

Thursday, 22 October 2026

(10.00 am)

SIR ADRIAN FULFORD: Please remain standing for a moment.

DAME RACHEL DE SOUZA (sworn)

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

Questions by MR MOSS

MR MOSS: Thank you, sir.

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

A. Rachel de Souza.

Q. Thank you. If we can have on screen, please, CCE000017. Dame Rachel, we have your statement there. If we could just go to page 20 CCE000017_0020, please. Right at the end, we see that you signed it. We have redacted the signature. It was signed originally, I think, on 9 September, is that right, of this year?

A. Indeed.

Q. Thank you. Can I just ask you to confirm that the contents of that statement are true to the best of your knowledge and belief?

A. Yes, they are.

Q. If you would forgive one observation, most of the statement is written in the third person, referring to "the Commissioner". Can I just check that it is your

1

A. That's correct.

Q. Thank you. You set out, in paragraph 6 on page 2 CCE000017_0002, please, perhaps we can take it, first of all, from paragraph 5:

"The Children's Commissioner has a statutory and independent role to protect and promote the rights of children in England and for children around the United Kingdom on issues reserved for the UK Parliament, in accordance with the United Nations Convention on the Rights of the Child. In addition, she is charged with promoting awareness of the views and interests of children ..."

If we just understand that division, because obviously we are going to have the Children's Commissioner for Wales giving evidence next. Should we understand from that, in terms of the settlement, for matters that are devolved, like safeguarding, you have an English focus, but on matters that are retained for the UK Parliament, such as policing, you have a UK-wide interest; is that essentially how it works?

A. That's correct.

Q. Thank you. If we go down now to paragraph 8. You give the statutory basis. I don't think we need to look at that in detail. There is a lot of detail helpfully set out. But just to note the essential statutory basis.

3

statement, albeit that you may, as with other witnesses, have had input from your team and from your office, is that right?

A. It is my statement.

Q. Thank you very much. Can I start by asking about the role of the Children's Commissioner. If we just look, please, at page 3, paragraph 8. *(Pause)*.

We have had a change in the paragraph numbers. If we just go to the first page, please CCE000017_0001. You give there the details:

"The office of the Children's Commissioner for England welcomes the opportunity to contribute to the Southport Inquiry."

You explain in paragraph 4 that the Children's Commissioner is a statutory role and is a corporation sole. Is that correct?

A. That is correct.

Q. Your own appointment, I think, was in the spring of 2021, is that right?

A. Yes, March 1, 2021.

Q. You succeeded Anne Longfield in that post; is that right?

A. I did, yes.

Q. You serve six-year terms, if I have understood it correctly; is that right?

2

The Children Act 2004 and The Children and Families Act 2014, I think is the key statutory basis to the role; is that right?

A. That is correct.

Q. Thank you. Relevant to the work done on your report, "Children referred to Prevent", that we will come onto look at in detail, if we could just look briefly at page 3 CCE000017_0003, paragraph 15. You detail the powers and I want to pick up two aspects of that. One of them is that you have power to enter settings for the purposes of interviewing children and understanding the care provided to them.

So that allows you, presumably, to have direct access without intermediaries. You can go in and your team can go in and have discussions with children of different ages and gather evidence in that very direct way?

A. Indeed, and we use it regularly.

Q. Thank you. Then in paragraph 16, we see that also you have a power "to request information about children from anyone undertaking a public task". You will know why I ask you about that, because I think you used that in relation to the Prevent process, to get some further data beyond that which had been published?

A. Indeed and we use that power regularly.

4

1 Q. Thank you. Dame Rachel, if you will forgive me for
2 making the observation, I don't think your statement
3 actually covers your own professional background before
4 your appointment but we see you make reference in your
5 report on Prevent that you were a headteacher and
6 a teacher for many years. Could you give us a little
7 bit more detail about your own professional background
8 before you were the Commissioner?

9 A. Indeed. So I have been a teacher since 1991. I took up
10 my first headship, one of the first academies in 2005.
11 My second headship in 2010 and then ran a group of
12 schools, 14 schools, in Norfolk and Suffolk, with
13 a particular focus on schools that were under-performing
14 and ensuring that they were turned around and improved.

15 Q. Thank you. I want to turn to look next at definitions
16 of VFIs and if we could have page 4 CCE000017_0004,
17 paragraph 28 of your statement please.

18 You say there:

19 "The Children's Commissioner Recognises the term
20 Violence Fixated [Individual] ..."

21 As you make clear, you use that term yourself in the
22 Prevent report. How did that term become known to you
23 as the Commissioner and your team?

24 A. So in my conversations, particularly immediately after
25 the Southport attack, with the Metropolitan Police, with

5

1 Sir Mark Rowley, with other senior leaders, we used that
2 terminology. So I used it because it is common
3 terminology and we know so little about this group, that
4 this seemed like the most helpful term.

5 Q. Thank you. If we go over the page CCE000017_0006, we
6 also see we have had experience of the cohort being
7 referred to as "Nihilistic Violent Extremists". You say
8 you have not adopted that term; is there a particular
9 reason for that?

10 A. So I don't think the evidence is secure enough in terms
11 of describing these children as "ideological",
12 "non-ideological", "nihilistic". I think, at the
13 moment, with the lack of evidence about this group of
14 children, the term that I have used is the best one.

15 Q. Thank you. You also say, in common with I think the
16 majority of witnesses -- not all, but the majority --
17 that a single recognised term would be a useful tool
18 across children's services to assist in identifying and
19 supporting this cohort. It may be an obvious question
20 but why is it useful?

21 A. So we all know we are talking about the same cohort and
22 we can make sure that their needs are met.

23 Q. Others have mentioned also the desirability, if one is
24 going to monitor the effectiveness of interventions and
25 have consistency of data, if you don't have a definition

6

1 for the cohort, the data is likely to be, at the very
2 least, less reliable. Would you agree?

3 A. I agree and again, I make my point that we don't know
4 enough about this cohort as well.

5 Q. Thank you. You will be aware that very recently,
6 6 October, the Home Office published interim guidance on
7 NIEV. HOM001011 please, it is page 2 HOM001011_0002,
8 paragraph 6 at the bottom of the page. It is a working
9 definition, without prejudice to the work of this
10 Inquiry. But the Government's current thinking is:

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

15 Have you and/or your office had long enough to give
16 thought to that working definition?

17 A. We haven't but on a superficial look, "intent" seems to
18 be embedded into this and, again, my challenge would be
19 we don't know enough about this cohort to be able to be
20 very specific in the definition at the moment and
21 I would be slightly concerned about anything that refers
22 to "intent" or "non-ideological", because ideologies can
23 be blurred.

24 Q. Thank you. We had a number of academic and other
25 experts giving seminars early on. Professor Cassam was

7

1 one of those. He put forward -- he called it
2 a placeholder, an alternative working definition of
3 "non-ideological violent extremist". So NIVE rather
4 than NIEV; non-ideological violent extremist. In
5 testing things with witnesses, we have been seeking
6 witnesses' views on the cohort perhaps being defined as
7 those who are being vulnerable to being drawn into
8 non-ideological violent extremism. Do you have a view
9 on that? Appreciating you don't have much notice.

10 A. It sounds sensible. I would encourage further research
11 on the cohort before we land on a final definition,
12 perhaps the Youth Endowment Fund or others could be
13 working on this to make sure there is a really good fit
14 with the definition.

15 Q. Thank you. Could we turn then, please, Dame Rachel, as
16 our next topic to the report that I have already
17 mentioned once. If we could have a look at it please,
18 it is CCE000001. We see it is a recent publication from
19 you and your office "Children referred to the Prevent
20 programme". Could we look together, please, at page 3
21 CCE000001_0003, just a little further down.

22 So in your foreword, you refer to the devastating
23 murders of Alice, Bebe and Elsie and I would just like
24 to understand how this report came about. I anticipate
25 that, as the Commissioner, you have a certain level of

8

1 freedom in choosing topics about which you investigate
 2 and issue reports. Can you just explain to the learned
 3 Chair why you chose to investigate and then report on
 4 Prevent against this background?

5 **A.** So I was deeply shocked by the Southport attacks and the
 6 murders, deeply shocked. I think that -- and with my
 7 education background and experience of using Prevent,
 8 I felt something useful that I could do would be to both
 9 look into how Prevent was working and to look at this
 10 group and I went and I spoke with Sir Mark Rowley,
 11 Assistant Commissioner Laurence Taylor. They -- after
 12 I had already made the decision to do the work, and they
 13 affirmed to me that this was an increasingly worrying
 14 group for them.

15 They were worried about the same things I was, about
 16 whether Prevent was working. So, I thought what I could
 17 do as Children's Commissioner was try to speak to some
 18 of those children, use my powers to look into Prevent,
 19 to try to get to the bottom of it.

20 **Q.** Thank you. In terms of methodology, and I'm going to
 21 try to avoid jumping around too much, but if we could go
 22 back just to your statement because you set it out
 23 helpfully and pithily there. So back, Amanda please, on
 24 page 3 CCE000017_0003 of the statement if we may,
 25 paragraphs 19 to 21.

9

1 **A.** So headteachers, people from public service, and also
 2 people working for Prevent.

3 **Q.** Thank you. Then you say as well as one adult, and one
 4 child, who had experience of Prevent interventions, all
 5 of whom were in England, yes?

