

Wednesday, 21 October 2026

(10.00 am)

SIR ADRIAN FULFORD: Could you remain standing in order to take the oath.

DR ANDREW GOODALL (sworn)

SIR ADRIAN FULFORD: Thank you very much indeed. Please have a seat.

Questions by MR JAMIESON

MR JAMIESON: Thank you, Dr Goodall. May we have your full name for the record, please?

A. My name is Andrew Goodall.

Q. Thank you, and please may we have Dr Goodall's statement on the screen, which is WGOV -- I have not even said it, you have got it up, well done.

You, sir, are the Permanent Secretary for the Welsh Government?

A. I am, yes.

Q. You have kindly provided us with this statement and if we go to page 38 WGOV000013_0038, please. You signed it. We have redacted it for your privacy but it was signed and dated 2 September 2026. Can you confirm that the statement is true and accurate to the best of your knowledge and belief?

A. I can confirm that.

Q. Thank you very much. May we go back to the first page,

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A. It is held in one role. It line manages the NHS in Wales but also responds to ministerial oversight of the system as well.

Q. Yes, and your -- is your successor in that role Jacqueline Totterdell?

A. Yes, she is.

Q. Sir, we shall be hearing from her in November. Before that role, which you held between June 2014 and November 2021, you were the Chief Executive of a hospital trust?

A. Yes, of the local health board in Wales. Yes.

Q. Thank you very much. With those introductions, I suppose we will just put this on the record, you obviously hold an extremely senior role in the Welsh Government. Principally, you are here I think to talk about matters of strategic importance rather than operational detail?

A. Yes, that's correct and I provided a corporate statement with the support of colleagues in the organisation, of course.

Q. Yes. If there are aspects of my questioning that you need to come back on or to go to colleagues in relation to, we will simply ask you to do that in writing, subsequently.

A. Thank you.

3

please WGOV000013_0001.

The purpose of doing that is it enters it into our Inquiry record as the evidence and it means that I don't have to ask you questions about each and every paragraph of it. Before I do get to the substance though, please may we just put on the record your role and experience. As I have said already, you are the Permanent Secretary for the Welsh Government?

A. Yes, I am.

Q. Unlike other Permanent Secretaries in the UK Government, you are not responsible for a single department, you have broad responsibility to that Government?

A. Yes, that is correct, in line with Welsh Government responsibilities, yes.

Q. You also, in that role, lead the Welsh Government's civil service?

A. I do, yes.

Q. And also act as the principal adviser to the First Minister and indeed, to the Cabinet?

A. Yes.

Q. Before that role, you tell us, at your paragraph 3, that you served as the Welsh Government's Director General of Health and Social Services and the Chief Executive of NHS Wales. That sounds like two jobs but it tends to be hold by one person, is that right?

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Q. Thank you. Before then going to the substantive matters that you have told us about, can we first consider the issue of definitions. May we have on the screen, please, paragraph 8, which is towards the top of page 2 WGOV000013_0002. Thank you.

Because what you tell us there is that this Inquiry's terms of reference contain the definition of "violence-fixated individuals" and at paragraph 8, you say this:

"The term 'Violence Fixated Individual' is not currently defined in Welsh legislation and there is no dedicated VFI policy, statutory framework or service operating in Wales. Accordingly, issues relevant to VFIs are addressed through a range of existing systems and services, including safeguarding, health, education, social care, community safety and public protection arrangements."

You have put that there in one paragraph but that's the theme, isn't it, of the evidence that you have given us?

A. Yes.

Q. There is no bespoke or specific VFI definition or any structures in relation to it in Wales, but you have drawn attention, through your evidence, to where those matters are addressed, or might be addressed through

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1 existing systems?
2 **A.** Yes, that's correct and not defined in legislation and,
3 of course, that reads across to the policy approach that
4 we take in Wales as well.

5 **Q.** Yes, thank you. I will come back to the second part of
6 that, the extent to which existing systems can identify
7 and meet this risk. But just focusing first on the lack
8 of a definition. I mean, the first question is, is that
9 a problem? In relation to that, may we just have
10 Ms Totterdell's statement on the screen. That is
11 NHSW000046 at page 42 NHSW000046_0042.

12 So that is her statement. Paragraph 164, so -- I'm
13 sorry, may we just crop it a little bit just so we can
14 see 163. Thanks. So 163, she is telling us about the
15 "fundamental challenge" in not having a definition and
16 the consequences of that, she says, are this, at 164:

17 "This lack of definitional clarity creates practical
18 difficulties for services and for those setting policy
19 and providing strategic guidance. Effective
20 identification, assessment and management arrangements
21 depend upon a clear understanding of who is being
22 identified and for what purpose. Without an agreed
23 definition, it is difficult to establish meaningful
24 prevalence estimates, develop consistent referral
25 criteria, determine thresholds for intervention or

5

1 **A.** Indeed.

2 **Q.** But ultimately, it is a real problem that we don't have
3 a definition?

4 **A.** Indeed.

5 **Q.** Just a further thought for your consideration. That can
6 come down, if we can go back to the statement, thank you
7 very much.

8 I will not put it up but, sir, I will give you the
9 reference. The reference is the Children's
10 Commissioner for Wales, Rocio Cifuentes' statement,
11 which is CCW000003 and the paragraph is paragraph 8
12 which is on page 4. It doesn't need to come up.

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

14 **MR JAMIESON:** In addition to the problems we have been
15 talking about, Ms Cifuentes draws our attention to the
16 fact that if we don't define this concept and everything
17 that stems from it, it won't receive the attention and
18 the resource that it needs. So when Government is
19 making difficult decisions about where it is going to
20 spend its money, this cohort, its identification and
21 management, will struggle to go up the list of
22 priorities if we can't define who we are talking about;
23 is that something that you would agree with?

24 **A.** Yes, I would accept the Children's Commissioner's
25 perspective on that.

7

1 assess the effectiveness of any risk-management
2 approaches. Most importantly, it limits the ability to
3 identify predictive factors associated with future
4 serious violence and therefore makes risk estimation
5 inherently challenging. Risk assessment is nevertheless
6 the cornerstone of prevention, and it would be good to
7 create systemic focus on these features of violence as
8 a potentially avoidable public health threat."

9 Now, obviously Ms Totterdell is giving her
10 perspective as essentially the head of the NHS in Wales
11 but those problems that arise from definitional clarity,
12 would you recognise them as extended into other policy
13 areas in Wales as well?

14 **A.** Yes, I would recognise those and see how that cuts
15 across. So of course our context in Wales is around
16 safeguarding, driven by legislation, which I know we can
17 return to. But our ability to track numbers of
18 individuals in these categories, in the absence of
19 a definition, is a difficulty for us. Of course there
20 will be experiences where we are focused on individuals,
21 whether there are concerns about violence, but I would
22 recognise and endorse what Jacqueline has said.

23 **Q.** Yes. The Government of Wales and its associated
24 agencies is working to address these problems with the
25 systems that you have?

6

1 **Q.** Yes, thank you. Now, the Inquiry has received as of
2 last week a document called the interim NIEV guidance
3 and I wonder if we may just look at that. Sir, that's
4 HOM001011. If we just look at the first page to begin
5 with. So this, as it says, on its face is a Home Office
6 issued document. It is interim guidance to support the
7 management of non-ideological extreme violence concerns
8 and it was issued 6 October 2026.

9 Was the Welsh Government part of the consultation
10 process that led to the creation of this document?

11 **A.** So, from my understanding, the Welsh Government has not
12 been directly involved in this interim guidance. There
13 are other ways in which we are plugged in. I know that
14 we are part of the NIEV Taskforce, but certainly aren't
15 aware that we have been directly involved in the
16 formulation of this guidance, although it may have been
17 more widely consulted upon.

18 **Q.** May we just go to the next page, page 2 HOM001011_0002
19 and just crop down to the bottom of the page. The
20 purpose and scope of the guidance is there, but talking
21 about definitions for the moment, the reason I'm drawing
22 your attention to it, is the interim guidance has
23 a different definition in it and rather than "VFI", here
24 it is. It says this:

25 "We have developed a working definition of NIEV for

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the purposes of this guidance and to support the development of relevant policies for managing NIEV risks. The definition is not statutory, legal, or operational in nature ..."

So it comes with all of those caveats. But here it is:

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

Now, the Inquiry has received a number of criticisms of this definition, it is fair to say. I could list them briefly now. Firstly, it doesn't define a person, it defines a type of violence. Secondly, it requires proof of an intent, "intended to shock, intimidate or outrage", which is particularly difficult to assess particularly in an early intervention space. Thirdly, this sense of violence that is communicative in nature. The detail that sits underneath this definition tells you that that communicative intent could be both explicit, but also implicit, in terms of the actual violence that is performed. Again, difficult to assess but would only become apparent once the violence had taken place, all right? So a summary of those -- of the problems with this definition. There are others.

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and I'm not going to ask you there for your response to the merits of that definition but it's of interest.

The problem the Home Office have with that definition, in simple terms, is the UK definition of "extremist" -- it's "non-ideological violent extremist" -- has, inherent in it, some sort of ideology. So they say it doesn't work because people understand "extremist" to mean an ideological extremist. But if we went back to your statement, please, and to paragraph 38, which is on page 9 WGOV000013_0009 in the middle, you tell us, just at the end of that paragraph there, that actually the Welsh Government has not adopted that 2024 definition of "extremist", with the ideological context.

So, in Wales at least, you are managing to do without that definition. Why was that not adopted?

A. I think firstly, my understanding of the definition is rather than a statutory legal definition to be adopted by devolved governments, for example, it was developed originally to be more of an operational tool. So for that operational environment. So I think that rather than why have we not adopted it, the circumstances in Wales is that our system, in particular driven by our 2014 legislation for social services and wellbeing, has a very strong safeguarding element and the outstanding

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Have your officials had an opportunity to consider this before I put it up to you now? Are those criticisms that you recognise? What's the position?

A. We have had an opportunity and, of course, I have had the chance myself to review this as part of the preparation for this as well. I can see that moving away from the "violence-fixated individual" area, which perhaps would be too contained and perhaps wouldn't allow some of the more preventative actions to take place, certainly feels an important development. However, I do recognise some of the concerns that you have described there. We need to be as explicit as possible within definitions, but I'm really aware of the complexity of the environment that certainly practitioners are working in here and the need to make sure that we don't create another silo. But yes, I recognise the areas that you have highlighted.

Q. Okay. May I just ask one sort of really Welsh-specific question because right at the start of the Inquiry's evidence we heard some seminars from some experts and one of those was a professor of philosophy, called Professor Cassam. I'm not sure if you followed that evidence or not. But he has a different definition that he's proposed, which defines a person rather than a type of violence of a "non-ideological violent extremist",

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question for us is whether we are able to discharge those safeguarding expectations and components without needing to draw in that particular definition of "extremism".

So the premise is, it starts with safeguarding and wellbeing, and to date, our reflections are that it has not been necessary to adapt the specific legislation. Of course, we are very minded of the Inquiry, the focus that you have had and any recommendations that come from here and I'm sure that would be revisited by ministers. But on a day-to-day basis, practitioners are able to continue to discharge their safeguarding responsibilities.

Q. So you are certainly right, it is a non-statutory definition and I wasn't for a minute suggesting that you should have adopted it. But if the 2024 meaning of "extremist" is a blocker to the NIVE definition, the fact that, in fact, you don't need the 2024 definition, and it's obviously been around for a while, no current plans to adopt it, so --

A. No. No current plans and of course, mindful that we are interacting with agencies who are part of responsibilities where this will be a factor for them, so we will have an insight and understanding into it of course.

12

1 Q. Because on the face of it, an individual who is at risk
2 of becoming, or vulnerable to becoming a violent
3 extremist for non-ideological reasons, is potentially
4 quite a neat concept for our cohort?

5 A. Indeed.

6 Q. All right. I will leave the question -- the esoteric
7 questions of definitions there and move on to the sort
8 of second point that we need to deal with at the outset,
9 which is devolution.

10 May we go back to page 2 WGOV000013_0002 of your
11 statement, please. It is paragraph 11. So under the
12 heading of "Role of the Welsh Government", you say this:

13 "The Welsh Government has significant
14 responsibilities for children's health, education,
15 social care, safeguarding and community safety. These
16 responsibilities are exercised within the framework of
17 the devolution settlement established under the
18 Government of Wales Act 2006. Although many of the
19 matters relevant to Phase 2 of the Inquiry engage
20 devolved services and functions, certain areas,
21 including policing, criminal law, criminal justice and
22 youth justice remain reserved to the UK Government."

23 I think we could add counter-terrorism to that list,
24 couldn't we?

25 A. Indeed, yes.

13

1 Q. Of which, the most obvious ones are the ones that you
2 have listed in paragraph 11 and I have read out. In
3 particular, social care?

4 A. Yes.

5 Q. Safeguarding is a significant one. Education, another?

6 A. Yes, education.

7 Q. Whereas policing and counter-terrorism, those are UK
8 Government areas?

9 A. Yes.

10 Q. That are reserved for the UK Government and you receive
11 the policy and the legislation in those areas and you
12 apply it to your local context?

13 A. Yes, we do and as an example of devolved
14 responsibilities, health services, of course, would be
15 a significant area in this space too.

16 Q. I'm sorry, I missed that?

17 A. Health services would also be a significant issue in
18 this area too.

19 Q. So the interaction of those areas of responsibility,
20 whether there are particular issues that arise that the
21 Chair needs to be aware of in considering these issues
22 and making his recommendations, again, it is going to be
23 one of the -- is one of the themes that cuts through
24 your evidence, isn't it?

25 A. Yes, it is.

15

1 Q. "Consequently, outcomes for children and young people in
2 these areas often depend upon close collaboration
3 between the Welsh Government, [the] UK Government
4 departments and other public bodies."

5 Just to unpack that, for those unfamiliar with the
6 devolution settlement for Wales, the 2006 Act, was that
7 the Act that created the Senedd and the devolution
8 settlement?

9 A. Indeed, yes. The Senedd was established some years
10 earlier but that is the legislation that we are relying
11 on for the Inquiry's purposes, yes.

12 Q. Thank you. In simple terms, under that settlement, some
13 areas of policy are reserved for the UK Government and
14 some are devolved to the Government of Wales?

15 A. Yes, correct.

16 Q. When we think about the prevention of serious or extreme
17 violence in youths and adolescents, I think you
18 acknowledge, as you have set out there in your
19 paragraph, it is multi-factorial, it engages different
20 departments with different areas of specialism and the
21 reason that's relevant for us is, in Wales, some of
22 those areas are devolved. So some of them are within
23 the legislative and policy competence of the Welsh
24 Government?

25 A. Yes.

14

1 Q. May I just ask you about the NIEV Taskforce which was
2 something that you mentioned when I was asking you
3 questions a moment ago. If we just went back to your
4 paragraph 38 at page 9 WGOV000013_0009 please. It is
5 really the first sentence that we hadn't look at last
6 time. So you tell us, in simple terms:

7 "The Welsh Government has not led or commissioned
8 a distinct devolved programme of work specifically
9 labelled as Non-Ideological Extreme Violence ... or ...
10 (VFI)s."

11 You have not pursued any dedicated policy response
12 to this concern?

13 A. We haven't, no.

14 Q. So the question becomes then, the feed-in, the input,
15 the consultation that you have had to the UK government
16 work, and you begin to deal with that at paragraph 39.
17 You have engaged with the UK Government policing and
18 security partners and you have, paragraph 40:

19 "... contributed to cross-government discussions led
20 by the Home Office on NIEV, including consideration of
21 governance arrangements for the UK Government's ...
22 Taskforce."

23 Does that mean participating in the set-up
24 arrangements, the design of that taskforce?

25 A. Yes and also as part of the taskforce arrangements

16

1 themselves is my understanding.

2 **Q.** So you have a -- that was my question -- you have

3 an ongoing involvement in it?

4 **A.** Yes.

5 **Q.** Thank you. Just -- this Inquiry is obviously focused

6 upon the egregious crimes of AR and the tremendous

7 impacts of those, but these issues are also very real

8 for Wales. I know that you are aware of the attack that

9 took place in 2024, Ysgol Dyffryn Aman, where

10 a 13-year-old stabbed two teachers and a student and was

11 subsequently convicted of attempted murder in relation

12 to that attack. That individual said, at arrest -- or

13 was reported to have said: that's one way to be

14 a celebrity. I'm pretty sure this is going to be on the

15 news, so more eyes are going to be looking at me.

16 When sentenced, His Honour Judge Thomas KC said:

17 "I believe what you did that day you did above all

18 for attention, attention which perhaps you hadn't had

19 from others in your life in the past in the way that

20 you ... wanted. I think in a weird way you enjoyed the

21 reaction and the publicity."

22 I'm not going to attempt an exhaustive definition as

23 to whether or not that individual would fit into our

24 cohort. But this is a real and immediate problem for

25 Wales, as much as it is for England?

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1 then led by the Home Office, which, although it is

2 a single department, is a very big department with lots

3 of resource. Essentially, paraphrasing the thinking

4 behind that was: this is a complicated issue that cuts

5 across lots of departments and there needs to be

6 an entity that is capable of seeking that

7 cross-departmental input and coherence to meeting the

8 problem.

9 Are you satisfied that that can be done for Wales in

10 the way that you are saying, by receiving the

11 NIEV Taskforce, or is there an argument that there needs

12 to be a unit fulfilling a similar coordinating function

13 in Wales?

14 **A.** In this space, irrespective of what is devolved and

15 what's reserved, our experience and our expectation is

16 that agencies work together at and around individuals

17 and in support of each other. So, we are content that

18 we are able to take advantage to use the expertise of

19 the UK Government approaches, not least because it

20 particularly emphasises the role and functions of the

21 agencies for which they are responsible and we do feel

22 that they can translate into Wales. I'm obviously happy

23 to consider whether there is anything different that we

24 need to do from a policy perspective, working with

25 ministers in Wales. But my experience is that we should

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1 **A.** Yes, this is absolutely relevant and immediate from

2 a Welsh context too.

3 **Q.** So I think the question that I should, in fairness, ask

4 then, you have told us about the lead-in or the

5 participation in the UK Government taskforce, but there

6 are some areas here where responsibility is devolved to

7 the Welsh Government. Should you have a similar unit?

8 Should suggest have a similar policy focus?

9 **A.** So we obviously do have a policy focus and a legislation

10 in place on a safeguarding perspective. We do believe

11 that, in our liaison with reserved agencies, and of

12 course reflecting on the Inquiry itself, that we do need

13 to focus on these areas, in terms of our perspective and

14 view that we would be supportive of having a definition

15 in the area. It is to have some understanding about how

16 it would interrelate and the implications of what we

17 need to do from a Welsh Government perspective as well.

18 Whether it is a unit, whether it is needing to reflect

19 on our existing arrangements and safeguarding, but it is

20 absolutely valid and the Welsh Government will want to

21 discharge its policy responsibilities, as well as

22 support other agencies in Wales.

23 **Q.** I think, just reflecting back what -- so with the UK

24 Government, this was a policy area which was

25 ultimately -- began being held by the Cabinet Office and

18

1 be able to feel that that does come from the general

2 day-to-day relationships that we have working with those

3 agencies in Wales and for which I think we have good

4 experience and good relationships in place.

5 **Q.** Thank you. I will move on to my next topic, which is

6 an overview of your approach in the different policy

7 areas. May we go back in the statement, please, just to

8 pick up page 3 WGOV000013_0003, paragraph 13 and

9 a policy area that you have talked about more than once,

10 a real important one: safeguarding and child protection.

11 I won't go through all of the detail of it because

12 you have helpfully given it to us in your statement.

13 But you tell us there, in the top line:

14 "The Welsh Government is responsible for developing

15 social care policy and the legislative framework for

16 safeguarding and child protection in Wales. It sets

17 national policy, introduces legislation, issues ...

18 guidance, funds and supports improvement activity ..."

19 You go on. This is an area of devolved

20 responsibility?

21 **A.** Yes, it is.

22 **Q.** Although, you say the statutory responsibility for

23 assessing needs, providing the actual social care under

24 your statutes, which is the Social Services and

25 Wellbeing (Wales) Act 2014, which I think is broadly

20

1 known as "the 2014 Act"?

2 A. Yes, indeed.

3 Q. "... establishes a statutory framework for safeguarding

4 children in Wales through ... principal mechanisms."

5 And you set those out, delivered by local

6 authorities?

7 A. Yes, delivered by local authorities.

8 Q. We will look at the particularity of that with other

9 witnesses. I'm not going to ask you to speak to it, but

10 could you confirm that, of the statutory guidance that

11 the Welsh Government has issued in the discharge of its

12 responsibilities under their area, none of that deals

13 specifically with VFI or NIEV risk?

14 A. It doesn't deal specifically with those areas. The

15 starting point has very much been about safeguarding

16 activity and wellbeing support.

17 Q. Yes. But -- and I'm in the going to ask you --

18 similarly, I'm not going to ask you, operationally, to

19 tell me about all of the different statutory sections of

20 the 2014 Act. But in simple terms, that is the statute

21 that sets the frame for safeguarding activity, both for

22 children, the under 18s and adults?

23 A. Yes, it is.

24 Q. It is a single statute, and that we note that Chair has

25 received lots of evidence in Stage 1 in England. The

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1 Can we just flick onto the next page, it may be the

2 pagination is wrong.

3 May we just go back to the one I originally gave,

4 page 6. It is just that first paragraph. Thank you

5 very much. Under "Making safeguarding arrangements":

6 "Safeguarding and protecting people is everybody's

7 responsibility. It is important to make sure that if

8 you are an individual, group or organisation offering

9 activities or services to children and adults, you

10 understand these responsibilities. You should also make

11 sure that [everyone] in a paid or unpaid role involved

12 in helping to provide activities or services is

13 supported to understand why safeguarding is important

14 and what their responsibilities are."

15 It goes on to explain that. But, the guidance is

16 that this applies equally to children and adults. Is

17 that the approach in Wales?

18 A. That is the approach in Wales. I know, from my NHS

19 background, a particular focus where we were trying to

20 make sure that we were managing the transition from

21 childhood to adulthood but, for example, within the

22 arrangements here, there are specific provisions in the

23 2014 Act for foster caring arrangements, whereby

24 an individual can be supported up to the age of 21, for

25 example, just to very visibly manage that transition

23

1 principal statutory guidance is Working Together to

2 Safeguard Children. Whereas in Wales, the title of your

3 document, under the 2014 Act, is "Working Together to

4 Safeguard People"?

5 A. Yes.

6 Q. Not limited to children. We might just have a quick

7 look at that, if we may. The reference is NHSW000026.

8 So, the 2014 Act is referenced there. As the point

9 I have made with you already, this is a combined code

10 for both adults and children. The reason I'm asking you

11 questions, the reason of interest I have here, is in

12 England, the Inquiry has received a lot of evidence

13 about a cliff edge of services at 18. So lots of things

14 available for under 18s become not available as soon as

15 somebody crosses that threshold, particularly in

16 relation to safeguarding.

17 The cohort -- the expert evidence, the analytical

18 work that's gone into identifying our cohort suggests

19 that their ages span; they are adolescents, they are in

20 their late teens to early 20s. So that explains the

21 interest.

22 If we just go to page 6 NHSW000026_0006 of this

23 document, please. We are not going to look at it in any

24 detail but the purpose is set out here. I wonder if it

25 is ... (Pause).

22

1 from childhood to adulthood.

