 'extremist' and
 6 'radicalisation' are the right terms to use where
 7 behaviour is ideologically motivated, the risk of mass
 8 casualty harm, the continuing influence of extremist
 9 ideology and similarities in the 'radicalisation'
 10 process suggest that it continues to be useful to
 11 consider what are now being termed violence-fixated
 12 individuals ... alongside 'traditional' extremists."

13 So, looking at it from the LGA point of view, should
 14 we understand that you agree with others, such as CTPHQ
 15 and the Home Office, who, in broad terms, say this is
 16 a concerning phenomena and it seems to be a growing one?

17 **A.** Yes.

18 **Q.** Thank you. Now, if we go back into your statement
 19 please, page 11 LGA000032_0011 and paragraph 28. You
 20 say there are considerable differences amongst different
 21 teams as to the understanding of and meaning attributed
 22 to the term VFI.

23 Then, in paragraph 29, you say:
 24 "Council Prevent practitioners and those involved in
 25 community safety recognise the term ..."

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1 Now, the phrase "council Prevent practitioners" is
 2 one that you use in quite a number of places in your
 3 statement.
 4 A. Yes.
 5 Q. Can you just help us to understand what that phrase is
 6 meant to cover?
 7 A. It is meant to cover where you have an authority which
 8 has got a Prevent coordinator in the role and paid for
 9 by the Home Office, it covers people in that particular
 10 role but with -- outside of those 28 authorities, it
 11 will be people who have a role in leading their own
 12 authority's Prevent work which could, for example --
 13 quite often is the community safety lead for that
 14 particular council.
 15 Q. Right. So in Phase 1 we heard about two different but
 16 related roles. One was a Prevent coordinator role,
 17 somebody you would go to about making Prevent referrals
 18 and Prevent concerns, it would be a lead in the
 19 authority. But there's also local authority staff who
 20 were working on Channel and when you say "council
 21 Prevent practitioners" is that covering both?
 22 A. It is covering both, yes.
 23 Q. Thank you. So, for obvious reasons, perhaps, those have
 24 an understanding of the phrase but if we look at
 25 paragraph 30, you say:

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1 the risks associated with that individual and they will
 2 tweak and do what they can to put somebody through that
 3 particular channel because it works for them at a local
 4 level.
 5 Q. So, in the absence -- you will say if you disagree -- it
 6 follows from that that in the absence of an alternative
 7 pathway, Prevent is being used, even if practitioners
 8 have doubt about whether they are vulnerable to being
 9 drawn into terrorism?
 10 A. Indeed, yes.
 11 Q. Thank you. Then, over the page, please LGA000032_0012.
 12 Without reading through it all, you draw, in
 13 paragraphs 31 and 32, a distinction I think between
 14 children's social services, paragraph 31, and adult
 15 social care, paragraph 32, suggesting that awareness of
 16 "VFI" as a term and perhaps the role of context is much
 17 more common amongst's children's social services and
 18 adult social care. Why is that?
 19 A. Partly because I think of the cohorts that we are
 20 dealing with but also because -- and Ann Graham, when
 21 she speaks this afternoon, will be able to talk to this
 22 from a children's services point of view -- there's
 23 broadly a much larger cohort of individuals that we deal
 24 with when it comes to children's services, whereas those
 25 who receive adult social care support, there is a very

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1 "Previous practice by council Prevent practitioners
 2 has been to talk about mixed, unstable, or unclear ..."
 3 One of the more former categories:
 4 "... or more recently 'FEV ..."
 5 MCA, I think it is, rather than "MAC", but it
 6 doesn't matter:
 7 "While these categories are not the same as VFI,
 8 they do include it."
 9 Then you say this:
 10 "In practice VFIs are often dealt with under Prevent
 11 as much because they do not fit a definition that would
 12 allow them to be dealt with under any other system (or
 13 under another label within Prevent) as because they meet
 14 a detailed definition."
 15 Could you just expand what you meant by that?
 16 A. So I think the issue that's being faced on the ground is
 17 council staff with colleagues in other agencies are
 18 being presented with individuals who they have concerns
 19 about and the issue then for them is how best do they
 20 manage the risks associated with that individual, and
 21 what we were hearing from Prevent practitioners was
 22 that, I think they probably -- even though they might
 23 feel that that individual doesn't tick all the boxes so
 24 far as the Prevent definitions are concerned around
 25 terrorism, that they provide a mechanism for managing

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1 narrow legal definition about who is eligible for adult
 2 social care support directly and that means that -- and
 3 when you look at how that's phrased and categorised in
 4 legislation, it is much less likely that somebody would
 5 be going through adult social care support.
 6 You would come across instances where the people who
 7 would be potentially a VFI are going through that
 8 process but also much less likely, I would have thought,
 9 from a social worker perspective, that they are actively
 10 looking for that because that's not what they are
 11 looking for when it comes to doing adult social care
 12 assessments of need and support and deciding who gets
 13 adult social care and what sort of support they get.
 14 Q. Thank you. So that distinction, between children's
 15 social services and adult social care is one that comes
 16 up time and again in your statement.
 17 Just so that we understand it -- I'm afraid my
 18 layperson's simplistic's take for the moment -- are you
 19 really drawing attention there to the fact that for
 20 adult social care, those who will tend to be open to
 21 adult social care are those who are vulnerable because
 22 of risks such as abuse to them -- and that might be for
 23 example financial abuse -- or the risk of neglect, but
 24 they will be narrower categories than for children's
 25 social care?

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1 **A.** Indeed, and when you look at the care and support
2 statutory guidance which relates to adult social care,
3 it is very clear in safeguarding terms that, just as you
4 were saying, when it comes to identifying who is in need
5 of support, they have to be somebody who has care and
6 support needs and also have to be at risk of abuse and
7 neglect, which narrows it down -- you know, when it
8 comes to just looking at particular cohorts of people
9 who might be going through -- and considering, from
10 a safeguard point of view, with an adult social care,
11 you are narrowing it down quite quickly as to who is in
12 that group.

13 **Q.** Yes, so somebody who was known to have a propensity for
14 troubling fascination with online gore and violence and
15 a -- perhaps a conviction for violence, or known to be
16 involved in violence, or fear that they are going to be
17 involved in violence, that -- again, in simplistic
18 terms, that might, for those who come into contact with
19 them, lead to a Prevent referral depending upon the
20 circumstances. But, unlike a child, on those facts
21 alone, they would be unlikely to be open to adult social
22 care?

23 **A.** Indeed.

24 **Q.** Thank you. Then, in paragraph 34, please, you say that:

25 "A further connected problem is that despite Home

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1 page at the paragraph, that says:
2 "Interesting they are saying ..."
3 So:
4 "Interestingly they are saying (or considering
5 saying) that there has to be an intent, because if you
6 include those with no specific intention to act out
7 violently, then we'd be overwhelmed. But until someone
8 has an intent how do you know if they are ideologically
9 motivated or VFI and also how does Prevent pick up those
10 with an intent, because isn't that then a police
11 matter ..."

12 Your colleague made the observation:

13 "... (I didn't ask this as it only occurred to me
14 later) ..."

15 Now, that's precisely a point that the Inquiry is
16 grappling in definitions. But it seems that those, from
17 your team, were picking up from quite an early stage,
18 when I think the early definition of VFI would have been
19 that which was being considered, that including intent
20 within the definition is problematic?

21 **A.** Indeed and that's why Charles, when he wrote that email
22 to me, picked it up, as you say. That was thinking
23 through what he had heard at that session afterwards
24 but, yes, intent becomes a particular issue with the
25 definition.

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1 Office communications, uncertainty continues as to
2 whether cases involving an interest in extreme violence
3 are relevant to Prevent or counter-terrorism."

4 Is that right?

5 **A.** Yes.

6 **Q.** Thank you. We will come back to that, perhaps, when we
7 look at Prevent. Thank you.

8 Could we just look at one aspect of that, at
9 LGA000002 which is the exhibit that you reference to
10 support that point in paragraph 34. Just while that's
11 being brought up, just so you have your bearings. This
12 is 21 May and it looks like a colleague of yours -- you
13 will know the details -- emailing you.

14 The context:

15 "The meeting today was interesting and very wide in
16 terms of attendance ..."

17 Then there is a Cabinet Office body and I would ask
18 you to be careful not to use the name of that body,
19 please. But then: Ministry of Justice, Ministry of
20 Housing, Communities and Local Government, Counter
21 Terrorism Police:

22 "... DfE, DSIT, NCA, JTAC, JO, and others. I don't
23 even know what some of these are!"

24 There is reference to a study of 16 cases which was
25 discussed. But I want to just look further down the

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1 **Q.** Thank you.

2 If we just look back in your statement, please, at
3 page 13 LGA000032_0013, paragraph 37. Just to look
4 briefly at the extent of this. You tell us that:

5 "Council Prevent practitioners have also received
6 requests from local partners such as schools for further
7 clarity [over] definitions and better guidance on
8 thresholds."

9 Is that right?

10 **A.** Yes, it is.

11 **Q.** So that as fed through. Then paragraph 79 on page 28
12 LGA000032_0028. This is in the context of data sharing,
13 but you say, halfway down the paragraph:

14 "... given the lack of a clear definition of VFI, it
15 may be challenging for the term to be accurately
16 recorded and understood across different systems and
17 then appropriately interpreted by those reviewing the
18 data and sharing information."

19 So, again, in the absence of a definition, in the
20 data sharing area, you have got difficulties in what
21 data you would extract to deal with the cohort?

22 **A.** Indeed, and common understanding, an agreed
23 understanding between different parts of, for example,
24 a local authority but also between the partner
25 organisations it works with, as to exactly who and

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1 defined definition of what's been talked about.

2 **Q.** Thank you. So, from all of that, should we take it --

3 and you must correct me if I oversimplify it or

4 mischaracterise it -- but the LGA is a strong supporter

5 of the need for a clear definition?

6 **A.** Indeed, yes.

7 **Q.** Thank you. We know that Government's thinking has moved

8 on from that early work on definition that was being

9 discussed in that email. Have you seen the Home Office

10 interim guidance that was published as recently as

11 6 October in relation to this?

12 **A.** I have, yes.

13 **Q.** Could we just have that up on screen, it is HOM001011.

14 So date of issue 6 October and it is page 2

15 HOM001011_0002, bottom of the page, paragraph 6.

16 Again, I point out whenever we bring this document

17 up, it is interim guidance and in paragraph 5 the Home

18 Office make clear that it is not intended to pre-judge

19 the outcome. But the working definition of

20 "non-ideological extreme violence", which they stress is

21 not statutory, legal or operational, is:

22 "The use or threat of extreme violence, not driven

23 by a clear ideological purpose, which is communicative

24 in nature and intended to shock, intimidate or outrage

25 the public or a section of the public.

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1 of this with the Inquiry at the seminar in September --

2 where you have individuals who don't fit quite that box

3 in terms of intention, but are basically, certainly the

4 first part of that definition, certainly in the space

5 of, you know, thinking about or go on to use extreme

6 violence.

7 **Q.** Thank you. Can I move to a slightly different aspect of

8 this. Back in your statement, please, it is page 13

9 LGA000032_0013 and paragraph 38 at the bottom of the

10 page. Mr Norris, just to help with the context. We are

11 back here with a "VFI" definition and there's no reason

12 why you should have been speaking to that more recent

13 definition. But in relation to VFI, you say:

14 "I must add that the usefulness of the term VFI is

15 a subject of some debate amongst professionals,

16 particularly when used in relation to children and young

17 people. Some working in children's social care, youth

18 services and the youth justice system have expressed

19 concern that the label 'Violence Fixated Individual',

20 may prevent the appropriate consideration of a young

21 person's needs, may obscure an adequate and proper

22 consideration of what might be behind such behaviour.

23 The concern is that the term stigmatises to the extent

24 that staff do not explore a child's needs more

25 widely ..."

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1 Now, I don't know whether I risk unfairness, given

2 that this was released on 6 October, but has the LGA had

3 time, even on a preliminary basis, to form a view on the

4 merits or otherwise of that definition?

5 **A.** We haven't, and we haven't had a chance to go out and

6 talk to our member authorities and practitioners about

7 how they feel that that definition is framed and whether

8 or not it works and I suspect that we probably wouldn't

9 get a robust kind of sense from them for several months,

10 possibly a year and having put that into practice and

11 used this interim guidance to take a clear view from

12 them as to whether or not it works for them at a local

13 level.

14 I think, from a personal perspective, just based on

15 having seen that guidance and the definition there, and

16 compared it with where we have been before, is that the

17 same issues around interpretation, around the definition

18 of "terrorism" in the Counter-Terrorism and Security

19 Act, potentially might play out in this space in the

20 latter half of that definition, where, you know, having

21 to prove that there is an "intention to shock,

22 intimidate or outrage the public". So that seems to me

23 quite specific about the individuals that you are

24 involving and you might imagine there could be

25 scenarios -- and I think Professor Cassam explored some

26

1 Just over the page LGA000032_0014:

2 "... and the child does not get the necessary

3 support."

4 Then you go on to say, in 39:

5 "There have also been questions about whether the

6 term properly captures the motivations and

7 preoccupations of VFIs; in such cases the focus is on

8 the observed behaviour, rather than on fully

9 understanding its causes, thereby discouraging staff and

10 practitioners from exercising sufficient curiosity of

11 the causes to develop a proper intervention to arrest

12 the behaviour."

13 I just want to explore that with you a little bit.

14 First of all, given that the association accepts that

15 there needs to be a definition, whatever label or

16 acronym or definition is applied, it shouldn't, as

17 a matter of theory, dissuade practitioners at looking

18 professionally at underlying causes, should it?

19 **A.** It shouldn't, no.

20 **Q.** It shouldn't, of itself, mean that needs are not looked

21 at or seen as important?

22 **A.** No.

23 **Q.** The Inquiry's cadre of experts, you may be aware, looked

24 at a number of case studies -- my assessment -- but in

25 sympathy with what you have said in paragraph 38 about

28

concerns from some members, were keen to emphasise that it is absolutely necessary, if you are going to have successful intervention with VFI cases, to understand and then address the underlying needs and vulnerabilities, to understand the full story, and some of the Prevent guidance on interventions follows that course as well.

The point about stigmatising risk or stigmatising the child because of the risk that they pose, if adolescents are into this area of a fascination with online violence, with gore, and if they are at risk of moving into real-world violence, isn't that something that just needs to be faced up to, that the label has to address, to some extent, the potential risk to the public?

A. It does, and you would want clarity about, amongst those working with that individual, that that's what they are there to do, is to manage the risk to and threat to the public. I think, alongside that is the point that the cadre have made as well, which is that ultimately, as well, if you are successful in dissuading somebody from doing what they were thinking of doing, which is a positive outcome for that individual as well as for the public, then understanding the drives and motivations, what's behind the behaviour, is really

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heard evidence, in terms of -- having read the Cabinet Office discussions and those within the Home Office around how do you arrive at a definition, fully appreciate that it is a really difficult to arrive at a clear-cut definition that works for everybody.

Q. Drawing some strands of our evidence, so second sub-point on this -- drawing some strands of different thoughts from different experts and witnesses, if one was thinking about the cohort with whom one would be concerned in this area, as those vulnerable to being drawn into non-ideological violent extremism, so vulnerable to being drawn into non-ideological violent extremism, by defining the group as "vulnerable to being drawn into", that obviously has a mirror in Prevent, but that does introduce that sense that perhaps they are not there yet; "vulnerable" equating with safeguarding; do you think that that might deal with some of the concerns about stigmatisation, if the emphasis was on "vulnerable to being drawn into" and then the definition?

A. It would. I would think from our point of view, it would be one of those things that we would want to consider fully in terms of the wording of a definition but that would sound to me something that gets -- getting into the right kind of the space, so far as the stigmatisation point.

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quite crucial and what you wouldn't want to do is be in a position where, for whatever reason, those working with that individual focus more on the terminology and definitions rather than actually underlying causes and providing the treatment which moves that person into a position where they are not going to do what they were contemplating.

Q. So you wouldn't want practitioners to say: well, they are violence-fascinated or violence-fixated individual, therefore there is nothing we can do because they have that fascination, they are violent?

A. Yes.

Q. That very simplistic approach?

A. Yes, you would want to move on from that and say: actually, that's the behaviour that we are seeing but what we want to do is get to the reasons behind that behaviour because that's where success comes from, in terms of being able to provide a means of diverting that individual onto a different course.

Q. Two further questions, both of them risking unfairness, I'm afraid. Have those who raise those concerns that you have expressed in paragraph 38, or has the LGA, thought about an alternative definition or an alternative phrase that wouldn't be so stigmatising?

A. No, we haven't, and for the reasons that you will have

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Q. That's why I say it risks unfairness because I'm springing it on you. But as a concept worthy of consideration?

A. Indeed, yes.

Q. Thank you very much. Can I come onto then third topic; lack of a VFI pathway.

We don't need to turn it up but you will remember that that was the first point in paragraph 7 that I took you to in your helpful headline summary. You go on to develop that at page 19 LGA000032_0019 of your statement. It is paragraph 56 please.

Under the heading, "Gaps in national legislation, strategy, guidance, governance and accountability structures", you say:

"The LGA's clear view is that there is no comprehensive framework relating to identifying, assessing and managing VFIs."

So, again, we take, from the emphasis that you give to your paragraph 56, that you view this as a central and concerning facet?

A. It is, yes.

Q. Thank you. If we can go over the page LGA000032_0020, please. Paragraph 58. You say:

"Councils' responsibilities in respect of safeguarding children and young people as well as adults

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are set out in legislation ... 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 ..."

Then this:

"... 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 no less paramount concern."

So just pausing there. We may come back to that in other contexts but I think you are flagging up that the primary goal with VFIs is prevention of harm to others but it is -- in many cases, may overlap with a young person or a young adult having vulnerabilities and needs and a risk to them?

A. Indeed, yes.

Q. Thank you. Then, in 59:

"In the case of adults with care and support needs ..."

You refer to the 2014 Act. I think you then, in this paragraph, highlight the point that we were exploring earlier on, that there's something of a mismatch between the statutory threshold for adult

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exploitation and mental health concerns for children, which they have been responding to."

Where that leads is to paragraph 61, where you say:

"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."

Now, I do not want to get too much into the fine detail of this because I'm going to come back, later on in my questioning, to the way forward and future options, but can I just gently challenge you on that or at least seek to understand the underlying thinking. Because the contrary view to this -- and we may hear about this from Children's Commissioners both for England and Wales later in the week -- that if you are going to deal with the needs of the VFI cohort, the underlying causes, you need to have a safeguarding emphasis and safeguarding should almost be the starting point.

In paragraph 61, on the face of it, or on one reading of it, you seem to be saying the opposite, that at least as currently designed, the frameworks for public protection from harm are a better fit than children's social care legislation?

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social care and this cohort?

A. Yes, and for the reasons that we discussed earlier, there is very particular framework set out in terms of care and support statutory guidance around safeguarding of adults and what categorisation you have in terms of -- when it comes to safeguarding, who you are safeguarding and in what context.

Q. Thank you. Then in paragraph 60, you alert the Inquiry to, again, familiar ground, but it is helpful, you say: "... children's social care ... as previously noted, [has] not traditionally focused on violence outside the home, nor [on] extra-familial harms actively considered in detail in current children's social care reform."

Now, I think that is a reference to the fact that in recent years, there has been a growing need to consider risk of harm to children coming from outside those in the family home, particularly in the areas of child exploitation and sexual exploitation?

A. Yes.

Q. So, that type of risk. So:

"... worth recognising that children's services have identified increasing levels of extra-familial harm amongst ..."

Over the page LGA000032_0021:

"... children, in particular child criminal

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A. Yes, that is what is being said in there, is that -- there's a number of issues here, I think, which pushes towards thinking about this from a public protection point of view and managing it in that way, which is not to say, as we were discussing just a few moments ago in terms of an earlier paragraph, to say that, actually, at the same time, we recognise the need to support those individuals who have been identified as VFIs with any kind of safeguarding needs that they require. But, to come back to the point about the purpose of managing VFIs is a public protection point of view.

The cohort that a VFI -- expand the age range and when you look at the datasets from the Home Office information, yes, there is a significant proportion who are children but there are others who are not. So you cross that threshold from 18 upwards in there, so there are going to be VFIs who are not children.

So in terms of designing a framework that is able to manage VFIs, you need to take account of the age range of the people that would be doing that and that's -- based on the data that the Home Office got, we are talking about people from 10 to 60-plus. So, you need something that caters for all of that.

Both children's social care legislation and adult social care legislation, as we have been talking about,

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focuses very specifically on preventing harm to individuals from others and I think there is a risk that, if you muddle up the kind of responsibilities in terms of saying: let's think about all of this in a -- either an adult safeguarding perspective or a children's safeguarding perspective, rather than from a public protection point of view, you are going to shift significantly some of the emphasis that you see in both adult safeguarding and children safeguarding, in terms of social care and the provision of those, which I think is a point that we make in the statement, is that the cohort that we are dealing with, in terms of people who are potentially VFIs, is very small compared with the very large numbers that local authorities deal with when it comes to children and social care.

I think -- and Ann Graham will have a better grasp of this than I do, probably, but somewhere around 600,000 children are in some way in contact with children's services at any one point in time. A very small proportion of those would be children who would be in a position where they are potentially being identified as a VFI.

As the Children's Commissioner suggests -- I can understand why she was saying that in terms of a child's perspective, in terms of going through the system, but

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Is that right?

A. Yes.

Q. Thinking about early risk assessments that may need to be done, the Inquiry's request for your statement asked you to think about the benefits of a single tool for that. So if we can look at your statement on that, it is page 57 LGA000032_0057, 182. Hence your heading:

"A single, shared multi-agency risk assessment tool?"

The advantage, you say, of such a tool would be:

"... greater clarity and consistency. [But] the disadvantage is how it interfaces with the number 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."

You go on to say:

"What might be helpful is to draw out the key risk domains to ..."

Just over the page LGA000032_0058:

"... be considered and used whatever the tool or template."

Can you expand on what you meant by that last suggestion?

A. Rather than arriving at one template or tool, and then

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I think there is a big question about whether or not that is the right approach and our view, in terms of coming to that and talking to a range of different perspectives from across local authorities, was that it would probably be better to think about framing the question as one about: how do you do public protection better? Rather than thinking about it from a safeguarding perspective, and that safeguarding the individual who is going through the system, then gets considered as part of the process, but the starting basis for where you are coming from is public protection rather than safeguarding of an individual. It is safeguarding the public as your starting point and then picking up on the safeguarding needs of the individual once you have identified that risk.

Q. Thank you. So that's a theme we may come back to when we look at options for the future.

I will just turn to my fourth topic, then, of risk assessment. Can we have page 14 LGA000032_0014, paragraph 40 of your statement please. You say there:

"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."

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thinking about individual assessment processes that may go on in a local authority when it comes, for example, to adult social care, which will be predominantly designed at a local level but be informed by national guidance, the question is about how might you insert identification of risks for VFIs into that process?

Are you having one specific tool that takes account of everything and then turns into quite an extensive process for those using it, or do you highlight, for those people who are engaged in that process, that these are the key things that you might come across if you come across somebody that you start to have concerns about as being a potential VFI; is that you then have something that guides them further, in terms of being able to do that, rather than setting out explicitly within a particular template tool which is designed for assessing, for example, the risks associated with adult social care and the needs under the Care Act, for example.