6 **A.** Yes and can I just say how difficult it was -- normally
 7 we do far larger listening exercises with children. It
 8 was incredibly difficult to access violence-fixated
 9 children.

10 **Q.** Thank you. When we come to -- you put a caveat in
 11 a number of places in the report but including on the
 12 effectiveness of interventions. So when you give
 13 citations -- and it is not a criticism of the report at
 14 all, but when you give citations about the experiences
 15 of those who have been through Prevent, we should
 16 remember that that was a very small sample indeed?

17 **A.** Very small.

18 **Q.** Thank you. So if we can go back into the report please.
 19 And go to page 28 CCE000001_0028. I wanted to go
 20 straight to the conclusions. So, the first paragraph:
 21 "This report has shown that large numbers of
 22 children are being referred to Prevent every year, and
 23 many of those children are being referred several times.
 24 The majority of referred children do not progress to
 25 receive an intervention and are often referred back to

11

1 So:
 2 "The report was informed by statistical analysis of
 3 publicly available official statistics ..."

4 **A.** Yes.

5 **Q.** This Inquiry is very familiar with those because we have
 6 looked at them with a number of witnesses. But you do
 7 explain also in paragraph 20, that:
 8 "Four additional subsets of the above dataset not
 9 previously published ..."

10 This, I think, is where you used your powers that we
 11 were looking at earlier on, to obtain information from
 12 Prevent in relation to the areas, the first of two of
 13 which we see set out at the bottom of the page?

14 **A.** Yes.

15 **Q.** Then if we go over the page CCE000017_0004 we see the
 16 other two set out. Then importantly, at paragraph 21,
 17 you say:
 18 "The report is additionally informed by qualitative
 19 interviews carried out by [your office] in spring ..."

20 Of this year, and part of the reason for taking you
 21 to this is to note how recent those interviews were:
 22 "... with six professionals with experience of
 23 making Prevent referrals ..."

24 Please don't give names but just tell us what sort
 25 of background they had?

10

1 the organisation that referred them, most often
 2 an education setting. This speaks of a system holding
 3 a great deal of worry about a group of children, seeking
 4 somewhere for them to get help, or someone to hold
 5 responsibility for them, and not finding it."

6 I think, if I have read the report correctly, that
 7 is the absolute central conclusion that lies at the
 8 heart of the report; would that be fair?

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

10 **Q.** Thank you. Dame Rachel, as I have given you notice of,
 11 rather than spending the best part of 45 minutes or
 12 an hour this morning going through the report to draw
 13 out a large number of paragraphs, I have just sought to
 14 distil what we have understood to be the central themes
 15 in a numbered list and can I just check that you agree
 16 with them.

17 Please do correct it if we have misunderstood and at
 18 the end of the list, if there are points that we have
 19 missed, please let us know.

20 So, firstly, there are a large number of Prevent
 21 referrals, the number of referrals is going up and,
 22 importantly, referrals for children are going up?

23 **A.** Yes, that's true.

24 **Q.** Secondly, a large proportion of children who are
 25 referred to Prevent are in categories that are, broadly

12

1 speaking, non-ideological?

2 **A.** Yes, about 71 per cent in my cohort.

3 **Q.** Thank you. Thirdly, the majority of children referred

4 to Prevent do not progress to being discussed at

5 a Channel panel and fewer still are taken on by Channel

6 and have interventions?

7 **A.** Yes. About 86 per cent are not taken on.

8 **Q.** Thank you. Fourthly, while, no doubt, one can put

9 a minority of non-adopted cases down to poor referrals,

10 or perhaps even the occasional malicious referral, you

11 anticipate that the vast majority of referrals will be

12 based on frontline caring professionals, especially in

13 schools, who are rightly professionally worried about

14 the child that they have referred?

15 **A.** Yes.

16 **Q.** And that is illustrated by a proportion, albeit,

17 a relatively small proportion, but nevertheless the

18 proportion of repeat referrals?

19 **A.** Yes.

20 **Q.** Fifthly, many of those who are not adopted by Prevent

21 and some who are end up being referred back to other

22 agencies, but they are often the agencies that referred

23 them to Prevent in the first place?

24 **A.** Unfortunately, yes.

25 **Q.** Sixthly, when you add all of that up, the bottom line is

13

1 establish some figures, like a higher risk of

2 neurodiversity.

3 **Q.** Thank you. Then tenthly and finally, in our

4 distillation of points, you point to the relatively poor

5 current standards of data and data tracking to be able

6 to allow interested groups to assess these issues?

7 **A.** It is extremely serious concern.

8 **Q.** Thank you.

9 Now, I'm afraid, that's our list but is that

10 a reasonable summary of the key aspects of the report,

11 or are there any other important ones that we have

12 missed?

13 **A.** I think that covers the key findings well.

14 **Q.** Thank you. Sir, with your permission, against that

15 background I'm just going to pick up some of the points

16 of detail, if I may.

17 **SIR ADRIAN FULFORD:** This is very helpful, Mr Moss.

18 **MR MOSS:** Thank you, sir. So, could we look please, first,

19 at the rise in children's referrals and Amanda might we

20 have, please, page 13 CCE000001_0013, it is the bottom

21 of the page of the report.

22 So you give the figures and again, we have had this

23 in a number of contexts, but March 2024, April 2025 are

24 the figures you used. 8,778 referrals were made to

25 Prevent. 4,715 of these were about children, and you

15

1 that your report raises a serious question over whether

2 the system, as currently designed, is addressing the

3 needs and the risks of this cohort of children well?

4 **A.** Indeed, yes.

5 **Q.** Seventhly, allied to that is a concern that when cases

6 are not taken on by Prevent, there is a degree of

7 concern about the relative lack of information that

8 comes out of Prevent back to the agencies who referred

9 them?

10 **A.** There is no information, so it's a deep concern to

11 professionals.

12 **Q.** You have referred -- you have used the phrase "black

13 box" in your report, is that right?

14 **A.** Absolutely.

15 **Q.** Eighthly, also underlying all of this is the whole

16 nature of the severity of the online harms risks to

17 children not being addressed sufficiently?

18 **A.** Yes and I mean, we know that that's a key place for

19 radicalisation.

20 **Q.** Thank you. Ninthly, you link these issues in with the

21 need for improved health access and you draw particular

22 attention to neurodivergence as well?

23 **A.** And let me say the paperwork that I use my powers to get

24 and ask about neurodiversity and mental health concerns,

25 was not complete or well filled in but we did manage to

14

1 say:

2 "Prevent responds to risks identified for both

3 children and adults, although referrals for children

4 make up more than half (54%) of the total referrals ..."

5 Is that right?

6 **A.** It is and, you know, obviously children are very visible

7 to services and to schools, so I'm not surprised by

8 children being the higher group.

9 **Q.** Thank you. If we go over the page CCE000001_0014,

10 there's a reference to table 1, and table 1, very

11 helpfully, gives both the percentage and the number of

12 referrals for children from the years 2016/2017 through

13 to 2024/2025. Without going into measures of

14 statistical significance, if we leave aside 2020/2021,

15 which I will come back to, there seems to be a gentle

16 upward trend, would that be fair, of the percentage of

17 children who make up the referred cohort?

18 **A.** Yes.

19 **Q.** It may be obvious, but presumably, 2020/2021, the dip

20 there corresponds to the period when many children were

21 out of school because of Covid?

22 **A.** And that's the point about eyes on, I think, because so

23 many referrals come from schools.

24 **Q.** Thank you. What is a striking feature but we don't need

25 to spend long on it because it is very well illustrated

16

1 is that, if we look down on the same page, we have
 2 a very useful graph which illustrates what is populating
 3 the up-surge and so we see the bottom line is for
 4 0-10-year-olds. The yellow line in the middle is for
 5 16-17-year-olds, and in the prose of your report you
 6 draw particular attention to the striking level of
 7 increase for 11-15-year-olds?
 8 **A.** Yes.
 9 **Q.** Thank you. Do you have a sense, from your work, of why
 10 it is that, against an overall gentle increase, the
 11 increase seems to be most marked of all in those
 12 aged 11-15?
 13 **A.** So I think it is a combination of those children being
 14 very visible to professionals, but also the online
 15 world. I think these are the users of the online world
 16 and in my conversations with young people -- I am sure
 17 you will pick this up later -- that seems to be where
 18 the process of radicalisation into violence happens.
 19 **Q.** Thank you. Second detail I want to pick up,
 20 Dame Rachel, if we may please, is the significance of
 21 the non-ideological basis of the referrals for children.
 22 For that, could we look at page 15 CCE000001_0015 of the
 23 report and it is table 2, please Amanda, that we will
 24 need for that.
 25 So, we can see the way this table works. So the "no
 17

1 factor -- I suppose, you could have an argument over
 2 whether "multiple ideologies with no dominant ideology"
 3 fit in that "no clear ideology" group.
 4 But whether or not there is merit in that, that
 5 subset actually has quite a low percentage,
 6 4.8 per cent. So even if we take that out and view "no
 7 clear ideology" as the first four categories, it would
 8 still comfortably make up a clear majority of the
 9 referrals for children, would you agree?
 10 **A.** Yes.
 11 **Q.** Thank you. If we go back to page 16 CCE000001_0016 on
 12 that same point. If we just go to the paragraph that
 13 says "Professionals interviewed", I think it's halfway
 14 down:
 15 "Professionals interviewed for this report also made
 16 the case that children who were being referred to
 17 Prevent were often exploring a range of ideologies, out
 18 of a desire to fit in, or to feel part of something
 19 rather than a clear commitment to a specific agenda ..."
 20 So I think that might -- is this right -- link into
 21 the reasoning as to why that category of "multiple
 22 ideologies, no dominant one" was included?
 23 **A.** Yes and I think if you add that to where those
 24 explorations are taking place, which is often online,
 25 you can see the try-out and they're thinking about in
 19