2 Q. So it is important that we acknowledge -- again, we

3 won't go to the specifics of it -- there are different

4 arrangements in the Act for those who are under 18 and

5 those who are over 18 --

6 A. There are.

7 Q. -- and indeed, there are different provisions in the

8 guidance?

9 A. Yes.

10 Q. But the general approach is to seek to avoid that cliff

11 edge between the two cohorts?

12 A. That's the intention, yes.

13 Q. How has that been achieved, at a strategic level?

14 A. With an expectation for agencies to work together, to

15 support information, to translate the safeguarding

16 arrangements that if it is around the person, that they

17 have an on going responsibility, as people need to

18 transition between different areas of care. But a lot

19 of it is driven by the practitioner experience, you

20 know, well within the local services, irrespective of

21 how the policy is set at that level. But we also do --

22 try to check on arrangements in this space, more

23 generally, just through some of our assurance

24 mechanisms. So having an independent, national

25 safeguarding board, for example, allows us to consider

24

1 whether the expectations that have been set up by this
2 legislation are followed through on and delivered and
3 need any kind of additional focus on support.

4 **Q.** Okay, and what would that look like in an individual
5 case, a consideration of whether matters had properly
6 been passed from children's safeguarding to adult, or
7 what would you expect that board to do?

8 **A.** I have not participated directly in those local level
9 areas, but you would expect agencies to understand their
10 responsibilities and simply to work together in the
11 interests of the individual, but probably it is going
12 a little too beyond my direct experience.

13 **Q.** All right. Please may we go back to your statement at
14 page 4 WGOV000013_0004, paragraph 14.

15 I'm just dealing with these policy areas at high
16 level. That was safeguarding. Now, the next one you
17 tell us about is children with neurodevelopmental
18 conditions and mental health needs, and the pattern is
19 the same as for the last policy area:

20 "Responsibility for health, education and social
21 care is devolved to Wales. The legislative framework
22 includes ..."

23 You set the statutory Acts out there. If we just
24 scroll down a little to paragraph 15. You say this:

25 "the Welsh Government is responsible for setting
26

1 Wales in different ways. This would be an area that was
2 being acknowledged at the policy level nationally. Of
3 course, it would have still been for the individual
4 organisations themselves to both commission and deliver
5 the services in Wales in line with their legal
6 responsibilities.

7 **Q.** But just in terms of -- so, a recognition that those are
8 the problems and the creation of a programme designed to
9 meet it, whatever its efficacy. I'm not actually asking
10 about that at the moment. But those concerns, waiting
11 times for assessment, lack of support during a time that
12 the wait is taking place and not considering all the
13 aspects of the individual, those are -- the Inquiry has
14 received evidence -- potentially very specific risk
15 factors also for the VFI cohort?

16 The question is this: does your 2022 improvement
17 policy have scope to allow people who present a VFI/NIEV
18 risk to be prioritised for the receipt of those
19 services?

20 **A.** I may need, Chair, to come back on that with some detail
21 on it, mainly because the focus of this would have been
22 more in terms of clinical services. If a matter was
23 deemed to be of clinical urgency, of course there would
24 be a way in which they could be prioritised. But
25 specifically in relation to the concerns on violence

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1 policy for NHS services and additional learning needs in
2 Wales, including policy relating to support for children
3 with neurodevelopmental conditions such as autism and
4 ADHD, and children experiencing mental health
5 difficulties. The neurodivergence improvement programme
6 (all-age), established in 2022, aims to improve outcomes
7 for neurodivergent people by reducing waiting times for
8 assessment, strengthening early support and driving
9 consistent person-centred services across health,
10 education and social care. This programme is part of
11 a suite of policy driven initiatives specific to
12 neurodivergence including the development of
13 an Integrated Quality Statement and Standards for
14 children's neurodivergence services."

15 Having read all that, it is the 2022 improvement
16 programme that I'm interested in and seek your
17 assistance with. So it sounds as if there was
18 a recognition that waiting times for assessment were too
19 long, that early support was needed, perhaps, for people
20 who were waiting for assessment and that the services
21 that were provided weren't one-size-fits-all, they
22 needed to match the multifaceted needs of the
23 individual. Have I encapsulated it?

24 **A.** Yes, that would have been the purpose of it and, yes,
25 there will be services that are under pressure across
26

1 fixation, for example, I don't know whether it does
2 handle that and I'm happy to give a note.

3 **Q.** Okay.

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

5 **MR JAMIESON:** That question about prioritisation, that
6 I just asked you, has anybody else been asked you that
7 before?

8 **A.** No, I have not been asked that question before,
9 personally.

10 **Q.** The reason I do ask it is -- may we just look at
11 CAB000053, please. Sir, this is the NSC actions. So
12 there was -- while this comes up -- a meeting of the --
13 as it says here, the National Security Council in London
14 in March 2025. It is a very senior Government
15 committee. I am sure you are familiar with it.

16 At 6, which is on page 2 CAB000053_0002, there was
17 an action:

18 "Local services ..."

19 So the Committee directed an action:

20 "Local services should prioritise the VFI cohort
21 (individuals who do not meet Channel thresholds, but do
22 represent a clear risk of violence to others) across the
23 national security ..."

24 Then these:

25 "... social care, health, education, youth justice
26

28

1 and law enforcement systems. Any resourcing and
 2 financial implications of delivering this should be
 3 considered at the Spending Review."
 4 The Departments that that was directed at are listed
 5 there on the right -- departments and agencies, I should
 6 say. In Wales, social care, health, education, those
 7 are all devolved areas?
 8 A. They are devolved to the Welsh Government.
 9 Q. If there was to be a question of prioritisation, you
 10 would have to be asked about that?
 11 A. We would have to be asked about that, from our policy
 12 perspective. Yes, and DHSC wouldn't be there advocating
 13 on our behalf, although of course they would provide
 14 expertise.
 15 Q. So, really, you should have been asked about that in
 16 March 2025, not by me standing here?
 17 A. No, there are a range of actions here which are clearly
 18 in devolved Government space and responsibility, and
 19 yes, we would need to know that these were expectations
 20 to oversee them.
 21 Q. I'm not asking you to warrant what might have been said
 22 to each and every one of your officials, but as far as
 23 you are aware, has that request come through or has
 24 there been discussion?
 25 A. I'm not aware of that personally, no.

29

1 prevention.
 2 So: policing, public order and criminal justice, the
 3 prevention and detection of crime and offensive weapons,
 4 those are all reserved matters, those are all for UK
 5 Government?
 6 A. They are reserved matters, yes.
 7 Q. If we just put paragraphs 27 and 28 on the page, please:
 8 "However, as outlined above, a number of policy
 9 areas that may contribute to the prevention of violence
 10 are devolved ..."
 11 Is the point we have discussed already.
 12 A. Correct.
 13 Q. "... health, education, social services,
 14 safeguarding ... Within these areas, the Welsh
 15 Government seeks to support early intervention, and
 16 prevention, address adverse childhood experiences, and
 17 strengthen protective factors for children, young
 18 people, families and communities."
 19 So I just want to focus on that last sentence of
 20 that paragraph. We have covered already there's no
 21 specific VFI policy, guidance, anything. But the
 22 approach that you seek to take in those devolved areas,
 23 health, education, social services, in simple terms, is:
 24 early intervention, prevention, dealing with the whole
 25 child, areas of vulnerability and risk, may be two sides

31

1 Q. Thank you. That can come down. Please may we go back
 2 to your statement. Still, finally under this heading of
 3 health and could we go to page 4 WGOV000013_0004 and to
 4 paragraph 16.
 5 So I have just asked you about the 2022 programme.
 6 What I'm interested in here, you have told us about some
 7 of the policy responsibilities, some of the work that
 8 the health care and prevention group has done. It is
 9 the third bullet there:
 10 "The delivery of the NEST ... Framework, including
 11 its 'No Wrong Door' principle."
 12 Can you give us an explanation, if you are able to,
 13 of what that is? What is the "no wrong door" principle?
 14 A. I think that would be better targeted at Ms Totterdell,
 15 if she is attending the Inquiry.
 16 Q. She is and I will pick it up with her. The reason I'm
 17 interested is, again, one of the problems in AR's case
 18 is referrals being made to agencies, the answer being,
 19 in simple terms: you don't meet our criteria, we will
 20 refer you somewhere else, and nobody ultimately
 21 accepting the case. If Wales has managed to work on
 22 that, we would be interested to hear about it.
 23 A. Yes.
 24 Q. Thank you. May we deal with the next policy area then.
 25 Page 6 WGOV000013_0006, paragraph 26. Violence

30

1 of the same issue, is that learning --
 2 A. Yes, child first. In some respects, in that prevention
 3 agenda, looking at violence prevention as a public
 4 health interest as well, does reflect some of our
 5 approach in Wales, particularly through Public Health
 6 Wales.
 7 Q. Yes, and that some of the most effective interventions
 8 are those that strengthen protective factors: build
 9 pro-social relationships, engage them with their
 10 families, engage them with education. That's the
 11 approach that you seek to take in those devolved areas?
 12 A. Yes, that's the intention.
 13 Q. So if those were similarly issues of relevance and
 14 importance for the VFI cohort, whilst you are not
 15 currently targeted on identifying and mitigating that
 16 group, the muscle memory -- if I can call it that -- of
 17 those policy areas is to act in that way?
 18 A. Yes, it is.
 19 Q. Thank you. So if we just look at paragraph 28:
 20 "Accordingly, while the Welsh Government does not
 21 have responsibility for the policing or criminal justice
 22 response ... it works with UK Government departments,
 23 policing partners and other public bodies to support
 24 a public health approach ..."
 25 Which is what you have just been telling me:

32

1 "... to reduce risk factors associated with violent
2 behaviour."
3 Then you tell us this:
4 "The Welsh Government is a key partner in the Wales
5 Violence Prevention Unit which is a national
6 multi-agency partnership established in 2019 through
7 Home Office funding as part of the UK Government's
8 violence reduction programme."
9 We'll look at the paragraphs that you've -- in fact,
10 let's look at them now. If we just go over to page 21,
11 WGOV000013_0021 please, and put this on the record. So
12 page 21, paragraph 92. Just as this is -- it must be
13 the page above, sorry WGOV000013_0020. Thank you very
14 much.
15 We have heard about VPUs in other areas of England.
16 In Wales, there is a single one for the country?
17 A. There is, yes.
18 Q. It is a national multi-agency partnership established
19 through the funding, as you have told us, and its
20 approach is to prevent violence before it occurs by
21 adopting a public health approach, seeking:
22 "... to understand the underlying causes of violence
23 and address those causes through evidence-based
24 interventions rather than relying solely on enforcement
25 [and] criminal justice responses."

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1 a prevention framework "Supporting Youth
2 Justice Services" and we can see on its face, it is
3 a Welsh Government document. Yes?
4 A. Yes.
5 Q. Again, I make the point with you that it has no specific
6 VFI or NIEV content to it; we understand that
7 limitation. But may we just look, illustratively, at
8 page 8 NHSW000007_0008. Here is what you have been
9 telling me about, the trauma-informed approach that
10 advocated, that it takes account of the individual child
11 and the responsibilities that they have. Also the areas
12 of vulnerability that they may have?
13 A. Yes.
14 Q. May we just go on one more page NHSW000007_0009.
15 Particular content about the context in Wales. But the
16 muscle memory is there, the guidance that you have given
17 is there, that has those principles within it?
18 A. Yes, that is correct.
19 Q. Thank you very much. That can come down. Thank you.
20 The next -- may we go back to the statement. May we
21 please go to paragraph 31, the topic is access to
22 knives, the page is page 7 WGOV000013_0007. You deal
23 with it very briefly and so can I:
24 "The legal regulation of knives ... is largely
25 reserved ..."

35

1 You have set out those paragraphs there. I'm not
2 going to read them. Thank you, we have the detail. But
3 in simple terms, is that a strategic type body that
4 received evidence, sets priorities and directs other
5 agencies or advises other agencies as to the sorts of
6 interventions they should provide?
7 A. Yes, it is strategic and deliberately so. So would not
8 be involved in the individual oversight and care of
9 individuals.
10 Q. Exactly so. So it is not a place where you can refer
11 individuals to say: this person needs this help?
12 A. Yes.
13 Q. Thank you. If we went back to the violence prevention
14 aspect of your statement, then, please. Back to page 5
15 WGOV000013_0005, paragraph 18. Sorry that is
16 a mis-reference. Could we just look at page 7
17 WGOV000013_0007, top half of page 7. So, you have just
18 been telling us -- I asked you questions about violence
19 prevention unit. We have looked at the detail of that.
20 The muscle memory point I was making to you about how
21 services in Wales approach these issues, the document
22 you refer to there, in relation to youth justice, at
23 paragraph 29, is perhaps an illustration of those
24 principles and is worth looking at.
25 Please may we look at NHSW000007. So this is

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1 It is a matter of offensive weapons, criminal
2 offences and policing powers. So although you say the
3 Welsh Government has an important role through its
4 violence prevention policies that we have talked about,
5 the particular legislation is a matter for the UK,
6 rather than the Welsh Government?
7 A. Yes, that is correct.
8 Q. Thank you. If we just scroll down the page, we can come
9 to the next policy area, which has a bit more to say
10 about online harms and digital safety.
11 Again, paragraph 33, this is a reserved area, the
12 regulation of the internet services is the
13 responsibility of the UK Government but there is
14 specific work you have done in Wales in your devolved
15 policy areas?
16 A. Yes, that's correct. We have looked at some of our
17 policy areas through this lens, without compromising the
18 responsibility of UK Government.
19 Q. So I will read it:
20 "In response to the evolving digital landscape and
21 the risks associated to online safety, including
22 findings from industry ..."
23 Which you give:
24 "... the Welsh Government's Digital Resilience team
25 in the Education and Public Services Group was

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1 established in 2017."
 2 If we can just go over the page WGOV000013_0008:
 3 "Following the recent Senedd elections in May 2026,
 4 the Group has been renamed ... [and] is responsible
 5 within the Welsh Government for raising awareness and
 6 supporting digital resilience activities including
 7 online safety, cyber security and data protection ..."
 8 Then at paragraph 34 you start to tell us about --
 9 and I'm not brave enough to pronounce this word: H-W-B?
 10 **A.** Hwb.
 11 **Q.** Hwb. I thought it might be, but I wasn't brave enough.
 12 That is a website that has been created in --
 13 particularly for Wales but, as with the nature of
 14 websites, it is accessible anywhere?
 15 **A.** Yes, that is correct.
 16 **Q.** Was the creation of that website part of the public
 17 health approach that you have been talking about?
 18 **A.** Yes, it would be reflective of that and also reflective
 19 of where Welsh Government continues to have an education
 20 responsibility, of course, from a policy perspective.
 21 **Q.** Now, you give us a bit more detail about it at page 31
 22 WGOV000013_0031 of your statement. Paragraph 151. So
 23 within the website, there is a "Keeping safe online"
 24 area, which provides bilingual -- in English and Welsh,
 25 presumably:

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1 **A.** Of course, yes.
 2 **Q.** Then this WGOV000013_0014:
 3 "App guides for parents and carers on the most
 4 popular social media, gaming and AI platforms children
 5 and young people are using."
 6 There are pages, aren't there, on the website for
 7 all of the big social media and gaming apps? Perhaps
 8 you will take it from me that there is one for YouTube,
 9 there is one for Roblox, there is one for Facebook,
 10 there is one for Instagram. Those pages have, on them,
 11 specific identified potential risks, matters for parents
 12 to be concerned about and advice as to particular
 13 parental settings that can be put in place?
 14 **A.** Yes, that is correct, obviously overseen by the
 15 specialist policy teams in this space.
 16 **Q.** Now, I'm not going to ask you to talk about it
 17 extensively but on the face of it, it seems an important
 18 and impressive piece of work. Perhaps one of the
 19 factors that might not be present on it is the potential
 20 risk of violent content, lawful but extreme violent
 21 content and the impact of gore, with potential impact of
 22 gore. Is that something that has been considered, or
 23 will be considered?
 24 **A.** This site is kept up to date. Where we highlight
 25 issues, we try to make sure that we actively respond to

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1 "... online safety information, guidance, classroom
 2 activities and training for the whole school community.
 3 This content aims to support children and young people
 4 to:
 5 "Manage their online experience safely
 6 a responsibly.
 7 "Identify and mitigate risks to stay safe from harm
 8 online.
 9 "Understand the importance of using reliable
 10 sources ...
 11 "Seek help when they need it.
 12 "Thrive and benefit from the opportunities the
 13 online world offers."
 14 If we just looked at 152:
 15 "[The] tailored content on 'Keeping safe online'
 16 includes:
 17 "A dedicated area of advice and support for children
 18 and young people."
 19 So there is an area of that website that is written
 20 in language that is designed to be particularly
 21 accessible to children, including young children; is
 22 that right?
 23 **A.** Yes, that's correct.
 24 **Q.** I need you to say "yes" for the transcript. I can see
 25 you are nodding.

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1 that and put it there. There is a section that is
 2 associated with extremism and radicalisation but I'm not
 3 aware that it specifically covers what you are saying
 4 there. Certainly, I would be very happy to take that
 5 back to our teams because we regularly update new
 6 sections and new areas in there, but I'm not aware those
 7 issues are directly covered, Chair.
 8 **Q.** Well, I will bring up, in just a moment, I think the
 9 guidance that underpins the extremism content and make
 10 that point with you. But just stepping back from that
 11 improvement, it does look like an impressive piece of
 12 work. Is there any evaluation as to its efficacy? Has
 13 any work been done to help you to understand how that is
 14 working and whether it is working?
 15 **A.** I don't know if that is the case. I would expect it to
 16 be in the case but again, perhaps I could just check
 17 with the individual team and come back to you.
 18 **Q.** Please. Because if there is, speaking for myself -- and
 19 I have the temerity to speak for the Chair -- I think we
 20 would be interested to receive it.
 21 **SIR ADRIAN FULFORD:** We would.
 22 **A.** Very happy to do so, Chair.
 23 **MR JAMIESON:** I said I would bring up the guidance, I will
 24 do it briefly. NHSW000034. Thank you.
 25 So, this isn't the website but it is the guidance

40

1 that you produced and, no doubt, guides the website.
 2 "Overview" there, bullets of examples of
 3 inappropriate or offensive content, a warning that it is
 4 widespread across the internet:
 5 "Bad or inappropriate language.
 6 "Upsetting or graphic imagery."
 7 Which I suppose could encapsulate violent material
 8 but if we just turn over the page to page 2
 9 NHSW000034_0002.
 10 "Violent content" is there, in particular. But take
 11 it from me that is, in fact, the only mention of violent
 12 content in the rest of this guidance. If we were to
 13 just flick through the pages, particular guidance is
 14 given in relation to particular issues. So if we just
 15 went on a page NHSW000034_0003, we could see that, how
 16 to report legal or offensive content, but you will note,
 17 underneath the examples of the legal or offensive
 18 content:
 19 "... abuse or threats.
 20 "self-harm or suicide ...
 21 "unwanted sexual advances."
 22 Extreme violence and gore is not there. Similarly,
 23 support for schools, some advice is given. We could go
 24 through the whole document. I'm not sure it's
 25 necessary, but at the moment, that's not there, and

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1 violence and vulnerability being closely interlinked?
 2 A. Yes.
 3 Q. You say that:
 4 "Since April 2025, the principles and approaches set
 5 out in the Blueprint have been incorporated into ongoing
 6 partnership working and service delivery ..."
 7 We have looked at the principle document already.
 8 May I just pick up one particular -- we have looked at
 9 paragraph 38 already and we have dealt with the fact
 10 that there is no particular workstream. If we went onto
 11 page 10 WGOV000013_0010 and paragraph 43, please.
 12 So under this heading of "no general policy" you
 13 have told us, at paragraph 10, that there is
 14 a Welsh-specific Prevent pilot that is running. The
 15 thing that's being piloted is that there is a:
 16 "... 12-month secondment of a senior social worker
 17 into the Counter Terrorism Policing Wales Prevent triage
 18 team. The purpose of the pilot is to help manage
 19 non-Prevent referrals more effectively, including
 20 referrals involving [potentially] violence-fixed
 21 individuals or complex safeguarding concerns, while
 22 freeing specialist Prevent officers to focus on
 23 Prevent-specific cases."
 24 If we just move down to look at paragraph 44:
 25 "The pilot is intended to strengthen the interface

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1 actually, the evidence that the Inquiry is receiving is
 2 that this is a mushrooming problem and has the potential
 3 to have real impact.
 4 A. I'm happy to acknowledge that.
 5 Q. Thank you. Fine. With apologies for jumping around so
 6 much, please may we go back to the statement. This time
 7 page 9 WGOV000013_0009 and paragraph 37. I'm not
 8 suggesting we do but if we just went up, we would see
 9 the policy heading "Youth justice" so here, we are in
 10 a new topic area.
 11 You tell us about the "Youth Justice Blueprint for
 12 Wales" which is a 2019 document. I won't bring it up,
 13 but that fed into the document that we have already
 14 looked at, the youth justice approach for Wales, didn't
 15 it?
 16 A. Yes.
 17 Q. That set the terms. So these approaches of, as you say
 18 there, rights-based trauma-informed prevention, early
 19 intervention, that's thinking that you had been doing
 20 since 2019?
 21 A. Yes, that is correct. Yes, a real focus on early
 22 represent and prevention.
 23 Q. And that blueprint set out the link between adverse
 24 childhood experiences, offending, violence and
 25 vulnerability and early intervention. So offending,

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1 between counter-terrorism triage, safeguarding, health,
 2 education and social services; improve referral handling
 3 and decision-making; [and] reduce operational
 4 bottlenecks; and generate evidence ..."
 5 Then you set out, in paragraph 45, there will be
 6 a framework to evaluate whether it's been useful. Now,
 7 I'm going to resist asking you what "strengthen the
 8 interface" means in English language but a senior social
 9 worker has gone into Prevent to perform a triage, is
 10 that what we are to understand? Essentially, to take
 11 out safeguarding cases and to put them into
 12 safeguarding?
 13 A. Yes, it's just a recognition that, in terms of
 14 thresholds, many of the cases that don't get escalated
 15 will reside in the social care environment. So this is
 16 a pilot -- I should say, Chair, it has not yet started.
 17 My statement is obviously only from September, so the
 18 role specification is currently being developed between
 19 Counter Terrorism Policing and also Welsh Government.
 20 But we should be in place shortly and will be subject to
 21 a 12-month secondment. It is just an opportunity to
 22 deal with those lower-level referrals but within the
 23 same pathway.
 24 Q. So, this is an area where the victim and survivors teams
 25 have provided the Inquiry with a series of pertinent

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1 operational type questions about the working of the
 2 pilot. But if it hasn't started yet --
 3 **A.** Yes.
 4 **Q.** -- I'm not, with their permission, I'm not sure I'm
 5 going to ask you those questions, but perhaps -- if you
 6 can answer this, say, if you can't, also say --
 7 potentially one of the risks with triaging cases out of
 8 Prevent in this way is that, if those individuals pose
 9 a risk of violence to others, but no obvious
 10 safeguarding concerns, they won't be picked up by social
 11 services safeguarding and there will ultimately be no
 12 agency that manages that risk and the fact of a referral
 13 might be seen to be a protective factor, but it isn't if
 14 nobody picks it up. Has that thinking that I have
 15 talked about featured in that pilot?
 16 **A.** I think that's a risk. But given Counter Terrorism
 17 Policing, alongside policing and other agencies, social
 18 workers will be working at the more local and
 19 operational levels, I think the perspective of placing
 20 them in the Counter Terrorism Policing Wales team is to
 21 avoid that silo that you describe there and the danger
 22 of just creating another gap within our system. So
 23 I think that is something we will just have to work
 24 through on the evaluation but I think it is the location
 25 of the individual, that is trying to ensure that they

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1 how they can be identified. May we look, please, at
 2 page 11 WGOV000013_0011 of your statement and at
 3 paragraph 49, under the heading of "Data collection and
 4 information".