Q. So as this thinking has started to develop through our Phase 2 hearings, the expert cadre, for example, suggested that what is lacking but what is very clearly needed is not so much a specialist risk assessment tool, but a shared chronology of key events married to an up-to-date summary of key vulnerabilities, that is

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1 kept up to date and is available to the different
 2 agencies who are involved with somebody in this type of
 3 a case. That, perhaps, more limited ambition, would you
 4 agree that that is both necessary and desirable?
 5 **A.** It sounds to me, from our point of view -- and I'm no
 6 expert in terms of delivering, as we said, at the
 7 beginning, operational work in terms of children's
 8 services or adult services -- but having that basic kind
 9 of information in case management would sound to me
 10 a sensible thing to be able to have, in terms of
 11 managing the risk.
 12 **Q.** Thank you. Does the LGA have practical experience of
 13 the difficulties of interoperability of IT systems in
 14 this sphere? Because it is -- one of the points that
 15 tends to be raised is that the systems used by different
 16 agencies don't speak to one another particularly well?
 17 **A.** That's something that's commonly raised with us in
 18 a number of different areas. There are ways round that
 19 and we have explored some of those in other areas of
 20 work, in trying to find some ways of being able to share
 21 information in different ways between different agencies
 22 and some being more expensive than others, but, yes,
 23 that is a problem.
 24 **Q.** Thank you. Just looking at the assessment of risk to
 25 others; if we could look at page 38 LGA000032_0038 of

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1 based on ... is currently not set up in such a way as to
 2 easily prioritise risk to others above the safeguarding
 3 of the child, so this would need very substantial
 4 changes across the board."
 5 If we look, though, at how you develop that, in
 6 paragraph 180 and 181, you go on to say:
 7 "This is one of the reasons that separate mechanisms
 8 such as MASH, Channel and Prevent exist: to ensure that
 9 children's social care is focused on protecting
 10 children, as per the various obligations ..."
 11 Under the legislation. Then you say that:
 12 "The LGA considers that this separation is
 13 appropriate; children's social care should be afforded
 14 the clarity of legislation and policy to prioritise the
 15 safety and wellbeing of children themselves. However,
 16 where VFI are identified by children's social care, it
 17 is vital that there are clear and effective referral
 18 routes to appropriate support channels (such as Prevent
 19 or another more appropriate option), where public safety
 20 concerns can be addressed alongside the child's needs."
 21 I just wanted to explore that and in some senses,
 22 gently challenge it. In how you have developed the
 23 self-evident accuracy of the point at 179, you seem to
 24 be leading, in 180 and 181, to say that's why, for VFIs,
 25 there needs to be a separate mechanism like MASH,

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1 your statement, paragraph 113 we see, you say there
 2 that:
 3 "In adult social care, assessments are triggered by
 4 potential or actual eligibility under the Care Act, and
 5 under the Mental Health Act if a mental disorder means
 6 [that they pose] a risk to [themselves] or others.
 7 [But] for the Care Act, [for] each local authority uses
 8 its own templates, the tests are more concerned with the
 9 vulnerability of the person and their own risks rather
 10 than risks to others."
 11 That must fall out of the issue we were exploring
 12 earlier on, that that's the focus for adult social care,
 13 yes?
 14 **A.** Yes, the focus of adult social care very much is about
 15 what support does a particular individual need, in terms
 16 of both their care and support and when it comes to
 17 safeguarding, preventing them from abuse and neglect.
 18 **Q.** Thank you. So far as children's social care is
 19 concerned, if we look at page 57 LGA000032_0057,
 20 paragraph 179. Again, I'm borrowing from different
 21 parts of your statement. But you had a heading here:
 22 "How to ensure a child's risk to others is properly
 23 noted and addressed."
 24 You say that:
 25 "children's social care and the framework it is

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1 Channel or Prevent, to deal with this and it is right
 2 that children's social care are able to focus on
 3 protecting children and that separation is appropriate.
 4 We looked earlier on at a different paragraph, where
 5 you accepted that, in many cases for children,
 6 a violence fascination risk would overlap with the child
 7 being -- risks to the child themselves. Can it be right
 8 that children's social care should just continue to
 9 focus on the risks to the child and that others need to
 10 deal with the risk that the child presents to others?
 11 **A.** I come back to the point which we made earlier which
 12 I think is that, when it comes to dealing with VFIs,
 13 that our view is that's better managed through a public
 14 protection mechanism or process than it is through the
 15 children's social care legislation and that, rightly, as
 16 we have set out in the statement, children's social care
 17 legislation is concerned about protecting the
 18 600,000 children that local authorities are engaged with
 19 each year in supporting, in some way, and that the focus
 20 for local authorities in terms of dealing with that
 21 should be around those -- the care of those particular
 22 children and what their needs are.
 23 But to take your point, and again, repeat something
 24 that we have already covered, is to say that when it
 25 comes to dealing with children who identify with

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1 a fixation with violence and potentially becoming a VFI,
 2 we are saying that -- we are not saying that you do not
 3 provide them with the support they would need in terms
 4 of children's safeguarding. We are saying actively,
 5 yes, you do that, but you manage it in a different way
 6 than necessary through the children's safeguarding
 7 routes when it comes to the risks that child poses to
 8 others.

9 **Q.** But if there's going to be good multi-agency working in
 10 that area, those who are coming from the children's
 11 social care side of agency work, while obviously having
 12 a focus on the risks to the child, need to work with
 13 other agencies in mitigating the risk to the public. It
 14 needs to be part of what they do as well, doesn't it?

15 **A.** It does, but in terms of managing VFI, I go back to the
 16 fact that the cohort spans a significant age range,
 17 that, in terms of designing a system you need to be able
 18 to cater both for children and adults and you also need
 19 to be able to respond to -- to cater for the fact
 20 that -- and this seems to be probably a very small
 21 number of individuals potentially, but there's also that
 22 transition point, is that you might identify somebody
 23 who is 17 and a half, at the point that they are
 24 identified within the system in terms of having somebody
 25 who has a fixation with violence and a potential VFI and

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1 that needs to be addressed?

2 **A.** Yes, so in terms of very definitely saying children's
 3 social care should be alongside other agencies, are
 4 they -- if we are getting down to kind of definitions
 5 of -- or thinking about kind of lead organisations in
 6 this one, I suppose I'm saying in this, that my
 7 expectation wouldn't be for a VFI individual, where
 8 that's the main area of concern is that you are relying
 9 on children's social care as the lead agency in this.
 10 They have a role to play but they may not be the best
 11 agency to make a lead on that, in terms of --

12 **Q.** You would want to have a multi-agency -- again, we will
 13 come onto possible solutions to this -- but you would
 14 want to have potentially Youth Justice and potentially
 15 territorial policing at work on that case in
 16 a multi-agency way, although the child may very well be
 17 open to children's social care as well?

18 **A.** Yes, and you might also include education and other
 19 services as well.

20 **Q.** For sure. If we just look at this, just to round off on
 21 this subject, please, back on page 7 LGA000032_0007 of
 22 your statement. Paragraph 11. Mr Norris I'm going back
 23 to that helpful summary of points. I think you -- in
 24 fairness to you, do say this, that:

25 "The new policy must also clearly state and require

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1 that the engagement and support that that person is
 2 going through lasts longer than getting to 18 and that
 3 you need something that caters both for the fact that it
 4 is a child that you are dealing with but then it is
 5 somebody who transitions into adult. There is quite
 6 a difference in terms of support that's wrapped around
 7 a child versus the support that's wrapped around
 8 an adult, particularly when they are not ones that are
 9 under the Care Act.

10 I would say from our point of view, you need to take
 11 account, when you are coming up with a process and
 12 system for managing VFIs, that it takes account of those
 13 facts and can deal with those, which is not to say that
 14 you wouldn't want to ensure that those individuals are
 15 properly supported and safeguarded as they are going
 16 through processes. But that the primary process for
 17 doing that should be public protection, rather than
 18 children's services and the children's services
 19 legislation.

20 **Q.** So, we should understand that you are principally, here,
 21 alerting to the most desirable type of process. You are
 22 not saying that those working in children's social care
 23 and early help, for whom the child may also be open to
 24 their services, shouldn't be working alongside other
 25 agencies, knowing that that is part of the risk group

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1 relevant agencies (such as children's services and adult
 2 social care) to acknowledge, that when dealing with the
 3 VFIs the primary focus is on the need to protect the
 4 general public from harm, in contrast to what is likely
 5 to be their more usual focus on safeguarding specific
 6 vulnerable individuals."

7 Yes?

8 **A.** Yes.

9 **Q.** So, in that, whether one takes the figure for VFIs as
 10 1,500 or 2 to 3,000, one is contrasting that with over
 11 half a million referrals of the more traditional kind
 12 for children's social care, so it is going to be, for
 13 a minority of the caseload, at risk of understatement.
 14 But I think you are alerting there to the need to make
 15 sure that additional emphasis in these cases is made
 16 very clear in policy?

17 **A.** Yes.

18 **Q.** Thank you. Could we turn, before the break, to the
 19 question of neurodivergence and mental health for this
 20 cohort. If we go, please, to page 39 LGA000032_0039,
 21 starting with neurodivergence, you have a heading
 22 "Training" and if we can scroll down the screen under
 23 that heading to 119, about four or five lines down, you
 24 draw attention to the fact that:

25 "... training on how to adapt risk assessment for

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1 autistic people, [and] people with other
2 neurodevelopmental conditions or people with mental
3 health needs is not consistently embedded."

4 In training, is that right?

5 **A.** Yes.

6 **Q.** You also say, in the next paragraph, you point to the
7 fact that:

8 "adult social care staff who work with autistic
9 people or people with ... learning [disabilities] may
10 have access to positive behaviour support, functional
11 behaviour assessment ..."

12 You refer to the "Oliver McGowan Mandatory
13 Training":

14 "These programmes can strengthen understanding of
15 communication, sensory needs and reasonable
16 adjustments."

17 Then if we go over the page LGA000032_0040, you flag
18 a concern that:

19 "... they do not, on their own, provide specialist
20 training in violence fixation for people with these
21 diagnoses."

22 Is that right?

23 **A.** That is right, yes.

24 **Q.** So the impression that one is getting, from that subset
25 of your statement, is a concern that although there is

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1 convicted of an offence, clearly identifiable, and the
2 same applies to the cohort of people that MAPPA works
3 with. So where you have got that position where you
4 have got an offender coming out, that risk needs to be
5 managed, there is a process there which brings together
6 multi-agency response. Then, opens up a range of
7 different levels of support.

8 Where you haven't reached that kind of threshold, so
9 it is not somebody who has yet been convicted of
10 anything, actually accessing services becomes that much
11 more difficult because they are lower down on the
12 priority list, in effect, and there is a sense to which
13 access to a whole range of different services, public
14 services, is limited by the thresholds that are set
15 because of demand and that that means that where you
16 haven't got something that clearly puts you in a higher
17 risk category, the ability for, either you as
18 an individual, your family or indeed those people
19 working with you and supporting you, to be able to
20 access that becomes that much more difficult.

21 **Q.** Thank you. Then turning to the CAMHS position and with
22 an eye to witnesses who we have got coming up from the
23 national health organisations, if we look at page 41
24 LGA000032_0041, paragraph 128. First of all, on CAMHS
25 you say:

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1 training in neurodivergence, and managing it and
2 understanding it and making adjustments for those who
3 are neurodivergent, the LGA's experience is that that is
4 poor at covering issues of violence fixation which may,
5 for some individuals who are neurodivergent, feature as
6 a concern?

7 **A.** Yes.

8 **Q.** Thank you. You also say, if we just have paragraph 122
9 and 123 on screen together, you refer to the fact that
10 if the person meets existing eligibility criteria of
11 fits a statutory pathway, such as the Mental Health Act,
12 or are a known offender, then multi-agency routes are
13 clearer.

14 But in 122, you say:

15 "The position is more difficult where a person
16 presents a concerning pattern of fixation or grievance
17 but does not meet the threshold for those routes."

18 What sort of case are you thinking of there?

19 I don't mean an individual case that's a real case but
20 can you just explain, in real-world terms, what the
21 concern is there?

22 **A.** That when it comes to other arrangements, so, MARACs for
23 example, you have a clear multi-agency process for
24 managing people who are involved in domestic abuse. But
25 that cohort of people are people who have already been

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

3 Over the page LGA000032_0042, you alert, first of
4 all, to the fact that:

5 "Local authorities can in theory refer children and
6 young people to CAMHS ... but the waiting list for CAMHS
7 and other agencies is so long that this may not be
8 appropriate or effective in serious cases."

9 From which we draw the inference that you may need
10 to wait so long for any sort of intervention that it is
11 not going to be effective, in the short to medium term,
12 to mitigate the risk?

13 **A.** Yes.

14 **Q.** Thank you, and you draw attention to a further set of
15 problems in this paragraph. So you refer to the fact
16 that the ADCS -- and obviously we will be hearing from
17 Ms Graham -- in a 2019 paper:

18 "... noted that there are specific challenges for
19 young people aged 16-18 ..."

20 Because at 16, some are "deemed too old for support
21 from CAMHS", presumably because they are approaching the
22 age of majority, is that right?

23 **A.** I'm not the best person to answer that one. I can come
24 back to you, but Ann Graham may be better able to answer
25 that than I would.

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1 Q. We can pick that up. But too young for support from
2 adult mental health services, so falling into a gap,
3 aged 16-18. Then the other aspect you deal with at the
4 end of this paragraph, for those:

5 "... who have been receiving support from CAMHS for
6 autism or ADHD [they] may find that this support is
7 removed when they turn 18 as adult services commonly
8 have a higher threshold ..."

9 Yes?

10 A. Yes.

11 Q. Those are all, I think, aspects of the LGA's
12 experience -- or concerns, no doubt, raised with the LGA
13 about the limitations, at the moment, of mental health
14 referrals and mental health support?

15 A. Indeed, and across both children and adult services,
16 there are differences at cut-off points as to when
17 a young person transitioning into adult services gets
18 particular types of support. So -- and some of those
19 cut-off points aren't linked up enough, I think is
20 probably what we were -- we would wish to highlight from
21 this.

22 Q. So, if you look at paragraph 130, also in terms of the
23 link up:

24 "A further barrier is the gap between services
25 designed to support neurodevelopmental or mental health

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1 Rather, there is a complex interplay that relates to the
2 vulnerabilities of autistic people. So they may be more
3 vulnerable to isolation, they may be more vulnerable to
4 bullying, they may be more vulnerable to different
5 treatment short of bullying which increases feelings of
6 isolation. They may be vulnerable online to adverse
7 influence, and they may be more vulnerable to hostile
8 actors on the internet seeking to exploit them.

9 There's also the issue of narrow and focused
10 interests for autistic people and also a higher
11 likelihood that their parents may be autistic and that
12 may bring relationship issues in the family home. But
13 also challenges to how -- what their parents may deal
14 with behaviours, which may be different to the
15 population generally. All of that in individual cases,
16 based on individual assessment.

17 I tried to summarise that at some length because it
18 is important not to stigmatise and to suggest the
19 causative link. But against that background, in
20 Phase 1, the Inquiry did see a risk of those working in
21 children's services, at the local authority, putting
22 down AR's behaviour, or even excusing AR's behaviour, on
23 the basis that he was autistic. One would add that they
24 were not alone in that; that was seen in other agencies
25 as well.

55

1 needs and services designed to manage public protection
2 risk. Autism, learning disability and mental health
3 services may focus on care, support, communication,
4 sensory needs or reducing the risk of hospital
5 admission. [While] public protection pathways may focus
6 on offending, domestic abuse, terrorism, stalking, or
7 other defined risks. People who present
8 fixation-related risk may not fit neatly into either
9 route."

10 A. Yes.

11 Q. Presumably, also that the former route may not help very
12 much with the latter problem and vice versa, even if
13 they fit within one of those?

14 A. Indeed, and what you would want to ideally have is
15 a crossover between -- you know, from an individual
16 point of view, you want to be able to potentially draw
17 on the pathways, on both sides of that equation.

18 Q. Thank you. Turning back briefly to neurodivergence.
19 The Inquiry has heard a lot of evidence about the high
20 prevalence of particularly autism in Prevent referrals
21 and the Inquiry is looking at that issue with care.
22 Summarising a lot of evidence, much of it expert
23 evidence, in high-level terms, that the learning is that
24 it is absolutely not the case that autism has
25 a causative effect on the risk of extreme violence.

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1 My question, against that background, is whether the
2 LGA considers that there is a knowledge and training gap
3 in this area; that those complexities of the interplay
4 of autism and how it can affect risk in some cases may
5 not be understood and needs to be addressed. What do
6 you say about that?

7 A. From our point of view, I think there's always benefit
8 in having greater training in this space. I don't think
9 the LGA has a full sense of just about how well staff,
10 in individual local authorities, understand
11 neurodivergent conditions and what those mean for those
12 individuals and how to respond to them but from our
13 point of view, the ability to have greater training,
14 funding to be able to deliver greater training, would
15 always be welcome.

16 From an entirely personal perspective, of a parent
17 of somebody with a neurodivergent condition, it is very
18 clear that there could be a whole range of training in
19 a whole range of places around neurodivergent conditions
20 and even where people have gone through it in terms of
21 preliminary stuff, they can always benefit from more,
22 but that's a personal view rather than that of the LGA.

23 Q. Again, we have to ground ourselves in the reality
24 because you have mentioned, I think -- was it 600 you
25 said -- was the functions of local authorities and

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1 obviously the way in which neurodivergence may impact in
2 those very many different areas, the VFI type cohort
3 would be one small aspect of that. But do you recognise
4 the concerns arising out of the Phase 1 report, that if,
5 in reaction to violent behaviour and violent fixation,
6 the response is: we don't need to action that because
7 the young person is autistic, that that is not
8 addressing the risk to the public?

9 **A.** No, it doesn't address the risk to the public and
10 I think more training about -- and understanding about
11 where people exhibiting violence and how that's --
12 manifests itself would be very helpful in terms of
13 understanding, whether that's, you know, just directed
14 with people that that person is interacting with because
15 of particular conditions or whether or not it then
16 transitions into something which is much more
17 concerning, which is going to be violence directed -- in
18 the case of a VFI, in terms of extreme violence at
19 a number of individuals outside of that person's direct
20 kind of links and family, et cetera.

21 **MR MOSS:** Thank you.

22 Sir, I'm about to move to a different topic, would
23 that be a convenient moment?

24 **SIR ADRIAN FULFORD:** It certainly would. We will sit again
25 just after 11.35 am.

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1 **A.** Yes.
2 **Q.** The context for Phase 2 of this Inquiry obviously
3 includes the shortcomings that were identified in
4 Phase 1. So on information sharing, they included that
5 information about AR's repeated assaults on his father
6 were not shared; shortcomings in the information sharing
7 between different agencies when AR was caught with
8 a knife on the bus; and also in terms of children's
9 services not making a Prevent referral despite being in
10 receipt of information of concern.

11 And the Inquiry's expert cadre have alerted the
12 Inquiry to -- perhaps an obvious point -- but that
13 similar observations about information sharing failures
14 are endemic in wider safeguarding practices and
15 post-incident reviews of various different kinds.

16 That rather bleak picture of the ubiquity of
17 difficulties in this area, does that align, in general
18 terms, with the experience of your members; that this
19 remains a widespread problem?

20 **A.** Yes, grappling with the complexities of the legislation
21 at a local level remains a significant issue.

22 **Q.** If we look at page 27, paragraph 76, I just want to turn
23 just briefly to some points of detail on this. So you
24 say, first of all, that:

25 "Although guidance encourages information sharing

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1 (11.21 am)

(A short break)

3 (11.36 am)

4 **SIR ADRIAN FULFORD:** Yes, Mr Moss.

5 **MR MOSS:** Thank you, sir. Mr Norris, can we turn, next, to
6 information sharing and if we can have page 27
7 LGA000032_0027, paragraph 73 of your statement on the
8 screen please.

9 We see, understandably, you make the point that "the
10 LGA does not have a role to play in operational data
11 sharing" and that you don't "have a comprehensive
12 picture of the data sharing arrangements in place" for
13 the member authorities "regarding the risks posed by
14 VFIs". No doubt, there will be local arrangements and
15 local agreements, to some extent, on data sharing?

16 **A.** Yes.

17 **Q.** Is that partly the background to that?

18 **A.** Yes.

19 **Q.** Thank you. But, on any view, would you agree that local
20 authority practitioners, of one kind or another, do play
21 a central role in information sharing. In particular,
22 those in social care can be in very important positions
23 as regards both receiving information from others about
24 risk to the child, but also in passing information onto
25 other agencies; education, health, policing?

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1 some local authorities have told us that they have
2 experienced a culture of secrecy around sharing Prevent
3 data, with ... a reluctance to share some things and/or
4 data is [being] securitised unnecessarily."

5 Is that right?

6 **A.** It is, yes.

7 **Q.** So that seems to be a concern raised about information
8 coming out from what, Counter Terrorism Police or
9 from -- coming out of Channel?

10 **A.** Yes, I think predominantly from police colleagues is
11 what we had reported to us.

12 **Q.** Thank you. Just over the page, please LGA000032_0029.
13 Then, 77, you say:

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

19 Can I just understand what that is alluding to. Are
20 you drawing attention there to those for whom a referral
21 to Prevent is made but then they are assessed not to
22 meet the various statutory tests within Prevent, or is
23 it agencies who choose not to refer people to Prevent at
24 all, don't share the information of concern?

25 **A.** It is the former. So it is where you have people

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referred into Prevent but then, for whatever reason, are either not deemed to be suitable for Prevent or not referred onto Channel and what we had reported to us was concerns about the lack of information about where something had been clearly raised, but an assessment had been made that that person wasn't suitable to go through the Prevent process.

What then happened to that individual and were they referred onto the right way and local authorities -- and this was more in the context of those people working in Prevent -- were unsure in some circumstances about what had happened to individuals and felt that that was a gap in their overall knowledge picture and about also being able to manage risk.

Q. So this partly feeds into this concern that if there are seen to be safeguarding concerns for those who have been referred into Prevent, it is mandatory, for those working in Prevent, to refer them on. But there's then no feedback loop, no tracking system to work out what's become of them?

A. Entirely, yes.

Q. Thank you. Then in 79, you say:

"... data sharing continues to be a practical challenge, even if the law and framework is in place ..."

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interpretation of what can and can't be shared, on the basis that it is not entirely clear whether or not you can. Therefore, the advice being given is that you put, in respect, various safeguards about sharing data in terms of protecting people's personal data which may not actually be necessary when it comes to VFIs and other issues with other offenders.

Q. Thank you. If we look at page 29 LGA000032_0029 please, paragraph 84. You say:

"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."

The Inquiry has seen that in a number of different ways. For Phase 2 of this Inquiry, the greater concern may be about sharing information where the risk is the child being a risk to others?

A. Yes.

Q. Do you feel that there is still a lack of clarity in that area?

A. The recent legislation from this year, so the Children's Wellbeing and Schools Act, and associated guidance with that, does make it clearer in terms of where and when you cannot share, but obviously that's extremely recent in terms of changes in practice and guidance. So we

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The practical challenges being what?

A. Grappling, I think, with the complexities of the legislation and its place around data sharing. So understanding when and where you can share data and with whom is quite complex and needs people to understand a range of different pieces of legislation, even in their own area of expertise and to understand how that -- when you have got exceptions, when do those exceptions apply?

As a course of that, I think that means that naturally people are probably more defensive and reticent about sharing information because they are not sure of the grounds on which they can do so because they don't feel they fully understand what the legislation allows them and permits them to do.

Q. Thank you. So even where, on detailed analysis, or perhaps by specialist -- by data collection officers within organisations, even where the framework would allow information to be shared, are you saying that there is a reticence to go there by individual practitioners because it is so complicated?

A. Yes and I think there's also in terms of -- because it becomes quite complex, is that even from the point of view of legal advice that you might get around it, you might end up with a slightly more risk averse

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will have to see how that works.

I think it's, from our point of view, probably too early to say how well that is working at the moment and, again, I think, as with the change in the definitions around VFIs from the Home Office guidance, it will take a while for that to filter through the system at a local level, first to be able to pick up whether or not it is working in the way that we would hope it does.

Q. Thank you. So I think you refer to that, if we go over the page to page 30 LGA000032_0030, at paragraphs 86 and 87. That's the changes brought about by the Children's Wellbeing and Schools Act 2026, that I think you are referring to?

A. It is, yes.

Q. Thank you. I will pick up some of that I think with Ms Graham this afternoon. Page 31 LGA000032_0031 paragraph 89, you say:

"There is ... a range of statutory provisions and broader guidance governing the sharing of information, that, in theory [could] facilitate and improve the sharing of information on risks posed by VFIs."

Then you give some examples in relation to that. But you go on to say:

"Nonetheless, in practice, there remains a reticence to share information on individuals, something that

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1 government guidance itself can strengthen."
 2 So the reference to "government guidance itself"
 3 strengthening, that seems to be a reference, Government
 4 guidance can strengthen the reticence, do we read that
 5 correctly?
 6 **A.** No, sorry that was incorrect. Government guidance can,
 7 on occasion, strengthen the reticence but can also
 8 assist people interpreting what the legislation permits
 9 them to do, so it is probably both.
 10 **Q.** Thank you, and that reticence, does that come -- you
 11 have mentioned the complexity. Does that also come from
 12 a concern of adverse consequences if there's a breach?
 13 So if we have heard concerns raised about being reported
 14 to the Information Commissioner.
 15 **A.** Yes, indeed.
 16 **Q.** Other than improvements -- and you have referred to the
 17 2026 Act -- other than those sort of legislative
 18 improvements, how can that reticence effectively be
 19 challenged because it seems to be such a problem of
 20 longstanding? I know that's a very big question.
 21 **A.** It is longstanding. It is a very big question. I don't
 22 know that we have a magic bullet to solve that
 23 particular issue. One of the things that -- and we
 24 referenced here in paragraph 90 -- is whether or not
 25 some forms of pre-agreed data sharing agreements or

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1 and get further advice about.
 2 **Q.** Right. So enabling an information sharing culture by
 3 having templates that can be used?
 4 **A.** Yes.
 5 **Q.** Which, hopefully -- have I understood your evidence
 6 correctly -- would do two things. One is the template
 7 itself would help guide in a more straightforward case:
 8 actually, we know there is a basis to share here because
 9 it ticks these boxes, so by doing this template you can
 10 show that provision allows me to share this information.
 11 But, secondly, and also flag up where it may be
 12 a difficult case, where more bespoke advice is required?
 13 **A.** Yes, it would helpfully do both.
 14 **Q.** Then you mentioned paragraph 90, I was going to turn to
 15 that. Could we just have page 31 LGA000032_0031 on
 16 screen please. You mention there an option that the --
 17 if we have 90 and 91 on together:
 18 "An option the LGA has previously made to government
 19 is for a national data sharing agreement with
 20 accompanying legal advice ..."
 21 Paragraph 91, you say:
 22 "... would also have to consider the improvements
 23 being implemented in this area in terms of information
 24 sharing for Children's social care, discussed above."
 25 Where has that -- because that seems to be slightly

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1 templates -- so there's already a range of templates
 2 that are in practice and in the notice and you are
 3 obviously speaking to Dr Llewelyn from the WLGA
 4 tomorrow -- but within Wales there are a range of
 5 templates which come around sharing personal information
 6 which provide people with a guidance around how to draft
 7 particular information sharing agreements at a local
 8 level, which may assist in terms of doing that.
 9 Where I think we had got to within the LGA was
 10 thinking about a similar kind of a template when it
 11 comes to sharing information in respect of a range of
 12 crime and community safety issues, backed up by legal
 13 advice which could then be used and relied upon by local
 14 authorities, in terms of if they needed to go -- they
 15 had been challenged about their ability share data, that
 16 they could rely on give them some degree of certainty,
 17 although obviously not completely because that would be
 18 subject to individual decisions by the Information
 19 Commissioners' Office, for example, about whether or not
 20 they had adhered to legislation.
 21 But to nudge councils in the direction of
 22 understanding what they can and can't share better, to
 23 make it clearer to practitioners on the ground about
 24 what they can do, what they can't do and then where
 25 those grey areas will be, that they probably need to go

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1 different from the templates. Where has that concept of
 2 a national data sharing agreement reached? You said
 3 that is something you said you put to Government?
 4 **A.** We have not progressed it so far. What we were hoping
 5 to do -- and the proposition has morphed slightly into
 6 more of -- rather than it being a national data sharing
 7 agreement, of being more of a template that can be used
 8 by our member authorities in terms of data sharing in
 9 the space of crime and community safety.
 10 What we want to underpin it with, as I have
 11 mentioned, is the legal advice and because we haven't
 12 got the resources to be able to do that at the moment,
 13 it is still more of a concept than anything else.
 14 **Q.** Thank you. We will try to limit the proverbial homework
 15 but if there are any developments on that, ahead of the
 16 Inquiry's Phase 2 report, which is due for publication
 17 in the spring, would you let us know?
 18 **A.** We will do.
 19 **Q.** Thank you. Can I turn, next, to the current role of
 20 Prevent for VFIs before we look at future options.
 21 So can we start, please, back at page 21
 22 LGA000032_0021 and paragraph 61. Thank you. You
 23 remember, Mr Norris, I had got up to paragraph 61
 24 earlier on in drawing through the absence of a framework
 25 and we then explored the contents of your paragraph 61

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1 in terms of the overarching framework being better for
2 public protection, as the way forward. You then develop
3 that, in the lower half of the page. So you say that:
4 "The Prevent programme and Channel provide a model
5 that others have identified as being suitable with
6 changes for managing VFIs. It is true that councils and
7 partner agencies have been using Prevent and Channel to
8 assess and manage VFIs. That is not to say that the
9 Prevent duty and Channel are suited for VFIs without
10 change."