1 clear ideology" -- and the learned Chair is familiar
 2 with the Prevent categories. So you have given separate
 3 percentages for "no clear ideology" categories. So:
 4 "No ideology identified.
 5 "No ideology other susceptibility to radicalisation
 6 identified.
 7 "Fascination with extreme violence or mass casualty
 8 attacks where no other ideology."
 9 So that is the FEVMCA category that we have dealt
 10 with a lot with other witnesses, and:
 11 "Multiple ideologies with no dominant ideology".
 12 So you give the percentage of referrals for children
 13 and for adults. But when we focus on the percentage,
 14 when you tot those up for children, it comes to,
 15 rounding up, 71 per cent.
 16 **A.** Yes.
 17 **Q.** Then, helpfully in this table -- again important but we
 18 don't need to spend long on it because it is so clearly
 19 illustrated by this table -- for children, you give the
 20 figures for clear ideologies, so "extreme right-wing",
 21 "Islamist extremism", over the page CCE000001_0016 and
 22 so on, totalling 27.3 per cent and then you have got
 23 your "others".
 24 If we just go back to the previous page
 25 CCE000001_0015 and the "no clear ideology". One
 18

1 there, so ...
 2 **Q.** Thank you. Just picking up a little bit of detail
 3 please about mental health and also neurodiversity.
 4 Page 18 CCE000001_0018. The bottom half of the page
 5 please. We see that heading. So:
 6 "In order to explore this further, the Children's
 7 Commissioner's office asked the Home Office to provide
 8 details of the mental health and neurodiversity
 9 conditions recorded in Prevent referrals made for
 10 children between ... 2024 and ... 2025 by each type of
 11 concern and age group."
 12 You make the point about most referrals were
 13 "categorised as 'unspecified'". Just pausing there. Is
 14 that one of the things you were raising in terms of
 15 feeling that some of the paperwork was not well
 16 completed?
 17 **A.** Absolutely, it is not tracked properly.
 18 **Q.** Thank you. So that's a strong caveat about the data but
 19 you go on to say:
 20 "16% of conditions in referrals were [ASD] autism
 21 spectrum disorder. This is higher than the 3% estimated
 22 prevalence rate among all school ... children in 2025."
 23 So a big disparity between the prevalence in the
 24 population of this group of children, of this age
 25 against the population as a whole, as opposed to the
 20

1 Prevent referrals?

2 A. Yes and I mean, there is -- it is a higher figure, in

3 data we are a bit concerned about but it also, for me,

4 makes me deeply concerned that these children needed to

5 have been referred to safeguarding and the support for

6 their ASD and their mental health needed to have been

7 dealt with, which we cannot see. We do not get any

8 feedback from Prevent and they are not doing that. So

9 a big concern.

10 Q. Thank you. Then, you go on to say that:

11 "13% of conditions in referrals for 16- and

12 17-year-olds and 10% for 11- to 15-year-olds described

13 the child as either self-harming or at risk of suicide."

14 Then:

15 "Eating disorders, anxiety, disorders, psychiatric

16 disorders were all less common -- these each made

17 up ..."

18 Then over the page CCE000001_0019:

19 "... less than 3% of conditions in referrals."

20 You make the point:

21 "It is hard to find directly comparable data on

22 these needs -- but [you refer to an] NHS prevalence

23 survey [which] suggests that 9.4% of children had ever

24 self-harmed, 2.6% of 11- to 16-year-olds and 12.5% of

25 16- to 19-year-olds have an eating disorder and that 20%

21

1 but better understood and directly tackled."

2 So that's the context and then you say:

3 "This better understanding requires urgent

4 improvements to the current poor quality of [the] data."

5 A. Yes, I think that is absolutely clear and I agree --

6 that's what I absolutely think.

7 Q. Could you help with what more data is required in that

8 area?

9 A. So, I mean, obviously I called for the Prevent data and

10 asked this question, you know. I got back incomplete

11 dataset -- data and I think we need to make sure that

12 when, whether it is Prevent, whether it is going through

13 safeguarding, that this is absolutely clear in the

14 paperwork. The paperwork was just not good quality,

15 across the board.

16 Q. Thank you. The recommendation, Dame Rachel, that flows

17 from this, if we can take it from the report, page 30

18 CCE000001_0030, recommendation 10:

19 "The Department of Health and Social Care's mental

20 health strategy must include a specific strand on work

21 on children, which should include clear pathways for

22 neurodiversity, a shared outcomes framework to establish

23 the effectiveness of interventions, and pathways for

24 children with trauma who currently fall between gaps of

25 health and children's social care."

23

1 of children had a mental health disorder of some type."

2 Just pausing there. I think the conclusion that you

3 draw from that is that, for mental health conditions,

4 there doesn't seem, with all the caveats on the data, to

5 be the same over-representation in the Prevent referral

6 cohort?

7 A. Agreed.

8 Q. Neurodivergence is the one that stands out?

9 A. Yes, agree.

10 Q. Thank you. Could we just look at that third paragraph,

11 if we could have the totality of that on the page,

12 please. You say:

13 "This better understanding requires urgent

14 improvements to the current poor quality of data."

15 Could you just help with what you had in mind there?

16 Let me read the whole paragraph:

17 "The issue of [AR]'s autism diagnosis was thoroughly

18 explored in the first phase of the Southport Inquiry,

19 and it is right that autism is neither seen as

20 an 'excuse' for violent behaviour nor a reason for such

21 behaviour. Interviews conducted for this report show

22 that there must be a nuanced response -- one which

23 acknowledge that is autism may make a child more

24 vulnerable to any form of exploitation, including

25 radicalisation, and this should not be explained away

22

1 Can you just help us understand how the first part

2 of that relates to the VFI cohort, however they are

3 defined? What, in relation to that, would help for this

4 cohort?

5 A. So I think identifying children and supporting them

6 through an autism pathway would allow the correct

7 professionals and support around the child and the

8 family. So that their vulnerabilities don't lead them

9 into radicalisation in terms of this, or radicalisation

10 in terms of violence obsession. We have just had

11 Peter Fonagy report on the prevalence review and he

12 has -- that has been a major --

13 Q. Yes.

14 A. -- and he has proposed an autism pathway as well. So

15 I think it is very important.

16 Q. Then, the reference to pathways for children with trauma

17 who currently fall between gaps of health and children's

18 social care; Dr Tina Irani, the Inquiry's expert

19 psychiatrist in Phase 1, who also helped with our

20 seminars and other experts in the seminars have drawn

21 attention to the difficulty of young people who fall

22 below mental health treatment thresholds, so do not

23 qualify for treatment such as CBT through the standard

24 mental health routes but who would nevertheless benefit

25 from those sort of therapeutic treatments to deal with

24

1 adverse childhood experiences and trauma as opposed to
2 a diagnosed mental health condition, but there isn't
3 really a pathway for that. Is that concern in the same
4 area?

5 **A.** Yes, absolutely. There needs to be a pathway. I think
6 we just need to recognise, last year there were
7 1 million open referrals of children to mental health.
8 The system is extremely stressed and by making a clear
9 pathway and showing its importance for this group, it
10 could only be helpful and, you know, the failure rate
11 that we are talking about here, you know, one is
12 catastrophic.

13 **Q.** Thank you. Next just to pull out a little bit of the
14 detail about that issue about the lack of feedback, as
15 you understand it, from the Prevent system. So if we
16 could just look at page 21 CCE000001_0021, please, and
17 we just note, for the moment, the heading:

18 "What happens to children once they are referred?"

19 So that's the subject heading. We can then pick it
20 up at page 22 CCE000001_0022, please, at the bottom of
21 the page. So:

22 "Between April 2024 to March 2025 the majority --
23 almost 60% -- of Prevent referrals came from education,
24 followed by the police (20%) and local authorities ..."

25 So those are the figures for where the referrals are

25

1 of 18, which may explain this gap. Interviewees told
2 the office that parents may consent without full
3 understanding ..."

4 So that's the role of referrals for children. If
5 you go on to page 28 and section 2.2 please. Sorry
6 page 24 CCE000001_0024:

7 "What happens when cases are adopted at channel."

8 So this is for those that are taken on. You say --
9 you give two contrasting quotes here. I think this is
10 where we need to be cautious about the small data
11 sample, yes?

12 **A.** Yes. Problem is we don't know, we don't have any
13 feedback on the effectiveness of anything that's done,
14 so it is very hard to -- and that's one of the things --
15 I ...

16 **Q.** Thank you. Sarah St Vincent, one of our seminar
17 speakers from Rights International, made points to
18 similar effect. But we see, through the two quotes:

19 "'I actually got de-radicalised through the Prevent
20 programme ... Me and my Prevent IP got along really,
21 really well. You know, we had very similar upbringings,
22 a lot of similar common interests as well. And because
23 of that, I could really relate to him, which made it
24 a lot easier for me to be able to open up to him.
25 I worked with him probably for around about

27

1 coming from. Sir, just for your note -- we don't need
2 to turn it up -- but in the report, there is a table A3
3 at page 37 that gives all the underlying statistics for
4 that.