5 So the proposition I put to you in simple terms is,
 6 if we are going to manage the risk of this cohort, and
 7 mitigate it, we need to be able, either to have
 8 effective public health interventions that deal with
 9 everybody, or to begin to identify who is vulnerable to
 10 becoming one of these individuals.

11 **A.** Yes.

12 **Q.** You say this:

13 "The Welsh Government does not routinely collect or
 14 report statistical information on VFI as a defined
 15 category."

16 To which the justification may be: well, there isn't
 17 a definition yet, so you would struggle to.

18 **A.** Yes, there is no clear definition for us to use.

19 **Q.** As you say:

20 "As this term is not currently embedded within Welsh
 21 policy no centrally-held statistical data ... has been
 22 identified that quantifies the number of individuals
 23 with violence fixation where the primary motivation is
 24 not ideological."

25 Then at paragraph 50, you set out some other bodies

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1 are not just sent off elsewhere just for protective
 2 reasons, that they are still overseen within the
 3 pathway.

4 **Q.** So that risk that I have described, is part of the
 5 thinking that led to the creation of the pilot in the
 6 first place?

7 **A.** Yes and the risk is valid and real.

8 **Q.** Hence it is not fair for me to evaluate whether it is
 9 going to work, before it is done --

10 **A.** Indeed, but very happy to keep you sighted on when it
 11 starts and of course, any interim evaluations as well
 12 as, of course, the endpoint of the evaluation as well.

13 **Q.** Thank you. That is the end of the consideration of the
 14 different policy areas. I'm grateful for your
 15 assistance. If we haven't been through all of the
 16 detail, we do have the statement. Is there anything on
 17 those policy areas that I haven't asked you about that
 18 you want to say?

19 **A.** No, and I'm content, as you said, there is
 20 a comprehensive statement behind these issues which have
 21 been pulled together by more specialist individuals on
 22 my behalf as well. So I hope they help the Inquiry.

23 **SIR ADRIAN FULFORD:** They do.

24 **MR JAMIESON:** Very much. Can we deal then with the wider
 25 global issue. The proper identification of this cohort,

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1 that do some information evaluation work and their
 2 datasets and you finish that paragraph by saying:

3 "Although these datasets may provide contextual
 4 information relevant to the Inquiry's consideration ...
 5 they are not designed to identify, categorise or count
 6 individuals meeting the ... definition of a VFI."

7 Then the third paragraph under this is 51:

8 "The Wales Violence Prevention Portal provides
 9 a national violence surveillance capability ... bringing
 10 together [different agencies]. The Portal enables
 11 partners to identify patterns, hotspots and emerging
 12 trends in violence through a shared evidence base ..."

13 You go on to say the governance of that. But that's
 14 looking at incidents that have happened already?

15 **A.** Yes.

16 **Q.** From which conclusions and policy decisions can be made
 17 and drawn. But the violence has to have happened
 18 already, for that to work?

19 **A.** Yes.

20 **Q.** So, essentially, no dataset, some proxy datasets which
 21 may provide context but aren't going to help identify
 22 and the capability to respond when violence has
 23 happened, is what that comes to?

24 **A.** Yes. There, of course, is a wider mental health
 25 safeguarding dataset that is available but they don't

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1 read across directly to this category of individual and
2 in describing, factually, the position that we don't
3 routinely collect it, it should be seen that that's not
4 an objection to collect, it is just the facts -- it is
5 not currently done so within our system and we have no
6 real idea of how to create a sense of the scale or use
7 the proxy measures in the proper manner.

8 **Q.** Actually, the position is the same in England. Only
9 proxy datasets are available. But the analysis has been
10 done, particularly on the Prevent cohort and some wider
11 work --

12 **A.** Yes.

13 **Q.** -- which essentially leads to the conclusion that the
14 cohort is -- the best estimates of it are hundreds or
15 perhaps low numbers of thousands.

16 **A.** Yes.

17 **Q.** But they are individuals who pose a risk of homicide?

18 **A.** Yes.

19 **Q.** And homicide of the most grievous sort, if there is
20 a gradation.

21 **A.** Yes, and I read that information with interest as part
22 of preparation for here, knowing that we didn't have
23 equivalent proxies in Wales. So the 1,500 number, for
24 example. There is a way, in Wales, of thinking about
25 that in terms of what's the usual balance or scale for

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1 officials are feeding into it?

2 **A.** I can't speak directly on that because, of course as
3 I said earlier, we are involved in the NIEV Taskforce
4 itself, so I would have to check that back. But I would
5 expect the devolved Government responsibilities would
6 somehow be acknowledged and reflected by colleagues
7 working on that work.

8 **Q.** If the thrust of your evidence, as I hope I fairly
9 capture is: we are not thinking about this, we haven't
10 been thinking about this cohort specifically, but our
11 general services provide coverage?

12 **A.** Yes.

13 **Q.** Potentially, that's an important thing that needs to be
14 thought about?

15 **A.** Yes, and where there are concerns of violence and harm,
16 within our existing safeguarding arrangements, they
17 would still be highlighted, even if we are not pursuing
18 the definitions or the categories of individuals in this
19 case.

20 **Q.** May we move on to page 12 WGOV000013_0012 and to
21 paragraph 54. So under the heading of "Identifying
22 Risk", you say, essentially the point we have just
23 discussed shortly, no specific framework but concerns
24 are identified through existing safeguarding and other
25 systems, which include:

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1 Wales. That would, just on a proxy basis,
2 population-wise, seem to say that we could have 75 to
3 100 individuals in Wales, for example, if you were
4 looking at the general population spread. So that was
5 helpful to use as a point of scale, I guess. Thank you.

6 **Q.** Good. I think that is -- well. But that's something
7 that you have learnt through this Inquiry's work and the
8 publication -- the public nature of that evidence being
9 called, rather than interaction with UK Government
10 bodies?

11 **A.** Indeed.

12 **Q.** That, would you accept -- if this cohort exists and even
13 if they are of the size that they say, 75-100, the
14 phrase -- or the scientific explanation of -- well,
15 there aren't very many of them but they pose
16 a significant risk?

17 **A.** I absolutely accept that.

18 **Q.** So, essentially, is work necessary to close that gap?

19 One of the other things that the Home Office told us,
20 through Mr Emmett, is that the NIEV Taskforce analytical
21 working group is now conducting an exercise to look at
22 how challenging it would be to seek to define,
23 understand, quantify the cohort further. Are you aware
24 whether or not that work the analytical group is doing
25 is taking account of the Welsh context? Whether your

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1 "... safeguarding ... (child and adolescent mental
2 health ...), forensic CAMHS, urgent and emergency mental
3 health services, primary and community care, ambulance
4 services, Prevent and Channel ... as well as [the]
5 Regional Safeguarding Boards ... Together, [those]
6 systems provide opportunities to identify children and
7 young people exhibiting concerning behaviours,
8 escalating risk, violent ideation, significant mental
9 health needs or vulnerabilities associated with serious
10 harm."

11 All of those services will have their own risk
12 assessment processes, which --

13 **A.** They will. Some, of course, will come together in the
14 Prevent --

15 **Q.** Some will be multi-agency --

16 **A.** Multi-agency, of course. But yes, as an example, there
17 would, as you would expect, be clinical risk assessment
18 tools used within the NHS arrangements.

19 **Q.** But none of those tools are pointing specifically at
20 this cohort that we are considering?

21 **A.** No, that is correct.

22 **Q.** If we just scroll down to paragraph 57 WGOV000013_0013.

23 You have set out -- just to illustrate that point, you
24 have set out some of the frameworks that are used to
25 assess adults who may be violence-fixated and you make

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1 the point fairly that, essentially, these are UK
 2 Government counter-terrorism structures. So they are
 3 policy that you receive and apply, rather than policy
 4 you set.
 5 **A.** Yes.
 6 **Q.** But the Vulnerability Assessment Framework, that is the
 7 Prevent/Channel assessment and that is considering
 8 vulnerability to being drawn into terrorism, ideological
 9 terrorism?
 10 **A.** Yes.
 11 **Q.** The ERG22 is a principal structured professional
 12 judgement tool used in -- principally criminal justice
 13 but that is for people who have been convicted of
 14 a terrorism offence or something similar?
 15 **A.** Yes.
 16 **Q.** So it is not going to work in the early intervention --
 17 or without adaptation, certainly, it is not going to
 18 work in the early intervention space. MAPPA
 19 arrangements. I'm not going to ask you to delve into
 20 the weeds of how MAPPA work. But again, that is
 21 a process for managing people who have previous
 22 convictions and principally, people who have got
 23 convictions for sexual violence or sexual offending?
 24 **A.** Yes, for offenders. Yes.
 25 **Q.** So I think something you have agreed with already but

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1 to children. You tell us that the 2014 Act is:
 2 "... the principal statutory framework for
 3 safeguarding in Wales. In relation to children, it
 4 establishes a duty on relevant partners to report
 5 children at risk to the local authority."
 6 I'm going to just emphasise as I read through it,
 7 those words "children at risk" rather than children who
 8 pose a risk:
 9 "... provides for multi-agency safeguarding
 10 arrangements through Regional Safeguarding Boards, and
 11 is supported by statutory guidance and arrangements
 12 relating to co-operation and information-sharing ...
 13 The local authority's duty [is] to make child protection
 14 enquiries where there is reasonable cause to suspect
 15 that a child is suffering, or is likely to suffer,
 16 significant harm ..."
 17 You say, at 60, page 14 WGOV000013_0014:
 18 "Where concerns relate to violence fixated children,
 19 local authorities, health bodies, education services,
 20 police services and other ... [partners] operate under
 21 the ... Safeguarding Procedures ..."
 22 And those provide the overarching risk assessment
 23 and multi-agency processes.
 24 Then you give some detail of the safeguarding
 25 procedures that we have referred to in general terms

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1 none of those are capable of assessing or identifying
 2 risk of non-ideological extreme violence, particularly
 3 at an early intervention stage?
 4 **A.** No, I accept that.
 5 **Q.** That's really important, to identify it at that stage,
 6 because that's when those principles that you developed
 7 in Wales can bite?
 8 **A.** Yes, that is true. Whether they emerge, which would be
 9 our broader expectation from our Wales safeguarding
 10 procedures of course, because, you know, we would expect
 11 our safeguarding arrangements to do it. But, as we have
 12 covered, the specific category is not well covered by
 13 the risk tool arrangements.
 14 **Q.** That's the point, isn't it? There is overlapping
 15 coverage --
 16 **A.** Yes.
 17 **Q.** -- but there is no targeted assessment, no targeted body
 18 that could provide you, as the Welsh Government, with
 19 assurance that that risk is going to be comprehensively
 20 assessed?
 21 **A.** That is correct.
 22 **Q.** Thank you. If we scroll down to the next page and to
 23 paragraph 59. You have dealt specifically with
 24 adults -- sorry, my fault, bottom of the page -- you
 25 deal in relation -- you complete the picture in relation

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1 already. But safeguarding, in this context, the
 2 agencies that are engaged are principally concerned with
 3 the risk that a child may face, rather than the risk
 4 that it poses to other people?
 5 **A.** Yes, I acknowledge that and the balance is absolutely
 6 about children who may be exposed to harm, rather than
 7 who may cause harm. Although there are some wider
 8 arrangements where, you know, there are objectives that
 9 you would expect to pick up on the potential for harm.
 10 But yes, I think the safeguarding is the reference point
 11 I think for the legislation.
 12 **Q.** You do acknowledge it, it is fair for me to say, you
 13 have done so in your statement?
 14 **A.** Yes.
 15 **Q.** Sir, for your reference, that's paragraph 164 on
 16 page 34.
 17 **SIR ADRIAN FULFORD:** Thank you.
 18 **MR JAMIESON:** I'm not going to turn to it unless you
 19 particularly want to. But it is the same problem with
 20 adult, yes? That will provide some coverage of this
 21 cohort, but in terms of providing assurance to you, the
 22 Welsh Government, that it is being done comprehensively,
 23 it can't do that because it is pointing at a different
 24 target?
 25 **A.** Yes, and we will need to look at your recommendations to

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1 consider that, definitely. It is possible to build on
 2 maybe some of the objective arrangements we have in
 3 Wales. So as an example, the regional safeguarding
 4 boards' objectives can be adapted to allow for that
 5 posing harm dynamic. But as I said, you are absolutely
 6 right that the focus on safeguarding and the concern
 7 about the victim rather than the perpetrator.

8 **Q.** How would that -- so if you adapt those regional
 9 safeguarding boards, what is that going to do on the
 10 ground? Because, a point others have made is, well, it
 11 is not too much a stretch. Obviously, the principal
 12 harm -- the preponderance of the principal harm is to
 13 those who suffer this dreadful violence but, having
 14 a vulnerability to commit serious offences could be
 15 considered a risk to a child, potentially?

16 **A.** Yes.

17 **Q.** Could be brought into safeguarding in that way?

18 **A.** Yes.

19 **Q.** Not the way that it currently works, but is that what
 20 you are --

21 **A.** Yes, it could be brought in that way. I think it is
 22 just to ensure that there isn't an obstacle in the way
 23 of agencies needing to react and respond as necessary.
 24 But that's just one way in which we could use our
 25 existing mechanisms and something for us to think about,

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1 says, in paraphrase, she can also see the benefits in
 2 a single, national multi-agency risk assessment, but
 3 makes the point that since safeguarding is devolved, the
 4 development of such a framework would need to be
 5 developed by both nations working together. It needs to
 6 take account of the Welsh context, as well as the
 7 English?

8 **A.** Yes, and I would agree with that. I don't think we
 9 should see this as producing two different versions.
 10 I just think we need to have a way of being able to land
 11 it within our own legislative context in Wales. But
 12 yes, we should work together in that and make sure it is
 13 available and applicable across England and Wales.

14 **Q.** Perhaps that is an aspect of the wider consideration
 15 that many witnesses have told us, that a single risk
 16 assessment that communicates a commonly understood
 17 problem in language, or in a way that can be widely
 18 understood, is clearly a significant benefit. But it is
 19 going to need to take some account of context?

20 **A.** Yes.

21 **Q.** It is going to need to allow people from different
 22 agencies to arrive at that common assessment?

23 **A.** Yes, and different starting points. So you may start
 24 something on the health side, or you may start it on
 25 policing or counter-terrorism and just to allow for,

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1 I think, based on the Inquiry's reflections.

2 **Q.** In broad terms, what would they do? Issue some sort of
 3 guidance? How would that work?

4 **A.** It would be guidance but I think it is more that the
 5 objectives should allow for different agencies to focus
 6 on that concern about harm to others rather than feel
 7 that it is a category that we shouldn't look at. But,
 8 as we have covered off in the evidence session this
 9 morning, we are not tracking a group of individuals for
 10 a range of reasons. One is definitions, et cetera.
 11 I accept that. That's really the point and the focus
 12 that we need to take away from today as well.

13 **Q.** Thank you. May we go to paragraph 68 which is on
 14 page 15 WGOV000013_0015. Under this topic you are
 15 reflecting on one of the learned Chair's recommendations
 16 from Phase 1, "single, accessible multi-agency risk
 17 assessment", which you support. But say that:

18 "... such [an] approach would need to recognise the
 19 differing statutory responsibilities, professional
 20 obligations and operational contexts of participating
 21 organisations."

22 Again, this is something that the Children's
 23 Commissioner for Wales has thought about. I will give
 24 you the reference, sir. I won't necessarily bring it
 25 up. CCW000003, paragraph 12, which is on page 5. She

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1 I guess, the level of expertise in those different
 2 areas. But I think it can be achieved despite those
 3 difficulties.

4 **Q.** Thank you. The next topic is information sharing. May
 5 we just look at that. Sir, I will try and complete this
 6 and then perhaps we will have our break.

7 **SIR ADRIAN FULFORD:** Certainly.

8 **MR JAMIESON:** Page 16 WGOV000013_0016, please, and
 9 paragraph 73. You tell us about the serious violence
 10 duty with which the Inquiry is familiar, it is
 11 applicable in England and Wales and you say that since
 12 that's coming into force, that's:

13 "... required health, police, local authorities,
 14 youth offending services, [and] probation and other
 15 partners to work together and prevent and reduce serious
 16 violence, including by sharing information and
 17 intelligence where appropriate."

18 It is that duty, in part, that, I think, led to the
 19 creation of the VRUs which you told us about already?

20 **A.** Yes, that's correct.

21 **Q.** The guidance, which is England and Wales guidance rather
 22 than Welsh guidance, I think?

23 **A.** Yes.

24 **Q.** Emphasises that agencies should collaborate, share
 25 relevant information and data and undertake joint

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1 assessment of serious violence, develop and implement
2 multi-agency violence prevention strategies.
3 Then you go on, at paragraph 75, again, to tell us
4 about lots of information sharing provisions of general
5 application: the UK GDPR, Data Protection Act, Common
6 Law, Human Rights Act, Crime and Disorder Act. All
7 common data sharing powers or procedures, common between
8 England and Wales?

9 **A.** Yes.

10 **Q.** You say that:

11 "Collectively, these frameworks establish the
12 circumstances in which information may be shared
13 lawfully, proportionately and for legitimate purposes
14 such as safeguarding ... preventing crime, protecting
15 public safety and delivering effective public services."

16 So the powers are there to allow it to happen?

17 **A.** Yes.

18 **Q.** If we just were to look at paragraph 81 WGOV000013_0017,
19 please. Just to factor in a distinct Welsh feature that
20 you tell us about. You say there is a:

21 "... strong public-health approach to violence
22 prevention. Public Health Wales, policing bodies,
23 criminal justice agencies and local authorities work
24 through established partnership arrangements and
25 memoranda of understanding to share intelligence and

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1 legislation.

2 **Q.** That's what I wanted to come to, actually. Having set
3 all that out and acknowledging that there is some
4 specific Welsh context, what a number of frontline
5 operational professionals have told the Inquiry, experts
6 or witnesses, is that, yes, the legislation is there, no
7 more is particularly required but on the ground, that
8 proper sharing of information is an endemic problem?

9 **A.** Yes.

10 **Q.** It doesn't happen as a matter of reality and that there
11 are cultural, technological, all sorts of practical
12 concerns, that sit behind that problem; is that the same
13 in Wales, or not?

14 **A.** I would accept that. It is obviously set out and
15 ingrained in the 2014 Act legislation and my experience
16 over many years, working with other agencies in Wales
17 and in public services, is using our relationships
18 alongside the structures to make sure that we do
19 exchange information. But I think some of the generic
20 concerns you have expressed there equally exist in
21 Wales. You know, despite an "all Wales" framework,
22 there will be still variation across local arrangements
23 and individual local authorities, for example.

24 **Q.** You mention relationships and it is something you have
25 said more than once, actually. Another piece of

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1 develop violence prevention responses. The Wales
2 Violence Prevention Unit has also produced guidance ..."

3 Which you have given us:

4 "... specifically for Welsh partners implementing
5 the Serious Violence Duty."

6 So general powers and a particular Welsh context?

7 **A.** Yes.

8 **Q.** But, if I went to 83 WGOV000013_0018, please,
9 essentially, you say:

10 "Based on my experience, the current legal and
11 policy frameworks generally provide an appropriate
12 [probably basis] for balancing privacy rights,
13 safeguarding obligations and public protection[s].
14 While I am not aware of any changes to law, policy or
15 practice that would materially improve information
16 sharing in relation to children who may present
17 a significant risk of serious violence, the Welsh
18 Government will carefully consider any findings or
19 recommendations made by the Inquiry ..."

20 So, no work underway at the moment?

21 **A.** No work underway at the moment. Of course, we would
22 await the Inquiry's recommendations and think about the
23 context of legislation that's in place in Wales. But in
24 many respects, our experiences about behaviour, practice
25 and inconsistency across Wales, rather than the specific

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1 information that the Inquiry has received is that,
2 exactly as you say, one of the ways that this cultural
3 problem can be overcome is by existing senior
4 relationships, people who know each other, who work
5 together, trust each other, understand each other's
6 approach and will build that relationship to allow them
7 to do it.

8 Is that easier in Wales? Does it tend to be the
9 same people who are having these conversations?

10 **A.** It tends to be. You have to be able to rely on the
11 structures because, whether individuals are there or
12 not, you need to have confidence that data will be
13 exchanged, that people will be handling the right
14 issues, but, yes, there is an intimacy about the way in
15 which our structures work in Wales. That's true, right
16 the way through from national to local levels. You
17 know, we become very familiar working with our kind of
18 local colleagues and practitioners as well. So I see it
19 as a strength but it shouldn't be seen as an alternative
20 to the structures and the governance that must be in
21 place.

22 **Q.** Finally on this topic and finally before we break.
23 There are some statutory changes that have been brought
24 in by the Children's Wellbeing and Schools Act 2026. In
25 simple terms, a standard identifier, so a single

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1 identifier, that can be used across agencies for -- so
 2 that they know that they are talking about the same
 3 child, effectively. Secondly, a requirement to share
 4 information in certain circumstances. So a duty,
 5 a requirement to do so. In relation to that second
 6 change, as I understand it, is that to be applicable in
 7 Wales or not?
 8 **A.** So, neither of the two pieces of legislation apply in
 9 Wales.
 10 **Q.** Do you know why that is? Is there a particular reason,
 11 that it is not necessary, it is not thought to be
 12 necessary?
 13 **A.** I assume it is in line with devolved responsibilities
 14 and we are responsible for education policy, for
 15 example, in Wales as well as the wellbeing and
 16 safeguarding arrangements. So it would be a matter for
 17 Welsh legislation rather than the UK Government level
 18 which would apply to England.
 19 **Q.** As you have already told me, you are not planning to
 20 legislate in this area?
 21 **A.** Not planning to legislate and at the moment, I'm not
 22 aware of any plans on the unique identifier. But of
 23 course, we would want to keep abreast of those
 24 developments in England.
 25 **MR JAMIESON:** Thank you very much. That's the end of that

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1 that they play.
 2 So, the first is the Chief Social Care Officer for
 3 Wales and if we just scroll down a little. You have
 4 identified that person, the work that he does and the
 5 particular functions but you say there, at paragraph 86,
 6 as we would expect:
 7 "He may influence policy, safeguarding [policies]
 8 and cross-sector collaboration but would not [be
 9 involved in] decisions about ... VFIs."
 10 **A.** That is correct. He is also supported by a National
 11 Office for Care and Support as part of his arrangements
 12 as well.
 13 **Q.** I think we are about to see that very shortly, if we go
 14 on to paragraph 87. There is the National Office for
 15 Care and Support, that supports the Chief Social Care
 16 Officer. Again, you have set out their functions.
 17 I hope -- not out of discourtesy, but I'm not going to
 18 read it all out. It is there, it is on the record and
 19 we see it, we are really grateful for it. Cutting to
 20 the chase, that office also would not normally have
 21 a direct role in managing individual cases?
 22 **A.** That's correct. It is a strategic and professional
 23 role.
 24 **Q.** Exactly so. Please don't understand any inference in my
 25 question that that strategic role is not important. It

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1 topic then. Would that be a convenient moment?
 2 **SIR ADRIAN FULFORD:** It certainly will. We will take
 3 a quarter of an hour break and sit again at 11.45 am.
 4 **A.** Thank you, Chair.
 5 **(11.28 am)**
 6 **(A short break)**
 7 **(11.45 am)**
 8 **SIR ADRIAN FULFORD:** Yes, Mr Jamieson.
 9 **MR JAMIESON:** Thank you very much, sir. Please may we have
 10 the statement back on the screen and page 18
 11 WGOV000013_0018. So, the next topic that you deal with
 12 in your statement and I will deal with now is
 13 multi-agency working and the general topic is what
 14 multi-agency structures are currently available in Wales
 15 and the not so subtext to the questioning is: is there
 16 one that is really targeted and can manage this cohort?
 17 To which I anticipate the answer will be "no" but let's
 18 look at it so we have it properly on the record.
 19 Paragraph 85. So in paragraph 84, you set out
 20 that -- as you have with other areas, you have strategic
 21 policy, leadership role. There are a number of
 22 partnership bodies and multi-agency arrangements that
 23 can contribute to the mitigating of this problem. Then
 24 you say, in the following sections -- I'm going to
 25 describe them and their responsibilities and the role

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1 is. But we are targeted on a very particular risk and
 2 concern.
 3 **A.** I understand.
 4 **Q.** The next one is Safer Communities Wales, which you tell
 5 us is:
 6 "... a national network that supports organisations
 7 and practitioners involved in community safety across
 8 Wales. Its purpose is to connect professionals, share
 9 good practice, influence policy, and support partnership
 10 working ..."
 11 Then, at paragraph 91 you tell us, again, it is not
 12 an operational agency, it doesn't manage individual
 13 cases, but it has this strategic -- I will put it under
 14 that bracket -- role of sharing emerging practice,
 15 supporting collaboration, promoting, encouraging
 16 prevention-focused approaches and helping practitioners
 17 to understand and respond to new threats?
 18 **A.** Yes.
 19 **Q.** So again, a strategic body that does valuable work but
 20 isn't going to be involved in the operational management
 21 of this cohort.
 22 Thank you. The next is paragraph 92, the Wales
 23 Violence Prevention Unit. We have covered that already.
 24 I won't repeat that now but again it doesn't manage
 25 individual cases.