11 Then, if we can focus down on paragraph 63 at the
12 end of the page, you say this:

13 "Councils have told us that the specific legislative
14 objective of Prevent and Channel to prevent people being
15 drawn into terrorism creates issues for local
16 authorities and Channel Panels in taking on VFI
17 referrals."

18 Can you summarise what those issues are?

19 A. It is broadly the wording within section 36 of the
20 Counter-Terrorism and Security Act, which establishes
21 Channel Panels but makes it very clear that it is about
22 people being drawn -- the risk of people being drawn
23 into terrorism and because of the definitions of
24 "terrorism" in other parts of legislation, and that
25 requiring an ideological motive of, in effect, for the

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1 actions that somebody is undertaking, when assessing
2 whether or not Channel is the right mechanism for taking
3 a VFI referral, there's a possibility that people become
4 stuck on that definition of "terrorism" and the need for
5 ideology as a driver of that person's behaviour.

6 To be frank, I think what we were hearing from local
7 authorities but you also -- it is interesting, in terms
8 of some of the evidence that ADCS have been able to get
9 from their members as well -- is that on the ground,
10 people are making very practical decisions about how do
11 you manage the risk and probably stretching legal
12 definitions beyond where they should be, to ensure they
13 can do what they need to do to manage risk.

14 But that does create problems from a local authority
15 point of view, at the Channel level. When you look at
16 what section 36 says, and saying: is this a case for
17 Channel? And arguably, I think, many local authorities
18 would turn around in the case of VFIs and say: we don't
19 think so because it doesn't tick the box insofar as the
20 definition of "terrorism" is concerned.

21 Q. So a couple of points on that. In your paragraph 63 you
22 say there is "a general and widespread doubt that
23 Prevent and Channel should be used for assessing and
24 managing VFI referrals". Who has the general and
25 widespread doubt?

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1 A. So that was the feedback that we had from Prevent
2 practitioners that we discussed, ahead of preparing this
3 witness statement, with their experiences around Prevent
4 and Channel and that was their general view, which
5 I think is also substantiated to a degree by the
6 conversations that ADCS have been having with their
7 members as well about it. That it works but is it the
8 right process for doing -- as you said, we will come
9 onto that, I'm sure, in terms of what would the
10 alternative be.

11 Q. So the second aspect I wanted to ask you about that is
12 whether there has been any sense of recent improvements
13 in that. Because one of the things that have been said
14 about that is attempts have been made to make the
15 guidance clearer, including as to when a referral is
16 appropriate. So attempts to make clear in the guidance
17 that there isn't a need for an established ideology
18 before a referral has been made. So various steps
19 following on from the joint letter that has sought to
20 clarify matters internally for Counter Terrorism Police
21 and those working internally in Prevent and Channel.
22 Attempts then to pass on greater clarity to those who
23 would be making the referrals.

24 Has there been an improvement in the understanding
25 or does it remain very difficult?

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1 A. I think it remains difficult at the moment. You have
2 the tension obviously between what is written in statute
3 versus what is presented in guidance. Differing views
4 from different reviews, so I think -- was it the
5 Shawcross review took one particular view on whether
6 Prevent and Channel was the right mechanism on dealing
7 with VFIs. Lord Anderson review has taken a different
8 view. Obviously those working in the Prevent space are
9 very aware of those two different reviews and what they
10 have said and the difference of opinions there about how
11 you treat Prevent and Channel.

12 We talked about the Home Office guidance that came
13 out a fortnight ago. I think that's too early for us to
14 be able to take a view as to whether or not that will
15 make a difference. It might do. But at this point,
16 I think we would have to wait several months before we
17 could at least get a preliminary sense from local
18 authorities and Prevent practitioners in particular as
19 to whether they felt that was beneficial or not.

20 Q. Thank you. If we just go over the page LGA000032_0022.
21 It may be that subsequent paragraphs just illustrate the
22 point further but can we just look at them. So you say:

23 "Those Prevent officers, applying a broad definition
24 of VFIs, report that police colleagues are focused only
25 on extreme violence and mass casualty attacks."

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1 So, the Prevent officers, again, just clarify for us
2 who you are referring to there?
3 A. So, Prevent practitioners in the main. So Prevent
4 coordinators but also Prevent leads within the local
5 authority.
6 Q. Thank you, and the "police colleagues" there, is that
7 a reference to Counter Terrorism Police?
8 A. I would have thought so in the main. I would have to go
9 back and check our notes to be specific.
10 Q. Thank you. So:
11 "Some police officers differentiate between
12 'fascinated by' and 'fascinated in committing' violence,
13 being concerned that if the former is applied as the
14 threshold for intervention, the system could be
15 overwhelmed."
16 We have explored that with Counter Terrorism
17 Policing Headquarters witnesses and DAC Evans. But that
18 is something that, at ground level, is being reported
19 back, is it; that, in effect, fascinated in committing
20 is being treated as the threshold out of a fear of being
21 overwhelmed?
22 A. It is, yes. So it comes back to that point about police
23 being persuaded that there needs to be an intent there
24 before they think it is suitable for Prevent and Channel
25 to take that particular individual as a referral.

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1 Counter Terrorism Police working in Prevent and those
2 working in Channel, don't tell them what has arisen out
3 of a Prevent referral, or is it more that those working
4 in Prevent and Channel don't get feedback on what has
5 come from a referral out to other safeguarding bodies?
6 A. More of the latter. It is more about those referrals
7 out to -- by officers out to other pathways and the
8 feedback from the Prevent officers that we are talking
9 to was that they are not aware enough, in their view,
10 about what happens with those other cases and what's
11 happened to those particular cases.
12 Q. Thank you. Then your 68(b) largely speaks for itself
13 but you draw attention to:
14 "The consent-based nature of Prevent and Channel.
15 [And] the need for people or the parents of children and
16 young people to consent to support through Channel ..."
17 Obviously the Inquiry has heard a lot about that.
18 You say that can be problematic in VFI cases. If cases
19 are not transferred to a police-led partnership and
20 consent is refused:
21 "... there is a limited ability to intervene
22 further -- a position that does not exist for managing
23 cases through MAPPA for example."
24 So, in the MAPPA type case, where the subject would
25 remain under some sort of probation oversight, that the

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1 Q. Thank you. Then at paragraph 65, you say, in the second
2 half of that:
3 "The feedback the LGA has had from Prevent
4 practitioners in local authorities is that they are
5 struggling to cope with the complexity of cases and the
6 younger cohorts that are being referred through it."
7 Is that a reference to those working in Channel?
8 A. It is, yes.
9 Q. "They have also pointed out the challenges created by
10 the continuing ambiguity of whether VFIs fit into the
11 Prevent and Channel space."
12 Again, is that referring to a degree of confusion
13 remaining?
14 A. Yes.
15 Q. Thank you. Then, over the page, please LGA000032_0023,
16 at 68. You deal with several other issues raised by
17 Prevent practitioners. The first of them is:
18 "Closed and 'inappropriate' referrals."
19 You say there, that:
20 "There is a view that there needs to be greater
21 communication between partners about closed referrals or
22 referral that is failing to meet the Prevent and Channel
23 threshold."
24 Again, can I just check, in relation to that, is
25 that a concern amongst local authority staff, that

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1 lack of consent wouldn't prevent some actions being
2 taken in broad terms; is that what you are referring to
3 there?
4 A. Yes.
5 Q. Do you have a sense of how, in these sort of cases,
6 matters might be referred on when there's no consent and
7 who takes control of the risk in those sort of cases?
8 A. I think that would vary depending on the individual and
9 the particular circumstances as to where they are
10 referred onto. I mean, some of them, as we set out
11 there, you would expect to lead -- the police would take
12 a lead --
13 Q. Yes, I mainly focus on the non-PLP cases.
14 A. It would depend, I think, on the circumstances of the
15 individual as to who it is referred onto and then how
16 that manifests itself and how that worked in terms of
17 dealing with that individual.
18 Q. But, again, correct me if I'm wrong, but as things stand
19 at the moment, that would mainly have to be a single
20 agency response. So it might be a referral to health
21 care, it might be a referral to social care, to
22 education, but there may not be an obvious multi-agency
23 process to refer them to?
24 A. Yes, that is right.
25 Q. Thank you, then over the page, please LGA000032_0024,

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1 (c):
 2 "Resources."
 3 You draw attention to the increase in referrals,
 4 which we have seen. I want to pick up with what the LGA
 5 can add to that because the figures are familiar to us.
 6 So, you say that:
 7 "the number of ... referrals has fluctuated ... but
 8 these statistics reflect what the LGA has been told by
 9 Prevent practitioners in terms of a significant increase
 10 recently in caseloads. These practitioners report that
 11 to a degree these referrals reflect overstretch and lack
 12 of capacity in other systems like CAMHS, where for
 13 example getting access to tier 4 beds is difficult."
 14 So what you seem to be averting to there is the risk
 15 that Prevent becomes a referral of last resort; not able
 16 to get support elsewhere, some concerns in the area and
 17 a Prevent referral is made?
 18 A. Yes. The sense we got, from talking to Prevent
 19 practitioners, is that in some circumstances it is seen
 20 as a mechanism to be able to access services that you
 21 wouldn't otherwise be entitled to be able to access and
 22 that the Prevent referral is a mechanism for, in effect,
 23 getting higher prioritisation.
 24 Q. Yes, so when you say "last resort", what I mean is
 25 a last resort to try to get other support, rather than

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1 Q. "That said, it could potentially become either part of
 2 an appropriate system ... or be adapted in line with the
 3 pre-requisites as ..."
 4 You already set out in your statement. Yes?
 5 A. Yes.
 6 Q. 212, you deal with the statutory definitions, which
 7 you'll forgive me, I'll skip over because they are
 8 familiar. But then 213, you say:
 9 "Council Prevent practitioners have expressed views
 10 that agencies are 'just making things work' and are
 11 'shoehorning people into the process by working around
 12 statutory restrictions,' to do what they can to avoid
 13 cases falling through gaps."
 14 So just pausing there. Does that bring together
 15 those sort of concerns about using Prevent in some cases
 16 because you can't get support through other agencies,
 17 but also the cases of perhaps making referrals where the
 18 statutory test isn't likely to be met, it is thought to
 19 be non-ideological, there is a doubt as to whether
 20 Prevent is appropriate but there is nothing else?
 21 A. Both of those two things, yes.
 22 Q. Thank you. Then over the page, please LGA000032_0067,
 23 you say that that relates to a lack of a clear
 24 definition both of who is a VFI and what the policy of
 25 a VFI should encompass. Then 214:

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1 the focus really being on Prevent type concerns?
 2 A. Yes.
 3 Q. Thank you. Then, (d), bottom of the page:
 4 "... a lack of information and evidence base
 5 available regarding the success of interventions ...
 6 an increasing amount of information available for youth
 7 offending, or reducing youth violence, but its
 8 applicability to violence fixated individuals is not
 9 clear."
 10 Yes?
 11 A. Yes.
 12 Q. Thank you. Then later in your statement, you come back
 13 to this theme of Prevent as currently constituted. Can
 14 we look at page 66 LGA000032_0066, please.
 15 I will do this briefly because it is -- mirrors the
 16 earlier passages. But you have a section on the utility
 17 of Prevent, where you say:
 18 "... the LGA considers that Prevent is not currently
 19 a completely appropriate mechanism for the
 20 identification, assessment and management of the risk
 21 posed by VFIs because it was not designed and is not
 22 resourced for the task."
 23 The "not designed" is referring, presumably, to it
 24 being based on ideological terrorism?
 25 A. Yes.

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1 "Whilst there have been messages from the government
 2 to steer the scope or provision of Prevent in various
 3 ways -- including how 'ideology' is defined and to what
 4 extent it is or is not a requirement for
 5 a Prevent/Channel referral [and] adoption -- these have
 6 been mixed, causing confusion on the ground."
 7 I think to an extent we have explored that but you
 8 are underlining, are you not, that confusion remains,
 9 despite attempts to make it clearer?
 10 A. Indeed, yes.
 11 Q. Thank you. Then, page 68 LGA000032_0068, paragraph 219,
 12 again:
 13 "... Prevent was designed for a different age, to
 14 deal with a different threat picture. It was designed
 15 as a counter-terrorism tool specifically and not as
 16 a tool for violence prevention or management, nor as
 17 an alternative to other mainstream services ..."
 18 Then 221, you describe:
 19 "... Channel as become 'a bit of a mop up' for
 20 everyone ..."
 21 Meaning what?
 22 A. The point that we were talking about earlier, which is
 23 that where there are no clear other identifiable
 24 pathways, people make referrals to Prevent because
 25 that's the only mechanism that they have for ensuring

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1 that somebody is going through a process where risk is
 2 being managed, but also that point about it being used
 3 in terms of being able to access services which
 4 otherwise you wouldn't able to access because, again,
 5 going through the Channel process and being referred to
 6 mental health services, for example, gives you greater
 7 prioritisation than you would do if you weren't in that
 8 process.

9 **Q.** Thank you, and it may be that this final observation in
 10 your statement was with local authority Channel
 11 practitioners in mind, but if we look at page 69
 12 LGA000032_0069, paragraph 223, allied to those concerns,
 13 you say:

14 "Moreover, using Prevent for VFI cases dilutes the
 15 counter-terrorism focus and risks pulling people into
 16 a counter-terrorism framework that may not be
 17 appropriate for proportionate."

18 Is that right?

19 **A.** It is, yes.

20 **Q.** A theme we have heard explored by others. All right.
 21 So anything else on that issue of the current challenges
 22 and difficulties both of definitions and of practice in
 23 Prevent, as things are currently constituted, that you
 24 want to draw attention to?

25 **A.** I think the only thing I would draw attention to is the

81

1 10(d) just to get our initial lines clear.

2 You say that essential components of a future
 3 system, (d) should have "provision for early-stage
 4 triage", yes?

5 **A.** Yes.

6 **Q.** Thank you. Then if we turn to page 51 LGA000032_0051,
 7 you turn to give more detailed comments about triage and
 8 it starts at 159. You say, under the heading of "A 'big
 9 front door' model".

10 "A big front door ... model that receives all
 11 violence-related concerns, could provide an initial
 12 entry point."

13 Now, straightaway, we have an issue here about what
 14 is meant because when you say "all violence-related
 15 concerns", are you referring to the big front door
 16 dealing with all public protection violence type risks,
 17 or are you encompassing risks of violence to the child,
 18 so more traditional social care, risk of abuse and
 19 violence in the home?

20 **A.** No, the former. So violence in the public protection
 21 context.

22 **Q.** Thank you. So you go on to say:

23 "Early triage would be a critical factor in the
 24 success of such a model, helping to identify which
 25 agency/referral pathway was the most appropriate,

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1 wider resourcing picture for local authorities as well.
 2 Just in terms of how that impacts on some of the work
 3 they do and the resources they have to be able to do the
 4 right kind of interventions in this space.

5 **Q.** Thank you. We may come back to that under another
 6 topic, but thank you.

7 So turning, then, to my eighth topics of options for
 8 multi-agency working in the future. I want to try,
 9 Mr Norris, if we may, to distinguish two aspects of this
 10 and the first is an initial screening stage. So that
 11 may involve, obviously, onward referral, it may involve
 12 a degree of triage of urgency of cases and it may
 13 involve some initial risk assessment or checklist of
 14 actions, and it involves the suggestion of the big front
 15 door concept, which, as I want to briefly explore, may
 16 mean different things. But that's the first aspect.

17 The second aspect is what the most appropriate
 18 pathway for VFIs is. So where are they going to be
 19 managed, where are they going to be supported, once they
 20 have been referred for that sort of support?

21 Can I turn to the first area, first, please. Can we
 22 look at page 6 LGA000032_0006, so right back at that
 23 headline summary at the start of your statement. It is
 24 paragraph 10, where you make a number of points. If we
 25 go over the page LGA000032_0007, I want to focus on

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1 whereas currently, in some areas, unless referrals go
 2 via the MASH, Prevent is the first opportunity for
 3 multi-agency triage."

4 You go on to say:

5 "This could help to identify a ..."

6 Over the page LGA000032_0053:

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

16 So those potential benefits, I think, are familiar
 17 ground for the Inquiry. Do we take it from that that
 18 the LGA is, broadly speaking in favour of such
 19 an approach?

20 **A.** It is difficult for us to kind of say quite where we
 21 are. I think discussions internally recently, around
 22 the range of different partnerships that are out there
 23 in the space of around broader crime and community
 24 safety, has led us to discussions around how best to
 25 simplify that and agreement that simplifying that

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1 picture is probably a beneficial thing to do. The more
2 difficult proposition is how might you do that and can
3 you get agreement as to what a particular model would
4 look like. I have to say, at this point in time, we are
5 probably struggling internally to get some of that
6 agreement as to what a model would look like and that
7 may be something that, when you talk to councils and
8 those involved in it, that actually a degree of
9 flexibility locally about how you try and design a big
10 front door may be more of an answer than something set
11 out nationally, other than the objective of trying to
12 achieve that.

13 **Q.** So if we look at some aspects you have drawn attention
14 to. If we could start with paragraph 160, you make the
15 important point that:

16 "In designing a [Big Front Door] model consideration
17 would need to be given to when and where critical
18 specialist counter-terrorism insight and intelligence
19 would be incorporated into the initial stages ..."

20 You make the important but obvious point that local
21 authority officers alone would not have that insight.

22 Yes?

23 **A.** Yes.

24 **Q.** In broad terms, Mr Basu, one of our expert cadre, and
25 DAC Evans, a senior officer at CTPHQ, both said that, in

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1 work together. I think my experience, over the period
2 of time I have been working in this policy area at the
3 LGA, is that reflections on an anecdotal basis suggest
4 that people think it works better where you actually
5 have staff physically co-located in the same space.

6 **Q.** Yes. But this concept, which you helpfully and rightly
7 remind us of, of -- that if this process was going to be
8 in place of Prevent being the first assessment, then you
9 would need to ensure that that Counter Terrorism Police
10 understanding was available at the front door. In some
11 senses, that would be an extension of what stronger
12 MASHs already do, in at least they have territorial
13 policing involvement already?

14 **A.** Yes, so it would be effectively an additional strand of
15 information that might be brought into that process
16 where that was relevant.

17 **Q.** Thank you, and then if we could look at 161, you say
18 that:

19 "A particular advantage of the BFD model would be
20 its ability to address concerns the LGA has heard from
21 some council officers that police Prevent officers may
22 not refer cases to Prevent because they do not meet the
23 [section] 36 ... requirements ..."

24 Again, could you just help with what you are getting
25 at there?

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1 broad terms, they would agree with that but they don't
2 think that it would cause insuperable difficulties. So
3 DAC Evans said she could contemplate a situation in
4 which counter-terrorism officers or
5 counter-terrorism-informed police officers would be
6 co-located with local authority staff in a sort of
7 triage body of some kind.

8 Would you agree with that, that that requires
9 thought but it is not, of itself, something that
10 couldn't be resolved?

11 **A.** Yes, I would agree that it requires more thought but --
12 yes, there are probably mechanisms and things we could
13 already build on which would enable them to happen in
14 the way that the Inquiry has already heard about.

15 **Q.** The Inquiry has heard, in broad terms, that in some of
16 the stronger MASHs, or the more developed MASHs, that at
17 least territorial policing are physically co-located
18 with children's services staff in the same physical
19 building, and a team of people, where they can read
20 cases across to each other in the same building and that
21 others seek to achieve the same thing virtually?

22 **A.** Yes.

23 **Q.** Is that your experience too?

24 **A.** Yes. I think there's been different models about how
25 best you deal with multi-agency teams and how best they

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1 **A.** So the issue being the triaging of cases that come in,
2 where, as we have discussed already, the views around
3 what the definitions in section 36 mean, suggest that
4 there are instances where people are deemed not to be
5 suitable for Prevent referrals because they don't meet
6 the thresholds set out in the legislation, but where
7 there are a range of issues that are identified with
8 that individual, that you will feel need to be managed
9 from a risk point of view and how best to do that.

10 I think what we were envisaging here is that that
11 early initial triage process might say, actually, this
12 person isn't suitable for a Prevent or Channel type
13 process, but actually we still -- there is still a range
14 of public agencies that would want or need to work with
15 that individual going forward and rather than it being
16 pushed down the route of Prevent, because that's the
17 easiest route to go down currently, there would be other
18 mechanisms in place, which would say: right, this person
19 we've referred onto -- and, as we were discussing
20 earlier, it may not just be one public agency but
21 a range of public agencies that could support that
22 individual's needs.

23 **Q.** The end result might not be too different, in the sense
24 that the types of interventions available under Channel
25 might be replicated by the other process to which they

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1 have been referred, so the sub-Channel type case?

2 A. Yes.

3 Q. Thank you. Then 162, please. You draw attention to

4 consideration needing to be given as to how to join up

5 with children and adult social services. I think we are

6 referring there, again, to a concept that we have looked

7 at in several aspects this morning, that the narrower

8 compass of adult social care is a problem. If it is

9 an adult who is being referred in, you need to have

10 a home as to where the case can be referred to because,

11 on any view, an adult can't be open to children's social

12 services, with its broader ambit?

13 A. Yes, and they may not be eligible for any kind of

14 support from adult social care, so yes.

15 Q. As things are currently organised, that might then mean

16 that that may be more of a policing lead in those sort

17 of cases, to deal with the public threat, albeit that

18 the police will want to link into adult mental health

19 services and the like?

20 A. Yes.

21 Q. Thank you. So, that, in a sense, is not a problem with

22 the big front door, that's more a problem with what the

23 onward referral looks like?

24 A. Yes.

25 Q. But the big front door wouldn't be successful without

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1 example, at the moment, are extensive. Figures,

2 I think, that we have put in our submission to

3 HM Treasury ahead of the autumn budget suggest that,

4 I think, spend on children's services has increased by

5 something like 3.85 billion between the financial years

6 2019/2020 and the current financial year, of 2026/2027.

7 So the resources that the councils need to be able

8 to make this work would have to be accounted for in

9 designing the model.

10 Q. Thank you, and I will come back to resources under

11 a later topic as well. 164: critical that the model

12 ensures that those services receiving referrals have the

13 capacity and resource to respond to them.

14 So it's not just about the Big Front Door having

15 resource, but also, it's no good referring it on to

16 an agency or a multi-agency process if that process

17 isn't, itself, resourced to deal with the case?

18 A. Yes.

19 Q. Thank you. I'm interested in going back to my first

20 question about what you had intended. If we can just

21 look at your 159 again, on the previous page. That --

22 sorry, previous page again, just at the bottom of that

23 page LGA000032_0051, that in -- violence-related

24 concerns is what you were envisaging. On one view, the

25 big front door would be wider still and it would take

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1 that because there would be a void in terms of some of

2 the referrals that would need to be made?