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

6 **MR MOSS:** Then, over the page CCE000001_0023:

7 "... the probation service also made up the small
8 remaining percentage of children who were referred ..."

9 Then in the third paragraph of that page, we see:

10 "Referrals for children with no clear ideology are
11 more likely to be closed ... For cases that progress to
12 discussion at panel, referrals for children with no
13 clear ideology are still less likely to be judged
14 suitable ..."

15 And those percentages we have already looked at:

16 "This suggests that decision-makers at all stages of
17 the Prevent programme do not see it as the appropriate
18 pathway to support the majority of children referred
19 without clear ideologies."

20 If we just go to the next paragraph, please:

21 "Referrals for children were more likely to be
22 adopted at Channel with consent than referrals for
23 adults. For adults, 38% gave their consent, and for
24 children it was 62%; within the Prevent system, parental
25 consent is required for all individuals under the age

26

1 two months ... You know, there's a famous quote that
2 says, once you've had your eyes open to the truth, it's
3 very hard to be blinded again. And that's exactly what
4 happened to me."

5 So that is one of those with experience. On the
6 flip-side, another interviewee:

7 "'They just said they won't see me no more, said
8 I can't be helped ... He tried to change my mind and my
9 mind won't change."

10 Then underneath, what you say -- and it is a caveat
11 we should bear in mind:

12 "This report does not examine the effectiveness of
13 the interventions delivered, either for children with
14 a fixed ideology or those without one. However, given
15 the intervention model relies on experts with deep
16 knowledge or lived experience of an ideology working
17 directly with an individual it is critical for future
18 research to consider whether this model is appropriate
19 or relevant in cases where the individual has no
20 specific ideology to address."

21 **A.** Yes, I mean, we just, we do not know about the efficacy
22 of the interventions and we need to know and we need to
23 know whether they would or would not work for these
24 young people. I have raised these questions with
25 the Metropolitan Police. I was so concerned about this

28

1 group. Asked Sir Mark Rowley: please, please take this
 2 group on. But that is not what Prevent is for.
 3 **Q.** Thank you.
 4 Then if we go just to the bottom of that page, we
 5 see what happens when a case is closed. If we go to
 6 page 25 CCE000001_0025, please, we see that quote:
 7 "For us as practitioners working and providing the
 8 information to Prevent with our concerns, what we don't
 9 get is much feedback at all. What we need is for
 10 Prevent to give us some more training on, you know, when
 11 we refer a student and they don't accept them, what is
 12 the threshold for that? What are the characteristics of
 13 a student to be accepted on a Prevent programme? What
 14 is the sort of behaviours that would warrant them to not
 15 be on the Prevent programme?"
 16 Just scrolling down a little bit, you say:
 17 "This was a common theme among interviewees; another
 18 professional said they had made four referrals for one
 19 child, one had progressed to panel, [and] they were not
 20 sure why the others had not, because no feedback was
 21 provided."
 22 I think that's the black box concept that you
 23 develop in your report?
 24 **A.** Absolutely. So look, this is counter-terror, you know,
 25 we understand this is about serious radicalisation, but
 29

1 striking thing, would you agree, about this diagram, is
 2 that for education, if one looks at the colour coding,
 3 the education colour coding is the light green or the
 4 mid-green and the overwhelming majority of referrals
 5 that came from education, if they were referred back to
 6 somebody for action, the overwhelming majority of them
 7 were referred back to education to take action?
 8 **A.** Absolutely, and it is just that sense that they are just
 9 coming back and back again.
 10 **Q.** Thank you. So if we just scroll down a little bit, we
 11 can see:
 12 "Across most referral sources, a large proportion of
 13 referrals are going back to the same service that
 14 referred them in. Most notably, at least 65% of
 15 referrals from education providers are referred back to
 16 education on closing, the majority of these (93%) are
 17 never discussed at panel or progressed any further ..."
 18 So that 65 per cent, if we can go back up to the
 19 diagram, is that -- layperson's terms -- big, green
 20 chunk, 65 per cent?
 21 **A.** Absolutely. This is my real, real worry. You have got
 22 children that education professionals are deeply
 23 concerned about just coming straight back again.
 24 **Q.** Thank you. I think for police, taking it briefly if
 25 I may, the position is a bit more mixed. So there
 31

1 headteacher and others are pulling their hair out
 2 because they just don't know why children are coming
 3 back.
 4 **Q.** Thank you. Then, if we can go, please, to page 26
 5 CCE000001_0026. You have got a key diagram. Slightly
 6 complex at first view, but I think that this is the
 7 diagram, is it not, that illustrates the concern about
 8 the slightly circular nature of referrals going back to
 9 the body who made the referrals, yes?
 10 **A.** Yes.
 11 **Q.** So, for those less immediately familiar than you are,
 12 Dame Rachel, if we look at the x axis, first of all,
 13 I think that is describing where the referrals came from
 14 and giving the actual number of cases not of referrals,
 15 but the number of cases that were referred on to a body.
 16 So, of all of the education referrals, I think 1,741 got
 17 an onward referral to a different body?
 18 **A.** Yes.
 19 **Q.** Thank you. What we then need to do, so we see that --
 20 and it is in size order; so "education" is a very large
 21 number, "police" the next largest, "local authority" and
 22 so on. Then, what the y axis shows, the y axis always
 23 equals 100 per cent because it is giving the breakdown
 24 of where that referral out from Prevent to another
 25 agency to take action was directed to, and the most
 30

1 were -- amongst referrals made by the police, there were
 2 478 that led to a referral from Prevent to another
 3 agency. We see that that was broadly placed as
 4 referrals back to the police. That's the orange. Local
 5 authority, that's the purple and education, that's the
 6 mid-coloured green. So the position a bit more mixed
 7 there, although a reasonable number go back to the
 8 police.
 9 For the local authority, all that one needs to see
 10 is the preponderance of the purple, which is local
 11 authority. So you do get the same pattern there, of
 12 circling back to the local authority, would you agree?
 13 **A.** Yes.
 14 **Q.** Thank you. And for health, again, you note the
 15 preponderance -- I'm not even sure what that colour is
 16 described as, cyan maybe, but the lighter blue, again,
 17 you get a big chunk that circles back to health, as
 18 a referral?
 19 **A.** Yes.
 20 **Q.** Thank you. In fairness, would you agree, this must be
 21 right, you can't look at that and say in any individual
 22 case, that is wrong because if you take the education
 23 one, for example, that could reflect a case taken on by
 24 Prevent where work was done by a provider, the case was
 25 then closed and it was referred to education, saying: we
 32

1 have done work with the child, we want you to carry this
2 on, or monitor this, in a way that might be entirely
3 appropriate.

4 So you can see a case where it makes sense to refer
5 back to education. Would you agree that some of those
6 cases may fit that pattern?

7 A. Some could but if we go back to my original data about
8 86 per cent of violence-fixated children's cases not
9 even being considered and going back, then --

10 Q. I was going to go there next but one can't say this is
11 always wrong?

12 A. With the caveat, about just the high percentage of
13 violence-fixated individuals who are not considered by
14 panel and just go straight back to education.

15 Q. So some cases may fall into the category that I have
16 described, but you come to that point. If you look at
17 the large numbers that are not taken on, it seems to
18 bounce back to the referring agency, without meaningful
19 work being done by Prevent and Channel?

20 A. Yes and I think actually, your use of the term "bounce"
21 is really instructive. The general feeling amongst
22 professionals is that this group bounce around the
23 system.

24 Q. Thank you. Multiple referrals next, just to pull out
25 the detail of that from your report. If we go to

33

1 Q. Thank you. We have heard of reforms that have taken
2 place which now mean that there are precautions within
3 the Prevent system for multiple referrals. I'm not
4 going to ask you about that because we have had CTPHQ
5 assistance in relation to it. But one of the questions
6 that the legal teams for the victims and survivors have
7 raised, is: given your concern in this area, whether you
8 would support repeat referrals being a mandatory trigger
9 for multi-agency assessment, whatever happens in
10 Prevent? Now we are going to come onto your bigger
11 recommendations in this area, but in this group, in
12 particular, presumably you would see it as a priority
13 that multiple referrals should lead to multi-agency
14 assessment outside of Prevent?

15 A. Absolutely, yes, but I think that counter-terrorism
16 should be sitting in the same room as the MASH teams and
17 the safeguarding teams. What we need is join-up here.
18 Not being pushed up by the Channel. So absolutely yes,
19 but I have argued later on for reforms to those MASH
20 teams when looking at these children.

21 Q. Thank you. Dame Rachel, I'm not going to go within the
22 report at the moment to aspects on online harms and the
23 detail in relation to that because I'm going to ask you
24 about that as a separate topic fairly shortly.

25 Thank you. So that's your report. Could we just

35

1 page 27 CCE000001_0027, please, and could we have the
2 paragraph beginning "Of the children referred to
3 Prevent", so:

4 "Of the children referred to Prevent who were aged
5 17 or under ..., in the ten years between ... 2016 ...
6 2025, 91% of children ... were referred once, and the
7 remaining 9% ... were referred at least twice. [And]
8 1.5% of children corresponding to 187 ... over the
9 10-year period were referred 3 or more times. The
10 maximum number of repeat referrals recorded was 5,
11 and 33 children (0.3%) had been referred on 4 or more
12 separate occasions ..."