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1 We have, on page 21 WGOV000013_0021, at paragraph 97
2 the Welsh MAPPA, which again, you have set out how it
3 works and how it works in Wales, but whilst MAPPA does
4 manage individual cases, the principal categories of
5 individuals that it manages are those with convictions
6 for serious violence or sexual offences, or terrorist
7 offences, I should say?

8 A. Yes.

9 Q. There is a residual category for those that require
10 multi-agency involvement but even they have to have some
11 conviction or some caution and we have heard from other
12 MAPPA witnesses that they are a very small minority of
13 the MAPPA caseload?

14 A. Yes.

15 Q. So, in fairness, it has the potential to play a role?

16 A. It does.

17 Q. But not in the early intervention, pre-conviction, where
18 that muscle memory of the Welsh Government has developed
19 to create those interventions?

20 A. Yes, I agree.

21 Q. If we carry on down, the next one is page 21/22
22 WGOV000013_0022, the National Independent Safeguarding
23 Board. It has an assurance function to the Welsh
24 Ministers on the safeguarding arrangements in Wales.
25 Again, its role is strategic rather than operational.

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1 framework through which safeguarding partners
2 co-operate ... Concerns relating to children and young
3 people presenting risk of serious harm may be considered
4 through their safeguarding arrangements, operating
5 within that framework including relevant multi-agency
6 safeguarding processes and procedures."

7 So the regional boards have an important role in
8 assuring the quality of safeguarding practice. But,
9 again, as we discussed before the break, safeguarding,
10 certainly presently, is principally trained on the risk
11 to children or the risk to adults that are caught by the
12 provisions. It's not trained on the risk that they may
13 pose?

14 A. Yes, that's correct.

15 Q. The next is the Adverse Childhood Experience Hub Wales,
16 which, well -- rather than me reading, you tell me.
17 What does that do?

18 A. This is an opportunity to just stand back, think about
19 evidence, apply practice. It is located within Public
20 Health Wales as part of that overall approach to public
21 health and prevention on behalf of agencies as well, and
22 has a role to help disseminate good practice, evidence
23 and analysis on behalf of agencies in Wales.

24 Q. So a learning hub that can take that information that
25 perhaps comes from one agency and share it with another?

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1 The detail is there.

2 Potentially, no doubt, assuring the quality of the
3 regional and local provision of safeguarding. Is that
4 what that does?

5 A. Yes, that's correct.

6 Q. The regional safeguarding boards are at paragraph 101,
7 so just over the page. Which is something you have
8 mentioned a number of times. You have provided some
9 background detail here about what they do and where they
10 came from. I will read it because you have mentioned
11 them:

12 "Their role is to facilitate co-operation between
13 safeguarding partners, oversee the effectiveness of
14 local safeguarding arrangements, and support the
15 development of policies, procedures and practice
16 designed to protect children and adults at risk."

17 "Adults at risk", that's the formulation from the
18 statute, isn't it?

19 A. Correct.

20 Q. "They do not have responsibility for the management of
21 individual safeguarding cases, which remains a matter
22 for the relevant statistical other agencies."

23 You tell us that:

24 "In the context of [our] Phase 2 ... Regional
25 Safeguarding Boards provide the statutory multi-agency

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1 A. Again, not a role to be supporting individual
2 experiences.

3 Q. Exactly so. Thank you. If we just went over the page
4 WGOV000013_0023. Here, we are into CONTEST, with which
5 we are familiar, is the UK's counter-terrorism strategy
6 of which one of the pillars is Prevent and Channel is
7 the local authority-led intervention delivery model.

8 As a matter of counter-terrorism policy, that is UK
9 Government policy that is applied in Wales by the local
10 provisions, rather than Welsh policy; am I right?

11 A. (Witness nods).

12 Q. CONTEST is UK policy rather than --

13 A. It is UK policy. We, of course, participate. Yes.

14 Q. Of course you do and we have covered already the
15 important pilot that you are working in Prevent and
16 which we will be very pleased to receive details of.
17 You tell us, at 107:

18 "Within Wales, Channel panels are typically chaired
19 by the local authority and bring together partners from
20 health, social care [and] education ..."

21 Then at 108, you are bringing those multi-agency
22 structures together. So just before I come to that,
23 I will deal with Prevent. We have received a lot of
24 evidence about how Prevent works from different people,
25 including the Prevent Commissioner, on Monday. I'm not

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1 specifically going to ask you about -- operationally,
 2 how Prevent works, unless there is some particular Welsh
 3 context you want me to add beyond the pilot?
 4 **A.** My only emphasis would be that we obviously contribute,
 5 participate, part of those mechanisms and even though
 6 there is a difference between devolved and reserved
 7 responsibilities, it is obviously about where agencies
 8 do come together operationally.
 9 **Q.** Yes, I understand that point and it is an important one.
 10 Prevent -- the sort of general problem with Prevent for
 11 targeting this cohort, is that its statutory lens and
 12 gateway are those who are vulnerable to being drawn into
 13 terrorism?
 14 **A.** Yes.
 15 **Q.** And some of our VFI/NIEV cohort might meet that
 16 definition, but some may not?
 17 **A.** Yes.
 18 **Q.** And it is confusing, for the individual practitioner,
 19 trying to consider vulnerability to terrorism through
 20 a non-ideological lens?
 21 **A.** Yes.
 22 **Q.** If those problems subsist in England they will subsist
 23 in Wales?
 24 **A.** They will. You can read those across, absolutely.
 25 **Q.** So there are a couple of structures actually that you

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1 **Q.** But I will factor those additional panels -- or those
 2 additional structures into what you say at
 3 paragraph 108, which is this:
 4 "The current multi-agency structures in Wales, which
 5 are outlined throughout this statement, can be effective
 6 and sufficient ..."
 7 I might come back to that word "sufficient":
 8 "... to identify and respond to adults [or]
 9 children with a fixation on violence for many cases,
 10 particularly where a fixation on violence is associated
 11 with radicalisation ... known offending or identifiable
 12 vulnerability. Prevent/Channel, Regional Safeguarding
 13 Boards and MAPPA provide established mechanisms for
 14 identifying risk."
 15 If we just go down to 109 WGOV000013_0024, you make
 16 the point that I'm about to make with you:
 17 "However, the structures may be less effective where
 18 individuals display a fixation on violence without clear
 19 extremist motivation, criminality, mental illness or
 20 safeguarding concerns. In these cases there can be gaps
 21 where risks emerge outside traditional safeguarding,
 22 mental health or counter-terrorism frameworks."
 23 **A.** Yes.
 24 **Q.** So, we have looked at those structures comprehensively.
 25 I've wanted to do it so they are properly on the record

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1 haven't mentioned in your list that I just want to check
 2 the extent to which you can help.
 3 MASHs, Multi-Agency Safeguarding Hubs. We
 4 understand that those do operate in Wales, is that
 5 right?
 6 **A.** They do operate in Wales.
 7 **Q.** So would you be in a position to tell us operationally
 8 about how they work and what they do, or should we pick
 9 that up with other witnesses?
 10 **A.** I think that is covered in Jacqueline Totterdell's
 11 statement and you may wish to just ask her when she
 12 attends.
 13 **Q.** Yes, I shall, but another potential candidate --
 14 **A.** It is definitely within the infrastructure and
 15 mechanisms that are in place.
 16 **Q.** There are also potentially police-led Potentially
 17 Dangerous Persons panels in Wales. Certainly, the
 18 Inquiry has received evidence from at least one of them
 19 that's situated in Wales, which may play a role here?
 20 **A.** Yes.
 21 **Q.** And Young Futures Panels. Certainly, the Inquiry
 22 understands that there is at least one pilot in
 23 Flintshire and Wrexham; do you know if that's the case?
 24 Do you know about that?
 25 **A.** I don't know about that particular example, sorry.

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1 because some of them are particular to Wales. They can
 2 certainly play a part in identifying and dealing with
 3 some of this cohort but there is no comprehensive
 4 structure?
 5 **A.** There is no comprehensive structure and there may well
 6 be gaps, as I set out in paragraph 109 here.
 7 **Q.** Yes, you do. Do you agree with me, certainly in
 8 circumstances where we know just how serious the risk
 9 this cohort pose is, and we don't really know how many
 10 of them there are, that's quite a gap?
 11 **A.** Yes, I agree.
 12 **Q.** Okay. Now, we have been -- you had set out a number of
 13 panels. I have added some to it. Lord Anderson of
 14 Ipswich, in his Lessons for Prevent. Sir, for your
 15 reference it is a familiar quotation, ILT000106 at
 16 page 109, said essentially: this existing overlapping
 17 multi-agency structure is a complex and overcrowded
 18 landscape.
 19 **SIR ADRIAN FULFORD:** Thank you.
 20 **MR JAMIESON:** Do you agree with that? Could we have some
 21 rationalisation here?
 22 **A.** Yes, I think it is complex to some extent and I read the
 23 statement of the Assistant Chief Constable of
 24 Dyfed-Powys Police with interest because I think it did
 25 allow for some understanding of how local teams actually

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1 do interact in practical terms with structures and with
 2 relationships. But it is a complex area definitely.
 3 Some of that is because of different statutory
 4 responsibilities. But there is different an opportunity
 5 to navigate and coordinate better.

6 **Q.** Yes. Dyfed-Powys are the police force that operate the
 7 PDP, that have given the Inquiry that information and
 8 have sort of fulfilled that role, or are seeking to
 9 fulfil that role in safeguarding individuals or dealing
 10 with the risk of individuals that have come out of the
 11 bottom of Prevent -- my inelegant language, but you
 12 understand what I mean by it?

13 **A.** Yes.

14 **Q.** But that was an example, I think, of a local, individual
 15 response to a need, not a comprehensive, national
 16 assured coverage of that problem?

17 **A.** Yes.

18 **Q.** So, recognising that, but -- so we will come onto --
 19 let's do it now. If we go to paragraph 114. Thank you
 20 very much. Just over the page WGOV000013_0025.

21 So, acknowledging that there are these gaps, you say
 22 this:

23 "Against that background, the most effective
 24 approach to the identification, assessment and
 25 management of VFIs would be to build upon and strengthen

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1 thresholds do become more problematic.

2 Whether there is a way of extending out Prevent or
 3 moving into the Channel arrangements in some respects on
 4 the back, again, of a classification and definition,
 5 I would rather try to use some of the existing
 6 structures and mechanisms that are there. But I think
 7 you will, as I said, have more operational experience
 8 and more expertise available to give you the best feel
 9 for that.

10 **Q.** Certainly in terms of one of those alternatives that you
 11 mention, the broadening of Prevent or the Channel
 12 alternatives, some of the evidence this Inquiry has
 13 received is the interventions that are available to
 14 a Channel panel are very much those which, it is
 15 thought, would be of assistance to this cohort.

16 But this evaluation of different options, just
 17 before I show you a document that sets that out, what
 18 about -- essentially, Lord Anderson's point is this
 19 field is too complex already, it could be rationalised,
 20 a number of existing structures could be reduced to
 21 sweep the board and essentially, to enable efficiency,
 22 so you don't have the same people sitting around
 23 different tables dealing with small different cohorts of
 24 risk. Is there any appetite for that in the Welsh
 25 Government?

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1 existing multi-agency safeguarding and public protection
 2 arrangements, rather than create an entirely separate
 3 structure."

4 At high level, I just wanted to unpack what that
 5 means. Rather than create an entirely separate
 6 structure, if we were to create another multi-agency
 7 structure, if the learned Chair were to recommend that
 8 alongside the already crowded field, that will add to
 9 the complexity and overlapping nature?

10 **A.** Yes.

11 **Q.** But, if we are going to build upon and strengthen the
 12 existing structures, that sounds like tasking one of the
 13 existing structures with the job?

14 **A.** Yes.

15 **Q.** Has thought been given as to which would be most
 16 appropriate?

17 **A.** I think that is where I would see this going. I don't
 18 think it is to protect the existing arrangements in
 19 totality but I think it's about where, with a clear
 20 classification and definition, we are able to pass over
 21 that responsibility. There are others who are more
 22 expert than me to present the right arena. For reasons
 23 that you have already outlined, whilst the MAPPA
 24 mechanisms feel as though they provide a framework and
 25 the right agencies around the table, I think their

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1 **A.** I think it is possible for us to do that in a Welsh
 2 context. Obviously, it would be a matter for ministers,
 3 in respect of their choices and indeed revisiting the
 4 legislation that is there. But if it brings together
 5 agencies in a more effective way, helps to navigate the
 6 individual. I have my own operational and professional
 7 background in creating single points of entry into the
 8 NHS and social care system at a local level, and there
 9 were some real advantages to supporting the way in which
 10 agencies were located, as well as looking around the
 11 individuals themselves. So I can see the attraction in
 12 it. So I'm not averse to the principle. I think
 13 ministers would need to obviously visit that, from their
 14 own perspective.

15 **SIR ADRIAN FULFORD:** It would depend on how good the
 16 proposal was, wouldn't it, to a large extent?

17 **A.** Indeed, it would.

18 **SIR ADRIAN FULFORD:** If a sensible idea --

19 **A.** Yes, indeed.

20 **MR JAMIESON:** Yes, but essentially, there is no current
 21 thinking, current evaluation of these options in the
 22 Welsh Government?

23 **A.** No current evaluation but obviously absolutely willing
 24 to look at the recommendations from the Inquiry in the
 25 Welsh context.

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1 Q. Just to give you a sort of early analysis that's been
2 provided to the Inquiry, if we were to just look at
3 Mr Emmett's statement, which is HOM000964. When we get
4 there, it will be page 124 HOM000964_0124. Do you see,
5 just at the bottom of the page. So what he is doing
6 here is he is reproducing another table in his
7 statement. Essentially, this is an early evaluation,
8 a Home Office scoping, of options for change in the
9 medium term. Can you see there, the first one there --
10 I'm just going to call it "adapting MAPPA", which is one
11 of the ones -- and I put it to you that you considered
12 as you sat there. If we go on to page 125
13 HOM000964_0125.

14 We won't go through it exhaustively but just to
15 illustrate to you. Here are some of the alternatives.
16 Putting the PDP scheme, Dyfed-Powys operating it on
17 a statutory footing, putting MASH on a statutory
18 footing. Expanding Prevent again, which is one of the
19 alternatives that we discussed very briefly.

20 If we scroll down. Expanding youth offending teams,
21 which we know do some work in a pre-conviction, early
22 intervention space. Expanding of Vanguard sites.
23 I haven't asked you about that. Do Vanguard -- are
24 there any pilots in Wales?

25 A. I'm not aware of them being undertaken in Wales, but

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1 part of the preparation and the pack made available to
2 me. I would expect some of this has been reflected in
3 the NIEV Taskforce. Having said that, I thought they
4 were a helpful list of how you would use existing
5 mechanisms in line with my recommendations within my
6 statement. The extent to which, if you were adapting
7 MASH or PDP into the Welsh context, we would just need
8 to make sure that we recognise the different statutory
9 basis for how arrangements work in Wales for
10 safeguarding and just make sure that they read across,
11 either to Welsh legislation or indeed whether it is
12 legislative consent mechanism that allows UK Government
13 legislation to take a lead on this.

14 Q. Thank you. That's really helpful. I won't -- I think
15 speaking for myself, if there were thoughts,
16 reflections, evaluation that you and your team had on
17 these options to provide to the Inquiry, rather than me
18 asking you to think of them on the hoof, I am sure we
19 would be really interested to receive that in writing,
20 if we may?

21 A. Okay, thank you. Very happy to do that, Chair.

22 **SIR ADRIAN FULFORD:** That's not compulsory, but if something
23 strikes you as being, as it were, a potentially viable
24 proposal within a Welsh context, that would be very
25 helpful.

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1 I would have to check.

2 Q. One for Ms Totterdell, I think. Young futures pilots.
3 Expanding that. Then, over the page HOM000964_0126.
4 A different expansion of Prevent, creation of new local
5 or regional multi-agency hubs. If we just scroll down
6 a little further.

7 So create a violence prevention gateway as a single,
8 national front door. If I say the "Big Front Door", is
9 that an idea that is familiar to you and to Wales,
10 essentially a single gateway?

11 A. Yes. As I said earlier, I have overseen some of these
12 developments, not in this space directly but for other
13 reasons of supporting individuals and I think the
14 principle is sound. How it will translate in practical
15 terms in Wales, how we would translate that to some of
16 our own arrangements in Wales, to make sure that England
17 and Wales captures the distinction Welsh legislation,
18 for example, but yes, I understand it.

19 Q. It might be thought that my putting these options to you
20 now and asking for your immediate response to them is
21 not the most effective way of capturing the Welsh
22 perspective on these options. Has your Government's
23 input been sought onto these options? Or things like
24 it?

25 A. I don't know. I only saw these for the first time as

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1 A. Okay. We will take that forward. Thank you, Chair.

2 **MR JAMIESON:** Thank you. Then just finally then on the
3 question of multi-agency working, please may we go back
4 to your statement at page 27 WGOV000013_0027. And it is
5 paragraph 126, which is just there at the top half of
6 the page.

7 So, moving away from which particular structure we
8 are talking about, here, you are drawing the Inquiry's
9 attention to some cultural observations that you have:

10 "A culture in which agencies take ownership of risk
11 management is most likely to develop where expectations,
12 roles and accountabilities are clearly defined across
13 all agencies involved. Referrals should be understood
14 as a mechanism for securing support, expertise and
15 coordination, rather than for transferring ownership of
16 risk. Clear guidance, joint training, strong leadership
17 and robust governance arrangements can help build
18 confidence and capability across agencies, enabling them
19 to take appropriate action within their respective
20 remits while contributing to the collective management
21 of risk."

22 Then you say:

23 "A number of lessons can be drawn [in this respect]
24 from safeguarding arrangements in Wales that may be
25 relevant to wider approaches to the management of risk

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1 and multi-agency working. Safeguarding practice is
 2 underpinned by a clear statutory frame work that
 3 establishes shared responsibilities across agencies
 4 while recognising the distinct roles of individual
 5 professionals and organisations. This approach
 6 encourages agencies to work together to identify and
 7 manage risk, supported by the effective information
 8 sharing, joint decision-making and clear
 9 accountability."

10 I have read it, just to unpack it a little. So the
 11 outcome of ownership of risk management, acceptance of
 12 responsibilities, and not having referrals for
 13 referrals' sake, is, I think, an outcome of good that
 14 everybody would want. What I'm particularly interested
 15 in your paragraphs here, is you have set out some
 16 factors that you consider contribute to those outcomes
 17 in Wales and really just to understand and contextualise
 18 what you are saying about that.

19 So, a message that I am taking from those
 20 paragraphs, if I went back to 126, is that you get
 21 a culture of ownership of risk where people's roles and
 22 accountabilities are clearly set out?

23 A. Yes.

24 Q. That might be thought to be a theme of what we have been
 25 talking all the way through. If you have only got

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1 statute?

2 A. Yes.

3 Q. Are there any other aspects of Welsh practice, concrete
 4 things that you do, that feed those cultures that
 5 I haven't picked out of here that you want to tell us
 6 about or can provide more detail on?

7 A. I don't think so. As I have said in my statement,
 8 supportive of and have experience in different contexts
 9 of the lead professional approach, how that would help
 10 better coordinate, navigate, as necessary. I think just
 11 understanding how we allow for the right agency and the
 12 right individual to be lined up as part of any change of
 13 arrangements is going to be important for us and our
 14 general experience in Wales is that when things work at
 15 their best, we can see collective responsibility working
 16 across the agencies, rather than just perhaps the single
 17 agency stepping out by themselves.

18 Q. How do you -- so, the advantage of a lead agency and
 19 a lead professional, is everybody knows who is in
 20 charge, who is holding the risk?

21 A. Yes.

22 Q. A disadvantage might be all the agencies think: that is
 23 not our problem anymore, they are dealing with it?

24 A. Yes.

25 Q. How do you ensure you have the advantage but don't have

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1 ad hoc coverage of this cohort by different structures,
 2 then that sort of clear definition of who is supposed to
 3 be doing what -- perhaps, we can't have until we have
 4 got a recognition of this cohort and --

5 A. You know, I would agree with that recognition. Our
 6 2014 Act is actually really clear, from a traditional
 7 safeguarding perspective, of the balance of those
 8 different responsibilities and across agencies, but
 9 I accept that, in respect of the cohort that we are
 10 considering, that is not clear.

11 Q. No, but actually, it is that reflection that you have
 12 just given me about the 2014 Act that I'm particularly
 13 interested in. So your evaluation of how that works, is
 14 that because that sets responsibilities, that is
 15 effective, that enables multi-agency working in that
 16 circumstance?

17 A. Yes.

18 Q. Another feature of it is, has a statutory underpinning
 19 of its nature --

20 A. It does.

21 Q. -- and I think that is another factor you are advocating
 22 here?

23 A. I am, yes.

24 Q. Because it has that statutory underpinning, it allows
 25 you to issue guidance, which has the force of the

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1 the disadvantage?

2 A. I think that is a concern but again, going back to our
 3 safeguarding arrangements and the 2014 Act, we are
 4 trying to convey that collective and multi-agency
 5 responsibility from the very start, wrapped around the
 6 individual.

7 Q. I'm sorry, you go on.

8 A. We have our assurance mechanisms through different ways
 9 to account for that. The annual reports of the national
 10 safeguarding -- the independent national safeguarding
 11 board or the regional safeguarding boards are part of
 12 that approach as well.