3 A. I think that -- you know, I don't want to speak for

4 Lord Anderson -- but I would think that in terms of

5 advocating for a big front door model, that's the one

6 advantage of a big front door model, is that it provides

7 alternative routes into the right kind of support for

8 people who go through that and that ending up in

9 a position where it is not just Prevent but, as you were

10 saying, police officers might take over the case but

11 then draw on support from health -- for example, mental

12 health provision for a particular individual, substance

13 misuse treatment, things like that. Access to

14 employment, education, housing, for example, might be

15 a position where, actually, from a police point of view,

16 you want to draw on those and that would be the

17 advantage of having this particular model.

18 Q. Thank you. Paragraph 163, over the page LGA000032_0053,

19 please. A short paragraph but important:

20 "A BFD model would require additional resource[s] to

21 ensure that local authority teams involved in initial

22 triage, who are already incredibly stretched, are not

23 overwhelmed."

24 A. Yes, that's a fundamental point, from our point of view,

25 and the pressures on children's services budgets, for

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1 all referrals, so safeguarding referrals and

2 violence-related public protection risk cases, so that

3 there was a single portal for all concerns from

4 practitioners. So it would take the traditional risk of

5 physical harm in the home type cases, which may

6 currently be dealt with by the MASH, for example.

7 What do you see as the pros and cons of the big

8 front door and the even bigger front door?

9 A. So, with the even bigger front door, I think there's

10 a question about whether or not -- and how it is

11 described as a big front door then creates issues in

12 terms of referrals into it, and alongside that obviously

13 there are well established mechanisms for referrals into

14 both children's services and adult services for the vast

15 majority of people who go through -- who have been drawn

16 into those services.

17 Our thinking -- and maybe that's a reflection of my

18 team's focus on community safety and crime -- is that we

19 were thinking about this from an all-violence

20 perspective because it seemed, certainly I think to us,

21 that when it comes to that public protection role,

22 there's much less of a developed set of mechanisms for

23 dealing with complex cases where you need multi-agency

24 approaches and being able to manage those in the right

25 way. So there is a number of ways that people do that

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in terms of more strategic approaches at a local level, as against case management and I think the smaller front door -- big front door model, is one where, if we are focusing on public protection, it seems to me to fill a gap that is there, whereas I can see the advantages, in some senses, of having a very large front door, where you have everybody coming into it and then that being triaged out.

But, having seen Cabinet Office and Home Office evidence as well about the complexities associated with doing that, when we already have well established systems, I think calls into question whether or not, both in terms of timescales and the amount of resources that would need to be do that, is the right thing to be doing.

Q. One possibility would be to stagger it, would be to have the public protection risk established first, with a view to a later merger, so that in due course there was an even bigger front door because, of course, if one takes -- certainly what was the case with AR that there were concerns about his vulnerabilities and his needs, he was, in certain senses, a traditional social care referral, certainly for early help and at times, for children's social services as well; but he was also a public protection concern, in terms of his violence to

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process, that that triaging process would then just result in referral to one single agency. It was that it would be a referral which would draw in -- there would be an assessment of that particular individual, all of their needs and requirements, in order to ensure that they didn't -- you know, you were managing the risk and reducing the risk that they would go off and commit an offence. And that that would draw on a range of public services that were best placed to provide them.

So if they came in with substance misuse issues, or a mental health need, or an undiagnosed neurodivergent condition, alongside managing the public protection risk, you would be able to source the support that was needed for that individual to make up for those particular issues that have been identified for them.

Q. Thank you. Importantly, I want to come onto the contender, in terms of body or staff, for who would actually make up the composition of the initial front door team, and the lead contender, according to several of the reports -- so not just Lord Anderson but also Sir Declan Morgan in the Independent Commission -- has been the MASH.

At page 51, paragraph 156, so just higher up on the page we have got fortuitously on screen, you say:

"Specifically in relation to MASH arrangements while

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others, carrying of knives, the material that he was viewing and so on.

Because if you create, at the referral stage, a big front door that deals only with public protection, you are going to end up with parallel teams. One taking the traditional MASH type referral and the other taking the violence-related public protection risks. But they may involve both, and many of them will involve both?

A. I think that's the next stage on from the triage, is what then sits behind the triage, in terms of interventions that are then put together to manage the risk from that particular individual and if you design the system in the right way, then one would hope that you are able to draw in a range of different interventions from a range of different agencies that would support that individual and in managing the risk associated with them.

Q. So you might have parallel referrals going out so that one would be, perhaps: this does need to be looked at by Prevent but social care also need to be involved. So you could have -- you wouldn't necessarily be saying there is a single referral comes out of the initial assessment?

A. No, I do not think -- from our point of view, I don't think we were envisaging -- you would have the triaging

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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."

Now, just pausing there. I think, in the way you have ordered your statement, you are actually looking at the MASH as the later pathway, whether they could take on the management of these cases.

But did you also envisage that MASH, perhaps expanded and greater resourced, would be the most appropriate body to deal with the front door stage?

A. Something like a MASH. I think what we have highlighted in paragraph 156, is that (1) they are not -- they are nearly universal when it comes in terms of children's social services side but they are not entirely, I think. But more importantly is that, as currently set up, they wouldn't be dealing with the total cohort that we were talking about earlier, for people who might be VFI individuals. So they would not cover the full age range that you would need.

So I think, from our point of view, we were thinking about MASH as -- the process of about triaging, yes, that works. Is MASH, as it is currently constituted, in the right space to be able to do that for VFI individuals across a range of ages? Not at the moment.

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1 So there would need to be something more done in that
 2 space.
 3 Q. So, looking at the granular problems, one is, as you
 4 have clearly alluded to a moment ago, that while there
 5 is near universal MASH type arrangement for children,
 6 there is much greater variability as to whether they
 7 also deal with adult referrals, is that right?
 8 A. Yes.
 9 Q. Then, as the Inquiry has understood it, there is
 10 a further complication which is that some MASH act, at
 11 the moment, purely as a referring body. So
 12 a safeguarding concern comes into the MASH, they
 13 consider it and they will put that case out to the most
 14 appropriate body and that may be children's early help,
 15 it may be children's social services at a higher level
 16 on the continuum of need. It could be to CAMHS, it
 17 could be to the police, it could be to third-sector
 18 organisations offering talking therapies and matters of
 19 that kind. We saw that in Phase 1.
 20 But the other model of MASH, a more developed
 21 system, the MASH would actually have some ongoing case
 22 management oversight of what happens. So, in these
 23 areas, does the LGA have granular level detail as to, at
 24 the moment, amongst all the councils in England and
 25 Wales, how many are in which model? How many only deal

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1 VFIs should be, if we go back to page 6 LGA000032_0006,
 2 paragraph 10. So if we just pick it up at the bottom of
 3 the page, "while not wishing to be completely
 4 prescriptive", you have a "clear view as to the minimum
 5 necessary conditions for a successful future policy".
 6 If we go over the page LGA000032_0007, we looked at
 7 (d) in the context of the big front door, but the others
 8 are:
 9 "... a statutory footing.
 10 "Require every relevant agency to co-operate
 11 effectively with it.
 12 "Have proper and sufficient funding for all relevant
 13 agencies."
 14 And:
 15 "Provide an easy and efficient mechanism for
 16 agencies to share information concerning VFIs."
 17 Yes?
 18 A. Yes.
 19 Q. Thank you. Then, if we go to page 48 LGA000032_0048,
 20 paragraph 149. Under "The most appropriate multi-agency
 21 structure" going forward, you start with a re-statement,
 22 which I won't go through again, what was in your
 23 headlines, but it is useful to have it again.
 24 Then, over the page, please LGA000032_0049, at
 25 paragraph 150. Ultimately, you say that:

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1 with children; how many deal with children and adults,
 2 how many are only referral bodies; how many have case
 3 management responsibilities? Do you have figures on
 4 that?
 5 A. No, we don't. I mean, the best figures that are
 6 available, I think, are the What Works Centre for
 7 Children & Families report from last year, which looked
 8 at a review of MASHs and took that kind of
 9 categorisation of -- into two divisions as their
 10 starting point. But even again, I think the details
 11 that they got from that don't provide you with that
 12 overall comprehensive picture.
 13 Q. You will understand that, for the Inquiry, it is
 14 a challenge because trying to grapple with the
 15 operational realities, as to how much MASH would need to
 16 be up-scaled is inevitably going to depend upon having
 17 some understanding of that.
 18 Is that something which the LGA, after today, would
 19 be able to assist the Inquiry with in terms of drawing
 20 in more information, so that together we have a better
 21 understanding?
 22 A. Yes, we can certainly assist you.
 23 Q. Thank you. We may well want to come back to you,
 24 possibly in writing, on that to take that forward.
 25 Then, turning to the second area, what the pathway for

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1 "If these conditions are met, then there may be more
 2 than one model which can deliver an effective service."
 3 Then, if we just scroll down a little bit. You deal
 4 with a need to consider how to improve the whole systems
 5 approach in the round and not leave Prevent to address
 6 the cases alone. You refer to multiple initiatives,
 7 agencies and frameworks that overlap and we talked about
 8 the patchwork, and you revert to the issue, at 152, of
 9 the theme that "Prevent and Channel were established to
 10 work with" originally, a different type of threat.
 11 Now, against that background, if we go on to
 12 page 49, paragraph 155, you start to address the
 13 possibilities, by saying:
 14 "In addition to multi-agency case and risk
 15 management processes like MASHs and MARACs ..."
 16 So there are two and obviously, we know that MARACs
 17 deal with domestic abuse, but you say, in addition to
 18 those type of processes:
 19 "... there are a variety of existing approaches
 20 which could be utilised to manage ..."
 21 Then we go over the page LGA000032_0051:
 22 "VFI[s] ..."
 23 Then if we can just have that whole screen. I'm
 24 not, if you will forgive me, going to go through the
 25 list because it is, broadly speaking, familiar in the

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evidence that we have seen.

If we just look at the bottom of the list. Two additional ones. You mention:

"... 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."

And:

"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 ..."

Then just over the page LGA000032_0033:

"... and/or are unaware and ill equipped to respond to emerging threats."

In other respects, I think that list draws out a number of possibilities with which the Inquiry is familiar. I do want to put the question to you, difficult though it is, as to whether the LGA has a view, on behalf of its members, of which the best contender looks to be from that range of opportunities, or whether it does need to potentially be a new process?

A. We don't have a specific view. Partly that's because of -- as I was highlighting earlier, the difficulties of identifying a particular model that works well.

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with -- is how do you provide that change, when there is, as we have just mapped out, a whole range of different partnership arrangements and different arrangements for working at a local level? Are you going to be adding one to the picture? Do you try and simplify it into a more cogent, understandable picture?

There are issues with both and I think in terms of how might an immediate solution present itself, would be something that enables a degree of flexibility at a local level. So, for example, when it comes to violence reduction, there is a requirement, around violence reduction on a range of different partners, that then brings in police, local authorities, et cetera. But leaves it flexible, at a local level, as how best to go about achieving the outcomes around violence reduction, so that you can use and utilise existing partnership structures to be able to do that.

I think there is a range of things that, if you are looking at a something which was building on -- allowing people to build on existing structures that you would have to think about in terms of -- which is why you come back to what's the statutory underpinning, about what's the requirements needed to compel people to do the work, what -- very definitely having something which that duty to co-operate. So that, it is clear that it is not just

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I think, based on the feedback that we have had from a variety of sources is that -- and particularly the views of Prevent coordinators and Prevent officers in the local authority context, is that, actually, Prevent, as a model in terms of how you do multi-agency -- so the elements of what we were saying there in the witness statement about what are the element that is make up a good process, Prevent has got a good number of those. The issue being, obviously, kind of definitions about who is entitled to it and the fact that, if you expand the scope of Prevent, then you significantly change what it is about.

But I think, the sense I get from the feedback from local authority practitioners, is that -- particularly those involved in dealing with VFIs, is that Prevent provides a process which is a good one. The question being about whether Prevent or Channel themselves are the right way to do that. So it may well be that a new process, with a new acronym to it, might be the one that's best for dealing with --

SIR ADRIAN FULFORD: Prevent-like?

A. Prevent-like, yes, maybe the best one. I think the one caveat I would have in all of this in terms of doing it is that -- and I know this is considerations that the Cabinet Office and the Home Office are also grappling

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falling on one agency taking the lead or that nothing happens, that collectively they have collective responsibility for delivering on that outcome.

Q. So a MAPPA-like requirement?

A. A MAPPA-like requirement. Unfortunately, we don't have a -- I don't think I can give you, on the LGA's behalf, a very specific: this is the best kind of route to go down, in terms of we have a magic solution to answer your question. The nearest, I think, we get to it, from Prevent practitioners, is to say: look at what Prevent does because it provides many of the elements that we set out in our witness statement in terms of ticking the boxes that you need to tick to design a system. It is just Prevent has a very particular role, it is a very particular legislative background and it is not ideally suited for what we are talking about in terms of VFIs but it does provide quite a good model in terms of -- in a public protection space, of producing something which enables cases to be referred in, for them to be triaged, for them to be referred onto a different range of support and risks, then, to be managed collectively.

So I think probably where we are would be to say, look mostly at Prevent in terms of a model, but then making changes to that, to make it work specifically in terms of some of the issues that have been fleshed out

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1 by us and others around the issues of managing VFIs.
 2 **Q.** Can I just ask finally on this aspect, in terms of how
 3 you rank the benefits of giving a discretion to local
 4 areas, which has its obvious attractions because there
 5 may be existing structures that are known to work
 6 effectively, how do you rank that against the risk of
 7 confusion if, in different local authority areas, the
 8 VFI pathway is arranged differently, with different
 9 bodies and with different names, potentially? I ask
 10 that against the background of Phase 1, where, both in
 11 education and in social care, there were challenges
 12 because AR lived in one area but went to school in
 13 others, in the neighbouring area?

14 **A.** I think one of the trade-offs is just the pace at which
 15 you would wish to make a difference in terms of doing it
 16 and building on what exists currently would seem to me
 17 to provide the swiftest way to be able to introduce
 18 something different. That introducing anything new in
 19 terms of a new system would take time, resource, and
 20 everything else that goes with that and that would then
 21 potentially delay where you are getting to.

22 I think, even within a slightly different
 23 arrangement in terms of prescription about a MASH, for
 24 example, and how you would do that, there may still be
 25 issues about different practices in different ways that

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1 front door being funded, you point out that:
 2 "As a general point, the LGA considers that local
 3 authorities do not currently have the capacity and
 4 resources to manage complex long-term VFI cases."
 5 So, in addition to the funding of the screening or
 6 triage stage, you point out that there is an issue about
 7 capacity and resource for the pathway that would manage
 8 them, post-referral?

9 **A.** Yes, definitely, and that would need to be addressed.

10 **Q.** Thank you. Sir, for your note at paragraph 136 --
 11 I won't go to it now -- but there is reference to the
 12 exhibit LGA000024, Children's Funding Alliance research
 13 into the impacts of funding.

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

15 **MR MOSS:** Which I won't go to, but it is set out helpfully
 16 in Mr Norris' statement. Briefly then, final two
 17 topics: online harm next, please.

18 If we look at page 71 LGA000032_0071, paragraph 232.
 19 You say:

20 "Given government policy on school autonomy, it is
 21 principally for professionals in individuals schools and
 22 Multi-Academy Trusts to assess and manage risks to
 23 pupils arising out of online activity. However,
 24 councils may have a role in supporting
 25 councillor-maintained schools providing model guidance

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1 different local authorities, for example, are organised.
 2 They are organised differently it depends on historic
 3 circumstances as to where they are and how they are
 4 structured.

5 It comes back to those key issues about how do you
 6 structure your -- the way you work -- how, in
 7 particular, do we crack the nut of proper exchange of
 8 information, that we are making sure that things are
 9 referred on in the right way and I would see that as
 10 probably -- that's why we get into the information
 11 sharing piece within the context of the criteria we set
 12 out for a new system, is important because there will be
 13 local variation in terms of how people work, by the fact
 14 that you are talking currently of around 150-odd
 15 upper-tier local authorities in an English context,
 16 22 in Wales and very different circumstances.

17 Manchester City Council and the cohort and
 18 population it works would will be very different from
 19 Cumbria just up the road, in terms of how they work, not
 20 least because Cumbria is exceptionally rural and the way
 21 they have to work is very different from how you would
 22 work in Manchester and you need to reflect that.

23 **Q.** Thank you. If we could just have page 43 LGA000032_0043
 24 on the screen, please, your paragraph 134. If only for
 25 further emphasis, as well as in relation to the big

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1 and advice and highlighting best practice."

2 I want to explore that with you a little. I wonder
 3 if that might risk underestimating the role that local
 4 authority staff may have in this area, particularly
 5 children's services, and I will obviously come to this
 6 with Ms Graham as well. But if a child is referred to
 7 children's services, whether through the MASH or else by
 8 another means, and there are concerns about that child's
 9 use of the internet, there are concerns about the
 10 child's fascination with gore and violence online; in
 11 many cases, the principal concern may arise as to what
 12 the child is doing online out of school.

13 Because in school, one thing is certain, that all
 14 schools should have a form of control and monitoring and
 15 one of the aspects that the Inquiry saw, in its first
 16 phase, looking at AR obviously specifically, was a lack
 17 of professional curiosity on local authority staff, both
 18 those in youth justice services and those in the
 19 children's services teams, in asking questions about
 20 what AR was doing online and probing, for example, with
 21 the parents, about what protections they had in place.
 22 The answer to which, had they been asked, was: there
 23 wasn't even parental control settings on.

24 How do you assess the resource and knowledge of
 25 local authority practitioners in this area, that the

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1 risk of online harms -- not so much from sexual
 2 exploitation, but in violence material on the internet?
 3 **A.** I think there's always a case -- and I mentioned it
 4 before, in terms of better training and support
 5 particularly around VFIs and understanding that.
 6 I think in terms of the wider issue around online harms
 7 and particularly VFIs, there is a stage before, in
 8 a sense, in terms of thinking about this as an issue and
 9 I know the Inquiry is looking at this in terms of other
 10 evidence that you will be hearing from, is that you are
 11 right, councils and council staff will have a role in
 12 kind of questioning potentially parents about what
 13 access a child is having to the internet at home, or
 14 when they are out and about with their friends and doing
 15 things. But those -- the only thing is those are the
 16 children who come across the children's social services.
 17 It may be, as in the case of some individuals, that
 18 there are a range of things which mean that they do come
 19 across children's services before, or at the point where
 20 one of the things you start asking about is that risky
 21 behaviour and saying: well, what access does your child
 22 have to online sites? Are those appropriate for their
 23 age? Should they be looking at those things? What
 24 controls do you have, as a parent, around that?
 25 However, there may be instances of individuals who

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1 possible, things are in place at home that prevent the
 2 child from looking at things that they shouldn't be
 3 looking at, one would hope.
 4 **Q.** Thank you. So, sir, for your note, at paragraph 236, we
 5 don't need to turn it up, but Mr Norris deals with LGA
 6 support for more measures along the lines of safety by
 7 design by platforms, which is a slightly different
 8 aspect.
 9 **SIR ADRIAN FULFORD:** Yes, I have noticed.
 10 **MR MOSS:** But just in relation to this aspect,
 11 Ms Gianfrancesco, as one of the Inquiry's expert cadre,
 12 said that, in looking at the potential for what, in her
 13 area in Brighton, was dealt with as an adolescent
 14 serious risk group, co-hosted -- hosted by the local
 15 authority, co-chaired by the local authority children's
 16 services and the police, so they acted as co-chair, and
 17 she said this is a good model for taking it forward,
 18 there is lots of multi-agency groups.
 19 She said: that has got the kernel of it and we have
 20 good buy-in from education, from police, and a range of
 21 other agencies turning up. She said the two things that
 22 you would need to fundamentally alter, to make that
 23 a good pathway for VFIs was (1) how does it work with
 24 adults? Which you have dealt with. But the second was
 25 it needs to be up-skilled and resourced to deal with

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1 are in -- you know, we would, at some point in time
 2 say -- if you look back at their history, you would say
 3 clearly, they were doing things which their parent
 4 wasn't aware of and had access to things on the internet
 5 but they may also not be in any kind of contact with
 6 children's services.
 7 So there is the broader point is about -- and it is
 8 not one for local authorities to make -- but in terms of
 9 the wider environment in which children are able to
 10 access material over the internet and obviously that
 11 gets into the Online Safety Act, Government policy, and
 12 where it is going, about that, which I think provides
 13 that wider safety potentially for children, in terms of
 14 ensuring the environment in which they are broadly
 15 growing up.
 16 But, yes, when you have instances of a child that is
 17 known to social services, to children's services, and
 18 one would hope that if there are signs of risk being
 19 involved, that actually, yes, they would have the
 20 training to be able to turn round to parents and say:
 21 actually, what is it that your child is accessing over
 22 the internet? Do you know what they are watching? Can
 23 you tell me what websites they have been on over the
 24 last few years? And being able to make those kind of
 25 checks and balances and make sure that, as much as

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1 online risks.
 2 **A.** Yes. And I think -- you know, I can see the advantages
 3 of having that model where you do have access, from
 4 a local authority point of view, to police colleagues
 5 sat alongside you, to talk you through what some of the
 6 risks are because I suspect that some of the things that
 7 the police are aware of, from their point of view, in
 8 terms of public protection harm reduction, most average
 9 individuals, whoever they are, won't be aware of the
 10 full extent of what those are. Whereas the police can
 11 flag up. So access -- for example, access to the dark
 12 web, those sorts of things, websites on there and
 13 activity on there, I would suspect, for lots of people
 14 they are things they are not aware of but the police
 15 will know about.
 16 **Q.** The challenge to that is that it is not the dark web.
 17 **A.** Yes.
 18 **Q.** And the challenge may be actually, those conversations
 19 are perhaps well-informed by the police, perhaps with
 20 Com networks maybe well-informed by the NCA specialist
 21 knowledge, but the children are less likely to open up
 22 to a police officer than they might be to those whom
 23 they have a more trusting relationship, without being
 24 pejorative about the police. So this may involve early
 25 help practitioners, for example. But they need to have

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1 the knowledge of what the risks are and an understanding
2 of the tools that could be helped to mitigate the risk?
3 **A.** Indeed, yes.
4 **Q.** Thank you. Then finally, on interventions. I will take
5 it shortly because, without discourtesy to you, it is
6 familiar ground. But page 62 LGA000032_0062, please.
7 Paragraph 198. You say that:

8 "While councils have told the LGA that there is
9 a much better package of interventions available now
10 than a few years ago, the system, by its nature, has
11 been slow to adapt to the evolving complexity, breadth,
12 and drivers of what now forms many Channel cases."

13 That is a reference, I think, to interventions being
14 based around traditional ideological concerns, yes?

15 **A.** Yes, it is.

16 **Q.** Then page 63 LGA000032_0063, paragraph 201. I think:
17 "Prevent Channel panels have traditionally
18 commissioned support from [intervention providers] to
19 work directly with individuals, often linked [with]
20 ideology ..."

21 So a similar point we were looking at before. Then,
22 at the end of the paragraph:

23 "Council Prevent practitioners the LGA has spoken to
24 said that they would welcome further guidance or
25 piloting from the Home Office to identify effective

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1 the failing is my question, not you, so please say and
2 I will try and ask it in a better and less convoluted
3 way. All right? First topic, please. Ownership of
4 this issue, the VFI issue. I'm going to try and avoid
5 bringing you to your statement, but where we need to,
6 I can give you the reference.

7 Mr Moss took you to paragraph 7 of your statement a
8 number of times on page 6 LGA000032_0006 and this is the
9 paragraph that dealt with the patchwork. We can see it
10 on the screen, if we need to.

11 It finishes with the following passage: the
12 patchwork that you summarised to Mr Moss has left it
13 unclear how the response to the identification of a VFI
14 case should proceed.

15 I want to ask, is it clear to you, at the LGA and
16 amongst your members now, as of today while you sit
17 there, who is actually responsible for identifying and
18 managing VFI risks to the public?

19 **A.** No, it isn't, I don't think at this point in time.

20 **Q.** Next topic please, definitions. You indicated to
21 Mr Moss that the LGA is a strong supporter of the need
22 for a clear definition, yes?

23 **A.** Yes.

24 **Q.** But equally, there is a concern, from at least some
25 within your membership, that a focus on definitions may

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1 Channel interventions for VFIs."

2 Is that right?

3 **A.** It is, yes.

4 **Q.** So I think in general terms, you are reiterating a theme
5 that others have developed, which is that, at the
6 moment, there is currently a lack of understanding about
7 which types of interventions are likely to be most
8 effective for VFIs, which, in part, goes back to the
9 difficulties about not having a definition in the first
10 place?

11 **A.** Yes, it does.

12 **MR MOSS:** Thank you, Mr Norris, those are my questions.

13 Sir, I don't know if you have any questions? My
14 learned friend, Mr Nicholls, has permission to ask
15 questions on behalf of the three victim teams.

16 **SIR ADRIAN FULFORD:** Mr Nicholls?

17 **A.** Thank you.

Questions by MR NICHOLLS

18 **SIR ADRIAN FULFORD:** Yes.

19 **Q.** Thank you. Mr Norris, good afternoon. As Mr Moss has
20 just indicated, I have a few questions on behalf of the
21 victim and survivor groups. The topics will jump around
22 a little because Mr Moss has covered significant ground
23 and I'm trying to ask some supplementary questions
24 without retracing steps. If anything is unclear, then

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1 lead practitioners to focus on the definition rather
2 than looking at the underlying causes?