13 So that's the statistics, again, I think helpfully
14 obtained by you, using your powers. What is the concern
15 you derive from that?

16 A. It is deeply concerning if -- you know, there are
17 187 children who have been referred three times. We
18 know that the Southport attacker was referred three
19 times. These are not just statistics, these are
20 violence-fixated children and the potential for them
21 causing harm, both to others and to themselves, is huge.
22 And that data point is a data point that really informed
23 my recommendations because we need immediate
24 safeguarding responses to these children as well as
25 referral to Prevent.

34

1 turn to the question of risk assessment and training.
2 If we could go back to your statement, please. It is
3 page 5 CCE000017_0005, paragraph 29. Just to give you
4 the context here, you are talking about the findings of
5 the data gathered for Prevent, a significant proportion
6 of the group of children referred to Prevent had no
7 fixed ideology.

8 You say that:

9 "On receiving this data, the Commissioner determined
10 that the Prevent report should primarily focus on how
11 public bodies response to the VFI cohort."

12 Then you say this:

13 "The report sets out that this cohort [has]
14 a significant safeguarding concern and concludes that
15 existing arrangements risk leaving such children without
16 effective assessment [and] support."

17 Is that right?

18 A. Yes.

19 Q. Again, the legal teams for the victims invite me to ask
20 you to explain, first of all, simply why you see them as
21 being such a significant safeguarding concern?

22 A. Because the potential for terrible harm to others and to
23 themselves is -- I mean -- is the reason we are sitting
24 here, frankly.

25 Q. Thank you. We have been exploring with other witnesses

36

1 and I would just like to get your views on it briefly,
 2 whether it would be helpful for there to be some sort of
 3 single, shared, multi-agency risk assessment tool for
 4 use across the public sector in this area. There's
 5 various pros and cons in relation to that. Is that
 6 something to which you or your office have given
 7 consideration?

8 **A.** Yes, I mean, we think Working Together to Safeguard
 9 Children, a key document that multi-agency safeguarding
 10 use, needs amending and there needs to be a shared risk
 11 assessment across anyone working with these children.

12 **Q.** One of the issues that has been raised by our expert
 13 cadre is that, looking at some of the complexities of
 14 a multi-agency shared risk assessment that would also
 15 pull in all the requisite information, and the
 16 challenges to actually doing that, they have suggested
 17 that an important but slightly lower ambition target
 18 would be to have a shared key chronology of key events
 19 and key vulnerabilities, and they flag up that that, to
 20 be useful, shouldn't be the 200 to 500-page type version
 21 of every fine detail, but what is strikingly lacking is
 22 just a simple shared chronology that says: these are the
 23 key events for this child, these are the key
 24 vulnerabilities that we all need to be aware of, and
 25 that that is kept up to date and shared. Would you

37

1 **A.** About this cohort and the signs to look for.

2 **Q.** Thanks. Then you pick that up just further down the
 3 page, bottom of page 8, paragraph 51. You are clear
 4 that:

5 "... updated, and frequently revised, training
 6 should be provided to education and health professionals
 7 and others who might refer children, to clarify which
 8 children should be referred and how referrals should be
 9 completed."

10 Presumably, that comes from your assessment that
 11 those matters are not currently clear or not
 12 sufficiently clear?

13 **A.** Yes, I think not sufficiently clear and not sufficiently
 14 consistent nationally.

15 **Q.** Then, a theme that we will perhaps come back to, but you
 16 say that "the Department for Education should review
 17 Working Together to Safeguard Children", referred to it
 18 a moment ago:

19 "... to make it clearer that risk of committing
 20 violence or harm to others should be a reason for
 21 a safeguarding referral to be made and for support to be
 22 offered."

23 Yes?

24 **A.** Yes, I think this is the key document that frontline
 25 professionals use and needs amendment.

39

1 agree that, in the shorter term, that is something that
 2 needs to be complemented?

3 **A.** I mean, that should be a minimum standard and a sensible
 4 expectation.

5 **Q.** Does that happen at the moment?

6 **A.** I think it doesn't, from listening to previous witnesses
 7 and from what we have seen.

8 **Q.** Thank you. Then if we could just look at training,
 9 page 8 CCE000017_0008, please, of your statement. You
 10 say in clear terms at the start of paragraph 48 that you
 11 don't consider that at present practitioners receive
 12 sufficient training to identify violence fixation.

13 When you had the conversations with professionals,
 14 what picture did you actually receive as to what
 15 training they had received in this area?

16 **A.** So, mixed. Some had received -- so some areas had
 17 trained all their schools, the Prevent team had trained
 18 all their schools on looking out for the key issues and
 19 how to refer to Prevent. But it was extremely variable
 20 across the country and across people we spoke to and
 21 training seems, to me, to be incredibly important.
 22 A consistent training across the country and appropriate
 23 training for both frontline professionals and those
 24 sitting on the Prevent panels.

25 **Q.** Thank you.

38

1 **Q.** Thank you. Accepting -- because it is something that we
 2 have explored with other witnesses, accepting for the
 3 moment the thrust of what you are saying there, the
 4 actual wording in your statement in this paragraph is
 5 that risk of committing violence or harms to others
 6 should be a reason for safeguarding referral.

7 I just want to test your evidence on that with
 8 challenges from some evidence we have heard from others.

9 So, in Phase 1 of the Inquiry, some of the
 10 children's services witnesses, from Lancashire
 11 children's services, were keen to impress upon the
 12 Inquiry that with the volume of cases that they had for
 13 more traditional forms of risk to the child, physical or
 14 sexual abuse in the home by those known to them, most
 15 particularly; they would be overwhelmed if referrals
 16 were also made in cases where children were at risk of
 17 committing violence or harm to others.

18 You might want to come back on that in the
 19 generality, but there is a specific point as well, that
 20 in your statement you say the risk of committing
 21 violence or harm to others should be a reason, and it
 22 might be thought that's actually quite a low bar and
 23 does it need to be a risk of serious violence or serious
 24 harm to others, because otherwise, aren't you capturing
 25 all acts of violence or harm to others by children, even

40

1 at a relatively low level?

2 **A.** Okay, so I'm happy with that suggestion around "serious
3 violence" or "serious harm". I'm absolutely not happy
4 and deeply concerned by safeguarding teams thinking that
5 they are overwhelmed so extra-familial harms can't be
6 dealt with. I think we need to understand where this
7 comes from. Yes, it is workload but it is also the
8 Children Act that establishes how safeguarding teams
9 work. 1989 Children Act, does not really touch on
10 extra-familial harms. I believe that's a gap that needs
11 addressing. So that when any safeguarding team sits in
12 front of you and any professional sits in front of you,
13 they understand that and know that they have a serious
14 duty to act.

15 **Q.** Thank you. I was going to come to it later but since
16 you raise that now, let's just look at page 13
17 CCE000017_0013, paragraph 72:
18 "In the long term, the Department for Education
19 should introduce legislation to amend the Children Act
20 to set out how harm from outside the home should be
21 tackled. The Children Act, and children's social care
22 more broadly, were historically set up to address
23 intra-familial harm. As a result, there is often a lack
24 of clarity and specificity with regard to extra-familial
25 harm."

41

1 children in the home are, the more familiar
2 intra-familial, the complexity of that work, and she
3 raised concerns about distracting from that focus and
4 the importance of maintaining that aspect of separation
5 to an extent, so that children's services could focus on
6 those types of harm.

7 What's your comment on that?

8 **A.** So, if that is what she said, I disagree with that.
9 I think every young person -- under 18, every child,
10 should be referred through safeguarding for the
11 extra-familial issues. Who else is -- who else's
12 responsibility is it to care for children than our
13 safeguarding professionals? And it should be seen as
14 a safeguarding issue. I note the ADCS, the Association
15 of Directors of Children's Services, agree with me that
16 these are our children.

17 I note concerns about resourcing and complexity of
18 the work. But where are they to go? I mean, I have
19 spoken to the police and they are like: we deliver
20 Prevent, and I said: couldn't you take this group on?
21 And they said: no, Prevent is very clear it is about
22 ideology; these children haven't committed a crime.
23 There's nowhere else for them to go. They have got to
24 go through multi-agency safeguarding.

25 They are our children. They are children. We need

43

1 **A.** Absolutely right. It is a concern I have had and I have
2 spoken to many politicians and professionals about this.
3 The world has changed and the Act is a really good
4 piece of legislation but it doesn't address
5 extra-familial harm and then the flow-through means that
6 guidance doesn't in the way that it should and then we
7 are left with a group like violence-fixated children
8 bouncing around the system with nowhere to go.