13 Q. You set out clearly in a document with the force of law:
 14 this is the agency that's in charge but just because you
 15 are not in charge, you are still responsible --

16 A. Yes.

17 Q. -- and then you assure that that is what's happening,
 18 through these regional bodies?

19 A. Yes and there is a danger of not having an understanding
 20 of some of the wider pressures that may exist on teams.
 21 So if a health specialist takes a lead on an individual
 22 area, some of their more generic service pressures
 23 beyond the individual case that they are dealing with,
 24 you may feel that they are left to their own devices on
 25 that, rather than stepping in as agencies together to

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1 support the individual.
 2 Q. Thank you. May we move to the next topic, then please,
 3 which is the effectiveness of existing interventions and
 4 legal orders and powers. We move on just to the next
 5 paragraph, actually. You deal with interventions here.

6 A familiar and important clarification that you give
 7 us:

8 "Wales has a number of existing interventions that
 9 can effectively manage or reduce the risk posed by some
 10 violence-fixated individuals ..."

11 I think the important word in that clause in that
 12 sentence is "some"?

13 A. Yes.

14 Q. "... but there is no single Wales-wide intervention
 15 specifically designed for violence fixation. Instead,
 16 and as outlined throughout [the] statement ..."

17 It's the position that we have been through on
 18 a number of occasions, overlapping coverage from
 19 a number of systems and nothing particularly targeted.
 20 I make no criticism of that but I just want to make sure
 21 that is clear on the record?

22 A. Yes.

23 Q. You explain, in the next paragraph:

24 " ... psychological support ..."

25 Specialist support that is:

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1 which are provided through children's services ..."

2 But again not to descend into the detail of it,
 3 children's services have their own statutory criteria --

4 A. They do.

5 Q. -- and circumstances in which they will be offered and
 6 when they won't?

7 A. Yes.

8 Q. May I just show you another piece of evidence and ask
 9 for your reflection upon it, in terms of whether we have
 10 the right interventions currently. If we look at our
 11 Crest report, which is ILT000219. And just to introduce
 12 this to you. This is a series of surveys that the
 13 Inquiry sent out to frontline professionals in England
 14 and Wales and an analysis of those survey responses.

15 If we went to page 51 ILT000219_0051, please. So
 16 this provides the results of part of a survey that was
 17 sent to Channel chairs and you can see that it is
 18 disaggregated in terms of region --

19 A. Yes.

20 Q. -- including by Wales. What it says is this:

21 "Channel chairs ... raised concerns about the
 22 adequacy of interventions available for managing
 23 VFI-related risks."

24 So, non-ideological risks:

25 "Fewer than half (45%) rated the interventions

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1 "... available through a number of interventions
 2 including NHS Wales [CAMHS], adult community mental
 3 health services, forensic mental health services and
 4 Channel where psychological support can be commissioned
 5 and where vulnerabilities are identified."

6 Those are all important, and psychological support
 7 particularly so, but all of those routes have, with
 8 them, over-subscription, waiting lists, a great deal of
 9 demand for a limited provision?

10 A. Yes. There are a range of resource pressures, local
 11 service issues, a balance of urgency and routine, and as
 12 a specific example, some services that are provided, not
 13 in Wales and we are reliant across the border. So as
 14 an example, we provide low secure services in Wales but
 15 not medium secure services; they are commissioned by
 16 English providers.

17 Q. You say that, in terms of behavioural interventions,
 18 those are delivered through:

19 "... youth offending services, youth justice ...
 20 diversionary programmes, Prevent and Channel ...
 21 school-based behavioural support and community
 22 rehabilitation services for offenders."

23 If we could just go over the page WGOV000013_0028.

24 So they exist, as do:

25 "... well-established family support interventions

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1 currently available as 'fairly adequate' or 'very
 2 adequate', while 28% rated them as 'fairly inadequate'
 3 or 'very inadequate'. Notably, this pattern was not
 4 uniform across the regions represented in the
 5 survey ..."

6 It is set out there, if we can just moved down to
 7 see the text underneath:

8 "When asked to compare the interventions available
 9 for VFI-related cases [to] those ... for [classically]
 10 ideologically motivated terrorism cases, 62% of Channel
 11 Chairs considered VFI-related interventions were less
 12 adequate [less useful], while 3% [thought] more
 13 adequate."

14 What I'm just drawing your attention to is can you
 15 see that the "Wales" bar there? So interventions are
 16 adequate for VFI cases, it is certainly not an outlier
 17 within the other regions. But interventions for VFI are
 18 less adequate for ideologically-motivated risk. Can you
 19 see, you have 78 per cent of the Channel chairs in Wales
 20 saying they are really not as useful for non-ideological
 21 cases?

22 A. This was helpful to see and obviously generated the
 23 Inquiry perspective. I think the quotation at the end
 24 of the page quite helpfully recognises whatever
 25 foundations we have in place and their strength, we

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1 still need to do something different to target this
 2 group of individuals.
 3 **Q.** So there is -- well, this evidence suggests there is
 4 very much a gap and that is something you are telling me
 5 you are going to take away?
 6 **A.** Indeed, absolutely.
 7 **Q.** Thank you. May we, please, go back to your statement
 8 and to page 28 WGOV000013_0028. Just to paragraph 134
 9 and 135. So having looked at that, you say:
 10 "The principal challenges and barriers to
 11 implementing effective interventions for [VFI]s in Wales
 12 include resource pressures and waiting times. For
 13 children and adults whose violence fixation is linked to
 14 mental health difficulties, trauma, neurodevelopmental
 15 conditions, emotional dysregulation or obsessive
 16 thinking, intervention frequently depends on access to
 17 psychological or psychiatric services."
 18 A comment that you have agreed with me so far:
 19 "In practice, support may be delayed by demand
 20 pressures, workforce shortages and waiting lists across
 21 health and specialist services. Delayed access can
 22 reduce opportunities for early intervention ..."
 23 Because the risk can increase while the intervention
 24 is awaited --
 25 **A.** Yes.

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1 While statutory agencies have their own responsibilities
 2 to put in place those local services, I think earlier,
 3 when you were talking about the neurodivergent
 4 improvement plan, it was an example of the Welsh
 5 Government stepping in to set an expectation nationally,
 6 even if it was still to be followed through by the
 7 organisations with the local responsibility as well.
 8 Of course, there may be matters in these areas
 9 where, actually, there is a funding opportunity for the
 10 Welsh Government to actually allocate resources out into
 11 the system to support as well. So I don't want to
 12 remove the individual responsibility of organisations
 13 but there are ways in which we can take a national view
 14 on some of these areas too, with ministers.
 15 **Q.** It sounds like a reflection that it is a problem that
 16 needs both national leadership and local application
 17 working together?
 18 **A.** Yes.
 19 **Q.** Which is another thing which is probably only going to
 20 follow on for a clear definition of the cohort?
 21 **A.** Yes.
 22 **Q.** Clear structure. Going back to that point that the
 23 Children's Commissioner for Wales has made, that you are
 24 not even going to begin to allocate resource until you
 25 know what you are talking about?

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1 **Q.** -- and the behaviour can become entrenched. So:
 2 "[It] can reduce opportunities for early
 3 intervention and allow concerning behaviours to
 4 become ..."
 5 Actually, you have used the same word as I just
 6 have:
 7 "... further entrenched before treatment begins.
 8 "Similar pressures can affect social care [and]
 9 family support services ..."
 10 You say, at the end of that paragraph:
 11 "A referral pathway is of limited value if the
 12 services required to support the individual are
 13 unavailable or operating at capacity."
 14 Which is an important observation, one that the
 15 families and victims ask that I draw to your attention
 16 and take your reflection upon. I have asked you a lot
 17 of questions about what the right sort of multi-agency
 18 structure needs to look like, but here, you're making
 19 the important point is it doesn't matter how good the
 20 structure is, if we don't have the effective and timely
 21 interventions at the other end?
 22 **A.** Yes, we still need to ensure there is a resilience
 23 around our public services, whether that's a more
 24 specialist area of mental health or it's more broadly in
 25 respect of social care or youth justice, for example.

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1 **A.** Correct.
 2 **Q.** May we just pick up your paragraph 136, another
 3 insightful reflection. You say that:
 4 "A challenge can also be linked to professional
 5 confidence and capability in recognising violence
 6 fixation and distinguishing it from other forms of risk.
 7 Most frontline professionals are trained to identify
 8 safeguarding concerns, mental health difficulties,
 9 criminality, radicalisation or extremism."
 10 I have used the term "muscle memory" in a different
 11 context, but that's what those professional are used to,
 12 that is what they are spotting and mitigating
 13 WGOV000013_0029:
 14 "However, violence fixation does not always fit
 15 neatly within any of these categories. Individuals may
 16 present with an intense fascination with violence, mass
 17 casualty events, weapons or violent offenders, without
 18 exhibiting clear ideological motivations or meeting
 19 mental health thresholds."
 20 Which is a neat encapsulation of one of the
 21 problems:
 22 "In such cases, practitioners may be uncertain
 23 whether the behaviour represents a safeguarding concern,
 24 a mental health issue, normal adolescent behaviour, or
 25 a genuine precursor to violence."

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1 I have received this information, I'm a bit worried
2 about it, but I don't know whether I should be managing
3 this through safeguarding, through a mental health
4 referral, is it just typical, or is there a real and
5 crystallising risk, such that I need to go to the
6 police? That is part of the problem here. The million
7 dollar question is: what's the answer?

8 **A.** I think what this shows is that there is a variety of
9 training, information and knowledge that we expect of
10 our practitioners and we need to ensure that national
11 policy can be translated very practically to those who
12 are responsible here. I don't think we are ever going
13 to be able to, of course, remove individual judgements
14 but what we can do is target the level of training and
15 awareness that colleagues may need.

16 Of course, the extent to which we are able to
17 classify this particular cohort of individuals and then
18 support our practitioners across Wales, will be really
19 important. But I also appreciate that sometimes,
20 whether it is a single characteristic or there are
21 multiple factors at play here, will be something that
22 individuals will reflect on as well.

23 So, very happy to support that targeted approach at
24 the national level, but I do worry about some of the
25 likely variation that may still exist when we drop it

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1 So am I to take, from those paragraphs, that those
2 are aspects of learning that have been identified in
3 Wales already in different contexts?

4 **A.** Yes, they are. Although, within the 2014 Act, there is
5 a way of acting, irrespective of the consent, where
6 there are concerns. So there are provisions that we set
7 out in that. But I do think that the way in which
8 people are supported, to what extent there is a reaction
9 to statutory agencies being involved, is certainly
10 a concern.

11 **Q.** How -- are there any ways that have been developed over
12 the years that can meet that, can mitigate these
13 particular problems?

14 **A.** I think some of it is about trusting individuals.
15 I know, to some extent, the future choice of what is the
16 right mechanism to use, there is a sense that if we are
17 not careful, a drive to have it looked at through the
18 lens of the policing perspective, for example, could be
19 quite problematic and something that is really meant to
20 still start in safeguarding and wellbeing terms.
21 I think how we choose the right mechanism to convey that
22 is going to be important.

23 **Q.** So the labelling of the structure, its staffing?

24 **A.** Yes.

25 **Q.** No doubt --

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1 down to the circumstances of an individual in front of
2 an individual practitioner.

3 **Q.** Thank you. May we just go down so we have 139 and 140
4 on the page. You identify two particular problems,
5 also. When we are in the early intervention space, your
6 paragraph 139, often their effectiveness depends on
7 voluntary engagement because you can't force somebody to
8 do something in an early intervention space if there is
9 no statutory hook, coercive power to make them do it.

10 Some -- you said VFIs, but young people:

11 "... may distrust professionals, reject concerns
12 about their behaviour, be socially withdrawn or actively
13 avoid intervention. Where engagement is poor, the
14 ability of agencies to reduce risk is significantly
15 diminished."

16 Then 140:

17 "For children and young people, parental involvement
18 is often a critical component of effective intervention.
19 Professionals must balance parental involvement with
20 their safeguarding duties and the rights of the child.
21 In some circumstances, agencies may need to proceed
22 without full parental agreement where safeguarding
23 concerns are sufficiently serious. Welsh safeguarding
24 arrangements place the welfare of the child at the
25 centre of decision-making."

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1 **A.** Its location.

2 **Q.** It is, in fact, evidence that we have received from
3 a police force in Northamptonshire, that too police-led
4 is not necessarily efficacious in this space?

5 **A.** Well, I would agree with that.

6 **Q.** That's right from what the structure is called in the
7 first place to its reputation as that develops over
8 time?

9 **A.** Yes.

10 **Q.** Thank you. You have, at 141, drawn attention again to
11 the regional safeguarding boards and some of their
12 merits. Is there anything else you want to say about
13 regional safeguarding boards before I move on?

14 **A.** That we have done a recent review of our arrangements,
15 they -- that review tells us that there are strong
16 legislative foundations in place. It shows that we have
17 something to work from in terms of delivering
18 effectiveness. But the review still points out the
19 importance of accountability and sharing some of the
20 lessons across Wales. So I think the link between the
21 regional safeguarding boards and our independent
22 national board is really important, just to make sure we
23 can convey an all-Wales approach and have that
24 consistency is going to be really important.

25 **Q.** Thank you. I am just going to touch upon the next

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1 section. Can we go to paragraph 165, page 35
 2 WGOV000013_0035, just to note it. So here, you have
 3 given a close analysis to something which has been
 4 a theme of our discussion, which is the 2014 Act, the
 5 notion of being at risk and how those services have
 6 a role here, but they are targeted in a different
 7 direction. I wasn't going to ask you anything in
 8 addition about it but just to acknowledge that that is
 9 there and we are grateful for it.

10 **A.** I acknowledge this and I think it is an important
 11 section just to recognise the balance of victim and
 12 perpetrator and the Welsh arrangements are more on
 13 a child as a victim than they are as a perpetrator and
 14 we absolutely need to be responding to that, waiting for
 15 your recommendations and interacting with other agencies
 16 on this as well, but I hope this paragraph helps.

17 **Q.** Yes, thank you. I don't think there's anything there
 18 that we haven't dealt with already but tell me if I'm
 19 wrong.

20 So definition of "at risk" is guided towards
 21 children who are experiencing or at risk of abuse:

22 "This formulation is focused on children as
 23 potential victims rather than potential
 24 perpetrators ..."

25 We have covered that:

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1 concerning behaves or risks to others ..."

2 I think this is reflecting other evidence that we
 3 have had, that vulnerability is often an important part
 4 of the risk that a child poses. You go on to say:

5 "... there is no equivalent, clearly defined
 6 statutory or operational framework focused specifically
 7 [here] on the identification, assessment and management
 8 of children who may present a serious risk of violence
 9 prior to the commission of an offence. Existing
 10 arrangements therefore rely on ..."

11 Essentially, the overlapping coverage, which is not
 12 assured or systematic?

13 **A.** Yes, I agree. I think we have covered this through the
 14 course of the morning, but yes, we have foundations and
 15 responsibilities but this particular cohort is not
 16 targeted.

17 **Q.** Really, I think the final thing that I wanted to ask you
 18 about was your closing remarks in the statement. Those
 19 start at page 36 WGOV000013_0036, and at paragraph 171.
 20 So you say you agree with what Ms Totterdell says -- and
 21 we will pick that up with her, that's paragraph 170 --
 22 at 171, you say:

23 "In particular, I support the need to strengthen
 24 prevention and early intervention; enhance multi-agency
 25 safeguarding and risk-management arrangements; improve

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1 " ... although preventative services must include
 2 purposes such as encouraging children not to commit
 3 criminal offences and reducing the need for criminal
 4 proceedings against children, the statutory provisions
 5 do not specifically address ..."

6 That.

7 Again, this -- we have had this discussion. You can
 8 get it in there but it is not a natural fit?

9 **A.** You can, yes.

10 **Q.** "Third, the risk assessment provisions under [the
 11 statutory section] apply when an officer is given cause
 12 to suspect that a child is at risk of harm, with the
 13 assessment being of the risk of harm being suffered by
 14 the child."

15 This, again, is a focus on the risk that that child
 16 may be subject to, rather than the risk that they pose?

17 **A.** Yes.

18 **Q.** If we just went down to 167, please. You say this, just
 19 to sum it up:

20 "More broadly, the existing legislative and service
 21 framework in Wales has been developed principally around
 22 the identification and [support] of children who are
 23 vulnerable, at risk of harm, or in need of care and
 24 support. Whilst elements of that framework may be
 25 utilised where a child or young person presents

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1 the identification and management of emerging
 2 violence-related risks, particularly among children and
 3 young people; ensure that responses are evidence-based
 4 and avoid unnecessary stigma; and develop a stronger
 5 understanding of individuals who may be fixated on
 6 violence and the risks they ... pose."

7 Those are all outcomes that I think we -- speaking
 8 for myself again -- we very much want to achieve.

9 **A.** Yes.

10 **Q.** Is there anything from the Welsh perspective that can
 11 help us to understand how we get to those outcomes,
 12 beyond what we have covered already?

13 **A.** I think we have covered many of these. I know you will
 14 be gathering other evidence from operational
 15 practitioners and I think it is really important to have
 16 the balance of the policy experience, alongside the
 17 lived experience of practitioners and I know you have
 18 been receiving that kind of evidence.

19 There are a couple of aspects that may help the way
 20 in which Wales and Welsh Government can step into the
 21 England and Wales environment. I'm happy to comment on
 22 a couple of issues there, if it helps, Chair.

23 **Q.** Please do.

24 **A.** Firstly, irrespective of how our multi-agency
 25 arrangements work, the way in which, when there is

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1 a matter that relates directly to Wales and its
2 responsibilities, the importance of having devolved
3 Government as a preference in the room, but certainly at
4 least reflections to acknowledge the implications on
5 devolved Government. So we covered some of that earlier
6 on, in some of the Home Office work.

7 There can be a tendency on data in this area and if
8 we are going to have a new classification of individuals
9 through this, to put England and Wales together, rather
10 than allow for a separation of England and Wales as
11 a minimum, I think the helpful analysis showed --

12 **Q.** The Crest showed exactly that, didn't it?

13 **A.** -- that actually, the importance of knowing the
14 variation that exists, and probably beyond just the
15 nation level, if I can put that way. Then finally, just
16 to make sure that where there is an approach being taken
17 that has a statutory basis for UK Government, just to
18 make sure that we follow through on how that translates
19 into legislation in Wales. So if it is around devolved
20 responsibilities, that Welsh Ministers need to consider
21 the equivalent legislation.

22 But there are mechanisms which we have pursued over
23 the years where UK Government can take the lead and we
24 can have a Senedd Cymru Welsh Parliament vote that gives
25 legislative consent on those measures, sometimes for

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1 will ensure that those who have not been adopted by
2 Channel aren't just left with nowhere to go, but instead
3 are, as it were, properly -- and I'm going to use the
4 general expression -- looked after, having not been
5 adopted by Channel?

6 **A.** Yes.

7 **SIR ADRIAN FULFORD:** Is that it?

8 **A.** My understanding is as you have set out there, Chair.
9 But maybe I can check with my policy teams because it is
10 an important intervention from us in Wales and mindful
11 that it is an example of us doing something different in
12 this space as well.

13 **SIR ADRIAN FULFORD:** If I have misunderstood it, could
14 somebody send a note through in due course, to correct
15 my misunderstanding?

16 **A.** Of course and to correct mine also, Chair. Thank you.

17 **SIR ADRIAN FULFORD:** It was a really impressive statement,
18 Dr Goodall, and I'm extremely grateful for your very
19 careful, considered, and if I may say so, candid
20 evidence to the Inquiry today. I am very much in your
21 debt.

22 **A.** Okay. Thank you, Chair.

23 **MR JAMIESON:** May I suggest we allow ourselves the luxury of
24 a full hour and come back at 1.40 pm?

25 **SIR ADRIAN FULFORD:** The first time for weeks, I think,

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1 speed of implementation. So there are options available
2 too in your recommendations.

3 **Q.** But you need to be part of the development of that
4 legislation --

5 **A.** [overspeaking]

6 **Q.** You need to be consulted, you need to feed into it, so
7 that that is then a simple and straightforward
8 legislative process, rather than trying to unpick
9 something and apply something that's been already been
10 created?

11 **A.** And not a matter of last resort, yes.

12 **MR JAMIESON:** Those are all of my questions. Thank you very
13 much. Sir, I'm going to turn to Mr Weatherby. He has
14 no questions. Sir, do you have any questions?

15 **SIR ADRIAN FULFORD:** I have one only, Mr Goodall.

Questions by SIR ADRIAN FULFORD

17 **SIR ADRIAN FULFORD:** I just want to go back, for a second,
18 just to make sure I have properly understood this in
19 relation to the Prevent pilot which has not yet started,
20 where the plan is, I think, to put a 12-month secondment
21 of a senior social worker.

22 **A.** Yes.

23 **SIR ADRIAN FULFORD:** I just want to make sure I have
24 understood the cohort that is particularly being looked
25 at here. Is it to try to establish a mechanism which

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1 Mr Jamieson. We will sit again at 1.40 pm.

2 **(12.38 pm)**

3 **(The short adjournment)**

4 **(1.40 pm)**

5 **SIR ADRIAN FULFORD:** Please remain standing for a moment.

6 **DR CHRIS LLEWELYN (affirmed)**

7 **Questions by MR JAMIESON**

8 **SIR ADRIAN FULFORD:** Thank you very much. Please have
9 a seat. Yes, Mr Jamieson.

10 **MR JAMIESON:** Thank you, sir. Please may we have your full
11 name?

12 **A.** Chris Llewelyn.

13 **Q.** Mr Llewelyn, I believe there was something you wanted to
14 say at the outset?

15 **A.** Thank you. I did want to express and reaffirm my
16 deepest sympathy to the victims' families and those
17 affected by Southport. But also, today is the 60th
18 anniversary of the Aberfan disaster and similarly,
19 I wanted to express my sympathies to those -- to the
20 survivors and the bereaved and the families affected by
21 that disaster. 116 children and 28 adults lost their
22 lives 60 years ago today, when the tip slid onto the
23 community.

24 **Q.** Yes, thank you.