3 **A.** Yes.

4 **Q.** You confirmed to Mr Moss that a definition or a label
5 should not prevent practitioners looking professionally
6 at underlying causes and seeing them as important?

7 **A.** Yes.

8 **Q.** Is the concern that you were expressing -- this was
9 paragraph 38 of your statement -- that while a fixed
10 definition should not have those effects, there is
11 a real risk that it will have those effects, on the
12 ground?

13 **A.** Yes, there is that risk. I think as people become
14 focused on the definition rather than the underlying
15 issues that need to be addressed.

16 **Q.** So what's needed, perhaps -- and this is what I want to
17 explore with you briefly, from your perspective -- is
18 some combination of both a definition but also, perhaps,
19 an inclusive set of indicators or factors that are more
20 practical to assist frontline practitioners with
21 actually dealing with this on the ground?

22 **A.** Yes. I think both the definition and as you say, having
23 something that enables practitioners on the ground to
24 say: this spectrum of behaviours is something that
25 should cause us concern and tends to point us in the

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1 direction of thinking that this individual might be
2 somebody who is contemplating going off and committing
3 some form of extreme violence, would be helpful because
4 it would at least give those an indication, rather than
5 just the definition and trying to work out the
6 definition themselves, to also be able to look at and
7 say, actually: yes, this is a range of indicators that
8 suggest this is an individual of concern. So they are
9 better informed about what they should be looking for.
10 **Q.** So it is a structure for looking at risk, rather than
11 the definition becoming almost totemic as to whether
12 there is risk?

13 **A.** Yes.

14 **Q.** Would that also help in this way, on both sides of the
15 coin, if I can put it this way -- a phrase that many
16 people have used from these lecterns already -- is there
17 a risk of using just a definition, so a hard-edged
18 definition of "VFI", "NIEV", whatever word you want to
19 use, that on the one hand, a person that presents with
20 serious risk of violence may fall outside because they
21 don't fit the definition but also, that you capture too
22 many people in the definition where they actually don't
23 pose a risk?

24 **A.** There is those -- there is completely that risk and
25 I think, from our point of view, we struggle with that

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1 members about that but, as I have indicated to Mr Moss,
2 is that it will be some time, I suspect, before they
3 have been able to digest the new guidance and then it
4 starts within normal operation, and then they will be
5 able to give clear feedback about particular cases they
6 have done and where it does and doesn't work.

7 **SIR ADRIAN FULFORD:** 12 months, I think you said?

8 **A.** I did.

9 **MR NICHOLLS:** When doing that exercise, presumably some of
10 those individuals, those practitioners, will have
11 a vague awareness of the VFI concept already because it
12 was around, if I can put it that way?

13 **A.** Indeed. I think from a Prevent practitioner point of
14 view from a local authority, yes, VFI. And they will be
15 interested in the new guidance and what that says.

16 **Q.** When they are interested in the new guidance, they are
17 now going to be directed, as you said, to a behavioural
18 definition rather than an individual definition?

19 **A.** Yes.

20 **Q.** So presumably, they are going to be assisted, would you
21 agree, with some form of training or guidance about that
22 distinction and what they should be, in fact, looking
23 for?

24 **A.** One would hope that's what the Home Office is going to
25 provide and that councils will be able to turn to the

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1 point about do we need a definition. I think there are
2 benefits to having a common definition when comes to
3 inter-agency, working between -- different professionals
4 working in the same space with the same individual so
5 they know what they are talking about when it comes to
6 the same thing. But would agree with you entirely that,
7 you know, the current definition in the section in terms
8 of VFI and how that is referred through Prevent
9 processes, leads to quite difficult discussions about
10 which side of the fence do they fall and entirely your
11 point about, is it too many people that we are admitting
12 into the process, then becomes a live issue.

13 **Q.** You have been asked by Mr Moss about the very recent
14 interim guidance on NIEV.

15 **A.** Yes.

16 **Q.** Previously, you have been asked about the issue of VFI
17 definition. Have you had the chance yet to consider
18 this distinction -- I just want to ask you about it --
19 that the VFI definition seem to focus on identifying
20 an individual but the NIEV definition appears to focus
21 on behavioural characteristics or a trait of behaviour?
22 Have you had a chance to consider that yet, in the
23 limited time that you have had?

24 **A.** We haven't had a chance to do that and I would want to
25 go out and have a discussion with our local authority

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1 Home Office and be able to understand that better.

2 **Q.** Thank you, I will move on. You mention in your
3 statement roundtables that were hosted by the LGA with
4 groups of Prevent practitioners.

5 **A.** Yes.

6 **Q.** As defined in the way that you explained to Mr Moss --
7 this is paragraph 29 of your statement. You say that
8 the evidence that you have provided, including in the
9 statement that you have given, was informed by those who
10 attended these roundtable sessions --

11 **A.** Yes.

12 **Q.** -- of Prevent practitioners. Now, it is a broad
13 question but can I ask, are you able to summarise,
14 capturing any broad divergence of views, what particular
15 views you were given by Prevent practitioners on the
16 ground at those roundtables, that fed into what you have
17 been saying in your statement with Mr Moss? Or is that
18 too broad a question for you to be able to summarise?

19 **SIR ADRIAN FULFORD:** It is a big bucket, I think.

20 **MR NICHOLLS:** It is a big bucket.

21 **A.** It is a big bucket. I think one the reflection I would
22 have, in terms of the discussions, was the key
23 fundamental about whether Prevent is the right mechanism
24 for dealing with these cases that people focused on
25 and --

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1 **SIR ADRIAN FULFORD:** And I think you have dealt with that.
 2 **A.** Yes, thank you.
 3 **MR NICHOLLS:** Indeed, you have. Next topic, please. The
 4 issue of identifying VFIs or NIEV and in particular, the
 5 issue of harm within the home versus harm -- risk posed
 6 by a child to others. You have explained that
 7 distinction. The question I would like to ask is: will
 8 a change in this area -- that is to say to expect
 9 children's services to identify risk a child may pose to
 10 others -- is that going to require, in your view,
 11 a cultural shift within children's services?
 12 **A.** Ann Graham will probably be able to answer that better
 13 than I can because she obviously has had an experience
 14 of working in children's social services for her whole
 15 career. My sense is that it is a significant cultural
 16 shift because the focus in children's social services
 17 has always been safeguarding the child and it is about
 18 protecting her child from harm, whatever that source is.
 19 So that source, as we were talking about with Mr Moss,
 20 has initially been within the home, that spectrum of
 21 risk has been identified as being without the home. So
 22 it has expanded, but still, the focus is protecting the
 23 child from harm.
 24 If we are then talking about actually the risk that
 25 the child presents to others, in the main, that would

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1 a shared key chronology and a summary of
 2 vulnerabilities. I just want to take you back to
 3 something you touched on in your statement which is the
 4 advantages of a shared multi-agency risk assessment
 5 tool, specifically. I think in your statement you refer
 6 to greater clarity and consistency and decision-making
 7 as one example, yes?
 8 **A.** Yes.
 9 **Q.** Are others potentially a shared understanding of factors
 10 that contribute to risk?
 11 **A.** Yes.
 12 **Q.** Also, a shared understanding of thresholds for referral?
 13 **A.** Yes.
 14 **Q.** Would such a tool, at least potentially, have the
 15 benefit of encouraging information sharing by its very
 16 existence?
 17 **A.** By its very existence, as you say, yes.
 18 **Q.** So, can you see a role -- putting aside, not dismissing,
 19 but setting aside for the moment Mr Moss' very
 20 understandable and focused questions on the issues he
 21 asked you about -- do you still see that there may be
 22 a role for such a tool in starting the process of
 23 identification that you have been being asked about?
 24 **A.** Yes. As I think we discussed with Mr Moss partly, the
 25 issue being how that interfaces with other risk

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1 seem to me quite a significant cultural shift, from
 2 a children's services perspective. Certainly, given
 3 where legislation and guidance is and when you look
 4 at -- even when you look at the Working Together version
 5 that was out this year, the focus is very much on
 6 preventing harm to the child as the top priority.
 7 **Q.** Final question on this topic before I move on. In your
 8 experience, do frontline practitioners in this area
 9 consider that a risk of harm posed by a young person to
 10 the public, itself represents a risk of harm to that
 11 young person? Related to that, is that perhaps one way
 12 in which the cultural shift that's going to be needed
 13 could take place, that understanding?
 14 **A.** Again, Ms Graham will be better able to answer that
 15 question than I can, but I think -- again, when you were
 16 referring back to Working Together, for example, it is
 17 clear that the guidance within that suggests that that
 18 shift is about also thinking about, you know, the harms
 19 to the child, if it is also thinking about harms to
 20 others. I think most would agree that that's not a good
 21 place for a child to be and therefore you would want to
 22 move the child away from being in that position.
 23 **Q.** Moving on, please. Risk assessment tool and keeping it,
 24 I hope, brief. Mr Moss asked you some questions about
 25 this, in particular with a focus on the benefits of

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1 assessment tools and how professionals on the ground are
 2 expected to use those, either together or in conjunction
 3 with each other.
 4 **Q.** That's a very big bucket and I'm not going to jump into
 5 that one, I will move on to the next and I hope
 6 penultimate topic. Very briefly on the big front door.
 7 I want to canvass just a couple of points on the
 8 concept, without descending into the construction issues
 9 that Mr Moss has, for understandable reasons, explored
 10 with you in some detail. Is a potential advantage of
 11 a big front door -- whether it is the big front door or
 12 the very big front door -- that frontline professionals
 13 know that the door exists, so that when they are
 14 engaging with a potential VFI, the very existence of the
 15 door concentrates their mind, at that stage, about
 16 whether to make a referral?
 17 **A.** That would be one advantage, I would see, to it, yes.
 18 **Q.** Because as a professional, if you know something exists
 19 and there is a dedicated body, either locally or
 20 nationally, that's focused on receiving that risk, you
 21 may be more comfortable and likely to refer into it?
 22 **A.** Yes, and you are more likely to know that it's there and
 23 make that referral because you know, with certainty,
 24 where you are supposed to be going with that particular
 25 individual.

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1 Q. Rather than an ambiguity perhaps that you are referring
2 into the ether?
3 A. Yes.
4 Q. Final topic, please. Multi-agency working and ownership
5 of risk. Mr Moss took you to the very helpful lists, at
6 both paragraph 10 and paragraph 149, about the
7 prerequisites. Do you remember those?
8 A. Yes.
9 Q. There was one aspect that may be implicit throughout
10 your evidence that wasn't listed, I don't think, in
11 those lists and that was single-agency ownership of the
12 risk, albeit alongside multi-agency working to address
13 the risk. Do you see the point --
14 A. I see the point you are making, yes.
15 Q. Can you see important reasons, in this context, for
16 single-agency ownership of risk, albeit alongside joint
17 working to address risk?
18 A. I think our view would be that there are issues with
19 single agency -- having a singled out, identified
20 a person in charge of the whole -- responsibility for
21 managing that case, there are definite advantages in
22 terms of doing it. But it is interesting, within the
23 children's safeguarding context and when you look at
24 Working Together, the responsibility sits with
25 effectively three different individuals. So the Chief

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1 able to say?
2 **SIR ADRIAN FULFORD:** I think not.
3 **MR NICHOLLS:** I see. Well, in which case then, I'm
4 finished. Thank you very much.
5 **SIR ADRIAN FULFORD:** You are nearly finished, Mr Norris.
6 Just a couple of things from me.
7 **Questions by SIR ADRIAN FULFORD**
8 **SIR ADRIAN FULFORD:** One of the things that you will readily
9 appreciate that is of concern to me is the extent to
10 which people are seeing things online that they
11 shouldn't and that that material may be materially
12 contributing to sometimes quite horrific behaviour. At
13 paragraph 236 -- there's no need to turn it up -- you
14 set out that you felt that -- during the passage of the
15 Online Safety Bill, that there ought to have been
16 incorporated a safety by design code of practice.
17 I think the LGA advocated strongly in relation to
18 this. It may be that we have had disclosure of your
19 submissions. If we haven't, would you be happy to share
20 them with the Inquiry?
21 A. Yes, we would be happy to share them.
22 **SIR ADRIAN FULFORD:** Fine, thank you. I think that could be
23 useful. I want you to, for a moment, forget section 36.
24 So let's not worry about whether the embrace of Prevent
25 has been entirely appropriate or whether it may have

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1 Executive of the local authority, the Chief Constable
2 and whoever it is on the health side, in terms of the
3 ICB, and that is actually a collective responsibility.
4 Then they are able, as the person with ultimate
5 accountability, to delegate it internally.
6 I think there are advantages where you potentially
7 have shared responsibility and accountability for taking
8 things forward. So, what I think I'm saying is probably
9 we are not entirely wedded to the idea that a single
10 accountable individual is necessarily the right model.
11 Q. When you say that, presumably you are cognisant of the
12 concerns that have been raised through this Inquiry
13 about the very idea of shared accountability and the
14 issue of the risk of something falling through the
15 cracks?
16 A. We are. I just think there's a question about exploring
17 how that works, where you have an individual taking
18 responsibility for all the actions, effectively, that's
19 been carried out in a multi-agency basis, with the key
20 issue being the traction that individual has over other
21 agencies they don't work for and being able to ensure
22 that they do what they are supposed to have been tasked
23 with doing and delivering on that.
24 Q. Final question on another topic. It may be you can't
25 answer, but what was the issue with Bromley, if you are

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1 gone a bit wide.
2 Although you haven't given any figures for this,
3 I have detected a sense, during your evidence, that you
4 have heard quite a lot about how Prevent has been used
5 for those who are assessed as coming within the VFI
6 category. Can I make it clear that I'm not asking this
7 question because I necessarily want, in any way, to, as
8 it were, force a cohort of cases into Prevent that
9 shouldn't go there.
10 But have you -- would I be right in thinking that
11 that has continued to be something -- a route that has
12 been followed because it has produced -- the way that
13 Prevent has addressed the problem has produced some
14 satisfactory, some beneficial results?
15 A. Yes, I think the sense we get from local authority
16 practitioners, particularly on the Prevent side, is that
17 the reason they use it is because they feel it is the
18 best tool available to them at the moment to be able to
19 manage the risks from VFIs in a way that makes them feel
20 they are protecting the public while also managing the
21 risk to that particular individual.
22 **SIR ADRIAN FULFORD:** That's more than just a very negative
23 thing, that it is the best of a bad lot; it is actually
24 that it is seen as producing something positive, that
25 has a real capacity to make a difference?

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1 **A.** Yes, and I think the feedback we have had, again, from
 2 Prevent practitioners in particular, is that, yes, it
 3 has achieved results. It is just finding the right --
 4 it's them struggling to find what they think is the
 5 right tool to use but they are very aware that they want
 6 to protect the public, that this provides them with
 7 a mechanism to do that and they have, therefore,
 8 utilised it as much as they can.

9 **SIR ADRIAN FULFORD:** Yes. Final thing is this, at your
 10 paragraphs 10 and 149, you have set out your views as to
 11 the appropriate multi-agency structure and it may be
 12 coincidental, it may be deliberate, you have started off
 13 with saying that it should have a statutory footing and
 14 do you have in mind that all or some of the other things
 15 that follow should be part of a statutory regime? Such
 16 as the obligation for it to be -- sorry, that there
 17 should be a statutory obligation for the sharing of
 18 information between agencies?

19 **A.** That's entirely possible. We got into it with
 20 Mr Moss -- I think is that you could argue -- lawyers
 21 much better placed than I would be able to talk through
 22 what's there, in terms of what's already there. But,
 23 yes, if that was -- that might provide practitioners
 24 with the certainty they require about what they should
 25 do.

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1 a mistake. I omitted to mention that my learned friend
 2 Mr Rosser has permission to ask questions on behalf of
 3 the Youth Justice Board. It is entirely your counsel's
 4 mistake and I apologise to you and to the witness and to
 5 Mr Rosser. I am bound to say I thought I had covered
 6 the areas and I envisage that Mr Rosser will be able to
 7 ask his questions in very brief order, but I just want
 8 to check if he does still want to ask questions? He
 9 does. It is my fault.

10 **SIR ADRIAN FULFORD:** Of course.

11 **Questions by MR ROSSER**

12 **MS ROSSER:** In fact, Chair, it just picks up on the
 13 questions you were just asking.

14 **SIR ADRIAN FULFORD:** Great minds think alike, Mr Rosser.

15 **MS ROSSER:** Well, I don't know if I can claim to be of that
 16 level, but there we are, and I certainly don't need
 17 an apology but I'm grateful nonetheless.

18 Just looking at safeguarding arrangements, the local
 19 Government set out essentially whether it could be done
 20 by existing frameworks, or new standalone framework.
 21 Does the Local Government Association have a preference,
 22 if I can use that word, or a view as to what would be
 23 most suitable out of those two options?

24 **A.** Sorry, can you repeat that? I lost --

25 **Q.** Of course. In your statement, you discuss a number of

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1 **SIR ADRIAN FULFORD:** That's exactly what I have in mind.
 2 That whatever one says at the moment about there being
 3 sufficient routes for information sharing, that make it
 4 legitimate, the message simply doesn't seem to have got
 5 home and there is a lot of caution and apprehension on
 6 the part of some people operating in this field that
 7 they may be doing something wrong by sharing
 8 information?

9 **A.** Yes.

10 **SIR ADRIAN FULFORD:** So, if that is felt to be the case, you
 11 would see a potential benefit in having a clearly
 12 stated, as it were statutory basis, for sharing
 13 information when you are considering those who may
 14 present the public at large with a real measure of risk?

15 **A.** Yes, and I think that's where the Children's Wellbeing
 16 and Schools Act has gone and you could look to that as
 17 a model for introducing that kind of provision in
 18 statute.

19 **SIR ADRIAN FULFORD:** Right, and ditto the obligation on
 20 relevant agencies to co-operate?

21 **A.** Yes.

22 **SIR ADRIAN FULFORD:** This has been an extremely helpful
 23 exercise --

24 **MR MOSS:** Sir, I'm so sorry. Would you forgive me
 25 interrupting. It is entirely my mistake and I have made

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1 frameworks that could be utilised that exist?

2 **A.** Yes.

3 **Q.** It was suggested, whether or not those could be utilised
 4 or indeed, a standalone, fresh framework?

5 **A.** Yes. Do I have a preference --

6 **Q.** Indeed?

7 **A.** I don't have a preference, I do not think the LGA has
 8 a preference, as to that. The one thing that I would
 9 say and it was the point, I think, Mr Moss and
 10 I discussed, which is that in terms of how quickly do
 11 you wish to move, that utilising existing structures or
 12 allowing local partners, at a local level, to utilise
 13 existing structures would enable you to move much faster
 14 than waiting on the introduction of something bespoke.

15 **Q.** Thank you, and linked to that, where a child is both
 16 vulnerable and poses a risk to others, which
 17 safeguarding arrangements does the LGA think should
 18 apply?

19 **A.** If it is a child, then clearly, you need to take into
 20 account children's safeguarding arrangements because
 21 that's what's required of local authorities, by law, to
 22 look after it. I come back to the point that I was
 23 discussing with Mr Moss, which is I think the way to
 24 handle VFI individuals in terms of which we set out in
 25 the statement, is that it is preferable to take that as

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1 a public protection issue, initially, but to embed in
 2 that safeguarding of the individual as well, through
 3 child social services measures as well.
 4 **SIR ADRIAN FULFORD:** Running parallel?
 5 **A.** Yes. So they are not separate and divorced. They --
 6 I think in terms of where, certainly in my mind, they
 7 are going, is that both are required simultaneously.
 8 **MS ROSSER:** Thank you very much.
 9 **SIR ADRIAN FULFORD:** Thank you very much, Mr Rosser.
 10 This has been very helpful. I'm extremely grateful
 11 to you for the level of detail in your report which has
 12 been most helpful to the Inquiry and, of course, for the
 13 evidence that you have given today.
 14 **A.** Thank you.
 15 **SIR ADRIAN FULFORD:** Much in your debt.
 16 **MR MOSS:** Thank you, sir, with renewed apologies. Can
 17 I suggest 2.15 pm?
 18 **SIR ADRIAN FULFORD:** Certainly. We will sit again at
 19 2.15 pm.
 20 **(1.21 pm)**
 21 **(The short adjournment)**
 22 **(2.15 pm)**
 23 **SIR ADRIAN FULFORD:** Could you remain standing because you
 24 will need to take the oath. Thank you very much.
 25

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1 **Q.** You took up that role on 1 April 2026 and it looks like
 2 it runs on a 12-month termly office for the President,
 3 is that right?
 4 **A.** That is correct.
 5 **Q.** Thank you. Over the page ADCS000016_0002 we see that,
 6 by means of your own background, you are a qualified
 7 social worker, extremely experienced, over 30 years,
 8 yes?
 9 **A.** Yes.
 10 **Q.** Thank you, and you have been the Corporate Director of
 11 children's services in Haringey since 2018, so about
 12 eight years or so, but you have held leadership roles in
 13 local authority children's services for many years
 14 before that?
 15 **A.** That is correct.
 16 **Q.** If I have understood it correctly, your role as
 17 President of the Association of Directors of Children's
 18 Services is one -- obviously on this rotation basis --
 19 but while you are doing it, you continue your role also
 20 as Corporate Director of children's services in
 21 Haringey?
 22 **A.** That's right.
 23 **Q.** Thank you. So a busy year?
 24 **A.** A very busy year, yes.
 25 **Q.** Thank you. So can we come onto to look at the role of

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1 **MS ANN GRAHAM (affirmed)**
 2 **SIR ADRIAN FULFORD:** Thank you very much. Please take
 3 a seat. Yes, Mr Moss.
 4 Questions by MR MOSS
 5 **MR MOSS:** Thank you, sir. Ms Graham, just start by giving
 6 us your full name, if you would?
 7 **A.** My name is Ann Graham.
 8 **Q.** Thank you. If we could have on the screen your
 9 statement, please, it is ADCS000016. If we can have
 10 page 1 ADCS000016_0001 first. We see the first
 11 statement that you have given, it is your only
 12 statement. If we could turn, please, to page 17
 13 ADCS000016_0017. We see we have redacted your signature
 14 for privacy purposes but we can see that it is
 15 a statement that you provided on 19 August of this year.
 16 Can I just ask you to confirm that the statement is true
 17 to the best of your knowledge and belief?
 18 **A.** This statement is true.
 19 **Q.** Thank you. If we just go back to the first page, please
 20 ADCS000016_0001 and look at paragraph 1, just to
 21 introduce your role. So bottom half of the page. You
 22 tell us that you are the President of the Association of
 23 Directors of Children's Services Limited, ADCS, is that
 24 right?
 25 **A.** That is correct.

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1 the association, first, please. So if we turn to
 2 paragraph 6, you start to set that out for us. You say
 3 it is:
 4 "... the national leadership association in England
 5 for statutory directors of children's services [and they
 6 are] appointed under the provisions of the Children
 7 Act ... and their senior management teams working in
 8 local authorities."
 9 Can you help -- obviously distinct from the Local
 10 Government Association, are there connections between
 11 the two?
 12 **A.** There are connections between the two. Both ADCS and
 13 the LGA act as champions for improving the policy and
 14 guidance for children's services. However, the ADCS
 15 takes a role, with the DfE in particular, in helping --
 16 in looking at suggested guidance and policy and
 17 strategy, but also making suggestions, through our
 18 policy statements and our governance networks, through
 19 our policy networks, and we sometimes do that in the
 20 same rooms with the LGA.
 21 **Q.** Thank you. But we should understand that in championing
 22 certain areas, your association has this focus on
 23 children's services, whereas the LGA has a broader remit
 24 across the many other functions of local Government?
 25 **A.** That's correct.