9 **Q.** All right. If we can go back, please, just to
10 paragraph 51 that we had a moment ago. I think it was
11 at the top of page 9 CCE000017_0009.
12 I raised with you the first challenge as to whether
13 committing violence or harm set the bar too low. The
14 second challenge to that -- again, just testing and
15 probing this with others' evidence -- I just wanted to
16 raise with you evidence that the Inquiry heard from
17 Ann Graham, who you will be familiar with as this year's
18 President of the Association of Directors of Children's
19 Services.
20 I may not do justice to the nuance of her evidence,
21 but in broad terms, in looking at this area, she was
22 keen that the VFI cohort be principally taken care of in
23 the framework of agencies who deal with risk to the
24 public, so youth justice and policing. Because she is
25 concerned at how complex and important the risks of

42

1 to both safeguard others they could potentially harm and
2 safeguard them, if they are at risk of delivering
3 serious harm. For me, there's just -- there are lots of
4 problems about how well these services work, how complex
5 this work is, but it has to be -- has to go there
6 through. And I think, when I look across Europe, when
7 I look across the western world, I think the approaches
8 would be the same.

9 **Q.** Thank you. I want to turn briefly, next topic, to
10 barriers to information sharing. If we could have just
11 a little bit lower down on the screen, your section on
12 information sharing and paragraph 53. You say you have:
13 "... long called for better information sharing
14 across the services which work most closely with
15 children. When information about a child's safety or
16 welfare is not shared effectively, they can fall through
17 the gaps due to a lack of knowledge sharing between
18 children's services. This is particularly the case for
19 vulnerable or complex children, such as those who may be
20 referred to Prevent."

21 You give some detail on this in paragraph 54 and 55,
22 if you scroll down a little bit, so we have more of 54
23 and 55. You refer to your work on the Independent
24 Family Review and your "Big Ambition" and "Big Future"
25 reports, making similar points. So it sounds as though

44

1 this has been a drum that you have been beating hard for
2 a long time?
3 **A.** Indeed. Yes, and I think, from my perspective as
4 Children's Commissioner, children get very frustrated
5 about having to share their stories multiple times.
6 They expect the grown-ups and the professionals will
7 know, just know, and it is not the case. Data has not
8 been shared across the services and so you are always
9 starting again.

10 **Q.** Thank you. At paragraph 56, you refer to an exhibit
11 that is not actually the research, it is a news release
12 about the research from Child of the North, I think is
13 the lead partner, and that research showing that there
14 is limited linking of health education and social care
15 data, but also that report, I think, proposes some
16 solutions to that.

17 Is that something that your office is well connected
18 with, or was that being provided as an illustration of
19 what's out in the field in this area?

20 **A.** An illustration but we are well connected with everyone
21 across public service who is trying to do better at data
22 sharing. We found examples of good practice. The
23 importance of referencing that was the reference to half
24 of areas not data sharing.

25 **Q.** Thank you. If we just look at it very briefly,

45

1 there do seem to be at least moves towards finding
2 solutions -- my understanding -- of pulling out data
3 from different systems, to try to have a commonality,
4 understanding in the middle?

5 **A.** So a couple of things; recent legislation has now given
6 better guidance on data sharing. So, professionals who
7 might have been concerned about not sharing data now
8 have clear statutory guidance that they should share
9 data. There are areas doing this really well. The
10 importance of the health lead there is because a child's
11 number -- a number could be used as opposed to
12 misspelling of names that could go wrong. So there is
13 lots of work going on, on this, and I think it needs to
14 hurry up and we need some ambition.

15 **Q.** So that's the usefulness of the single unique identifier
16 introduced, I think, by the 2026 Act that you are
17 referring to?

18 **A.** Indeed.

19 **Q.** So back in your statement please, paragraph 57. On
20 page 9 CCE000017_0009, right at the bottom of the page.
21 You refer to the DfE consulting "on new proposed
22 statutory information sharing guidance."

23 You say there, that:

24 "The Commissioner responded to the consultation in
25 full and will provide a copy of this response to the

47

1 CCE000005. So we see it is a press release about the
2 report, but sir, you will get the title from the report
3 from the image. If we just go to page 2 CCE000005_0002,
4 please. The figures at the top, I think: 2 million
5 children in England:

6 "760,000 vulnerable children were seen by children's
7 services ...

8 "In 81% of serious incidents where a child died or
9 suffered serious harm, lack of co-ordination between
10 services was driven by poor information sharing ..."

11 What is of interest, and we may pick up with others,
12 is that this report sets out a clear solution. We see
13 it about four paragraphs down and calls for the
14 Government to adopt a national, connected, integrated
15 care board model using NHS infrastructure to link data
16 across health, education, social care and other
17 services:

18 "Crucially, this is not a single central database,
19 but a devolved model where local systems (and
20 communities) retain control of their data while
21 contributing to a connected national ecosystem that
22 enables shared learning, improved services, and stronger
23 evidence for improving the health of children."

24 As I say, we will pick up the detail of that perhaps
25 with some of our Government departmental witnesses. But

46

1 Inquiry ..."

2 If we could just look at that, it is CCE000003.

3 Thank you, and if we could go to page 6 CCE000003_0006,
4 please. So this is your July response. You were
5 referring, I think, to the DfE's proposed worked
6 examples and we have seen some worked examples in the
7 final guidance:

8 "The worked examples regarding detriment are useful
9 and make clear that decisions regarding information
10 sharing must be child centred."

11 Now the reference to "detriment" there is, I think,
12 to the exception set out in the Act, that there is
13 a permissive power for data not to be shared where it
14 may be detrimental to the child to do so. That's what
15 you are referring to there?

16 **A.** Yes.

17 **Q.** You say:

18 "Concerns that sharing information could cause
19 detriment to a child, their family or the practitioners
20 they work with can be a driver of hesitation to share
21 information, and so it is essential that implementation
22 of the guidance is designed around a culture change
23 which gives professionals the confidence to share
24 information."

25 Yes?

48

1 A. Yes.

2 Q. So I have taken it from that, that you were slightly

3 warning the DfE that there needs to be clarity and

4 strong guidance around the detriment exception, so that

5 it doesn't make professionals hesitate too much or be

6 cautious again about the sharing of that information.

7 That may be quite simplified, but is that the key point?

8 A. Yes, absolutely, and the new guidance does make it clear

9 that you can share information and should. I think

10 that's very important.

11 Q. Thank you. Then if we could just scroll down so we have

12 that paragraph we have got in part on the screen at the

13 moment:

14 "Clarity could be added to the section relating to

15 the risk of a child causing harm outside of the context

16 of the harm occurring to another child. The guidance

17 should make clearer how professionals should share

18 information when they are concerned that a child may

19 cause harm either in general or to a specific

20 individual. This applies to both ensuring that the

21 child about whom there are concerns is supported and to

22 preventing harm to others."

23 So you seem to be flagging, to DfE, that their

24 guidance shouldn't be overly narrow and prescriptive, in

25 concentrating, where the issue is risk of harm to

49

1 "Often, children who display harmful behaviour

2 toward other children have unmet support needs ..."

3 So it seems to ping-pong, to and fro, between

4 referring to risks to other children, risk to others,

5 and then back to children who display harmful behaviour

6 towards other children.

7 Do you think that that is given sufficiently clear

8 guidance that a child who is at risk to others in

9 general, violence to the public, or violence to

10 individuals who are not children, is that sufficiently

11 clear that that is captured?

12 A. I think the drafting could be clearer, and, you know,

13 especially with reference to the point I made in the

14 consultation and that we are talking about.

15 Q. Thank you. I want to turn next to the question of

16 multi-agency frameworks for the future. So, you have

17 said, very clearly, your concerns about the current

18 system and how it's not sufficiently working. If we

19 could go back to your report please, CCE000001, at the

20 bottom of page 21 CCE000001_0021.

21 You say:

22 "Likewise, while Channel panels are set up to be

23 multi-agency decision-making bodies, these are far from

24 the only multi-agency decision-making bodies who will

25 need to be involved with these children. Every local

51

1 others, on a child causing harm to another child. You

2 were flagging up, you have got to think about cases

3 where a child is a risk to the public as a whole or to

4 a specific individual child or adult who is not within

5 the family or the same class and so on?

6 A. Yes. It is our theme of extra-familial harm has been

7 such a concern. Yes, absolutely, I was.

8 Q. If we look at how the final guidance turned out,

9 ILT000362 at page 20 ILT000362_0020, middle of the page

10 please:

11 "The information sharing duty extends to information

12 about any other individual connected to a child,

13 provided it is relevant to a child's safety and

14 welfare -- therefore, it includes sharing information

15 about a child who potentially poses a risk to another

16 child."

17 But then it says:

18 "Information should not be withheld solely because

19 the child, as the information subject, is not at risk

20 themselves but instead potentially poses a risk to the

21 safety and welfare of others."

22 Not prescriptive as to child or somebody else:

23 "This extends also to responding to requests for

24 information and in both scenarios (requests and sharing)

25 consent is not required.

50

1 area must have a multi-agency safeguarding arrangement

2 which includes local authorities, police and health;

3 equally every area must have MAPPA arrangements

4 including police, probation, youth justice; there is

5 also, along with the Prevent duty, the Serious Violence

6 Duty, which requires local agencies in England and Wales

7 to work together to tackle serious violence."

8 Then if we just go to the top of page 22

9 CCE000001_0022, please:

10 "The risk of having so many potential

11 decision-making bodies and individual services who are

12 each required to take responsibility for children who

13 may have very similar and overlapping needs and risk

14 profiles is that it is not clear who should lead

15 a response and take on that responsibility."

16 So before we look at how things need to change, is

17 that your position at the moment, that if you look

18 outside of Prevent, the complex landscape means it is

19 very hard to work out who should, outside of Prevent, be

20 leading on these cases?