25 Please may we have your statement on the screen,

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1 which is WLAG000001. Have I mis-titled you? Is it
 2 Dr Llewelyn?
 3 A. It is, yes.
 4 Q. Which would you prefer?
 5 A. Chris.
 6 Q. I think probably not, in this --
 7 A. Up to you. Either Dr or Mr. I don't mind.
 8 Q. All right. If we go to page 44 WLGA000001_0044. We can
 9 see the date of 7 August and you signed and verified the
 10 statement. Is it true to the best of your knowledge and
 11 belief?
 12 A. Yes, it is.
 13 Q. Thank you. That allows us to take that statement into
 14 our evidence and it means that I don't have to ask you
 15 about each and every paragraph of it. But may we just
 16 go back to the start to introduce you and the
 17 organisation that you speak for WLGA000001_0001.
 18 So, paragraph 1, I can see there that you are the
 19 Chief Executive of the Welsh LGA?
 20 A. Yes, that is correct.
 21 Q. You have been in that organisation since when?
 22 A. 2002 --
 23 Q. 2002, I think you say there. So 20 years or so, serving
 24 as Director of Lifelong Learning, Leisure and
 25 Information, Deputy Chief Executive and since 2019, as

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1 WLGA000001_0005, it works to give local Government
 2 a strong, credible voice in the national Government:
 3 "As the national membership body for local
 4 authorities and the voice for local government, the ...
 5 purpose is to promote, improve and support [your members
 6 and] local government."
 7 There is another body that you tell us about, can we
 8 just go to paragraph 10, WLGA000001_0006 please. Then
 9 paragraph 12:
 10 "The Wales Safer Communities Network ..."
 11 You say, at paragraph 11:
 12 "... the WLGA has drawn on its knowledge of
 13 community safety ... obtained via its work with
 14 councils, Community Safety Partnerships, and the Wales
 15 Safer Communities Network."
 16 That network:
 17 "... connects, champions and supports practitioners,
 18 influences national policy, and informs practitioners to
 19 enhance local delivery ..."
 20 Then if I look at paragraph 13:
 21 "... established in January 2021 as a joint response
 22 by Welsh Government, the Welsh [LGA] and Policing in
 23 Wales following a publication of ..."
 24 A review.
 25 So the Safer Communities Network, the membership of

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1 Chief Executive?
 2 A. That's correct.
 3 Q. At paragraph 2, you make clear that in that role, whilst
 4 you have broad oversight of the WLGA's work, you don't
 5 have firsthand knowledge of every aspect and so we
 6 should take that into account --
 7 A. That is correct.
 8 Q. -- as we are proceeding. I should say to you something
 9 that I said to the last witness, that if there is
 10 anything in my questions that forces you to step outside
 11 of your knowledge, please do just say so. It may be
 12 that we ask you and those who assist you to come back in
 13 writing on some topics.
 14 You deal with the nature of -- or the background of
 15 the WLGA and its objectives. If we could just turn over
 16 the page, please to -- sorry, just to paragraph 5
 17 WLGA000001_0004, the end of the last page.
 18 So, established in 1996 and the membership body for
 19 the local authorities in Wales; membership is voluntary
 20 but in fact, all 22 Welsh local authorities are members,
 21 as are all three fire and rescue authorities, Police and
 22 Crime Commissioners and the three national parks. So
 23 all members?
 24 A. Yes, that's correct.
 25 Q. It is politically-led and cross-party, paragraph 6

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1 that is wider than the WLGA but you are a part of it?
 2 A. Yes, that's correct.
 3 Q. Okay, and part of your statement draws upon the Safer
 4 Communities Networks' views --
 5 A. Yes, their knowledge and experience.
 6 Q. So whilst you are speaking on behalf of the WLGA, you
 7 are also taking account of that wider community --
 8 A. That's correct, yes.
 9 Q. Can I just ask you this then, before we put the
 10 organisation to one side. Can you help us with -- we
 11 heard yesterday from the Local Government Association,
 12 which I think told the Inquiry that your local
 13 authorities are also members of that organisation.
 14 What's the interrelation between the two?
 15 A. The WLGA is a corporate member of the LGA on behalf of
 16 the 22 authorities in Wales. Most of local Government
 17 is devolved to the Senedd and the Welsh Government, but
 18 there are some reserved functions and the WLGA works
 19 closely with the LGA on those devolved functions. Some
 20 of them relating to workforce and employment issues and
 21 a smaller range in policy areas. We should have added,
 22 the WLGA is the employer's organisation in Wales as
 23 well.
 24 Q. So, you are the forum for your members for devolved
 25 activities in and of itself but you have that membership

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1 in the LGA where we are talking about reserved
2 activities. So you can see both?
3 A. Yes.
4 Q. May we go to page 7 WLGA000001_0007, please. So having
5 introduced you and the organisations, the first topic
6 that I want to talk to you about, as I have with many
7 others, is definitions and the sort of overarching
8 question is: do we need a definition?

9 What you tell us about in these paragraphs -- and
10 you will excuse me if I don't read them all out -- but
11 the term "VFI" is not entirely new to you. Some of your
12 members in some contexts are using it and using it
13 increasingly?

14 A. Yes, that's correct.

15 Q. But not comprehensively and not in all areas?

16 A. Yes.

17 Q. If I went on to paragraph 16 and 17. You talk about the
18 Prevent context which is where, I think, you tell us
19 that essentially the terminology is most embedded, most
20 seen. But in some of the other areas, education,
21 safeguarding, less embedded?

22 A. I think the term is widely -- is used and understood but
23 I suppose it has no formal status within the Welsh
24 context.

25 Q. If we just looked at paragraph 19 on page 8

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1 both of behaviours and causes as well.

2 Q. I'm going to unpack with you those three features. Not
3 to suggest that those are controversial views, they are
4 not, but just to -- reflections on why you say those
5 things. It is important that a definition be "as wide
6 as possible" so presumably practitioners don't get false
7 reassurance, if somebody falls outside of a definition
8 they are not at risk?

9 A. Yes.

10 Q. And also to ensure we comprehensively capture all those
11 persons of potential concern that we are thinking about?
12 Have I encapsulated --

13 A. Yes. Yes, so that we capture everybody within the
14 potential cohort.

15 Q. Not stigmatising because many of the professionals that
16 work in this space either work within or have
17 a significant familiarity with safeguarding and would be
18 reluctant to apply pejorative stigmatising terms to
19 young people?

20 A. Yes.

21 Q. And that would provide a sort of cultural reticence to
22 arrive at a definition?

23 A. That is correct. They would want to see a wide range of
24 vulnerabilities taken into account as well.

25 Q. All of the ways that's done in the terrorism space, so

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1 WLGA000001_0008. So you provide -- the Chair will take
2 notice of a couple of anecdotal examples of where the
3 term has been used. Then you say this, so speaking on
4 behalf of the Safer Communities Network:

5 "... cannot comment definitively on the extent to
6 which the term ... (VFI) is consistently recognised and
7 understood across all local authority services and
8 partnership structures ... However, through its
9 engagement with practitioners, we are aware that the
10 Prevent Key Principles have been widely circulated
11 across relevant networks and agencies."

12 The term is in that document, isn't it?

13 A. Yes.

14 Q. So beginning to take hold. I suppose the simple
15 question is: do we need a consistent and consistently
16 understood definition of this cohort that we are seeking
17 to define, from your perspective?

18 A. I think a definition is useful so that we establish
19 a shared understanding. But I'm conscious that other
20 witnesses have expressed the same concerns. It isn't
21 without contention. There are some who would maybe
22 argue against having a definition. Our position would
23 be that a definition is useful but it needs to be
24 accommodating and as wide as possible so as not to -- in
25 particular, to stigmatise and to enable an understanding

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1 thinking about Prevent, the criterion there is not that
2 somebody is a terrorist or is about to become
3 a terrorist but that they are vulnerable to
4 radicalisation as a terrorist. So, if we had
5 a definition that included that word, or that concept of
6 "vulnerability" to non-ideological extreme violence,
7 would that deal with the pejorative problem?

8 A. I think the vulnerabilities are more complex and a more
9 holistic definition would be useful.

10 Q. Which is the third of your points, isn't it? Again, the
11 Inquiry has received lots of evidence that this is --
12 there are many areas of vulnerability that feed into
13 this -- the emergence of this risk and it is important
14 that the definition take account of and encourage
15 thought of those different areas of vulnerability, is
16 that --

17 A. Yes, yes, that's it.

18 Q. Understood. I suppose what could be said in relation to
19 that is, a definition needs to be -- for it to be
20 a common language and commonly understood and adopted --
21 short, simply defined concepts are going to be the most
22 favourite. Guidance underneath it can make clear as to
23 all the interlocking natures of those vulnerabilities?

24 A. Yes, I understand the point and I think there is a trade
25 off and it is something that needs close examination and

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1 discussion. Then, of course, I suppose, the other thing
2 to add to this is the difference between the strategic
3 and the operational perspective as well and that many of
4 those people who are using the term won't necessarily be
5 looking in detail at the definition but we will have
6 a general shared understanding of what it means.

7 **Q.** Just explain that, or help me to understand that. So,
8 what's the difference? Do we need something different
9 for strategic or operational, or it is used differently
10 at different phases?

11 **A.** It is taking account of the fact that sometimes,
12 a strategic perspective is different from an operational
13 perspective and that it may be, as part of this process
14 and this discussion, we need to take account of the
15 views of those people that are dealing with this cohort
16 and working in this area on a day-to-day basis as well.

17 **Q.** Let me see if I can expand or illuminate that with
18 an example. An individual -- a young person, perhaps
19 a child or young adult, who has got a number of areas of
20 vulnerability, adverse childhood experiences, perhaps
21 an unstable family life, absent from education; they may
22 well be, depending on the individual, vulnerable to
23 developing a risk of non-ideological extreme violence
24 but they might have other vulnerabilities as well?

25 **A.** Yes.

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1 **A.** No, the only thing that I would add is the extent to
2 which we, as an association, and local Government in
3 Wales has been involved in a debate about those -- the
4 way the definitions have been developed. One of the
5 concerns that we have, as an association, is that
6 sometimes the local Government voice in Wales isn't
7 always heard clearly in non-devolved areas and reserved
8 areas, and I suppose sometimes engagement with the Home
9 Office could be better.

10 **Q.** Let's put up a document and perhaps we can illuminate
11 that point. One that we have seen lots of times. May
12 we have -- show-off because I'm not looking at the
13 reference, HOM001011, please. The Home Office issued
14 interim guidance on non-ideological extreme violence
15 concerns, which was issued on 6 October 2026, we are
16 told. If we go to the bottom of the next page
17 HOM001011_0002. Thank you. There is the definition
18 which we are told, with the caveat, it is not statutory,
19 legal or designed to be operational but there is
20 a definition. Did you and your members have any inputs
21 into the creation of this document?

22 **A.** No.

23 **Q.** It says it was issued on 6 October. Has it been issued
24 to your members?

25 **A.** I'm not aware that it has. Because of following the

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1 **Q.** They might be vulnerable to exploitation. I'm not going
2 to give a closed list. And the interventions that
3 a frontline practitioner would deploy to meet those
4 vulnerabilities, perhaps wouldn't require a specific
5 identification as the nature of the vulnerability; is
6 that the point?

7 **A.** Well, I suppose there are a few aspects to it. One of
8 them is the views of those involved in the interventions
9 and making the assessments. It is important that they
10 feed into the discussion of the --

11 **Q.** Of what the definition should be?

12 **A.** Yes.

13 **Q.** Precisely so. So today is the day for what I might say
14 are strategic witnesses. We had the Permanent Secretary
15 before you. The Inquiry is, I can say, taking
16 perspectives from all levels. Having dealt with those
17 helpful elements of what a definition should have,
18 I wasn't actually necessarily proposing to go through
19 all of the alternatives that the Inquiry has had with
20 you, unless there was any particular comments on those
21 definitions?

22 **A.** No.

23 **Q.** So we have "VFI", "NIEV" and "NIVE". I'm confusing
24 myself. Unless you have anything particular you want to
25 say about those, I wasn't --

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1 proceedings of this Inquiry, I'm familiar with the
2 wording but to my knowledge, we haven't been consulted
3 and it has not been discussed with us.

4 **Q.** So you have seen it through us and the fact that we have
5 publicised it?

6 **A.** Yes.

7 **Q.** But not through communication directly with --

8 **A.** Through any formal channels no.

9 **Q.** Is that an example of what you were talking about?

10 **A.** It is, yes.

11 **Q.** All right. Let's leave definitions and move to
12 identification of VFIs, recognising that that's
13 a placeholder for this cohort, and the assessment of
14 their risk. May we go to your statement to page 9
15 WLGA000001_0009 and to paragraph 23.

16 So what you have done in this section of your
17 statement, just to explain to those following, is you
18 have broken down some of the principal areas in which
19 those that you represent may engage people who present
20 a risk of VFI, and the two broad areas of practice that
21 you talk about in turn are within the educational sector
22 and then within children's services. We will deal with
23 those in turn.

24 **A.** Yes.

25 **Q.** But might your members -- and by "members", I don't just

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1 mean the local authorities, I mean the staff underneath
 2 them -- they would also presumably, potentially,
 3 encounter this cohort in youth justice work, is that
 4 right?
 5 A. It is, yes. In a range of service areas.
 6 Q. And on multi-agency panels, would be the other
 7 obvious --
 8 A. Yes.
 9 Q. So Channel perhaps, or any of the other multi-agency
 10 panels. All right. Well, we will look particularly at
 11 education, and I will read this. You say this:
 12 "Local authorities [your membership] have emphasised
 13 that teachers, and other education staff, should
 14 approach the identification of VFIs through established
 15 safeguarding practice, rather than as a separate
 16 diagnostic exercise. Education staff are not expected
 17 to determine motivation, assess ideology, or make
 18 clinical or threat-management judgements. Their role is
 19 to notice and record concerning patterns of behaviour,
 20 disclosure, online activity or communications, and to
 21 share those concerns promptly through the school or
 22 setting's safeguarding arrangements. This may, of
 23 course, include escalating concerns about an unhealthy
 24 or persistent fixation with extreme violence, weapons,
 25 previous attacks or perpetrators, particularly where

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1 Q. Because those teachers are employees of the local
 2 authority, with duties and responsibilities, and they
 3 have a lot of contact time with the cohort of young
 4 people that we may be concerned with and so, that is
 5 a resource, a good -- a well available resource to
 6 notice changes in behaviour over time, or potential
 7 emergence of concerning behaviour?
 8 A. Yes.
 9 Q. Which is the role that teachers could be expected to
 10 play. But I think the second point that you go on to
 11 say is that, what we shouldn't be asking teachers to do
 12 or -- I use "teachers" as a placeholder for education
 13 staff -- is to make fine decisions about what the
 14 precise problem is and what the precise nature of the
 15 risk emerging is; have I got that right?
 16 A. Yes, that's correct. Yes.
 17 Q. So you set out, at 24 -- I have read it already -- some
 18 of the things that they need, or some of the things that
 19 need to be in place to make sure that that resource that
 20 teachers provide is properly used: clear national
 21 guidance, appropriate training, effective safeguarding
 22 arrangements, access to timely advice and can I add to
 23 that: the right sort of structure to refer their
 24 concerns to in the first place?
 25 A. Yes.

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1 this is accompanied by changes in behaviour, threats,
 2 planning indicators (observable behaviours that may
 3 suggest an individual is moving from violent thoughts or
 4 fixation towards preparation for harmful action), social
 5 isolation or other safeguarding concerns."

6 I think let's just have a quick look at 24 as well
 7 because it contextualises the point you make:

8 "Local authorities would recognise that teachers and
 9 other education staff, through their regular contact
 10 with children and young people, are well placed to
 11 identify changes in a learner's presentation ...
 12 However, they should not be regarded as specialist
 13 assessors of VFI risk."

14 Then you go on to say:

15 "Their capability depends on clear national
 16 guidance, appropriate training, effective designated
 17 safeguarding lead arrangements, and access to timely
 18 advice from [the] local safeguarding partners ..."

19 And it goes on.

20 To unpack that and to make sure that I have
 21 understood it, your members, I think, make the point
 22 that teachers spend a lot of time with children, which
 23 may be a very simple point to make but it is
 24 an important one?

25 A. Yes.

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1 Q. As a simple proposition, does it follow that the more
 2 alternatives -- a teacher who has become concerned about
 3 a child in some way or a young person; the fewer places
 4 they have to refer that information to -- if they have
 5 got a single "safeguarding and risk of harm" front door
 6 to refer that to, it's going to be an easier task than
 7 if they have to pick between lots of different
 8 structures depending on the risk?

9 A. I think that anything that streamlines the process,
 10 reduces complexity and confusion, is a good thing.
 11 I think it's also useful in this instance to consider
 12 the wider responsibilities of the education workforce,
 13 of teachers and other staff, and the dynamic policy
 14 settings. So in a world where there are so many
 15 changing policies, anything which provides clarity and
 16 reduces complexity, I think, is advantageous and
 17 beneficial.

18 Q. If we just went on to paragraph 28 at page 10
 19 WLGA000001_0010. I think you are making an aspect of
 20 that point that you have just made there, in writing.
 21 You say:

22 "Through its engagement with practitioners, the WLGA
 23 is aware that schools [are facing] significant capacity
 24 pressures. Increasing demands on teachers and education
 25 staff, alongside a growing number of policies,

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1 strategies and safeguarding responsibilities, this can
2 make it challenging to identify and respond to complex
3 issues such as violence fixation."

4 Does there need to be a recognition that, ultimately
5 teachers' principal focus, or education staff's
6 principal focus is teaching? Their remainder functions
7 operate under a system of significant capacity pressure
8 and we need to make that as simple as possible for them?

9 **A.** Yes, I think recognising the workload pressures that the
10 workforce faces, the conflicting and complicated demands
11 that they face. I mention our role as an employer's
12 organisation; we are currently negotiating workload
13 issues with the teacher unions and one of the things
14 that is highlighted to us is that they are overwhelmed
15 with workforce pressures. They will all be undertaking
16 safeguarding training but it will be one of a number of
17 training modules that they undertake. So the more focus
18 and space that there is available for safeguarding, then
19 the more effective it is likely to be.

20 **Q.** May we just also pick up your paragraph 29, where you
21 are dealing with a question that I have raised already:

22 "Practitioners have also highlighted some
23 uncertainty regarding appropriate referral pathways ..."

24 So teachers recognise they have a concern but they
25 don't know what to do with it:

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1 being chosen as the best option in a limited field?

2 **A.** That view was being reflected to us. It touches on the
3 earlier point about the strategic and operational, and
4 in many instances people at the delivery end of
5 services, whether in children's services or education,
6 are having to make decisions at the delivery point and
7 anecdotally, the information that we have been provided
8 with suggests that that does happen.

9 **Q.** One of the features of AR's case and one of the features
10 of the evidence that the Inquiry is gathering at Phase 2
11 from teachers is that often, once they make a referral,
12 there is then no information fed back to allow them to
13 understand whether or not the problem they have
14 identified is being managed, is being mitigated, whether
15 it has been picked up, or whether nothing is happening.
16 Is that something that your members have also reported
17 or not?

18 **A.** It's not something that I'm conscious of having been
19 reported to us. But I'm not surprised that that may
20 have been reported anecdotally.

21 **Q.** Thank you. May we go on, please, to paragraph 31, which
22 is just over the page WLGA000001_0011, where you say you
23 are aware of and support ongoing work intended to
24 support education settings, including:

25 "The Home Office[s] ... (NIEV) Team's work to

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1 " ... for individuals who present concerning
2 behaviours but do not meet established thresholds for
3 Prevent or other intervention routes. Anecdotally, some
4 referrals to Prevent appear to be driven by a desire to
5 secure support for an individual, rather than a belief
6 that Prevent is necessarily the most appropriate
7 pathway. This reflects wider concerns about the lack of
8 availability of alternative interventions and clear
9 referral mechanisms."

10 So your members have fed back to you that this is
11 happening, that people are making referrals to Prevent
12 really because there's no other option?

13 **A.** Yes, that's right. It is where they think that
14 an intervention is needed and while it may be that they
15 recognise that it may not be the appropriate
16 intervention, it may well be that it's the best that's
17 available.

18 **Q.** So, particularly where we are thinking about our cohort,
19 who will present many of the same risks of extreme
20 violence -- identical risks of extreme violence that
21 those vulnerable to terrorism will present, but may not
22 fit within the Prevent structure because they are not
23 vulnerable to being drawn into terrorism, essentially,
24 that is the experience of your practitioners, that they
25 don't have somewhere to refer them to and so Prevent is

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1 coordinate the cross-government response ...

2 "Public Health Wales' support for the Welsh Network
3 of Health and Well-being Promoting Schools, including
4 the development of a violence prevention self-assessment
5 toolkit ...

6 "[And] the recently established Welsh Government
7 Prevent in Education Group, which is seeking to identify
8 barriers, address training needs and support
9 collaborative [approach] to emerging issues."

10 You tell us about guidance which was published in
11 2022. May we just look at that. It is "Keeping
12 learners safe: The role of local authorities ..." It is
13 WLGA000005. It is a long document. We are just going
14 to look at the index.

15 So guidance that has been produced for that purpose
16 under the Act, particularly for Wales. If we could just
17 go on and look at the index. So onto the next page, and
18 again WLGA000005_0003.

19 The point is that there is a significant amount of
20 advice that's provided under a variety of headings.
21 Number 3:

22 "Responding to concerns that a child is at risk."