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1 Q. Thank you. Some of the technical details and historical
 2 background, we will just have it on the record, so
 3 paragraph 7, the:
 4 "ADCS was established in February 2007 ..."
 5 A. That is correct.
 6 Q. And then became incorporated in January 2009.
 7 In terms of how it works in governance, you explain
 8 that:
 9 "... operation and work of the Association is
 10 overseen by a Board of Directors and governed by ..."
 11 Various memoranda and Articles of Association, is
 12 that right?
 13 A. That's right.
 14 Q. Thank you. And then paragraph 10, please
 15 ADCS000016_0003. I'm not, if you will forgive me going
 16 to go through all of the roles but I want to pick up on
 17 paragraph 10, where you say that:
 18 "The work of ADCS is focused on strategic policy and
 19 leadership matters."
 20 Is that right?
 21 A. It is.
 22 Q. You conduct that policy work through a comprehensive
 23 governance structure, including a council of reference,
 24 which acts as the national consultative forum. You also
 25 have four policy networks which span the breadth of

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1 So can we turn to page 2, please ADCS000007_0002,
 2 and the second bullet point there. Do you see this
 3 submission was referring to some case studies and how
 4 they may be approved? But it's interesting to note that
 5 the broad point was made, towards the end of that bullet
 6 point, that children's services already receives in
 7 excess of 3 million initial contacts at the front door
 8 each year.
 9 In terms of information sharing, that was being
 10 raised I think in the context of much of that
 11 information being sometimes un-analysed information.
 12 Mr Norris this morning I think gave a figure of
 13 600,000 referrals for children. That the right order of
 14 magnitude?
 15 A. It is. A contact is a referral, a communication into
 16 the local authority and then that information is sieved
 17 and where there is felt to be a need to address and
 18 that's what we call a referral. So we have 3 million
 19 communications into the authority, we call contacts. Of
 20 those, about 630,000 become referrals.
 21 Q. Thank you. So Ms Graham, one of the ways in which you
 22 are able to assist the Inquiry and the learned Chair
 23 this afternoon is in the realities of what may need to
 24 change in relation to children's services, but we must
 25 bear in mind that broad background whereby VFI cases,

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1 children's services.
 2 No doubt, you have taken soundings in relation to
 3 what you are saying on behalf of the association for
 4 your evidence today. Can you just give us a broad
 5 indication of how you have been able to do that within
 6 the structures of the association?
 7 A. Yes. A draft -- we produced a draft of my statement
 8 that we shared with the council of reference for their
 9 input and their consideration, so that it was clear that
 10 it was my statement but it is on behalf of the members,
 11 and in preparation for today, I met with a small number
 12 to talk through some issues.
 13 Q. Thank you. That's helpful. Turning to the role of
 14 children's services, you will understand that -- from
 15 its detailed analysis of what happened prior to the
 16 Southport attack with the various agencies, that the
 17 Inquiry has some familiarity with children's services as
 18 they arose principally in Lancashire County Council from
 19 Phase 1.
 20 If we look in terms of the -- just getting that
 21 wider view, if we look, please, at ADCS000007. This is
 22 the association's submission on the draft guidance on
 23 information sharing but I'm actually wanting to pull it
 24 up for a different point, in terms of the scale of
 25 children's services and what they deal with.

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1 however they are defined, are only going to be a very
 2 small percentage and so we are seeking your assistance
 3 on the realities of what will work and what will not
 4 work, but also how the work on VFI may be different for
 5 children's services. So that's why I go to those
 6 figures early on.
 7 Looking at the work of children's services in VFIs,
 8 it's becoming a very familiar pattern but if we go to
 9 page 5 ADCS000016_0005 of your statement, please, and
 10 paragraphs 18 and 19, you say that:
 11 "... there are mixed views and experiences of VFI
 12 identification, with most suggesting that identification
 13 is effective, but also recognising that consistency may
 14 be an issue due to the lack of knowledge and
 15 understanding of this relatively new terminology ..."
 16 Then in paragraph 19, you say:
 17 "In the absence of a specific VFI pathway, where
 18 there are concerns about a child's interest in violence,
 19 children's services will work with children and their
 20 families to support any additional vulnerabilities, and
 21 refer on to available pathways, such as Prevent, where
 22 criteria and thresholds have been met."
 23 So, you, amongst many others, have identified the
 24 current absence of a specific pathway for VFIs; is that
 25 right, in the first instance?

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1 A. That's right.
2 Q. Assuming for the moment that one is dealing with a child
3 who may be fixated or fascinated with violence, other
4 than referral to Prevent, do you have an understanding
5 of who owns those cases or what the process should be?

6 A. So as my statement says, there isn't a clear pathway for
7 children who have a fixation or a fascination with
8 violence and so -- but a child who has an interest,
9 a fascination or a fixation with violence, comes -- also
10 has other vulnerabilities and issues to be considered
11 and so, within the legislation and the roles of
12 children's services, there is an attempt to address the
13 issues of the child and when there's extreme violence
14 fixation, then Prevent is the avenue that we will refer
15 cases onto.

16 Q. Thank you. So when we come onto looking at cases that
17 perhaps, at the moment, are not taken up by Prevent, if
18 we keep in mind those cases where there may be both
19 risks to the child, as well as the child posing risks to
20 others.

21 Thank you. Could we turn next to the definition of
22 "VFIs" or "NIEV", as the current Government guidance is
23 referring it to. Can I just ask, in general terms,
24 speaking on behalf of the association, what's your sense
25 of the extent to which those who work in children's

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1 on the identification and management of VFIs."

2 So the first of those was "in response to an inquiry
3 from the Home Affairs Committee" and you explain that
4 the association for that:

5 "... held a discussion on serious violence and VFIs
6 at a meeting of its Families, Communities and Young
7 People Policy Network [dated] Autumn 2025."

8 Then there was a smaller, more focused meeting of
9 members and all of that informed the submission to the
10 Home Affairs Committee before the end of the year. Sir,
11 you see the underlying documents for that with their
12 references, 000003 and 000004. I'm not going to turn
13 those up for the moment.

14 But the second large piece of work that was done was
15 on behalf of the Cabinet Office and we looked at this
16 a little bit with Mr Abbott from -- Dr Abbott, forgive
17 me -- from the Cabinet Office yesterday.

18 So you say:

19 "Secondly, on behalf of the Cabinet Office, the DfE
20 asked [the association] to distribute a short survey on
21 VFI identification and responses to all DCSs in spring
22 2026."

23 You say that in the short timeframe available,
24 20 were received and were shared back and then you refer
25 to "a summary note of the key messages" from that. So

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1 services are familiar with these terms, so starting with
2 "VFI"?

3 A. "VFI" has become a more familiar term latterly,
4 following Southport in particular. It isn't a -- there
5 isn't a definition that's widely used by everybody and
6 as I said earlier, we see the fixation, the violence
7 fixation -- the fixation with violence as part of all
8 the vulnerabilities that we work with the child. And
9 the other term, "NIEV", is new and isn't widely used or
10 known at the moment.

11 Q. Yes, and you will appreciate, I don't raise that
12 critically with you at all.

13 A. No, absolutely.

14 Q. But we have heard of the NIEV Taskforce and the interim
15 guidance, as we will look at, was only published on
16 6 October, but that's not currently in currency.

17 A. That's correct.

18 Q. Thank you. If we look at page 4 ADCS000016_0004 of your
19 statement, please, partly so that we make a note of some
20 of the underlying documents here without necessarily
21 turning all of them up. You make clear that the
22 association:

23 "... has done two specific pieces of work ..."

24 I'm looking at paragraph 12:

25 "... to gather views and experiences of its members

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1 if we can look at that one, it is ADCS000005. If we
2 have the top of the page. That's fine, thank you. So:

3 "Summary of key points raised in the responses from
4 ADCS members."

5 "Summary of key points raised ..."

6 There is a reference there to 17 responses. I don't
7 know if some were perhaps received later. It may not
8 matter. But second paragraph:

9 "Views on a 'prevention gateway' or a 'big front
10 door' were mixed; while some said this would be helpful,
11 others said receipt and triage of referrals isn't the
12 biggest issue, rather it's finding the right responses."

13 Then this:

14 "There was agreement that a single definition of,
15 and framework to respond to, VFIs plus shared data,
16 information sharing agreements, guidance and training
17 would be helpful and some respondents felt a prevention
18 gateway could be the mechanism to achieve [that]."

19 So there is a reasonably long list there but it
20 starts with the desirability of a single definition for
21 VFIs, do you see that there?

22 A. I do see that.

23 Q. Thank you. If we go to page 5 ADCS000005_0005, I think
24 this theme was picked up again. So it is under "NW4",
25 I think:

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1 " ... no universal pathway for VFIs, so cases enter
 2 the system through various gateways ... which may not
 3 always be the most appropriate route. At the heart of
 4 this is the absence of an agreed understanding regarding
 5 the scope of the VFI cohort; for instance, what
 6 constitutes a VFI for the purposes of Prevent or Channel
 7 is likely to differ from the definition used by Youth
 8 Justice teams or social care."
 9 So it looks like members of your association, at
 10 that stage, flagging this concern about a lack of
 11 definition, quite early on, in this case to the Cabinet
 12 Office consultation, yes?
 13 A. That's right.
 14 Q. Thank you. Back in your witness statement, if we may,
 15 Ms Graham, page 4 ADCS000016_0004, paragraph 16. So the
 16 bottom of the page. You alight on the issue that we
 17 have been looking at a moment ago, that it is relatively
 18 new terminology, even VFIs, which has emerged following
 19 Southport. You say that:
 20 "... it has been used in policy terms by [the
 21 association] and its members to describe individuals who
 22 are fixated with violence without a clear ideology that
 23 underpins [the] fixation. This is the definition from
 24 a children's services perspective, as there is not yet
 25 a national definition of VFI set out in guidance ..."

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1 that there is a definition to describe violence fixation
 2 but we need then to be sure that we see that in the
 3 context of the need -- the wider needs of children; that
 4 those who we speak of as having fascination with
 5 violence, also have other needs. They may be isolated;
 6 they may have grievances; they may have unmet mental
 7 health problems; they may be school excluded; there may
 8 be family dysfunction issues; and all of those are
 9 underlying issues that may lead and contribute to there
 10 being a fixation with violence.

11 So I don't think that -- it would be helpful to see
 12 the two in relation to each other, see both in relation
 13 to each other.

14 Q. Thank you. So, we explored this morning, with
 15 Mr Norris, aspects of this. One concern that he was
 16 raising, or saying that at least some members of the LGA
 17 had, was also a risk of stigmatisation from the label.
 18 Is that something which the association shares as
 19 a concern?

20 A. I think it is a concern, in that the violence is not the
 21 only thing that is the issue for the child. There are
 22 the other issues too. And focusing on that, could mean
 23 that we -- that there is a risk that there won't be
 24 attention on the other aspects of need for the child.
 25 We also know that sometimes -- we know that children

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1 Then if we go over the page, please ADCS000016_0006.
 2 You say:
 3 "... interpretations may vary. [The association]
 4 does not recognise the term NIEV and has not used
 5 this ..."
 6 I have covered that. Then you say this, in
 7 paragraph 17:
 8 "ADCS does not have a comprehensive oversight or
 9 understanding of local terminology or practice. The
 10 term VFI is potentially unhelpful as it describes
 11 a symptom of many different underlying causes, such as
 12 mental health issues, neurodiversity, childhood trauma,
 13 relationship difficulties and lack of social
 14 connections, rather than a particular unifying category
 15 of individuals."
 16 I'm just going to pause there. Can you help us in
 17 relation to this. Were you saying there -- by saying
 18 that VFI is a "potentially unhelpful" description, were
 19 you saying that it is not beneficial to try to have
 20 a single definition, or were you pointing out to
 21 problems with the actual definition?
 22 A. I will try to help. I think that having a term that's
 23 about violence-fixated individuals on its own will
 24 divert away from the wider needs and vulnerabilities
 25 that a child has. I think a definition -- it might be

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1 change. A child that might be fascinated with violence
 2 today may not be fascinated with violence in time to
 3 come and we know that we keep records and so that label
 4 could follow them when they have moved on from that
 5 behaviour.

6 It is a worrying term and so that's likely to stay,
 7 as I say, and following them, more so than say the
 8 grievances or the bullying or the mental health issues
 9 that they have.

10 Q. I follow. The challenge to that may be this, that once
 11 you are into the realms of a VFI type case, so take
 12 a teenage boy who is not just fascinated with gore and
 13 violence, but has come to the attentions of, in broad
 14 terms, the authorities because of a -- at least threat
 15 to commit real-world violence, if not actually starting
 16 to carrying out real-world violence, or perhaps carrying
 17 a knife to school. You are into the realms of the risk
 18 to the public, and so stigmatising or not, there may
 19 need to be a case that the name or definition captures
 20 that aspect of risk to the public in some way; would you
 21 agree?

22 A. I would agree and that would be an assessment for that
 23 child, with all the elements that you have set out. Not
 24 every child that has a fascination with violence leads
 25 to a path of wanting to enact it.

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1 Q. Of course.
2 A. And that's the issue.
3 Q. That's why I add in, not just somebody who is fascinated
4 with unpleasant material online, but is beginning to
5 show signs of real-world violence. So drawing on
6 strands from different experts and witnesses to the
7 Inquiry, one possibility for -- and there are others --
8 a description of the cohort would be those who are
9 vulnerable to being drawn into non-ideological violent
10 extremism.

11 Now, the non-ideological violent extremism, you may
12 say, is not much better than "violence-fascinated
13 individual", but does the cohort description of
14 "vulnerable to being drawn into" that, help to bring in
15 these safeguarding concepts?

16 A. I think it does. It is a vulnerability as opposed to
17 a fixed term and so that gives room for exploration.
18 I should say, where there is a harmful fascination, we
19 should not move away from that. The harmful fascination
20 with violence and extreme gore, we must look at and
21 face. But in terms of a broad definition for the cohort
22 of children, it is one that I think has to be helpful
23 for the whole cohort.

24 Q. Thank you. In terms of public-facing materials, very
25 recently, 6 October, the Home Office has published its
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1 the public.

2 I say that because it is an escalation, as I read
3 it. But as I say, the ADCS hasn't had an opportunity
4 yet to look at this broad definition. But I come back
5 to that this might be describing what a non-ideological
6 extreme violence is. However, there still are the
7 issues of a child that leads them here, those
8 vulnerabilities. So I would see it as, this might be
9 the opening sentence and then there they will be looking
10 at the set of behaviours and factors and vulnerabilities
11 that a child comes with.

12 Q. In terms of the ability of this working definition to
13 capture the cohort, I think the Home Office would say:
14 this is the final act, this is the type of harm that
15 would be the end state of what somebody in the cohort
16 might go on to do, and so they would say you need to be
17 looking out for people who may end up committing this
18 sort of act.

19 But even with that caveat, do you have any views on
20 the intention part of it? So a definition that includes
21 that the violence is intended to shock, intimidate or
22 outrage the public or a section of the public?

23 A. No.

24 Q. In terms of how that would be understood by those who
25 work in children's services?
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1 interim guidance. Can we have that back on screen,
2 please, HOM001011. Again, we looked at this with
3 Mr Norris this morning.

4 It is page 2 HOM001011_0002, bottom of the page,
5 paragraph 6. So this is the working definition now. So
6 "VFI" has been moved away from and a working definition
7 of "non-ideological extreme violence". They stress
8 that:

9 "The definition is not statutory, legal or
10 operational in nature ..."

11 They stress that it is not pre-judging the outcome
12 of this Inquiry. But at the bottom of the page,
13 Ms Graham, you see there:

14 "The use or threat of extreme violence, not driven
15 by a clear ideological purpose, which is communicative
16 in nature and intended to shock, intimidate or outrage
17 the public or a section of the public."

18 It is only recently released. Has the association
19 been able to give thought to that working definition?

20 A. No. I'm sorry, the association hasn't. But I did, on
21 behalf of the association, look at it and I don't know
22 if it would be helpful, but I think the term "harm"
23 should be added to that. So I would put it here: which
24 is communicative in nature and intended to shock,
25 intimidate, harm and outrage the public or a section of
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1 A. No, and as I say, my -- the membership hasn't yet had
2 an opportunity, so I'm speaking more for myself.
3 I don't think that there would be a worry or concern
4 with this because it is what we have seen that has
5 happened and what we hear that happens. The bit is, as
6 I say --

7 Q. Your focus, I think, is more on the underlying needs and
8 concerns and wanting to ensure that they are addressed
9 by services?

10 A. Yes, so that we see -- because without addressing
11 those -- I mean, our approach is to work preventatively
12 wherever we can and so, knowing all the factors that
13 a child might have, if we can address them, then we have
14 an opportunity to stop this from happening.

15 Q. Thank you. I want to turn, relatively briefly, to deal
16 with risk assessments, guidance and training. We have
17 seen already, from your statement, how you have
18 emphasised that there is no specific pathway at the
19 moment. Could we just have that back on screen in your
20 statement, page 5 ADCS000016_0005, paragraph 19.

21 So you remember the section, just to get your
22 bearings again. In the absence of a pathway, where
23 there are concerns:

24 "... children's services will work with children and
25 their families to support any additional
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1 vulnerabilities, and refer on to available pathways,
2 such as Prevent, where criteria and thresholds have been
3 met."

4 If those criteria aren't met, so, for example, the
5 level of concern is not thought to be appropriate for
6 a Prevent referral, can you help, in general terms, with
7 what tools children's services will be used to assess
8 the risk, if it is not a Prevent case?

9 A. If it is not a Prevent case, then, as I say, we will
10 address the vulnerabilities that I have mentioned
11 before. We would work with the isolation, we would work
12 with the family, we would work with the school
13 exclusion, with neurodiversity and all the other
14 factors, such as mental health. We would continue to
15 help reduce the vulnerabilities that the child has and
16 is living with.

17 Q. Until the release of this interim guidance, had there
18 been any national guidance to help children's services
19 navigate VFI cases, other than making a Prevent
20 referral?

21 A. Not that I'm aware of. Not nationally.

22 Q. Thank you. In terms of training, Dr Llewelyn is
23 a witness we will be hearing from, from the Welsh Local
24 Government Association tomorrow. Sir, it is
25 paragraph 69 of his statement. We don't need to bring

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1 grooming, we know that there's -- what is it called?
2 Com networks. There is access -- social media can be
3 an access route to many things and so training on all of
4 those things that are related to violence is absolutely
5 what would be helpful. So a framework, guidance,
6 training, policy and of course, the resources to enable
7 the capacity for us to deliver this work.

8 Q. Thank you. If we go back to that response of views of
9 the association that was given to the Cabinet Office.
10 So that is ADCS000005. I'm only taking one example of
11 this, but I could take others, I think. If we go to
12 page 25 ADCS000005_0025. In the middle of the page,
13 that's perfect. So one of the views being clearly
14 expressed in the middle of the page here:

15 "There is a gap around training offers for
16 professionals supporting VFIs and this needs to be
17 consistent across any professional working with VFI so
18 there is clear training and guidance to ensure that
19 there is consistent delivery and response for whoever is
20 supporting them."

21 In context, it may be that these are picking out
22 points from individual responses but would you say that
23 that probably reflects the views of the membership as
24 a whole?

25 A. The membership would agree with that statement, and just

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1 it up on screen. I just want to read to you some of the
2 things he says. So in terms of training in relation to
3 VFIs, from a local authority point of view, he says
4 there is an apparent need for VFI specific training,
5 both in Wales and the wider UK, and he says that it
6 needs to cover recognising concerning behaviours
7 relating to VFIs, actions to take when VFI and other
8 forms of extremism are suspected, that pathways for
9 referrals and data sharing and how the Data (Use and
10 Access) Act 2025 should provide appropriate conditions
11 that enable the sharing of information.

12 In broad terms, would you agree with him on that,
13 that there's those training needs at the moment, in
14 terms of helping in particular children's services know
15 what to do in these cases, especially for those that
16 either don't go to Prevent or aren't taken on by
17 Prevent?

18 A. Yes, absolutely. I think this is an area where there
19 isn't, as my statement said earlier, knowledge,
20 experience and understanding of violence-fixated
21 individuals. There are also -- and I don't want to blur
22 the boundaries or step outside the terms of reference of
23 this Inquiry -- but we know that there are fixations
24 through -- and I know we are going to come onto it --
25 online harms and social media for sexual exploitation,

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1 to be explicit, in terms of the professionals, it won't
2 just be those working within children's services. It
3 would be through all those who work with children, the
4 police, school settings, health, the voluntary sector
5 and so on.

6 Q. Thank you. I do want to focus down a little bit on risk
7 assessment for those working in children's services with
8 the VFI cohort, and I want to do this by reference to
9 what happened in AR's case specifically but I can
10 summarise that for you. So, when AR was referred to
11 children's services and was open to those services,
12 there were concerns being expressed, because he had
13 taken a knife into school and because there had been
14 an assault, youth justice were involved, so were social
15 care, the police were involved and there were, in
16 particular, significant concerns being raised by the
17 Pupil Referral Unit, to which AR had moved and they, in
18 particular, were raising the need for there to be a risk
19 assessment.

20 In that situation, the agencies, as set out in the
21 Phase 1 report, struggled to have a risk assessment tool
22 that captured the risk that AR posed. So, Forensic
23 CAMHS and CAMHS services could have, but did not
24 ultimately use, the SAVRY tool, so structured
25 professional judgement tool, for risk of violence from

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1 adolescents, and the assessment that was done was the
2 AssetPlus -- I am sure you are familiar in broad terms
3 with AssetPlus risk assessment, by the Youth
4 Justice Services.

5 But that failed to capture a lot of the information
6 that was known to other agencies and, as set out in the
7 Phase 1 report, did not adequately assess the risk.
8 What about early help workers in children's services and
9 children's social workers, is there now any kind of
10 structured risk assessment for them to use at all in
11 this case or are they reliant, still, on risk
12 assessments by others, whether in health or policing or
13 youth justice?

14 A. So, as we said earlier, there isn't a national framework
15 with policy, guidance, tools, assessment templates and
16 training, that has been nationally rolled out. The ADCS
17 hasn't done an audit to find that out. But what we do
18 know is that people are trying to innovate in this area
19 and one of the innovations is, I think it is referred to
20 "Operation [Airforce]".

21 Q. Yes.

22 A. I understand it is the -- am I able to say the local
23 authority?

24 Q. Yes.

25 A. Nottinghamshire (sic) --

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1 or those who are fixated -- the violence-fixated
2 individual -- you know, those who are fixated with
3 violence.
4 Q. I understand. If we could look at page 7
5 ADCS000016_0007, paragraph 27 back in your statement,
6 please. The beginning of 27, you deal with the lack of
7 a pathway. But picking up on a question that would have
8 been asked of you in the statement request, you say:

9 "One element of this could be a single, shared
10 multi-agency risk assessment tool for use across public
11 sector services to further support and embed
12 multi-agency working, including shared understanding of
13 factors that contribute to risk, thresholds and
14 information sharing."

15 On that, our expert cadre, who looked at a number of
16 case studies, have suggested that rather than attempt
17 any 200 to 500-page, very detailed, shared chronology,
18 detailing every fine detail, what's desperately needed
19 across agencies is a chronology of key events together
20 with an up-to-date list of key vulnerabilities, which,
21 in whatever format, can be shared across all the
22 agencies but importantly, is also kept up to date.

23 In your experience, other than sheer volume and
24 pressure of work, which we know is a factor, is there
25 any reason why that, more limited aim, couldn't be put

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1 Q. I think it's "Airforce" and Northamptonshire that you
2 are thinking of.

3 A. Northamptonshire. Sorry, I got that wrong. Where they
4 have a Youth Risk Panel. That's one of the innovations
5 whereby they come together. I'm not familiar with their
6 terms of reference or the guidance or the tools. I have
7 seen the statement of --

8 Q. Chief Superintendent Watkins. He gave evidence to us,
9 yes.

10 A. That's right, Steve Watkins, and I have spoken with the
11 director from that area and this seems to be an approach
12 that works. So I'm not able to say they have a single
13 assessment tool but it seems to me that -- so that's to
14 be explored. A tool that captures all the issues would
15 be helpful across agencies so that information isn't
16 missed or lost. I think that one of the things that
17 would be helpful, through a framework of policy
18 guidance, training and so on, is common terminology, so
19 that we all know what we are speaking about. Common
20 understanding of the child's needs from that
21 perspective. That everybody can contribute to, from
22 their own position of expertise, and through time,
23 everyone will become more proficient, comfortable in
24 that space, about addressing all the needs of which one
25 of the key need would be the fascination with violence

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1 in place, to have some sort of shared document of that
2 kind?

3 A. Any document that is as long as 200 pages will never
4 get --

5 Q. So they were saying not to that. What they were saying
6 was a shorter key events, key chronology, and key
7 vulnerabilities?

8 A. Yes. So starting by saying that we, ADCS, would agree
9 that a lengthy document is unhelpful; it won't get read
10 and the analysis would be missed. So along with
11 a document that has key details, key events, and
12 chronologies, would need to be an analysis of the risks
13 and issues that a child is facing and then a judgement
14 as to the way forward, that comes with a set of actions
15 to do. But a short document definitely that's usable.

16 Q. On one view, that seems so obviously beneficial, one
17 ends up wondering what the barriers are to that being
18 done, why it is not being done at present? Can you help
19 with that? I don't mean that as a criticism of the
20 association, but it seems so obviously beneficial that
21 one wonders why that's not being done already.

22 A. I should make very clear that the association doesn't
23 provide guidance documents, policies, reports. The role
24 of the association really is to help improve. It
25 doesn't give out any materials to anyone.

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1 Q. I understand, but what barriers are currently
2 experienced that would stand in the way of that sort of
3 a shared document or shared understanding?

4 A. I can't see, from the position that we are in now, that
5 there would be barriers. However, to the principle of
6 having a shared multi-agency tool, I don't see that
7 there would be barriers for the principle. I think, in
8 reality, it would be about making it work. So, we will
9 come on, no doubt, to ownership and that sort of thing.

10 Another way that we come together is if we are
11 conducting a serious practice review, we start with
12 chronologies from agencies and then it is the job of
13 somebody to pull those together, draw out the key
14 issues. But it is about working separately because we
15 have different IT systems and there are walls between
16 our IT systems and so on. So it would be -- there would
17 be an administrative function to drawing the materials
18 together.

19 But in principle, it should be tested and piloted so
20 that we can -- we know what those actual barriers are,
21 so that we can agree a way forward. I'm not sure how
22 they do it in "Operation [Airforce]", but I think that
23 it would be good -- that is to be evaluated by the Home
24 Office. The Home Office is going to evaluate "Operation
25 [Airforce]". But I think that we can look to them, to

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1 well over six months and into a year, in some instances.
2 Then, for older children, there is the issue that if
3 they are late 16, you know rising 17 or even 17 that
4 they may age out of CAMHS and FCAMHS.