21 A. Yes.

22 Q. Thank you. You say:

23 "Additionally, if children do not quite meet the

24 threshold for any one service but have a high level of

25 need across several domains, they may miss out on

52

1 support altogether by failing to fit into a single
2 service model."
3 Just pausing there. One of the issues that we saw
4 in Phase 1 of this report, so far as AR is concerned,
5 that he would sometimes be either not accepted by
6 agencies because he was deemed to be below threshold or
7 he would be taken on for a period of time, after which
8 he was judged to have had his time on that service or
9 had dropped below the threshold and so it was closed.
10 Is that the sort of concern that you are saying is
11 a national issue?

12 **A.** Absolutely.

13 **Q.** Thank you:

14 "It can also make for a complicated referral
15 process -- in some areas, children referred to Prevent
16 should also be referred to children's social care, but
17 this is not universally the case."

18 So just focusing on that aspect:

19 "It can also make for a complicated referral
20 process -- in some [cases], children referred to Prevent
21 should also be referred to children's social care, but
22 this is not universally the case."

23 Is that a reference to the fact that in some
24 regions, there is a process for parallel referrals to
25 the MASH?

53

1 CCE000017_0012 of your statement, please, and
2 paragraph 70. This is where you say:
3 "The Children's Commissioner would support the
4 creation of a 'big front door' model ..."

5 All right? So on this aspect, Dame Rachel, if we
6 may please, I want to separate out two different stages
7 of support. The first is what has been referred to as
8 a "screening" and/or a "triage" stage. So, simply put,
9 which body takes the referrals when, for example,
10 a teacher, a DSL for example, is worried about violence
11 fixation. So who deals with those referrals at the
12 first port of call? So some would say, in reality at
13 the moment, that is Prevent because they receive a large
14 number of referrals and they have to assess and triage
15 them.

16 I want to look at secondly, but separately, albeit
17 one understands there is an interrelation, to the
18 separate question of the pathway for VFIs. So, after
19 any triage and a first assessment, which agency or
20 multi-agency process is most suited to taking the case
21 on; all right?

22 So, you say, first of all, as we see in
23 paragraph 70, that you would support the big front door
24 model?

25 **A.** Yes.

55

1 **A.** Yes. So there are places where there are parallel
2 referrals. There are places where that does not happen
3 and there is not consistency across the country. That's
4 a concern.

5 **Q.** Thank you. So if we pick that up, please, back in your
6 statement, page 7 CCE000017_0007, paragraph 45. You
7 say:

8 "This should build on learning from areas which have
9 introduced parallel referral pathways, where children
10 are referred to Prevent and local authority safeguarding
11 teams simultaneously."

12 That, I think, is the same point --

13 **A.** Exactly the same point.

14 **Q.** What is the good learning from that that you have
15 divined?

16 **A.** So I think that what Prevent and multi-agency
17 safeguarding teams are trying to do for these children
18 are different. Many of the children referred to Prevent
19 have complex needs that should go through safeguarding
20 and they are dealt with at the same time. Obviously,
21 I want something even more joined up but at least needs
22 have been met and there is a named professional
23 responsible for the child if they have gone through
24 safeguarding -- multi-agency safeguarding.

25 **Q.** Thank you. And then, if we could have page 12

54

1 **Q.** Which, however it may be defined, I think would be
2 taking away that screening and triage stage from
3 Prevent?

4 **A.** So, I think -- so I think it's -- that screening needs
5 to happen at the same time as it goes through to
6 multi-agency safeguarding. It needs to be one team,
7 with Prevent on that team.

8 **Q.** Thank you. So when we look in more detail about how you
9 suggest this might be done, just look at page 7
10 CCE000017_0007, paragraph 44, you say that:

11 "The report recommends that the Home Office and the
12 Department for Education should issue joint statutory
13 guidance on children who pose a risk to others. This
14 should require that all children where there is
15 a concern that they might commit violence or other forms
16 of harm -- because they are violence fixated, drawn into
17 terrorism, or because of concern about criminality --
18 are referred to the Multi-Agency Child Protection Team
19 in the child's local area."

20 Just pausing there. You alight there on the
21 multi-agency child protection team as the body who could
22 most sensibly take the referrals and analyse them at the
23 screening triage stage.

24 If you forgive me, that is slightly different from
25 what other proponents of the big front door have said.

56

1 So Lord Anderson and Sir Declan Morgan's independent
2 commission have pointed to an up-scaled or improved MASH
3 as being the lead contender to do that. So I wanted,
4 Dame Rachel, to give you an opportunity, first of all,
5 to explain why you think that the multi-agency child
6 protection teams would be best suited?

7 **A.** Okay. So I'm thinking about the multi-agency child
8 protection team as part of MASH, when the severity of
9 case is such that it should be looked at by them with --
10 and this is an extra addition -- I would want
11 counter-terror, or Prevent in the room with that MASH
12 team as well.

13 So I think it's perhaps slightly unclear syntax from
14 me. I agree that it is the MASH, it is the multi-agency
15 safeguarding team, but that these multi-agency child
16 protection teams I think are absolutely right when it is
17 an extremely severe case, that they have responsibility
18 to assess the child.

19 **Q.** All right, in light of that, perhaps I can take other
20 aspects in relation to this more briefly than I would
21 have done otherwise and I'm grateful. Because the
22 concept of specifically the multi-agency child
23 protection teams, which are a new body under the new
24 Act, one might have concerns about them taking the
25 initial triage.

57

1 Terrorism Police staff or counter-terrorism informed
2 territorial policing staff to be part of that MASH to
3 bring that expertise at the first referral stage, should
4 I understand that that is the concept that you are also
5 driving at, whatever label one applies to it?

6 **A.** Yes.

7 **Q.** Thank you.

8 **A.** I think I would add though, that the importance of this
9 multi-agency team with counter-terror on it, is that we
10 need a named person responsible for that child if they
11 are not deemed appropriate for Prevent work.

12 **Q.** Thank you. So the named person, as you will know, the
13 concept of a lead agency and potentially a named
14 professional --

15 **A.** Yes.

16 **Q.** Again, can I just deal with that. The Inquiry has heard
17 different views about this.

18 **A.** Yes.

19 **Q.** There is a body of thought that says, if you have a lead
20 agency and a named professional within that agency, you
21 have very clear ownership and a sense of responsibility
22 for driving the case forward and clarity about who is in
23 the lead to stop cases falling between the cracks. The
24 contrary body of thought is that, if you -- given that
25 most of these cases will need several agencies to

59

1 So Anna Gianfrancesco, our social care expert, when
2 she looked at six case studies of VFIs that the Inquiry
3 asked her to look at, she noted that she thought, with
4 one possible exception, the young people involved in the
5 case studies wouldn't have met the threshold for
6 multi-agency child protection teams. Now, that may beg
7 a question about whether the threshold is right, but she
8 didn't think they would meet that threshold.

9 Also, by definition, multi-agency child protection
10 teams wouldn't be a triage body that could look at adult
11 referrals; would you agree with that?

12 **A.** So I agree they would not be looking at adults. My
13 responsibility is for under-18s, so I'm trying to help
14 develop the best model for children. I do think in the
15 most severe cases we would absolutely want the
16 multi-agency child protection team looking at this with
17 Prevent staff in the room, with counter-terror in the
18 room, because the potential for harm -- of others and
19 themselves -- but of others is so great it needs -- it
20 absolutely needs immediate -- the most serious cases
21 need immediate assessment.

22 **Q.** So when, with other witnesses, we have been exploring
23 the potential for MASH teams, but up-scaled and
24 up-resourced, to take those referrals and to be able to
25 take referrals for adults, but for either Counter

58

1 continue to work with the child, giving one agency as
2 the lead can lead to an excuse for the others to drop
3 off and not do their part and certainly, the cadre of
4 experts on the case studies, pressed very hard the case
5 that what is needed has had ownership by a clear
6 multi-agency process for whom the chairs of that process
7 are responsible and governance above the system to
8 ensure that.

9 But you don't actually want to have a lead agency or
10 a lead named professional because that actually can be
11 counterproductive. So clarity on the process; chairs,
12 and there may be co-chairs, but the chairs have the
13 responsibility and governance arrangements over it, but
14 actually, not lead agency and not lead professional.
15 Where do you sit on that debate?

16 **A.** So my view would be, with an under-18 child, the
17 director of children's services would have
18 responsibility for that child. I think, in practice,
19 how you have just described -- like, for example, the
20 MASH might say: you are going to get some -- the child
21 is going to get some support from Prevent, then that's
22 going to report back to the MASH. I think the way it
23 would work would be the same. But I would think
24 a director of children's services would think any child
25 in that process was their child and we -- my worry is,

60

1 when I ask the question: who is responsible for this
 2 child? I don't get an answer for this group of
 3 children. So that's my concern.

4 **Q.** Thank you. Just finally on this topic then. Moving to
 5 the post-screening stage. We are also concerned to seek
 6 to identify what process or which agency should then
 7 have the management responsibility for the VFI, as
 8 a case, so to oversee the mitigation of risk in whatever
 9 way and there's a strong body of thought that that can't
 10 be a single agency because different agencies would have
 11 to be involved. So it needs to be some sort of
 12 multi-agency process.

13 Who would you see, or which body or which
 14 multi-agency process, would you see as having the
 15 responsibility for onward management? Is it an existing
 16 agency or an existing multi-agency process or a new
 17 agency? Who's best fitted to take the case on,
 18 post-screening?