23 I observe that is "at risk" rather than posing
24 a risk:

25 "Specific responsibilities of different education

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1 settings."
 2 Then at 5, can you see:
 3 "Safeguarding responsibilities in specific
 4 circumstances."
 5 And a number of alternatives are given. If we just
 6 look over the page WLGA000005_0004, we can see them all
 7 there. It is not a criticism I make of this document
 8 but as a fact, none of this content is pointed at
 9 non-ideological risk of extreme violence, risk that
 10 those children may pose externally. And that's part of
 11 the position, isn't it, that your members who work in
 12 this space don't presently have guidance that is focused
 13 on this issue?
 14 A. Yes, that's correct.
 15 Q. That's an important thing for us to recognise because
 16 one of the things that you have said that they need to
 17 be effective is clear guidance. Now, this document and
 18 others like it may have some tangential assistance to
 19 give, but it is not direct and clear?
 20 A. Yes, that's correct.
 21 Q. Thank you very much. Please may we go back to the
 22 statement. We will just round out consideration of
 23 that. So just back to paragraph 32, please, which is on
 24 page 11 WLGA000001_0011.
 25 So at 32, we have dealt with the educational setting
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1 function of structures and guidance is to give
 2 practitioners the best assistance to deal with that risk
 3 comprehensively, and so those in position of authority
 4 can be assured that that happens?
 5 A. Yes, and it is making sure that nobody slips through the
 6 net, or whatever metaphor, and that you have formal
 7 arrangements in place and don't just rely on informal.
 8 Q. So, I shouldn't understand -- so you have championed the
 9 qualities of your membership, as of course you will, but
 10 I shouldn't understand you to be saying: we don't need
 11 to be doing this; everything is fine?
 12 A. No, not at all. No.
 13 Q. Because, as the facts of this case prove only too
 14 vividly, one that is missed is too many?
 15 A. Yes.
 16 Q. If we just go down to 35. Essentially, the debate that
 17 to you and I have just had is here. Whilst your
 18 practitioners are skilled in assessing vulnerability and
 19 risk, you are not aware of -- there is not a nationally
 20 agreed framework within children's social care,
 21 specifically focused on the identification of VFIs.
 22 And:
 23 "The extent to which practitioners are equipped to
 24 identify violence fixation is likely to be influenced by
 25 the availability of specialist advice, workforce
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1 and the information that you provided on there and
 2 looked at the guidance. Under children's services,
 3 essentially, is the position similar? So as with
 4 education, may we just come down over the page
 5 WLGA000001_0012 onto -- you set out the statutory
 6 circumstances there, but if we come to 33, you say this:
 7 "Local authorities would generally expect children's
 8 social care practitioners to identify concerns relating
 9 to violence fixation through existing safeguarding,
 10 child protection, wellbeing and risk assessment
 11 processes, rather than through a separate VFI-specific
 12 framework."
 13 So they may encounter this cohort. They may
 14 encounter -- and they may have frameworks, guidance that
 15 can assist them to identify vulnerability and to seek to
 16 meet it but there is nothing particularly targeted at
 17 VFI risk?
 18 A. No. Can I just add, what I would say is that because of
 19 the professionalism of the workforce, both in education
 20 and in children's services, I am sure that those making
 21 assessments do take a wider and more holistic approach
 22 and assessment than may be set out in the guidance.
 23 Q. Thinking about the whole child, thinking holistically,
 24 we have received evidence this morning that that's part
 25 of the muscle memory of services in Wales. But the
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1 development opportunities and effective information
 2 sharing between partner agencies."
 3 Which are variable, local, non-assured issues. So,
 4 coverage in a particular area might be good enough but
 5 that is probably happenstance?
 6 A. Yes.
 7 Q. Thank you. May we just go to paragraph 36 which is over
 8 the page WLGA000001_0013. So here, you set out the
 9 expectations:
 10 "Where a child or young person presents behaviours
 11 that raise concerns regarding violence fixation or the
 12 risk of serious harm to others [your membership] would
 13 expect social care staff to respond through established
 14 safeguarding and risk management arrangements. The
 15 precise response will depend on the circumstances of
 16 the ... case, including the nature and level of [the]
 17 risk, the child's vulnerabilities and the involvement of
 18 other agencies."
 19 You go on to set out what that would look like
 20 underneath:
 21 "... gathering and sharing of relevant information,
 22 undertaking or contributing to assessments of need and
 23 risk, considering whether statutory safeguarding
 24 interventions are required, and engaging with
 25 appropriate partner agencies. Depending on the
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1 circumstances, this may include liaison with [other
2 bodies]. Where risks are significant or complex ..."
3 They would be expected to participate in
4 a multi-agency discussion, which is all, no doubt,
5 examples of good practice that takes place up and down
6 Wales. But with this problem, there is an element of
7 "square peg, round hole"? Because those are processes
8 that are, for instance, in relation to children's
9 services, there will be statutory criteria that your
10 members will be working to and if those criteria are
11 met, a level of assistance will be unlocked and provided
12 and if they aren't, then it isn't, and where the risk
13 that we are concerned with may not fit neatly into those
14 criteria, there is a risk that it will be unmanaged,
15 despite the best endeavours of those who are involved.
16 Am I right?
17 A. I think you are. I wouldn't quite describe it as a --
18 whatever --
19 Q. Square peg --
20 A. Yes, but I understand the point --
21 Q. Well, it is your explanation that matters --
22 A. No, I understand the point and I agree with the premise.
23 Q. Thank you.
24 Just to round out the point. Let's go to page 14
25 WLGA000001_0014 and paragraph 41 to 45. You have set
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1 document, we don't need to repeat it with all of those.
2 As you said to me at the top of your evidence,
3 that's something that the practitioners need to deal
4 with this risk appropriately?
5 A. Yes.
6 Q. Something that's been inherent in what we have talked
7 about so far is that safeguarding is principally
8 concerned with the risk of harm, that the child or
9 vulnerable adult -- "adult at risk" I think is the term
10 in Wales -- may themselves suffer, rather than the risk
11 that they may pose to other people. The evidence that
12 we have from the LGA is that, in paraphrase, often that
13 will be the safeguarding professionals' focus. The risk
14 that the individual might suffer rather than the risk
15 that they pose. Is that the same in Wales or not?
16 A. It is and I heard Mark Norris' evidence yesterday and
17 I thought it captured the position very well.
18 Q. So you would agree with what he said? Because again,
19 there is this specific 2014 Act in Wales. Let's just
20 talk about that for a moment.
21 Did you follow the evidence this morning?
22 A. I heard some of it. I didn't catch all of it.
23 Q. One of the documents I put up was the Working Together
24 document, the statutory guidance in Wales, and I made
25 the observation that that document, unlike in England
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1 out the role that regional safeguarding boards play. We
2 heard about that this morning, so I won't ask you
3 anything more about it. But you say that they are
4 expected to develop and publish policies, promote
5 effective information sharing, and the rest.
6 If we could scroll down, please. You tell us, again
7 as we have heard, they "facilitate the exchange of
8 information" but they don't themselves hold
9 comprehensive, operational safeguarding records about
10 individuals. The boards provide oversight and regional
11 framework but they are not involved in individual cases;
12 is that a --
13 A. Yes, that's correct.
14 Q. So you have shared with us, if we go over to page 15
15 WLGA000001_0015, the six regional safeguarding boards
16 and their websites and then paragraph 45, you have
17 identified a number of policies that have been provided.
18 Under 45 and indeed, under 46. So some national
19 policies, UK and Wales and then some regional
20 safeguarding board policies under paragraph 46.
21 If we were to look at each and all of them, there
22 would be no specific mention or guidance in relation to
23 VFI risk, would there?
24 A. No, that's correct.
25 Q. So, the point that we have made already with one
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1 where it is "Working Together to Safeguard Children",
2 the Welsh version reflecting the statute is directed
3 both at children and adults?
4 A. And adults, yes.
5 Q. One of the features of the evidence that we have heard
6 in this case is that there is a cliff edge in England
7 between social care provision between adults and
8 children, which is particularly difficult for us because
9 our cohort spans 18. What's the position in Wales? Is
10 the cliff edge there or --
11 A. No, it's not, because the legislation you are referring
12 to covers adults as well.
13 Q. So, the starting point of how you have been able to
14 avoid that cliff edge is the legislation?
15 A. Yes.
16 Q. And the guidance that underpins it?
17 A. Yes.
18 Q. How does that work? If I am children's services and
19 I have a young person with real vulnerabilities that I'm
20 providing interventions for as they approach their 18th
21 birthday, what do I do?
22 A. In most instances, there will be a seamless transition
23 between children and adult services --
24 Q. The same interventions available for adults?
25 A. Yes.
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1 Q. So, a handover from one service to another but the
2 intervention remains in place?
3 A. Yes and a less abrupt -- well, yes, a handover.
4 Q. Yes. I am sure there would be circumstances, if we
5 looked at the granular detail, where that was less
6 possible or resource wouldn't be there, but that's the
7 general intention?
8 A. In all of this there are capacity issues and there would
9 be variation between local authorities, for a number of
10 reasons.
11 Q. Thank you. May we look next at the topic of information
12 sharing. That's -- can we go to page 16 WLGA000001_0016
13 and paragraph 49. So you draw our attention to part 7,
14 which I think is the part that deals specifically with
15 children of the 2014 Act. You say that that:
16 "... recognises that effective safeguarding depends
17 on timely, lawful and proportionate information sharing.
18 It establishes the duties that require organisations to
19 share information where this is necessary to protect
20 children and adults at risk."
21 So there has been a statutory duty to share
22 information between agencies, where it is necessary to
23 protect children and adults at risk since 2014 in Wales.
24 Or certainly it is part of that statute?
25 A. Yes, that is right.

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1 that. "Yes", you can share. "No", even without a legal
2 reason, it can be shared if there is consent.
3 So what might be thought a useful and simple piece
4 of guidance?
5 A. Yes.
6 Q. So that is in place, the legislation is in place.
7 That can come down unless, sir, you wanted to look
8 back at page 1?
9 **SIR ADRIAN FULFORD:** No.
10 **MR JAMIESON:** However, there is legislation in place, there
11 is guidance in place. Is information sharing
12 a multi-agency problem in Wales?
13 A. I think information sharing is always a problem because
14 there are conflicting policy priorities. So in this
15 instance, the flowchart which you referred to, I think
16 is very useful and it does provide clarity. But
17 equally, we know that all the public sector, all
18 agencies, local authorities, have the conflicting
19 pressure of being conscious of not disclosing personal
20 information, GDPR rules and the wider legislation and
21 infrastructure around sharing information. So I think
22 inevitably there is a policy clash there.
23 Q. So there is still that culture of reticence, despite the
24 fact that the legislation is there and that guidance is
25 there?

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1 Q. There is a guidance document that was published in 2019
2 by the Welsh Government, a flowchart that may just be
3 worth looking at. May we have that on screen, please.
4 WLGA000012. As anybody who is looked at policies,
5 procedures and guidance in this area will be struck with
6 how complex and long it often is. But here is
7 a document that the Welsh Government has provided under
8 the statutory guidance that provides seven steps -- or
9 I think seven principles, as they are sometimes called.
10 If we just flick over to the next page
11 WLGA000012_0002 -- we will come back and look at the
12 detail -- that's the extent of the document. So you
13 have the seven principles on the first page and
14 a flowchart here.
15 Let's do it on the flowchart:
16 "Is there a clear and legitimate purpose for sharing
17 information?"
18 "No", that's the end of it. "Yes":
19 "Does the information enable an individual to be
20 identified?"
21 Is it personal data or is it something else? If it
22 doesn't allow the individual to be identified, then you
23 can share, without more. If it does: have you got
24 a legal reason?
25 We go back over the page for a bit of guidance on

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1 A. I believe so, yes.
2 Q. If we can go back to your statement, please. I have to
3 say that chimes with the evidence that we have had from
4 other sources. If we go to page 17 WLGA000001_0017 and
5 paragraph 53. You set that out for us. You say despite
6 that, despite that piece of guidance that I have just
7 shown you:
8 "... information sharing continues to be a recurring
9 issue identified in safeguarding practice reviews ..."
10 Of different sorts. What you have done there is you
11 have listed a series of reviews that have been
12 undertaken by different bodies after adverse events have
13 occurred and the common theme of all of those reviews is
14 they all list information sharing problems as
15 contributing to those outcomes?
16 A. Yes.
17 Q. So, what the Inquiry should take from your membership's
18 experience is that although Wales has the advantages of
19 the statute and the guidance, the problem is still
20 there?
21 A. Yes. I think so. I was struck -- I heard some of the
22 session this morning and I believe you asked
23 Andrew Goodall about an incident in a school in
24 Carmarthenshire, Dyffryn Aman.
25 Q. I did.

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1 A. I think -- I remember that the review of that incident
 2 used the phrase that: all the information was available,
 3 all of the pieces of jigsaw were there, but they were
 4 not put together to create a complete picture.
 5 Q. Yes. Sir, for your note, we have the review of that
 6 document. It is -- I'm not going to bring it up onto
 7 the screen now, but it is NEU000010 -- National
 8 Education Union. It may be something we come to
 9 tomorrow.
 10 SIR ADRIAN FULFORD: Thank you very much.
 11 MR JAMIESON: But it is within our evidence, and thank you
 12 for raising that insight.
 13 SIR ADRIAN FULFORD: That's very useful.
 14 MR JAMIESON: There are some information changes, some
 15 changes, some statutory changes that have been brought
 16 in, in England with the Children's Wellbeing and Schools
 17 Act 2026. But the understanding that we have is that
 18 those not going to be applicable to Wales. Certainly,
 19 that was Dr Goodall's understanding this morning and so
 20 I'm not going to ask you about those, unless you have
 21 any particular insight to give?
 22 A. No.
 23 Q. Thank you. May we move on very briefly to the heading
 24 of "training" which is at page 20 WLGA000001_0020,
 25 paragraph 62. Under the heading of "training" -- and if

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1 A. That's correct, yes.
 2 Q. So you have set out all of the overlapping -- I haven't
 3 gone through it because we proved your statements but
 4 that's what it comes to?
 5 A. Yes and what we have highlighted as well is a -- if you
 6 like, an ad hoc response to emerging issues, where
 7 perhaps -- from the bottom up -- whereas, in fact maybe
 8 in some instances, a more strategic, top-down approach
 9 is needed. As an association, sometimes we say that the
 10 role of central Government is to set the strategy,
 11 direction of travel, and then it is for local Government
 12 and others to interpret that according to local
 13 circumstances.
 14 Q. So, whilst, no doubt, your vocational practitioners have
 15 sought to react to this in the best way that they can,
 16 they need that strategic direction to do so effectively
 17 and comprehensively?
 18 A. Yes.
 19 Q. Let's move on to the next topic which is the assessment
 20 and management of risk. You make the point as to the
 21 limits of your knowledge there, at 70. But if we just
 22 go over the page to 71 WLGA000001_0023, please. Again,
 23 you make this stark point --
 24 A. Yes.
 25 Q. -- that you and your organisation are not aware of

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1 we went over the page WLGA000001_0021 -- you have set
 2 out for us in your statement between here, paragraph 62
 3 and 69, all of the various analogous and overlapping
 4 training that is available to your membership.
 5 But if I went to paragraph 69 WLGA000001_0022 -- we
 6 have that evidence, so we don't need to ask you all
 7 about it -- you say that although that is all there,
 8 nevertheless, there is a need for VFI-specific training
 9 in Wales and the wider UK, and you have made some
 10 suggestions as to what that training should cover:
 11 "Recognising concerning behaviours related to VFIs.
 12 "Actions to take when VFI and other forms of
 13 extremism are suspected.
 14 "Pathways for referrals.
 15 "Data sharing and how ..."
 16 To use the Data Act.
 17 A. Yes.
 18 Q. So, in simple terms, what the frontline practitioners
 19 need to know is what sorts of behaviour they need to be
 20 looking out for, not how to make a diagnosis or
 21 an evaluation, but the sorts of behaviour to be
 22 concerned about, and what to do about it. What to do
 23 about it and who to refer it to?
 24 A. Yes.
 25 Q. That's what's needed?

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1 a single, nationally mandated risk assessment framework
 2 specifically for this risk, across local Government in
 3 Wales. So there isn't one:
 4 "Risk assessments are likely to draw upon
 5 established tools and processes used within particular
 6 services, with assessments informed, where appropriate,
 7 by information provided by partner agencies through
 8 existing ..."
 9 Processes. So it is another version of what we have
 10 been saying?
 11 A. Yes.
 12 Q. There isn't anything specific, there needs to be. In
 13 the absence of it, your members are doing the best with
 14 what they have. If we were to go through these
 15 paragraphs you would give more detail of that but
 16 I don't propose to do that, unless there's anything --
 17 A. No.
 18 Q. -- in addition to what we have encapsulated. Thank you.
 19 May I now ask you about neurodivergence and that takes
 20 us to page 23 WLGA000001_0023 and to paragraph 74.
 21 Thank you. I just want to understand this team and how
 22 it works. So you say, under the heading "The perception
 23 and diagnosis of Autism Spectrum Disorder":
 24 "The Wales National Neurodivergence Team ([the] NNT)
 25 is funded by Welsh Government and hosted by the WLGA.

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1 [The] NNT has expertise in neurodivergence and
 2 neuroinclusive practice, however it does not have
 3 specialist expertise in relation to VFIs ..."
 4 You make that clear:
 5 "Through [the] NNT's work with [the] Youth
 6 Justice [Service] across Wales, training has been
 7 commissioned on subjects including neurodivergence and
 8 extremism, managing risk with neurodivergent children
 9 and young people, harmful sexual behaviours, effective
 10 participation, and substance use. The training promotes
 11 a neurodevelopmental and trauma-informed approach
 12 encouraging practitioners to understand behaviour within
 13 context, recognise potential unmet need, avoid both
 14 over- and under-estimating risk, and balance
 15 safeguarding responsibilities with individual support
 16 needs."
 17 I did just want to ask you some questions about that
 18 because it seemingly has pretty pertinent relevance.
 19 A. Yes.
 20 Q. Let me explain that. The cohort analysis that we have,
 21 such as it is, suggests that neurodivergence and mental
 22 ill health is overrepresented and many of the
 23 individuals in this cohort have those features. I am
 24 not suggesting that there is a causative element between
 25 those two things --

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1 appropriately, so in your words they don't over or
 2 underestimate risk, that's obviously a very big plus for
 3 a system.
 4 A. Yes.
 5 Q. Is that what the NNT is managing to do and if so, how?
 6 A. It is doing it but to a very modest extent because of
 7 the limited capacity that they have. So it is
 8 recognising that there is an issue and providing some
 9 capacity, but within severe limitations.
 10 Q. So we shouldn't take, from "National Neurodivergence
 11 Team" that this is a team that is capable of upscaling
 12 the practice everywhere in Wales?
 13 A. Well, it would be a capacity issue, I think. As
 14 a service, I think it is scalable, but it would need --
 15 Q. That was what I was going to ask.
 16 A. -- it would need additional capacity. In terms of the
 17 methodology that they use, and I think it is scalable.
 18 Q. So we take that caveat that this is a small team and
 19 it's got limited resource, but in terms of what it's
 20 been able to do, perhaps on an ad hoc basis, what do
 21 they do? They provide training? They provide guidance?
 22 A. They provide training and guidance for local authorities
 23 and for other partners as well. They produce
 24 information and various modules as well.
 25 Q. In relation to -- is that sort of general training,

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1 A. No.
 2 Q. -- but it is there, and one of the particular problems,
 3 as in AR's case, is that sometimes practitioners
 4 presented with a child with a neurodivergent condition
 5 would focus on that and not enough on the risk that that
 6 individual would pose. They would treat, for
 7 understandable human reasons, the neurodivergence as
 8 an explanation for the risky behaviour, rather than
 9 focusing on that behaviour. It sounds as if, from what
 10 you have set out there in those paragraphs, that the NNT
 11 is focused on meeting those problems; not for VFIs but
 12 generally. Have I got that right?
 13 A. You have. One of the things I think it is important to
 14 emphasise is that this is a relatively small team,
 15 limited capacity, and has a Wales-wide remit. I think
 16 the way the paragraph is written there, doesn't actually
 17 indicate the scale of the team. It is one of those
 18 instances where some capacity is needed within each of
 19 the 22 authorities, but they don't each need to have
 20 this kind of service. But it is a very small service.
 21 Q. Really, that's what I'm asking. So, again, lack of
 22 specialist -- so there aren't very many specialist
 23 psychiatrists and psychologists and so if teachers,
 24 children's services professionals, can be trained to
 25 factor neurodivergence into risk assessments

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1 periodically, or will they provide guidance in relation
 2 to particular cases?
 3 A. No, it is periodic training but working closely with
 4 each of the 22 authorities in Wales.
 5 Q. But scalable, in your view?
 6 A. Definitely scalable.
 7 Q. Thank you. We come then, please, to page 24
 8 WLGA000001_0024, paragraph 78 and the question of
 9 multi-agency arrangements. Sir, for your note, this is
 10 dealt with between paragraphs 78 and 85 and then between
 11 paragraphs 96 and 106.
 12 SIR ADRIAN FULFORD: Thank you.
 13 MR JAMIESON: I will not go through all of those, for
 14 that -- given its size. Here, you have offered your
 15 evaluation of MAPPA and how that works in Wales but
 16 I think you have also made clear in the statement, if we
 17 went down to paragraph 81 and paragraph 82, essentially,
 18 that the limitation of your involvement and awareness of
 19 MAPPA and you say this, at 82:
 20 "The WLGA does not currently have a settled view on
 21 a single preferred multi-agency structure for
 22 managing ... (VFIs). Given the diversity of cases and
 23 local partnership arrangements across Wales, it is
 24 likely that the most appropriate structure will depend
 25 on the nature of the risk, the needs of the individual

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and the agencies involved. The WLGA would, however, support approaches that promote effective information sharing, clear accountability, proportionate risk management and strong collaboration between relevant statutory and non-statutory partners."

So again, just unpacking that. Are we to take from it, as we have heard from other witnesses, that there are lots of different multi-agency structures in Wales?

A. Yes.

Q. And not all of them in every area? There is local variance as to what that looks like?

A. There is local variance for a variety of reasons. I think this may have come across this morning but there is -- in the public sector in Wales there is a strong culture of partnership, collaboration. We, as an association, work closely with the Welsh Government and signed a partnership agreement recently, a strategic partnership agreement.

But it is something that, as I say, there is a strong culture of partnership, co-operation and outcome focus which can, in some instances, lead to different arrangements in different areas.

Q. One of the things that we have been pursuing with the Home Office and the Cabinet Office, so in England, the observation has been for a while that there are lots of

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they are focused on the potential victim of domestic violence?

A. That's right, yes.

Q. But also MASHs. I just wanted to ask you about MASHs in Wales. Is there a reasonably comprehensive system of MASHs across local authorities in Wales?

A. That's my understanding, yes.

Q. Do they deal with just children, or with children and adults, or does it vary?

A. I think the position varies but I have to say, my knowledge is incomplete.

Q. Those questions were asked to Mr Norris yesterday as well as the further question, essentially: what sort of MASHs are they? Is it just an initial triage -- I don't say "just" pejoratively -- but is it an initial triage, or does it have some sort of risk assessment case management function? May I ask -- he is going to come back in writing to answer those questions. May I ask you --

A. If I could do the same.

Q. -- your organisation does the same thing, yes.

A. Yes.

Q. I think your solicitor, in fact, already has that request but I have made it now.

A. Thank you.

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complicated and overlapping multi-agency structures and there is an unresolved question about whether or not anybody has ever mapped those, drawn together what their coverage is in a single document, so that that can be evaluated. Has that sort of mapping exercise taken place in Wales, do you know?

A. Not to my knowledge. We occasionally try and map partnership and arrangements in a range of different sectors. I think that anything -- in terms of the mapping, but anything that reduces the complexity and streamlines processes would be valuable.

Q. Right, because we will make the most of those instincts to collaboration that your members have, if we give streamlined structures, that can deal holistically with risk, rather than a series of different structures that are all looking at small and independent risks, would you agree with, and follow that line of thinking?

A. Yes, definitely, and I think the big picture perspective is incredibly important and again, something you mentioned earlier, making sure that no one falls through the net or cracks or whatever.

Q. May we just look at paragraph 84 briefly. Because there, you have mentioned three multi-agency arrangements: MAPPA, MARAC, which I think are principally focused on the risk of domestic violence and

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Q. Thank you. Before we leave the topic, may we just look at a couple of instances of local practice in Wales that you have told us about. Sorry, I have been rubbish with page numbers but paragraph 99 WLGA000001_0028.

So you have told us about some innovative and specialised local approaches to risk management and other examples of good practice.

You say that your:

"... Network has [recently] shared and promoted work by Cardiff Council's Policy, Partnerships and Community Engagement Team. Cardiff has produced Weapons in Schools and Educational Settings Guidance, delivered the Prevent Champions programme, and participated in a Home Office pilot to ..."

And this is what I'm particularly interest in:

"... to explore how individuals presenting concerning behaviours but falling below Prevent thresholds can be managed through multi-agency pathways."

Then Cardiff has continued to "offer free training to other local authorities across Wales" to disseminate that learning.

Are you in a position to tell us what that pilot looked like, what it did, what its conclusions were?

A. I'm not familiar enough with the detail but we can

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1 provide that as a follow-up, if it helps.

2 **Q.** Again, speaking for my own part -- and I anticipate for
3 the Chair -- just how the risk of cases that fall out of
4 Prevent is picked up and managed is a matter of
5 significant interest. So please could we also have,
6 through your organisation, a description of that --
7 a detailed description of that pilot and any evaluation
8 of its outcomes?

9 **A.** Yes.

10 **SIR ADRIAN FULFORD:** I would be grateful.

11 **A.** Yes.

12 **MR JAMIESON:** If we just scroll down to that paragraph 102,
13 just sticking with the topic of Prevent for a moment.
14 You tell us that the Safer Communities Network holds the
15 view that:
16 "... Prevent is not the most appropriate mechanism
17 for the identification, assessment and management of all
18 VFIs, although it remains an important and necessary
19 safeguarding referral pathway for individuals at risk of
20 radicalisation linked to a defined terrorist ideology."
21 I'm not -- then you go on to say:
22 "Prevent and Channel have been established to
23 address the risk of terrorism and are supported by
24 statutory duties, guidance ..."
25 And known pathways. I'm not going to pick up on
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1 it falls back on Prevent.

2 **Q.** So, its use in this way is a systemic indication that
3 the right system isn't there?

4 **A.** Yes, that additional pathways or interventions are
5 needed.

6 **Q.** Thank you. I wasn't going to ask anything more about
7 multi-agency sir, unless you had anything?

8 Thank you. May we just look, then, please at online
9 harms. You set out the detail of this from page 30
10 WLGA000001_0030 at paragraph 107. Sir, again for your
11 note, this runs from paragraph 107 to page 37 and
12 paragraph 138. I won't go through all of that. But
13 I will just pick out some of the key aspects for
14 discussion now.