5 Q. So that concept of ageing out, I think, is what you deal
6 with in the second part of paragraph 28 on the screen.
7 So you have two distinct problems. One is that, as
8 I have understood it, hitting age 16, it can be more
9 difficult to access services because they are nearly 18.
10 You also then have a drop-off in the provision of
11 services after the age of 18?

12 A. That's correct. I should say that perhaps not all, but
13 more -- there isn't a cut-off at 16 but it is
14 a challenge as children get older.

15 Q. Thank you. Sir, we don't need to go to the underlying
16 document, for your note, you can see that that is
17 000009, from the paper. That gives further detail in
18 relation to that. Then, keeping where we are on the
19 screen, I think we can still see paragraph 29 there.
20 You say:

21 "If a child is known, or suspected, to be
22 neurodivergent, such factors should be considered as
23 part of any children's social care assessment process,
24 however, more effective and responsive approaches to
25 supporting neurodiversity are also needed as part of the

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1 see how they are addressing those issues.

2 Q. Thank you. Could we turn next, please, in your
3 statement to page 7 ADCS000016_0007 and paragraph 28.
4 So you say there -- this is turning to a different
5 aspect:

6 "The rising [level] of mental health need and
7 emotional distress being seen [among] children and young
8 people post-pandemic are well known. The long waiting
9 times for both assessment, diagnosis and treatment of
10 neurodiversity and/or mental health concerns amongst
11 young people are well documented and can result in
12 delays around understanding the lived experience of
13 young people, their vulnerabilities, and any risks they
14 pose to others."

15 What's the particular significance of that, when
16 children's services are dealing with the VFI cohort?

17 A. It is very important that when we are working with
18 children, that we are able to address their needs -- to
19 assess them and then to address their needs quickly so
20 that we can help reduce the harms that could occur.
21 Within the mental health services, there are long waits
22 to access that help and so, therefore, we are not able
23 to move forward with a clear understanding of the
24 child's needs, and then of the actions to address the
25 needs that we find. Waiting lists can be quite long,

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1 multi-agency response for VFIs."

2 So, again, the learned Chair is familiar with those
3 concerns from Phase 1, in terms of waiting lists also
4 for autism assessments and also a relative lack of
5 support post-diagnosis for autism. Is it matters of
6 that kind to which you are referring there?

7 A. It is, yes.

8 Q. Thank you. Then paragraph 30 please. You say that the
9 association:

10 "... members would stress the need for careful,
11 considered responses here to avoid stigmatisation,
12 criminalisation and the creation of another
13 disproportionality challenge as can be seen in the youth
14 justice system with the persistent over-representation
15 of boys from Black and mixed heritage background."

16 Ms Graham, on any view, this difficult area of the
17 proportion of those who are referred to Prevent, for
18 example, with neurodivergence, requires very sensitive
19 handling. I am sure you would agree?

20 A. I do agree.

21 Q. I am, in particular, wanting to be very careful to avoid
22 adding to the risks of stigmatisation, do you follow?

23 A. I do.

24 Q. But in the context of the research that has been done in
25 this area, what emerges is, first of all -- as I dealt

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1 with the previous witness -- a very strong indication
2 that it is simply wrong to think that, for example,
3 autism causes a tendency towards extreme violence.
4 There is no evidence of any such causative effect at
5 all.

6 But what there is, emerging on the evidence, is
7 a focus on how vulnerabilities associated with autism
8 may correlate and contextualise some risks for violence
9 in some individuals. The examples that are given of
10 this include that an autistic child may have suffered
11 more bullying. May have suffered different treatment
12 short of bullying. May, at the very least, perceive
13 that they are being bullied. They may be more isolated.
14 They may, in part, because of autistic traits, be more
15 vulnerable to online harms and one feature of that may
16 be a narrow focus of interest, which may end up focusing
17 on violent material.

18 Another aspect is because of the tendency for autism
19 to be capable of being inherited, that their parents may
20 be autistic, one or both, and that may also correlate
21 with relationship difficulties and also differences for
22 the parents in how they view behaviours of their child,
23 which neurotypical parents may see and treat in
24 a different way. Again, all subject to individual
25 assessment.

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1 success rates. Training isn't, in most places,
2 delivered in person anymore and so it is about how we
3 retain the knowledge.

4 What I'm trying to get to is we can never do enough
5 training to help raise the issues about neurodiversity
6 and how it manifests itself and how it is a matter that
7 we need to respond to, to address the needs of the
8 child. It is also an opportunity for professionals to
9 raise their concerns: is this something that's linked to
10 violence, is this something that isn't linked to
11 violence? So that people can -- so that people can
12 learn and therefore improve their practice.

13 Q. Thank you. When one goes back to that contrast between
14 the 600,000 cases of more traditional safeguarding type
15 concerns and the much smaller number of VFIs,
16 overwhelmingly the more typical cases of young people
17 needing support for neurodevelopmental conditions will
18 have nothing to do with the type of issues that we are
19 looking at. But can I press you just a little bit.
20 Perhaps all the more because of that, do you think that
21 there may be a knowledge gap among social care workers,
22 through no fault of their own, that does need to be
23 plugged because of -- I mean, it took me nearly
24 five minutes probably to explain the complexities of it.
25 Is that something that you think does need to be

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1 Now, that is a very introduction for which I make no
2 apology because of the importance of avoiding
3 stigmatising simplifications. However, in Phase 1 of
4 this Inquiry, the learned Chair did make findings that
5 those who worked in children's services were prone to
6 dismissing or writing off some of AR's worrying
7 behaviour on the basis that he was autistic.

8 Do you think that those working now in children's
9 services have enough knowledge and information about the
10 complexities of the interplay between autism and
11 violence risk?

12 A. I would say that we must continually raise the issues.
13 I'm really pleased that you have raised the link between
14 neurodiversity and violence; that there isn't causation
15 there. I think that we must continue to train
16 professionals across the network -- and that's
17 children's services but also schools, police and
18 statutory partners -- and we must do that continually.
19 So I don't think that I would want to give a response
20 that is "I am sure" and I say that from the perspective
21 that the people who are in the workforce today won't be
22 the same set of people who are in the profession in the
23 next three months.

24 Also, we know that when we provide training, some
25 training is online and we know that that has varying

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1 improved?

2 A. I would agree with what you are saying simply because
3 there's new information -- I don't think anyone would
4 object to training but I think this is a new area. Not
5 neurodiversity in itself. But certainly
6 violence-fixated individuals, those who are NIEV and
7 again, terms of reference, there is sexual exploitation,
8 there is grooming that goes on for children.
9 Neurodiversity is one of those factors that may be
10 present in what we do, not in every case, and so
11 understanding and continually learning is a positive
12 thing and I think -- but not just children and social
13 care, I suspect education, the police and particularly
14 the police. I want to be careful as I say that.
15 I don't think they need any more training than others
16 but we know that, for example, when children are stopped
17 and searched -- this is the sort that's in my head and
18 so I'm going to say it -- that children behave and
19 respond in a way and they may have neurodiversity at
20 that point and so their behaviours can be misunderstood.
21 But they are not alone in that.

22 So I think training in this area is needed for many.
23 It should be for those in the health profession, you
24 know, like in hospitals and so on. We know that
25 neurodiversity -- that the prevalence, if that's the

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1 right word, but the rate of it is increasing in society
 2 and it is more prevalent than it was before and so
 3 continued learning, I think, is a positive thing. Yes.
 4 I would never say to anyone, even about the notion of
 5 child protection itself, that that is understood. It is
 6 understood, of course it is, but we must keep learning.
 7 **Q.** Thank you. Final topic before our break, I just want to
 8 turn to some aspects of information sharing. We have
 9 covered some of the ground on this. But just look at
 10 page 5 ADCS000016_0005, paragraph 21 of your statement
 11 please. You say that, bottom of the page:

12 "Members highlight that often, it can be difficult
 13 to secure information from different police forces or
 14 health bodies to inform local authority risk assessments
 15 and planning."

16 Now, one of the problems in this area is, whichever
 17 agency you have in front of you, and you ask them, they
 18 say: well, we don't get the information from them, we
 19 don't get the information from them. I want to ask more
 20 about children's services passing information onto
 21 others and what the barriers may be to that.

22 Some have raised the complexity of the framework and
 23 the laws in this area being a practical barrier. So it
 24 is so complex that people worry about how difficult it
 25 is to know whether you can share information. Does that

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1 replied to new guidance and new provisions in relation
 2 to that and I think that was probably a reference to the
 3 Children's Wellbeing and Schools Act 2026, is that
 4 right?

5 **A.** Yes.

6 **Q.** Yes. So we know, if we just look briefly at
 7 paragraph 62, please, of your statement, forgive me,
 8 I haven't got the page number for that. Yes, it is
 9 page 15 ADCS000016_0015.

10 We know, second part of that paragraph, that one
 11 aspect of that reform is the "introduction of a single
 12 unique identifier" for children; is that right? The
 13 single unique identifier for children, which, no doubt
 14 to some extent, will help at least in making systems
 15 pull out the relevant information?

16 **A.** Yes.

17 **Q.** A second change that we have been told about by the
 18 2026 Act is that the legislation makes amendment to
 19 bring in a requirement to share information and although
 20 it is new, I know that this is an area you will be
 21 familiar with. It is phrased in the following terms,
 22 that:

23 "The duty arises where they consider the information
 24 is relevant to safeguarding or promoting the welfare of
 25 the child." (As read)

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1 act as a practical barrier to children's services
 2 workers sharing information outwards?
 3 **A.** I think the way I would like to respond to that is that
 4 there is legislation and guidance that should help
 5 practitioners share information outwards. I think there
 6 may be misunderstandings about when to share as opposed
 7 to an absolute hesitancy in sharing. There will be
 8 examples. There will be multiple ways in which
 9 children's services and other agencies don't share
 10 information. I think that it is a cultural aspect.

11 I think there is a cultural issue here that requires
 12 constant reminding and training and learning and example
 13 giving, so that we get better and better and more
 14 consistent at it. I don't -- it is really hard.
 15 I think that -- and what I mean is that if you are
 16 a practitioner today and you have taken over a case, you
 17 may not have the knowledge transfer.

18 It is hard to transfer all the information that
 19 somebody else has had and understood in the context of
 20 a meeting with a family, to another person, and so
 21 information gets missed that way. So it is
 22 a complicated area as to reasons why information isn't
 23 shared.

24 I just want to say a little bit more.

25 **Q.** Could I pick up on one aspect of your response. You

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1 So in general terms, and at the risk of putting you
 2 on the spot, do you think that practitioners will
 3 understand that safeguarding or promoting the welfare of
 4 the child may also involve the risk that the child poses
 5 to others?

6 **A.** So, the Children Act and children's services focuses us
 7 on the child -- the likelihood of harm to the child and
 8 to others and in that context, it tends to be children
 9 known to the individual, say, other children in
 10 a household or a setting, and so we can see the other
 11 children and we can do a risk assessment for those other
 12 children.

13 But I think you are talking about wider public
 14 protection?

15 **Q.** Again, we have seen reference to that in our Phase 1.
 16 But if the gateway for the duty is -- the information is
 17 relevant to safeguarding or promoting the welfare of the
 18 child, on the wording of the Act, it might be thought
 19 that doesn't immediately bring to mind the circumstances
 20 in which the child is a risk to the members of the
 21 public, because, for example, they are fascinated with
 22 violence and gore and have some criminal conviction, for
 23 violent offending, for example?

24 **A.** Yes. I think that's right. I think that when we think
 25 of harm to others, it tends to be those that we can

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1 identify, either in the home or even in a school. If
 2 a child takes a knife into a school, we can do
 3 an assessment of risk there. But into the general
 4 public space, that isn't something that the
 5 Children Act 1989 leads us to.

6 **Q.** So this is something we will obviously pick up with
 7 Governmental witnesses to come. But if we can just look
 8 briefly together before the break at the published
 9 statutory guidance. So it is ILT000362, please.

10 So just to help get your bearings, Ms Graham, you
 11 see on screen there:

12 "Information Sharing Duty."

13 This is very recent, so I apologise for the exam on
 14 a recent paper. But can we look at it together.

15 Page 20 ILT000362_0020, you see, if we can have the
 16 middle section:

17 "Sharing information where a child poses a risk to
 18 others."

19 So, first of all, one notes the guidance does seek
 20 to deal with this. But it says:

21 "The information sharing duty extends to information
 22 about any other individual connected to a child,
 23 provided it is relevant to a child's safety and
 24 welfare -- therefore, it includes sharing information
 25 about a child who potentially poses a risk to another

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1 child. Then it says:

2 "Information should not be withheld solely because
 3 the child, as the information subject, is not at risk
 4 themselves but instead potentially poses a risk to the
 5 safety and welfare of others."

6 There, it seems to be broader again: welfare of
 7 others. Would you agree that there is a degree of
 8 ambiguity in this guidance?

9 **A.** Well, I'm pleased that you picked this up because I do
 10 agree with you about the ambiguity. So we would do
 11 a risk assessment on the first child. Wherever there is
 12 a safeguarding risk, we should not withhold information,
 13 we should share. Wherever there is a risk to any child,
 14 we should share information. But if the child is not at
 15 risk themselves, but instead potentially poses a risk to
 16 others, then we would share the information and so I can
 17 build a scenario, we can all build scenarios too, but it
 18 is hard to see that the child themselves won't be at
 19 risk.

20 **Q.** But there is a risk, isn't there, that those turning to
 21 this guidance for help might think that what you need to
 22 see, in terms of risk to others, is a risk to other
 23 children?

24 **A.** Yes.

25 **Q.** If one reads on, having said "posing a risk to the

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1 child."

2 So just pausing there. Does that reflect quite --
 3 my words -- traditional ways of looking at this, that
 4 the risk that a child might pose to others, for
 5 children's services' safeguarding, the first thought is
 6 about the risk to other children because then, those
 7 other children have a safeguarding concern?

8 **A.** Yes. The key word for me here is about "any other
 9 individual connected to a child". So, there would be --
 10 it assumes that the child we are speaking of knows the
 11 other children, that there is a connection, and then
 12 that enables children's services to identify those other
 13 children and to assess the risks to them. It is more
 14 challenging if we don't know the other children. Say,
 15 like in a park, we don't know -- undertaking a risk
 16 assessment for children that we don't know and don't
 17 know where the subject child is going to go, is
 18 a challenge.

19 **Q.** So, dealing, perhaps, with people that this may come to,
 20 so a supervisory level manager in early help or in
 21 social work, that second line:

22 "... therefore, it includes sharing information
 23 about a child who potentially poses a risk to another
 24 child."

25 That seems to be quite specific risk to another

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1 safety and welfare of others", the next paragraph
 2 reverts to "children". So:

3 "Often, children who display harmful behaviour
 4 toward other children have unmet support needs ..."

5 Of course, one understands why the focus is unmet
 6 support needs, but again, this guidance seems to have
 7 quite a lot of emphasis on, where risk to others is
 8 concerned, the risk being to other children; would you
 9 agree?

10 **A.** It does but, as you say, there is ambiguity there and
 11 I take us back to, is it the second sentence of the
 12 first paragraph: information should not be held when the
 13 child is not at risk themselves. If the child isn't at
 14 risk themselves, we wouldn't generally be involved.

15 **Q.** I follow. There is another section, if we just look at
 16 it just to round this off, if we look at page 9
 17 ILT000362_0009 of the same document. I think it is the
 18 second half of the page.

19 Paragraph 11. Sorry, let's start with paragraph 10:

20 "Instances where sharing information may be more
 21 detrimental than not sharing would usually relate to at
 22 least one of the following."

23 So it then gives a list. So this is raising the
 24 situations in which there is an exception for the
 25 sharing of information being more detrimental:

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1 "The child being placed at immediate risk of harm by
2 the information being shared ...
3 Then, over the page, please ILT000362_0011:
4 "Interfering with a police investigation ..."
5 And:
6 "Contravention of the Family Procedure Rules ..."
7 Then paragraph 11, emphasis on:
8 "Information must still be shared if concerns solely
9 relate to ...
10 "Not having consent from the child/family to share
11 information ..."
12 Now, that touches, doesn't it, on a different aspect
13 that you raise in your statement, about whether you need
14 parental consent for the sharing of information? So the
15 guidance seems to help, at least on that issue, would
16 you agree, in making clear that information still needs
17 to be shared even if there isn't consent?
18 **A.** Absolutely, if a child is at risk or is a risk to
19 others, then we must share information.
20 **Q.** Thank you. Then just to finish this off:
21 "A parent being unhappy, on principle, that
22 information was shared ..."
23 That is not a good reason:
24 "A practitioner feeling unsure or uncomfortable ..."
25 The reference is to seek advice, and then:

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1 **SIR ADRIAN FULFORD:** Yes, Mr Moss.
2 **MR MOSS:** Thank you, sir. Ms Graham, I want to turn now to
3 structures for managing the VFI cohort, however it is
4 defined in the future.
5 If we look at page 7, paragraph 32, just to ground
6 this in your own statement, first of all. So
7 paragraph 32 please, but towards the bottom of the page.
8 Forgive me, it may be over the page ADCS000016_0008.
9 Thank you. In addition to there being no national
10 agreed pathway at the moment, you give the familiar
11 refrain:
12 "This is a complicated landscape with different
13 legislation, guidance, systems and processes for each of
14 the agencies involved."
15 I'm not going to ask you about that in depth
16 because, again, it is, by now, very familiar territory.
17 But if we go on, please, to paragraph 36 on page 9
18 ADCS000016_0009, you have a helpful section which
19 reflects on multi-agency working and you deal, first of
20 all, with the principles of multi-agency working in the
21 main part of 36, but then you go on to look at more
22 detail. So, you say:
23 "However, where an individual presents concerns
24 consistent with a violence fixation, there remains
25 a challenge around ownership, escalation and the

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1 "Data protection -- A child's safety and welfare is
2 a paramount concern, and information should not usually
3 need to be withheld for data protection purposes."
4 So rounding that off, would you agree that this is,
5 no doubt, an improvement and is helpful for children's
6 social services staff to feel more secure in sharing
7 information where it is in the traditional sense of
8 relevant to the welfare of the child?
9 **A.** Yes.
10 **Q.** But has some ambiguity if the pertinent risk is the risk
11 of the child harming others?
12 **A.** Where there is not a connection.
13 **Q.** Yes.
14 **A.** It is that -- you know, a duty to share where there is
15 a sense of risk to the individual and to others where
16 there is a connection, as was said.
17 **Q.** That may not capture the risk to the wider public?
18 **A.** Yes, yes.
19 **Q.** Thank you. Would that be a convenient moment to take
20 a 10-minute break?
21 **SIR ADRIAN FULFORD:** Yes, certainly. We will sit again at
22 3.40 pm.
23 **(3.26 pm)**
24 **(A short break)**
25 **(3.40 pm)**

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1 coordinated management of risk over time."
2 Then, at (a), you deal with the MASH and you say:
3 "Multi-Agency Safeguarding Hub (MASH) is a specific
4 model and many areas have their own version of [a]
5 multi-agency [arrangement] to receive initial contacts
6 and referrals at the front door to children's social
7 care."
8 Do you see that there?
9 **A.** I do.
10 **Q.** So, I want to ask you about this in the context of
11 suggestions that are being made about the MASH being
12 an appropriate vehicle to expand and use as a big front
13 door, that would take not just safeguarding referrals
14 but could also take referrals for these public
15 protection risks in the VFI type of case, as well as the
16 cases that currently go to Prevent.
17 In the context of that, you say that:
18 "There are two models in use, with local variation
19 in, eg membership, the first is an initial triage and
20 assessment function and the second a more sophisticated
21 model that also does assessment and planning."
22 You give a reference that we will come back to:
23 "MASH, or its equivalent, through a process of
24 triage, and supported by good information sharing,
25 identifies need and risk associated with a child. It

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1 has less of a focus on the wider community and is not
2 a risk management mechanism."

3 Now, before we get to the two models that you refer
4 to there, are you also familiar with the fact that
5 there's national variation, in that some MASH only deal
6 with children's safeguarding referrals and concerns,
7 whereas some may also deal with adults or there's
8 an equivalent adult MASH as well; is that something you
9 are familiar with?

10 A. I'm aware of it. I haven't, myself, operated that model
11 of a joint adults' and children's MASH but I'm aware of
12 them.

13 Q. Thank you. I was seeking assistance from Mr Norris from
14 the LGA as to whether the LGA had a more granular level
15 of understanding of which MASH fall into model 1 and
16 model 2 and how many MASH deal only with children and
17 not with adults. Does your association have that
18 granular level of knowledge?

19 A. My understanding is no; I'm looking at my colleagues.

20 Q. That's fine. But the understanding is no. All right.
21 So, what you do reference there and perhaps we can look
22 at it briefly together is ADCS000012.

23 So one of your exhibits. We see that this is
24 a report, June 2025, entitled "Implementation and
25 process evaluation. Evaluation of Multi-Agency
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1 throughout to refer to both children and young people]
2 and families following a referral into children's social
3 care (ie at the 'front door' of the local authority
4 children's services). These multi-agency front-door
5 services are ... referred to as 'MASHs', (Multi-Agency
6 Safeguarding Hub[s]) but are also known as Integrated
7 Front Doors, Single Points of Access or other names. In
8 this report, we use the term 'MASH' as a shorthand for
9 all multi-agency front-door services."

10 So that's the introduction. Then, to get some
11 figures that may be relevant but may also show the
12 limitations, it says:

13 "A recent survey sent to all 152 upper tier local
14 authorities in England in 2023 ..."

15 So just pausing there. Again, it is not a criticism
16 and it is a helpful exhibit, but the data is a bit out
17 of date, would you agree, because it is 2023 data?

18 A. Yes.

19 Q. "found that 93% ([so in figures] 103) of 111 responding
20 local authorities had a MASH or other multi-agency front
21 door and 60% ... called their service a 'MASH' ..."

22 Now, I'm less interested in the nomenclature but we
23 do see there that in 2023, a minority didn't have
24 a front door at all. Would you agree? So 93 per cent
25 of those who responded had a MASH, which means
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1 Safeguarding Hubs (MASH)."

2 We see that it's got:

3 "Foundations.

4 "What Works Centre for Children & Families".

5 Can you help us with what the background to this
6 report was, in general terms?

7 A. So the "What Works" foundation, I think they are
8 Government funded and they do research, essentially,
9 into what works and evidence-based approaches that the
10 sector consider -- can consider using. Sometimes they
11 fund pilots and research initiatives within local
12 authorities to get to the point of understanding what
13 works and what doesn't work.

14 Q. Thank you. That's one of the most polite ways to say to
15 a barrister that it was a silly question because when
16 I asked you what the background is, you say the clue is
17 in the title of "What Works Centre". But let's look,
18 please if we may, at the way the report is described.
19 Can we have, in the internal pagination, please -- or in
20 the electronic pagination, page 10 ADCS000012_0010. We
21 see a bit more detail set out. So:

22 "The Department for Education has highlighted the
23 importance of multi-agency practitioners working
24 together for children and young people [for the purposes
25 of this report, we will use the term 'children'
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1 7 per cent didn't.

2 A. Yes. I just want to -- I'm not aware of the reasons why
3 the 7 per cent didn't, I'm just wondering whether there
4 was -- if you are the City of London, then you may not
5 have your own MASH, for example.

6 Q. I follow. I'm not, and I'm not -- for our purposes, I'm
7 not seeking in any way to criticise those who didn't and
8 as you indicate, there may be reasons they may have
9 alternative ways of working, or a particularly unusual
10 cohort.

11 Thank you. If we turn then, please, to the bottom
12 of page 11 ADCS000012_0011. Again, I'm using you,
13 Ms Graham, slightly as a vehicle to explore this
14 together so that we can see how far this report goes but
15 also what it doesn't cover:

16 "Key findings.

17 "We identified two empirically based models of MASH
18 as implemented in England which were differentiated by
19 their strategic priorities and remit: MASH with
20 a primarily risk assessment function and MASH that also
21 include a need assessment and service planning
22 function ..."

23 So just pausing there. I think -- we won't go back
24 to your statement but in your paragraph 36, I think this
25 is what you were referring to as the two models; is that
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1 right?

2 **A.** It is.

3 **Q.** If we just scroll down briefly to page 12

4 ADCS000012_0012, it depends on whether you like things

5 in diagrammatic forms or not, but figure 1 shows those

6 two. So "risk assessment function" alone on the

7 left-hand side:

8 "... a narrower range of partners and processes,

9 high volumes of cases. Early help services are not

10 a core part of MASH and do not attend MASH meetings."

11 Then, on the right-hand side:

12 "Risk and needs assessment and service planning

13 function.

14 "... a wider range of partners.

15 "Early help practitioners participate in MASH

16 activities. The MASH may be accountable for the

17 delivery of agreed early help services."

18 So there, we see the broader responsibility, is that

19 right, the two models?

20 **A.** So, in my experience, it is entirely possible to have

21 the risk assessment function and to have early help and

22 other services, such as housing, SEND, within it and so

23 I wouldn't be entirely in agreement with this. You can

24 have a MASH function and place, within it, who you want.

25 But it might just be a pure triage approach. It is

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1 40 workshop participants reported on the key features of

2 their local MASH: only two participates reported

3 characteristics consistent with a 'pure risk assessment'

4 MASH."

5 Then this caveat ADCS000012_0012:

6 "It is not clear how far these results indicate that

7 the represented MASH were aspiring to prioritise a needs

8 assessment and service planning function and how far

9 they were able to implement this function."

10 So, if we have understood this correctly, just going

11 back down to the diagram, what seems to be saying is

12 that 38 were the more sophisticated type -- my phrase --

13 on the right-hand side, only two on the left-hand side,

14 but a strong warning that the 38 -- some of them may be

15 aspiring to the right-hand model rather than actually

16 doing it. Is that how you read it as well?

17 **A.** I think that is how I read it. Although, I wouldn't --

18 I wouldn't place a judgement on which model is the

19 preferred model. I have a sense that this report is

20 aiming to do that.

21 **Q.** Yes. Thank you.

22 **A.** I wouldn't -- I don't think ADCS would support the view

23 that one model is preferable to the other. It would be

24 about how people organise their services in-house.

25 **Q.** Thank you. Without going through the rest of the

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1 entirely possible that you can have the risk assessment

2 model, and again, you can have in it who you like, it

3 doesn't have to have -- an assessment process doesn't

4 dictate you should have early help practitioners in it.

5 But I just want to make the point that you can have

6 a risk assessment function that is rich.

7 **Q.** So these are not binary --

8 **A.** Yes.

9 **Q.** -- and I think, in fairness to the report authors, they

10 put an arrow or a double-headed arrow and say "Spectrum

11 of the function of MASH". So, no doubt, that is meant

12 to say that these are not binary options.

13 If we go back up to the bottom of page 11

14 ADCS000012_0011, please. What they do say is:

15 "In our workshop our theorised models of MASH

16 resonated with ... 40 MASH represented by participating

17 practitioners."

18 Again, just seeking your assistance on this. It

19 looks like, from the just over 100 survey respondents,

20 40 took place in a workshop, and the:

21 "Workshop participates ... reported that their MASH

22 are commonly prioritising a needs assessment and service

23 planning function alongside a risk assessment

24 function ... with fewer examples of MASH at either end

25 of the spectrum. Using an online voting tool, the

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1 document, it is quite a lengthy document -- I think

2 125 pages or so -- to prove a negative; although it

3 deals with things like the benefit of co-location,

4 I don't think it gives us granular assistance on how

5 many MASHs deal with adults as well as children; is that

6 right? If you don't know, don't --

7 **A.** Okay, I don't know. I can't -- it is a lot of

8 material --

9 **Q.** Sir, for your note, it is 40 of the MASHs who responded

10 who participated in the workshops and we don't know what

11 the position is for the others, outside the 111 who

12 responded to the survey.

13 **A.** Can I add, we don't know how the 40 were selected to

14 attend.

15 **Q.** Thank you. This may be of some use, but I think in

16 terms of going to that report, helpful though it is, to

17 get good granular information on how much you would need

18 to expand MASH to deal with the Big Front Door task,

19 I think it is of some, but limited assistance; would you

20 agree?

21 **A.** I would agree.

22 **Q.** As the President of the association, in broad terms, can

23 you give us a thumbnail assessment of how you assess how

24 ready MASH are currently to take on a big front door

25 responsibility, where they would have to deal with

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1 referrals for risk to the public, so both VFI cases and
2 ideological terrorism concerns that would normally go to
3 Prevent first?

4 **A.** So I think I would like to first say that the work that
5 we do in children's services is focused on children and
6 young people and families because that is delicate and
7 sensitive and high-risk work. And that the MASH,
8 whether they do assessments or they don't do
9 assessments, are designed primarily to triage that very
10 difficult and sensitive work that's focused on the
11 individual child and assessing risk.

12 **Q.** Yes.

13 **A.** So I think the ADCS's position is that we would caution
14 expanding a MASH to include others because it is not
15 easy work to do children's services work. We are risk
16 assessing the needs for children all of the time, and it
17 isn't -- and so to include public protection, when our
18 focus and our training for decades has been focused on
19 the needs of the child, would -- we would urge caution
20 because public protection is not what children's
21 services are set up to deliver.

22 **Q.** Could I just gently challenge you on that in this one
23 respect; some of the information that we have heard --
24 and I think including that report -- would suggest that
25 some of the strongest performing MASH have territorial

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1 referrals that go in at the moment do end up with the
2 police, who are already co-located either physically or
3 remotely in the MASH already?

4 **A.** The presence of the police in a MASH, their purpose is
5 to help with the assessment of risk to individual
6 children. They come with a public protection remit and
7 so they will have that focus that they can also apply.
8 But the essential children's services are focused on
9 MASHs that deliver the needs of children and we see it
10 from that perspective. There will be many -- I want to
11 say -- I don't want to use the word "spin-offs" but
12 there will be other factors that arise, such as public
13 protection, there may be information for other agencies,
14 but the primary focus -- say adults, we are often
15 looking at a children's MASH about the needs of adults
16 with mental health problems. There will be many things
17 that come into a MASH but the primary focus is that on
18 the child.

19 **Q.** I follow.

20 **A.** I think that there is a risk and again ADCS would urge
21 caution that if you include public protection, then
22 those that are answering the phone and -- if the MASH
23 today, wants to take up public protection, that's
24 another -- that isn't what they are set up to do and if
25 you bring public protection in, are they also going to

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1 police co-located with them, and, no doubt, that is
2 because one of the outcomes of a MASH may be that the
3 police are the most appropriate body to take action
4 following a referral, or police and children's services
5 need to take action following a referral. Would you
6 agree with that, first of all?

7 **A.** The police are a statutory -- well, the police are
8 an essential requirement to the establishment of a MASH.
9 You can't have a MASH, if the police are not there, and
10 if the police --

11 **Q.** I don't think it is a statutory basis --

12 **A.** No, it is not a statutory basis at all. Sorry. But
13 a MASH requires the police to be there, is my
14 understanding, and that can include who you want to have
15 in the MASH because the purpose of it is to triage and
16 share information and that there may be access, or even
17 in the present, Counter Terrorism Police or Prevent,
18 doesn't mean that we take our focus off of the needs of
19 the child.

20 **Q.** Yes, of course. But I'm just seeking your help as to
21 whether really -- leaving scale and resources to one
22 side which may be a different question -- but would it
23 necessarily be totally transforming the role and nature
24 of a MASH to include referrals where the principal
25 concern was a risk to the public, given that some

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1 be answering calls about children generally? Again,
2 this is the caution: children's work is incredibly
3 sensitive and difficult and challenging and it is not
4 easy work and so, keeping that primary focus on children
5 and young people is what we would urge, and there are
6 many enquiries and you know of my personal history. So,
7 it isn't work that is settled or not fragile or not
8 subject to change.

9 **Q.** But you don't want to unpick all of the progress made,
10 post-Climbié, I think is what you are referring to, but
11 many other deaths and significant harm to young
12 children, where the importance of information sharing
13 and best practice and the focus on the needs of the
14 child has been to the fore, over the last several
15 decades?

16 **A.** Completely. We are continually learning in that sphere.
17 We are continually working, so that there are not
18 serious risks and harm coming to the children, and
19 that's why our focus is on the child rather than the
20 broader -- expanding that into public protection.

21 **Q.** So a clear message -- you have chosen your words,
22 Ms Graham, with care. You are not saying "no", but you
23 are saying real caution because you wouldn't want that
24 focus to be diluted.

25 Can I just test the contrary case. If one was to go

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down a different route and kept the MASH as currently constituted for your safeguarding referrals, but you set up another front door that took the public protection referrals, on one view, you can see how that would work because you would have another body, to which frontline teachers, social care workers who pick up, within the course of their work, a concern about a child being at risk to others, members of the public even could refer in, and that would be a single portal, both for worried about what this child may be interested in, in terms of ideology and are they being drawn into terrorism, but it could also be about violence fascination risk, their concern about fascination with violence and potentially real-world violence as well.

In one sense, that makes sense. That would go to a different screening body, who could then pass the case on to Prevent or to a different pathway for violence-fascinated individuals, or could also, no doubt, if on analysis, it looked more like territorial policing, or it more looked like a children's social services type problem, they could pass on to different agencies.

The difficulty though comes back to, I think, the point that you, yourself, made earlier in your evidence, Ms Graham, where you say, actually, for a lot of the

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children who are in the VFI cohort, they may present risks to the public but they will also have vulnerabilities and needs that children's services need to deal with and in that sense, the concern would be duplication. You can have this other front door dealing with public protection but alongside it, you would have the MASH and then you have got, haven't you, a risk of duplication, a risk of information getting lost between the two?

So, the alternative model, a narrower front door for public protections, has its problems?

A. So I would simply suggest, because the MASH, it is not a statutory body, I see no reason why we can't expand MASHs to include Prevent and counter-terrorism, so that that they are looking at the needs of the child alongside children's services and just seeing, is there a counter-terrorism -- sorry, a public protection matter that they need to make aware of and advise a referral through to Prevent?

Q. Forgive me, that was the first model that I was raising with you, whether you could expand MASH to take those types of referral. You wouldn't want to dilute the safeguarding emphasis but they would also be taking those sort of referrals?

A. Shall I explain what I --

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Q. Yes, of course.

A. So there is no limitation as to what should come into a MASH. So you and I can call -- we can refer -- the 3 million only 630,000 of them are worked on. I don't want to dissect -- there may be repeat referrals and so on -- repeat contacts and so on. But anyone can referral information into the MASH. It is the triaging of it.

So if we want to include counter-terrorism, as part of the focus on the child, that's perfectly possible, and if that is what -- and that's perfectly possible. What I think I have understood about a big front door is that it is more than that. That it is about having adult services in there. That it's having Prevent and all their referrals coming -- contacts coming through. It could be my misunderstanding.

Q. Let's take those -- just pause for a moment. Let's take those two matters separately. So in terms of taking Prevent referrals, yes, I think the suggestion is that the first port of call for a referral would no longer be the Counter Terrorism Case Officers, who do the first assessment of a Prevent referral; they would be going first to the big front door, to an expanded, more resourced MASH, and they would be taking the first look to see whether, in fact, that ought to sit with Prevent.

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A. Shall I come in at that point?

Q. Yes.

A. So children's services' primary focus is on children up to the age of 18 and Prevent and counter-terrorism work is beyond that. So, if all Prevent referrals were to come through the MASH front door, you are expanding the focus of the MASH beyond what we work with, and so a limited -- so that's what I understood by a big front door, that we have adults --

Q. Yes. The only thing in relations to that is, as we have heard from others, there are some MASHs, as we understand it, that are currently constituted to take referrals for adult safeguarding concerns as well.

A. They may be. My understanding is that they are the minority, in the same way that you can have a director of children's services who is also the director of adult services. So there will be those oversights. But I would have to look again at that report on MASH or we would have to do more work. But my point is that we, ADCS, would urge that there continues to be a focus on the needs of children because that work is sensitive, difficult, vulnerable and open -- and points of failure happen.

Q. Right. So the red line for you is -- for your association, I don't mean you personally -- but for your

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1 association, the red line is not an absolute opposition
2 to any expansion of the MASH, as I have understood it,
3 but a very strong word of caution, that it mustn't
4 dilute the focus on the risk to children and it mustn't
5 unpick advances that have been made in responses to
6 previous tragic events, where children have died at the
7 hands of those who have abused them?

8 **A.** Absolutely. Because we continue to work to prevent any
9 further harms to children. So having colleagues from
10 Prevent or counter-terrorism sitting in a children's
11 MASH and looking at the referrals about children from
12 that public protection world, I don't think the ADCS
13 would be opposed to. Because we are simply -- we are
14 keeping our focus on children. As we look at the
15 definition, if we go back to that, about
16 violence-fixated individuals, or violence-fascinated
17 individuals, then it helps with them seeing the public
18 protection element that children's services are not set
19 up or trained to do.

20 I want to come back to Operation Airforce and the
21 Northamptonshire model; where they are able to have
22 people from counter-terrorism and Prevent, children's
23 services, health, schools, all the right people, pupil
24 referral units, in the room together. So we are not
25 opposed to having people from the public protection

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1 manage a case of a VFI, if they are not taken up by
2 Prevent. All right?
3 You deal with that in this paragraph, 38. You say,
4 first of all, that:
5 "The MASH is not designed to conduct ongoing threat
6 assessment, risk management, disruption planning or
7 long-term oversight of individuals who may present
8 a serious risk of violence to others."

9 So just pausing there. We read that as you warning
10 that whatever role MASH may have in the earlier
11 screening triage stage, they are not, as you understand
12 it, well constituted to go on to manage individual cases
13 and see them through to risk mitigation, at least in
14 this area of VFIs with a risk of violence to others.
15 Have we understood correctly?

16 **A.** Yes. MASH primarily, as I understand it, operate
17 a triage function.

18 **Q.** So looking at who would do that, you say:

19 "Rather than creating a wholly new structure to act
20 as the front door for such referrals ..."

21 And you refer to Lord Anderson, you say:

22 "... there would be merit in establishing a new,
23 nationally recognised, multi-agency VFI pathway ..."

24 But then you say:

25 "... within existing safeguarding arrangements."

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1 world, so to speak, in the room, it is just keeping the
2 lens on children and young people, that I think that
3 where we are saying.

4 **Q.** Thank you.

5 **A.** So a big front door that is -- so the MASH expanded to
6 include those people who will look at the children's
7 referrals that come in and those MASHs that have adults
8 included in them, then they are then set up to take the
9 adults referrals too. I just want to explain,
10 I suspect, I don't know, but I can picture that if you
11 have a child and an adult MASH, there still will be key
12 professionals who are focused on children.

13 **Q.** Yes, of course.

14 **A.** And key that are focused on adults.

15 **Q.** That must be right because the legislation is
16 different --

17 **A.** That is right and so therefore, having Prevent and
18 Counter Terrorism Police working in the adults' world,
19 it works but retaining the focus on children and young
20 people, in accordance with the Children Act, is what
21 ADCS is keen to continue doing.

22 **Q.** Thank you. Can we turn, then, to page 10
23 ADCS000016_0010 and paragraph 38. Ms Graham, just while
24 that's being brought up, I want to change the focus now
25 from the screening triage stage to who should actually

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1 And you say:

2 "This could include a designated lead agency, agreed
3 escalation routes, specialist consultation, enhanced
4 information sharing and a multi-agency risk management
5 forum for complex cases."

6 So, assume for the moment, that through whatever
7 mechanism of triage, a case has been designated as:
8 concern about fascination with violence, falls short of
9 Prevent thresholds and we now need a body to take
10 forward that case. There may well be overlapping
11 concerns about the child's vulnerabilities, so there may
12 be a child who is open to children's social services,
13 for those reasons.

14 What's the nature of the body or process that you
15 would see as being most suited to taking forward the
16 management of that case? Because that's, at the moment,
17 where there is a patchwork but no clear pathway. So
18 what should the pathway look like?

19 **A.** So one of the things that it is possible to do is to --
20 where there is a risk -- whether there is a risk of harm
21 or not, is to gather professionals into a room to
22 discuss the case and so I come back to the model that's
23 set out from Northamptonshire, Operation Airforce, where
24 people can come together and do exactly what's set here.
25 I would suggest that that model, once it is evaluated,

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1 and if it is -- you know, if the evaluation is as
2 positive as I seem to think it is, on behalf of ADCS,
3 then that would come under the governance arrangements
4 for the Safeguarding Children Partnership Boards.

5 So that there's the statutory partners' oversight
6 and ownership of it, and the statutory partners are the
7 police, the ICB, and local authority children's
8 services.

9 **Q.** Yes. That's the one where there is some debate as to
10 whether education should be as well but I think
11 currently are not, as a statutory partner.

12 **A.** They are -- I think the guidance has changed so that
13 they are a statutory partner, but I would have to
14 confirm that. So that, if I may share information, my
15 own local safeguarding partnership now has education and
16 many do. But that has been encouraged for some time.

17 **Q.** So that's the model, I think, that you put forward --

18 **A.** Yes.

19 **Q.** -- and the governance of who should have oversight of it
20 to ensure it is working?

21 **A.** Yes. So we would have Operation Airforce, so it is
22 a multi-agency meeting, where children that have not met
23 the threshold for Prevent are referred into and anyone
24 can refer, as I understand it, as I said earlier, I have
25 not seen the terms of reference. As I understand it,

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1 the joint ownership there of the two agencies, yes. But
2 the model itself, I think, is one -- I'm not familiar
3 with the Brighton and Hove one --

4 **Q.** Don't worry about that, but I was really introducing for
5 that concept of co-chairing, which is slightly
6 different. But can I just ask you briefly to let us
7 know if you have any views on a different challenge to
8 this area, which is, whichever model of those is done,
9 whether the Airforce model or the Brighton model -- and
10 as I say, they share a lot of similarities -- common,
11 I think, to both is the difficulty if the person who is
12 referred in is a young adult, so in the 18-25 cohort,
13 let's say, because in the Brighton model, they don't
14 really have any jurisdiction because the young adult
15 would no longer be open to social care, and in the
16 Northamptonshire Op Airforce Force model, things have to
17 be arranged differently, again, for similar reasons, but
18 it then turns more into a Potentially Dangerous Person
19 model, the PDP.

20 So on any view, there is a less satisfactory
21 situation on both those models as currently constituted
22 for adults. Is there a solution to that? I appreciate
23 you are children's services rather than adult social
24 care. But that's a challenge, isn't it?

25 **A.** That is challenge because of how the legislation is set

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1 how it works, it agrees -- it receives information from
2 everyone, we are yet to know is it a single assessment
3 tool. Then it decides -- it analyses the information,
4 decides on -- makes considerations and agrees a plan.

5 Now, these meetings are currently chaired by the
6 police and so each -- the actions would be for those
7 from agencies who should be required to come back and
8 report to that meeting, so that there are no drop-offs.
9 When the Chair is satisfied, then -- and the group are
10 satisfied, then that child can be discharged from the
11 process.

12 I just want to say that we have child protection
13 processes -- child protection conferences that is model
14 this arrangement at the moment. So they are not
15 unfamiliar to us.

16 **Q.** Quite, and our social care expert, Ms Gianfrancesco --
17 I don't know if you are familiar with her -- what she
18 postulated happens in Brighton, although it is different
19 in some respects to the Airforce model, has many things
20 in common. One difference is that the adolescent
21 high-risk cohort, who are subject to multi-agency
22 meetings in this area in Brighton, in her area, they are
23 co-chaired by children's services and the police. Would
24 you see some advantage in that?

25 **A.** I can see absolute advantages in that. I think you get

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1 out. What first comes to my mind is that legislation
2 and guidance has been expanded for particular cohorts,
3 for children who are care-experienced and children who
4 have SEND and who are disabled, to the age of 25, in
5 some -- and there are exceptions to that -- to 21 -- you
6 know, but broadly speaking, legislation can cover
7 children care leavers and disabled children, those with
8 SEND, to the age of 25. So there could be
9 a consideration, for this cohort, it will be a challenge
10 but it would be for the Inquiry --

11 **Q.** That might help in some cases?

12 **A.** It might help in some cases, to expand that. I should
13 add caution, still it may not resolve the question
14 because even though we work with those who are
15 post-18 -- between the ages of 18 and 25, still, the
16 legislation is different. It is often advice, guidance
17 and support. I do like the idea, in the
18 Northamptonshire model, that they have the Potentially
19 Dangerous People element because there is a transition
20 bit. But I also think that because Prevent, who are
21 into the adults' world and Counter Terrorism Police are
22 into the adults' world, that there is a focus there on
23 those who are over 18. The issue is about the level of
24 risk and intervention. But I think that would be
25 something for the Inquiry to look at.

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1 Q. Thank you. My final two topics, please, I can take
2 briefly. The first of them is online harms. If we just
3 look at your page 14 ADCS000016_0014, paragraph 58,
4 please, Ms Graham. You say there that:
5 "The management of children's access to personal
6 devices allowing access to online content that could be
7 potentially harmful is, in most cases, dependent on
8 parents and the home environment. In a world that is
9 inherently digital, this responsibility needs to be
10 considered as part of everyday parenting with support
11 available to both parents and children where harm has
12 been experienced. Time spent in school makes up
13 a relatively small proportion of a child's week,
14 however, ADCS members would support plans to introduce
15 a statutory obligation on schools to be phone free
16 environments."

17 Now, keeping away from the school area, where there
18 is a level of control, because all schools should have
19 monitoring in place, that reference to the potential
20 harms in the parental home being dependent on parents
21 and the home environment, of course, that's
22 self-evidently correct. But does that risk understating
23 the role for children's services in this area because if
24 the child is open to children's services, whether early
25 help or social work, section 47 type level intervention,
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1 visibility on what sites are being visited by their
2 children? I mean, do those staff have those skills and
3 resources and training?

4 A. I can't -- I don't think -- the ADCS hasn't done
5 a survey of that, but my sense is, no, that there is
6 more that we can do. I don't know -- I think Com
7 networks are comparatively new and gore sites are
8 comparatively new, and there will be something that's
9 new tomorrow and the day after and next week and next
10 year.

11 So, the harms through online activities are emerging
12 now, more so than, say, ten years ago. They were there
13 but they have expanded considerably. So, I would --
14 I think ADCS would be in support of not just children's
15 services practitioners, but schools, police and
16 hospitals, everybody becoming more aware of the risks
17 that children can be exposed to.

18 Q. Thank you. Then just on the allied and final topic of
19 interventions. I'm not going to go through the
20 references in your statement in relation to that because
21 they broadly speak to a familiar pattern by now of
22 a lack of information about what works best for
23 interventions in the VFI sphere. But I just want to ask
24 a practical point about children's services and
25 assistance. One of the range of interventions that
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1 don't those services need to engage with what the child
2 is viewing at home and providing practical support to
3 the parents on how that can be limited and supervised?
4 Isn't that an important area of children's services work
5 now?

6 A. Yes. I think providing parents with information on what
7 they can do is absolutely something that children's
8 services practitioners should be engaging with and
9 providing. However, the implementation of it would be
10 still for the child and the parents. But one of the --
11 I think we spoke earlier about knowledge and
12 understanding of those who were -- the violence-fixated
13 individuals, violence fascination, NIEV and all of that,
14 we need parents to understand more about how this can
15 happen and so this all ties together.

16 Q. As you will understand, this is not me giving you
17 an opportunity to criticise your own members, it is
18 rather looking at -- taking a hard, realistic view about
19 the current situation. Do you feel that practitioners
20 working within children's services themselves have the
21 knowledge of things like Com networks, the extent to
22 which violent and gore material is available, not on the
23 dark web but on the open web, and the technical aspects
24 of how access can be limited and the technical aspects
25 of what can be done in the home so that parents can have
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1 might be provided by Channel in cases that are taken on,
2 is mentoring support and also encouraging access and
3 involvement in positive activities. So involvement in
4 community groups and in ideology cases, potentially
5 involvement in less harmful religious groups and matters
6 of that kind.

7 At the moment, for children's services dealing with
8 cases where there may be a concern about violence
9 fascination but they are not taken on by Prevent, what
10 sort of access do children's services have to place
11 children with psychosocial interventions, so youth
12 clubs, mentoring, positive activities, matters of that
13 kind?

14 A. It is limited. If we go back pre-austerity, there was
15 much more access to youth services and through youth
16 services, mentoring support, befriending, educating.
17 Young people had opportunities to gather and socialise
18 and issues that children present could have been
19 resolved. It's been -- I think that there is data that
20 we can provide, but I think, the figure of 70 per cent
21 and higher of the -- in a reduction of youth services,
22 I think has been mentioned, but we can come back with
23 data.

24 But youth services have been -- what's the word --
25 considerably reduced and that's -- you know, without
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1 being political about it -- and we see -- they have been
2 considerably reduced and we would benefit from having
3 youth services back to support children.

4 I know that we are focusing on those who are fixated
5 with violence and fascinated with violence, but we spoke
6 earlier about those who are neurodivergent,
7 neurodiversity, you know -- they too can be isolated,
8 they can be bullied and these -- we want to intervene
9 earlier so that we can stop those issues from escalating
10 so that they don't escalate into violence fixation. We
11 need children to be away, out of their bedrooms and off
12 their devices and engaging.

13 I know, probably -- if the microphones weren't on,
14 I would say I know I'm showing my age, but we want
15 children to be engaged in activities away and to
16 socialise. We see harms that materialising with their
17 mental health, their anxiety, many of them are NEET,
18 they are isolated. We used to talk about isolation as
19 a problem for older people. It is not now. It is
20 common amongst younger people.

21 **MR MOSS:** Thank you. Those are my questions. I'm just
22 going to turn to my left. I think those who have had
23 permission don't wish to take up questioning.
24 Hopefully, I have covered the ground. Sir, do you have
25 any questions?

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1 **SIR ADRIAN FULFORD:** There are none from me. Ms Graham,
2 thank you very much indeed for the report that you
3 provided and the evidence that you have given today.

4 **A.** You are very welcome.

5 **SIR ADRIAN FULFORD:** It has been very helpful.

6 **A.** Thank you.

7 **MR MOSS:** Sir, the programme for tomorrow, with your
8 permission, is that we will take Mr Goodall from the
9 Welsh Government, followed by Dr Llewelyn of the Welsh
10 LGA with a 10 am start, if that's convenient?

11 **SIR ADRIAN FULFORD:** It is. I will sit at 10.00 am.

12 **(4.30 pm)**

13 **(The Inquiry adjourned until 10.00 am the following day)**

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