15 What I wanted to -- you say, at the start, you can't
16 provide a definitive view on behalf of all local
17 authorities because this is an operational matter and
18 local understanding will vary.

19 But you say this, at 108:
20 "However, through our engagement with practitioners
21 across Wales, there is a strong and consistent view that
22 online environments can play an important role in the
23 escalation of risk for some individuals. Practitioners
24 frequently identify concerns around access to harmful
25 content, exposure to violent or extremist narratives,
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1 ideology and the extent to which that's necessary. But
2 just this view that Prevent isn't the most appropriate
3 mechanism. We looked, a little earlier, at some of the
4 ground-level teachers making that referral to Prevent
5 because there is perhaps no better option, or it is the
6 best available option. This view that it is not the
7 most appropriate one, is that because of the statutory
8 gateway, radicalisation to terrorism? Is it because of
9 capacity, or is it for some other reason?

10 **A.** Why is it -- sorry?

11 **Q.** It was a long question. Prevent's got some good
12 interventions underneath it, but it is focused on
13 terrorists.

14 **A.** Yes.

15 **Q.** Explain, please, your view that it is not the best place
16 for VFIs?

17 **A.** I think that it is sometimes used in the absence of
18 other, more appropriate pathways. There are a range of
19 different interventions that authorities would put in
20 place. There is a strong range of children and family
21 interventions.

22 But I think in this instance, the assessment is that
23 some of the more traditional or conventional
24 interventions aren't appropriate and in the absence of
25 any other more dedicated or specific interventions, then
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1 participation in online forums and chat groups, and the
2 ease with which individuals can access information,
3 imagery and communities that may reinforce violent
4 beliefs or behaviours."

5 So, if there was any doubt, in central Government,
6 that online environments can play an important role in
7 the escalation of risk for some individuals, they need
8 only speak to your practitioners to get a strong and
9 consistent view that there is a direct link between
10 those two things?

11 **A.** That's correct.

12 **Q.** You say this -- you provide evidence of that, you say,
13 at 109:
14 "The level of concern amongst practitioners is
15 reflected in demand for training and awareness raising."
16 So your members, or their employers are reaching out
17 to your members and saying: please train us in relation
18 to this problem because we are seeing it and we don't
19 know what to do about it WLGA000001_0031:
20 "Local authority members and officers continue to
21 express a desire for greater understanding of the harm
22 and the need to proactively tackle misinformation,
23 disinformation and online harms, both to support their
24 communities and to help them respond appropriately ...
25 Similarly, events delivered by the Network on topics
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1 such as knife crime in schools, online extremist
 2 influences, and the manosphere/incel movement have
 3 attracted significant interest, suggesting these issues
 4 are increasingly relevant to community safety
 5 practitioners and other partners."
 6 So those ground-level frontline practitioners are
 7 reaching out?
 8 A. And we use their -- the demand for training as one proxy
 9 or one measure of the level of concern but I think it is
 10 a societal issue and I believe there was a debate
 11 yesterday in Parliament, but I'm aware of wider
 12 discussions on these issues. You know, it is not
 13 unrelated to the debate taking place on the use of
 14 mobile phones in schools and education. We are engaged
 15 in a discussion with the Education Minister and the
 16 Welsh Government on these issues.
 17 Q. Thank you. I will come to mobile phones and schools
 18 shortly. But may we just look at paragraph 111. You
 19 say this:
 20 "Local authorities, however, face challenges in
 21 responding to these issues. Responsibility for many
 22 aspects of online regulation and safety sits outside
 23 devolved competence, creating limitations in the actions
 24 available to Welsh and local government partners.
 25 [Whilst] local authorities, police and other agencies

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1 A. As an association, we always argue that we'd deliver the
 2 best outcomes if every tier of Government works as
 3 closely together as possible; the UK Government, the
 4 Welsh Government and local Government, within
 5 a framework of mutual respect, respecting devolution and
 6 their respective roles. But anything we can do to join
 7 up Government I think is a good thing.
 8 Q. And needed, particularly acutely, where we are dealing
 9 with complex problems that cut across areas that are
 10 reserved and area that are devolved?
 11 A. Yes, providing clarity, shared understanding and mutual
 12 respect. But I have to say, this particular area is
 13 incredibly complicated as well.
 14 Q. Yes. I do accept and appreciate that. If we could just
 15 go on to paragraph 120. You say -- make that point in
 16 a different way. You tell me, at 119 WLGA000001_0033,
 17 that:
 18 "Local Authorities would generally regard best
 19 practice as [being] a holistic, multi-agency approach to
 20 the assessment and management of risks ... from online
 21 activity, recognising that online behaviour should not
 22 be considered in isolation from a child's wider
 23 circumstances, vulnerabilities and support needs.
 24 "In a children's services context, effective
 25 practice is likely to involve considering online

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1 undertake monitoring, safeguarding and preventative
 2 activity, resource and capacity constraints remain
 3 a significant challenge."
 4 So you are making a point there, your local
 5 authorities, their employees, are facing these
 6 challenges, telling you about the challenges, but online
 7 regulation is devolved; it is not something that the
 8 Welsh Government can legislate -- sorry, not devolved,
 9 reserved --
 10 A. Yes.
 11 Q. -- to the UK Government, and if we went onto
 12 paragraph 116, over the page WLGA000001_0032. You say:
 13 "The governance and policy landscape can also be
 14 challenging to navigate. Local authorities are required
 15 to respond to a range of priorities and duties
 16 originating from both UK and [the] Welsh Government, and
 17 practitioners often report that governance structures,
 18 reporting requirements and partnership arrangements do
 19 not always align neatly. This can create complexity
 20 when responding to emerging online threats that cut
 21 across multiple policy areas, including safeguarding,
 22 community cohesion, extremism, violence prevention and
 23 public health."
 24 Is this a call for cohesion between the two
 25 governments?

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1 activity as part of a [broad] safeguarding, wellbeing
 2 and risk assessments, drawing together information from
 3 families, education, health services, youth justice,
 4 policing and other relevant partners where appropriate.
 5 Practitioners would be expected to consider not only the
 6 content a child may be accessing online but also the
 7 potential impact ... online interactions, social
 8 influences, exploitation, harmful networks, social
 9 isolation, mental health concerns and other contextual
 10 factors ..."
 11 So, online life, in all of its aspects, a very
 12 important part of understanding the risks and
 13 vulnerabilities of an individual but needs to be seen in
 14 context of all of the factors?
 15 A. Yes. It is an incredibly complex field. Training,
 16 information sharing. You know, it informs a number of
 17 agencies but children and young people, families,
 18 guardians as well; everybody has a part to play.
 19 Q. I think that brings us to a particular challenge in this
 20 area, that other witnesses have told us about. I think
 21 there is almost universal acceptance of that premise,
 22 that online life is really important to safeguarding
 23 valuation.
 24 A. Yes.
 25 Q. But a challenge is getting visibility of what that is,

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1 what is happening, what is being consumed, what those
 2 interactions are. Have you got insight, have you got
 3 mechanisms to achieve that insight in the Welsh
 4 multi-agency safeguarding practices?

5 **A.** I don't think we have more of an insight than anyone
 6 else. As I mentioned, early intervention and prevention
 7 is part of the answer to this and the younger the
 8 children are when interventions are put in place, the
 9 more effective they are likely to be. Families and
 10 parents and guardians have clearly got a role to play as
 11 well. Information sharing, informing are key parts of
 12 this and engagement with children and young people. But
 13 the reality is, it is incredibly challenging. By the
 14 time we get -- children and young people get to
 15 secondary school age, they know how to set up VPNs, they
 16 know how to hide whatever they are searching from -- so
 17 it is a societal problem, it is incredibly difficult.

18 **Q.** So difficult to get visibility, technological solutions
 19 difficult, only a partial answer.

20 **A.** Yes.

21 **Q.** But is the effect of what you are saying is, if you get
 22 early intervention right, if you are looking for the
 23 right sorts of early signals, that these concerns can be
 24 picked up in more traditional ways, through safeguarding
 25 conversations, through alert parents or teachers

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1 parents that, actually, they may not have any idea as to
 2 the sorts of information that their children are
 3 encountering and they need to be kept safe in that
 4 environment, rather than left free to roam. It says
 5 this:

6 "The best way to help children and young people --

7 **SIR ADRIAN FULFORD:** You needn't go through it.

8 **MR JAMIESON:** I needn't read it. Thank you. There is that
 9 document.

10 **A.** Yes.

11 **Q.** That can come down, thank you, and we can go back to the
 12 statement. Are those sorts of public health
 13 interventions assessed to be effective? If so, how are
 14 they assessed? What's the view of your members?

15 **A.** I don't know how they are assessed. I think the point
 16 you were alluding to in terms of the content, I think
 17 there was no reference to VFI concerns there and I think
 18 that's something that could be easily and quickly
 19 addressed.

20 I don't know if there is any evaluation. I imagine
 21 that there is. But I have no knowledge of that
 22 evaluation of effectiveness.

23 **Q.** Well, again, if that's information that's within your
 24 organisation, can I ask that we be provided with it?
 25 May I just pick up a couple of final points on this

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1 noticing changes in behaviour, that sort of thing?

2 **A.** The greater the focus on early intervention and
 3 prevention, then the greater the impact on outcomes.

4 **Q.** At paragraph 124 WLGA000001_0034, please. You draw our
 5 attention to the Hwb, as I have now learnt to say.
 6 Which, I suggest to you, is part of the public health
 7 approach that the Welsh Government is taking to this
 8 issue? So publicly accessible website which provides
 9 guidance and resource. You say that, through it
 10 a hundred resources are freely available to
 11 practitioners, parents and governors and you give some
 12 examples. May we just look at one of them briefly.
 13 WLGA000034, which is a leaflet directed at parents
 14 "Supporting your child when they're online".

15 So, if we just look at this:
 16 "Supporting your child when they're online."
 17 "The content that young, curious minds encounter on
 18 games, social media and websites may be quite different
 19 to what adults are used to seeing online. This can make
 20 it tough for you to know how to support your child as
 21 they navigate the online world. There is plenty of
 22 support available to help you keep your child safe."

23 So, as we look at this, there's not going to be
 24 anything that's particularly focused on extreme violence
 25 or gore or anything like that, but a clear message to

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1 topic and then suggest, sir, that we take a quick break.

2 May we look at paragraph 127 of your statement,
 3 which is page 35 WLGA000001_0035. You draw the line
 4 between the wider public health agenda that's being
 5 reinforced through recent Welsh Government work on
 6 mobile phone use in schools following national
 7 engagement. If we went down to page 35 and
 8 paragraph 130, and looked at the end of this page, you
 9 say this. You are aware that the Welsh Government is
 10 intending to issue statutory guidance on restricting the
 11 use of mobile phones in schools, a ban on mobile phones
 12 in schools, which is something you have mentioned
 13 before.

14 And:
 15 "... will work with local authorities to support its
 16 effective implementation."

17 What is the thinking behind the need for banning
 18 mobile phones in schools?

19 **A.** I think a range of issues. One of the things that's
 20 been considered is what's happened in countries like
 21 Australia and elsewhere; it is the general sense that
 22 they have a detrimental impact on outcomes, both in
 23 terms of teaching and learning and educational
 24 performance, but wider consequences as well.

25 I think there are demands from different sectors and

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1 different partners as well. It is clearly contestable
 2 and subject to further debate and discussion. We have
 3 a new Government in Wales at the moment and a new
 4 Education Minister. I think I mentioned earlier in my
 5 evidence that we are involved in discussions with the
 6 minister. I think the reason it is contestable is
 7 because it is the trade-off between the potential harms
 8 and what are seen as the potential benefits as well.

9 **Q.** In terms of those harms and the mitigation of those
 10 harms, a ban at school can only ever be part of the
 11 answer though because if, as soon as the child goes
 12 home, unrestricted, unregulated access, it will have no
 13 impact on that?

14 **A.** Yes.

15 **Q.** Yes. The only other paragraph to pick up is page 36
 16 WLGA000001_0036, 135. You make the point that you have
 17 done already, in passing, that your:

18 "Practitioners frequently observe that young
 19 people's digital skills ... exceed those of [the]
 20 parents and carers ..."

21 That are seeking to supervise them in the first
 22 place.

23 Do you see that, the final sentence of 135;
 24 something your members are feeding back to you?

25 **A.** Yes, that is right.

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1 page 37 WLGA000001_0037 and paragraph 139 of your
 2 statement.

3 Really I just want to put on the record what you say
 4 at 139 that, essentially, you don't consider that you
 5 can "assess the adequacy of specific local authority
 6 powers, as this is primarily an operational matter."

7 You go on to say that the rest of the evidence that
 8 you have given. Sir, for your note, that section goes
 9 on to paragraph 151, where Dr Llewelyn offers the
 10 comment that he can but with that caveat. I'm not going
 11 to go through it.

12 **SIR ADRIAN FULFORD:** Fine.

13 **MR JAMIESON:** Thank you. May we go then, please, to page 40
 14 WLGA000001_0040 and paragraph 152. Here, the topic is
 15 "The sale and possession of offensive weapons and
 16 articles with a point or blade".

17 You say, at paragraph 152, that "significant
 18 legislative changes have been introduced in recent
 19 years", and it is too early, in simple words, to say
 20 what the impact of that has been yet. Is that right?

21 **A.** Yes, that's correct.

22 **Q.** The section goes on to paragraph 164 on page 44, but
 23 I will just pick up a couple of points as we go through.
 24 So if we went just down to paragraph 155. Where you are
 25 telling us about the Trading Standards perspective. You

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1 **Q.** It is difficult -- or parents and guardians can be
 2 a part of this solution but there needs to be
 3 recognition that their children's digital sophistication
 4 may well be greater than theirs, is that right?

5 **A.** Yes. No, it is and it's again -- it is not even
 6 a conflicting policy priority. We know that we need to
 7 equip children and young people with strong digital
 8 skills so as to be able to compete in the modern world
 9 and as part of the contribution towards a sustainable
 10 and successful economy. But we are also aware of the
 11 risks and the dangerous as well.

12 **MR JAMIESON:** Thank you very much. Sir, I don't have very
 13 far still to travel but I wonder if we could still have
 14 a short break?

15 **SIR ADRIAN FULFORD:** Certainly. We will sit again at
 16 3.20 pm.

17 **(3.08 pm)**

18 **(A short break)**

19 **(3.20 pm)**

20 **SIR ADRIAN FULFORD:** Please have a seat. Yes, Mr Jamieson.

21 **MR JAMIESON:** Thank you, sir. Just a couple of short topics
 22 to cover off, to make sure we have comprehensively
 23 looked at your statement.

24 The next topic is the effectiveness of existing
 25 interventions and legal powers. Please may we look at

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1 make the point that "responsibility for offensive
 2 weapons legislation rests with the UK Government" and
 3 so, if there are legislative opportunities to strengthen
 4 the systems, it is to the UK Government that we need to
 5 be looking, rather than the Welsh Government?

6 **A.** Yes.

7 **Q.** If we just go over the page WLGA000001_0041 to
 8 paragraph 156. You talk about something that has
 9 particular resonance with the facts of this case. You
 10 tell us that:

11 "One of the most significant areas for consideration
 12 is the relation of knife sales through online platforms.
 13 Current arrangements can allow individuals to purchase
 14 bladed articles from third-party sellers, including
 15 overseas businesses that may not operate under the same
 16 regulatory expectations as UK-based retailers. The
 17 growth of online retailing has created [real] challenges
 18 for age verification, enforcement and seller
 19 accountability, particularly where products are sold
 20 through third-party marketplaces or businesses based
 21 outside the UK."

22 So that is a wider, systemic problem that your
 23 members are encountering; it is not confined to the
 24 facts of this case?

25 **A.** That's right.

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1 Q. You say that:
2 "Consideration should be given to strengthening
3 requirements on online marketplaces, including mandatory
4 age verification before purchase and at delivery,
5 improved seller verification, and requirements for
6 businesses supplying knives to UK consumers to maintain
7 a verifiable UK registration and address, enhanced
8 responsibilities on online marketplaces and social media
9 platforms facilitating sales, improved mechanisms for
10 removing non-compliant listings."

11 You say that:

12 "Those measures would improve regulatory oversight
13 and make enforcement action more practical."

14 And that's the Trading Standards voice that you are
15 providing, through your membership there?

16 A. Yes.

17 Q. If we just went down to paragraph 157. You say:

18 "However, it is also important to recognise the
19 limitations of retail controls. Restrictions on sales
20 can help reduce opportunities for unlawful acquisition,
21 but they cannot address all routes through which
22 individuals may gain access to bladed articles. Many
23 incidents involve commonplace household knives that may
24 already be readily available within domestic settings.

25 This underlines the need for a broader prevention

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1 a wider role they could play in this instance as well.

2 Q. So you are drawing our attention to the particular
3 resource constraints that Trading Standards operate
4 under and whilst they are charged with knife sales
5 enforcement, they have broader responsibilities?

6 A. Yes, that's correct. But I would add there are similar
7 resource issues across the whole of local Government,
8 whether it is children's services, adult services,
9 education and so on. Capacity has been hollowed out
10 over the last 15/16 years or so.

11 Q. Thank you. If we went to page 43 WLGA000001_0043 and
12 paragraph 165, you set out your closing remarks. You
13 say this:

14 "The Network's overarching observation is that
15 practitioners across Wales are managing increasingly
16 complex individuals and risks at a time of significant
17 resource pressure. Whatever future arrangements are
18 developed for VFIs, they will require clear ownership,
19 effective multi-agency governance, specialist
20 intervention pathways and sustainable long-term
21 investment."

22 Those are the -- that's the overarching observation
23 and the recommendations that you make. Is there
24 anything that you wanted to add to that?

25 A. I think we have covered a lot of these issues already

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1 strategy that extends beyond retail regulation alone."

2 The question is: what does that broader retail
3 strategy look like?

4 A. I think, as a sector, the public protection within local
5 Government I think, Trading Standards and Environmental
6 Health could do more and good investment, I think, would
7 help. In terms of the pipeline of the workforce,
8 I think there's more that could be done there. The
9 training opportunities, I think, aren't as good as they
10 could be. In terms of some of the things they can do,
11 more campaigning work, publicity, public information,
12 that -- a range of awareness raising initiatives that
13 they are well placed to undertake.

14 The reality is the resources and capacity is
15 stretched. I think we saw, in the immediate aftermath
16 of Covid, how valuable the service they provide is but
17 the pressures that they face, in terms of delivering the
18 regulatory capacity they have got -- I know that many of
19 your witnesses will have talked about resources and
20 capacity. But I think that this is one of those areas
21 where more resources, greater capacity, greater
22 investment could yield improved outcomes.

23 We talk about the work they do in terms of illicit
24 tobacco, vaping, animal health issues, high street
25 issues that everybody will be familiar with. There is

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1 during the session. I mean, I think that that's
2 a relatively succinct sentence. But all of those
3 elements are really important.

4 MR JAMIESON: Thank you, doctor; those are all of my
5 questions. Sir, Mr Nicholls has Rule 10 permission.
6 I think he does have a question.

7 SIR ADRIAN FULFORD: Yes, Mr Nicholls.

8 MR NICHOLLS: Just one very short topic, if I may.

9 SIR ADRIAN FULFORD: Do come forward.

10 Questions by MR NICHOLLS

11 MR NICHOLLS: Good afternoon. I ask some questions on
12 behalf of the victim and survivor groups. Just one very
13 short topic, please. Can I turn up paragraph 91 at
14 page 27 WLGA000001_0027, of your statement, please. It
15 is the first sentence, where you say:

16 "The Wales Safer Communities Network would strongly
17 support the development of a single, shared multi-agency
18 risk assessment tool that is clear, accessible and
19 capable of being used consistently across public sector
20 services."

21 Can I just understand, briefly, why you say that?
22 Is that, in part, because a single tool of that nature
23 would help professionals with greater clarity and
24 consistency in decision-making about risk? Is that your
25 understanding?

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1 **A.** I think there would be several advantages. We would --
 2 there would be greater consistency in response,
 3 a greater shared understanding. I think, in the absence
 4 of such a risk assessment tool -- from the information
 5 we received from our stakeholders and different
 6 partners, I think everybody seems to be saying the same
 7 thing. I'm conscious as well that in evidence provided
 8 to this Inquiry from other witnesses as well, I think
 9 that message has been repeated.

10 **Q.** So that's in part for the reasons you give, was one of
 11 those, as I understood it, a shared understanding of
 12 factors that contribute to risk, yes?

13 **A.** Yes.

14 **Q.** Also, that the fact of having such a tool may itself
 15 encourage information sharing between agencies?

16 **A.** It would, and I think the issue of consistency, of
 17 consistency of approach as well.

18 **MR NICHOLLS:** As you have said.

19 Those are all my questions. Thank you very much.

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

21 **MR JAMIESON:** Sir, did you have any questions?

22 **Questions by SIR ADRIAN FULFORD**

23 **SIR ADRIAN FULFORD:** Just one thing, Dr Llewelyn, if I can,
 24 and it is just for clarification. You will remember
 25 that right at the beginning of his questions,

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1 individual, means that you have to take those -- that
 2 wide range of factors into account because everybody is
 3 going to be different, nonetheless, there's a really
 4 imperative to have a definition which is sufficiently
 5 wide but focused on the particular problem that needs to
 6 be addressed, that is applied by everyone?

7 **A.** I would agree with that completely, and I think I said
 8 in my evidence that I think good assessment will go
 9 beyond the immediate definition as well.

10 **SIR ADRIAN FULFORD:** I just wanted to make sure that you
 11 weren't expressing qualms about the definition. That's
 12 very helpful. Dr Llewelyn, I'm very grateful to you.
 13 Both your statement and your evidence have been
 14 extremely useful and I undertake that, certainly as far
 15 as the Inquiry is concerned, the Welsh voice will be
 16 heard.

17 **A.** Thank you.

18 **MR JAMIESON:** Sir, I'm just checking what time we are
 19 meeting tomorrow morning.

20 **SIR ADRIAN FULFORD:** Is there any reason for it not to be
 21 10 o'clock?

22 **MR JAMIESON:** No it is 10.00 am.

23 **SIR ADRIAN FULFORD:** It is 10.00 am. I will rise until
 24 10 o'clock tomorrow.

25 **(3.35 pm)**

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1 Mr Jamieson was asking you about the need for
 2 a consistent definition and he, as it were, set out
 3 there are a range of choices, VFIs, NIEVs, NIVEs and all
 4 the rest. At one point in your evidence, when you were
 5 considering whether a definition which focused on
 6 a "non-ideological violent extremist" you, I think, gave
 7 a qualified answer, which was that -- and I'm
 8 paraphrasing -- that may be useful, but -- and as
 9 I understood your "but", it was that there are a wide
 10 range of vulnerabilities, and vulnerabilities can be
 11 complex.

12 Can you give me just an idea as to what you have in
 13 mind in relation to vulnerabilities when you are
 14 expressing a reservation about that definition? So,
 15 what are the sort of things that you think are at risk
 16 of being missed out?

17 **A.** Can I say, I have no reservation in terms of
 18 a definition. But I think the way the definition is
 19 applied, it needs to take the wider context into
 20 account, clearly. But, as we have talked about, in
 21 terms of whether it's neurodivergence, other familial
 22 factors, the socio-economic context, it needs to take
 23 those factors into account as well, I think.

24 **SIR ADRIAN FULFORD:** Would you agree that, although of
 25 course, in looking at what you do with and for the

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1 **(The Inquiry adjourned until 10.00 am the following day)**

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