19 **A.** So I think the vision for the beefed-up multi-agency
 20 safeguarding group that has counter-terror on it as
 21 well, with clearly, children's social care owning the
 22 child, would allow that child to be owned by the same
 23 person right the way through.

24 **Q.** So do you mean by that, that the enhanced MASH would not
 25 only act as the screening body but would also have case

61

1 "The online world is now widely understood as
 2 central to the radicalisation process for children and
 3 young people. The Independent Reviewer of Terrorism
 4 Legislation [a reference to Mr Hall KC] found that not
 5 only that the vast majority of individuals who were
 6 convicted of terror offences were radicalised online,
 7 but also that the role of the online world in
 8 radicalisation could not be understated and was moving
 9 at a pace that far outstrips the existing law. The
 10 proliferation of AI generated content, which can be more
 11 rapidly adapted to user's views in order to retain their
 12 attention, adds further risks."

13 So I think a very important part of the underlying
 14 concern evident from your report, would that be fair?

15 **A.** Yes, absolutely.

16 **Q.** Thank you. If we go to your statement, please. It is
 17 page 5 CCE000017_0005, paragraph 33. With apologies for
 18 the graphic nature of what you are referring to, you do
 19 highlight concerns that when you are referring to the
 20 online environment and violent material, the type of
 21 material that you are referring to is:

22 "... beheading footage, suicide-related material,
 23 extreme pornography, [and] harmful online communities
 24 and content glorifying violence or attackers."

25 Is that right?

63

1 management responsibilities? Because an alternative, on
 2 some of the aspects that you have raised, is that the
 3 multi-agency child protection team might take the cases
 4 on?

5 **A.** I mean, again, I think that's my -- where I was trying
 6 to be clear there was about severity of case. So
 7 I think if the case was severe enough, that well
 8 might -- might well be the right place.

9 **MR MOSS:** Thank you. Sir, if we may just pause there. It
 10 was always going to be the case that I was going to have
 11 slightly longer in questions with Dame Rachel than with
 12 Ms Cifuentes because of the report. So if we could take
 13 our mid-morning break. We are, I think, on track but if
 14 we could take perhaps until 11.45 am?

15 **SIR ADRIAN FULFORD:** We will. I will rise.

16 (11.30 am)

17 (A short break)

18 (11.44 am)

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

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

21 Dame Rachel, final two topics. May we turn next to
 22 online harms and if we could go back to your report
 23 please, it is page 19 CCE000001_0019. I said that
 24 I would come back to what your report has to say about
 25 the online world. The headline paragraph is:

62

1 **A.** Yes, it is.

2 **Q.** In general terms, would it be right that, perhaps among
 3 trusting adults who have no exposure to this, that there
 4 is a very serious underestimation of how grim and how
 5 widespread this type of extreme violence and gore
 6 material actually is?

7 **A.** Absolutely, yes, and indeed, as Children's Commissioner,
 8 I get to speak to children all around the country and
 9 when they are with me and I speak to, you know, just
 10 an ordinary class of young people, young teenagers, they
 11 have seen lots of this material.

12 **Q.** So the understanding that -- and it is not criticism of
 13 them -- but the understanding that many adults might
 14 have, that this material is lurking in hard to find
 15 parts of the dark web, again is a complete misnomer?

16 **A.** It is a complete misnomer, although, there are things
 17 like the harmful online communities, where you may well
 18 get -- start looking for things and get pulled into
 19 through contacts. But in general, violent material is
 20 extremely easy for children to access.

21 **Q.** Right, and so those hostile actors on the internet, Com
 22 networks and others, what we have heard from our tech
 23 experts in seminars is that there's a lot of violent and
 24 gore material on open web sources, but those children
 25 and young people who then show interest in it, are

64

1 vulnerable to being groomed and picked up by hostile
2 actors who might then draw them towards, not necessarily
3 the dark web, but then to more secretive exchange
4 platforms, more closed and encrypted platforms, where
5 they can be encouraged to get more and more involved in
6 that grim material?

7 **A.** Absolutely and that involves things like self-harm
8 communities, radical violence communities. But the
9 initial meeting is on the normal platform.

10 **Q.** Thank you. If we can have page 14 CCE000017_0014,
11 paragraph 81 of your statement, a way of dealing with
12 the role of the online environment in detail, you say
13 that you have "called for stronger action to be taken to
14 address the online drivers of radicalisation".

15 You say that the OSA "does not give agencies
16 sufficient powers to require online platforms to detect
17 online behaviours linked to fixation or pre-planning
18 an attack".

19 Which agencies are you referring to there?

20 **A.** Ofcom particularly and the Children's Code, and --
21 I mean, the OSA I think is a good piece of legislation
22 but it was always meant to move and develop as we
23 discovered more. It is particularly focused on content,
24 whereas this kind of radicalisation is often a process
25 and that needs addressing with amendments I think, and

65

1 unlawful by statute. Details and definitions to follow
2 but they have said that that is going to happen.
3 Presumably -- you may say it is a first step, but
4 presumably, you would strongly support that?

5 **A.** Yes.

6 **Q.** Also, for material that falls out of that, would you
7 also support an upgrading of "violent material" to
8 primary -- to the higher level under the OSA, than the
9 one that it is at, at the moment?

10 **A.** Yes and don't forget, I'm talking about under 18s. I'm
11 talking about children seeing this material and they
12 absolutely should not be seeing it. So I would want it
13 upgraded, but I also think we can have action now by
14 platforms and by Ofcom.

15 **Q.** Yes, the "primary priority content" puts effectively
16 higher obligations on the platforms in terms of the
17 systems that they have to have in place to avoid
18 children accessing that material and at the moment, that
19 is reserved for suicide material and pornography and
20 violent content material comes at the level below that,
21 not without control under the Act but not in the higher
22 classification. Would you support it being moved up?

23 **A.** Exactly right, yes.

24 **Q.** Thank you. Then paragraphs 84 and 85, I won't read them
25 out in full. 84 at the bottom of page 14 and 85. But

67

1 by Ofcom.

2 **Q.** Thank you. Then paragraph 83, forgive me, Dame Rachel
3 for raising something of a point of detail, but you say
4 that you have:

5 "... called for the Act to be amended to add
6 radicalisation content as an additional content category
7 to the illegal content ..."

8 Now, existing anti-terror legislation covers a range
9 of material here. So without going into too much
10 detail: support for a proscribed organisation,
11 section 12 of the 2000 Act; encouragement of terrorism
12 as proscribed by section 1 of the 2006 Act; and
13 dissemination of terrorist publications is proscribed by
14 section 2 of the 2006 Act.

15 Beyond material that is already illegal under the
16 terrorism legislation, what are you seeking to capture
17 by "radicalisation content"?

18 **A.** I could have been clearer there. When I'm talking about
19 radicalisation, I'm talking about radicalisation of
20 violence-fixated individuals, so it is radicalising them
21 with extremely violent material and that's what I'm
22 concerned about.

23 **Q.** Thank you. So we know that the Home Office has
24 announced -- and it was in the King's speech -- that
25 extreme violent content material is going to be made

66

1 I think you were drawing attention there to the sense in
2 which children who had had concern about harmful content
3 are relatively unlikely, in fact, to report it?

4 **A.** Yes.

5 **Q.** What, in your assessment, lies behind that reluctance or
6 reticence?

7 **A.** A number of things. Sometimes it is just lack of
8 know-how. Sometimes it is fear of their parents finding
9 out what they have seen and their devices being taken
10 away from them; they are children.

11 Sometimes it is embarrassment. But one big theme
12 that's come through, in all my work with children on
13 this, is they don't think anyone will do anything about
14 it. So if they do report it to the companies, they
15 don't think material -- or if things will be taken down
16 and it is their experience that it is not. So I have
17 pushed hard on the companies to sort that out.

18 **Q.** Thank you. Then paragraphs 86 and 87. You raise the
19 particular concerns in relation to algorithms and not
20 just algorithms, but how it interrelates to advertising.
21 So this cycle whereby dwell time or liking one post
22 leads to more extreme material being pushed to the
23 child, if it is the child who is accessing it. But also
24 that that is monetised by the links to the advertising
25 the child sees.

68

1 A. Yes.

2 Q. You shook your head as though you might have strong
3 views about that?

4 A. No, I just shook my head because it is so appalling and
5 the algorithms are feeding children this material. So
6 I shook my head in disgust at the algorithms.

7 Q. Rather than in disagreement?

8 A. Yes.

9 Q. Thank you. So the detail is there in the statement and
10 I won't go to it because we have heard evidence about it
11 and we will be picking it up with DCMS, with Ofcom and
12 with lead platforms. But you, I think, wish to draw
13 particular emphasis to those aspects?

14 A. Yes.

15 Q. Thank you. Then paragraph 89, we have probably dealt
16 with the key aspects of that but if we look at
17 paragraph 91 CCE000017_0016, you also are drawings
18 attention to the proliferation of AI generated content.
19 The reference to "can be more rapidly adapted to user's
20 views in order to retain their attention", can you just
21 explain that for us in more concrete terms, what you are
22 referring to there?

23 A. So, you know, for example if it is self-harm material,
24 AI can immediately -- you can immediately produce, you
25 know, little people or people that are appropriate that

69

1 a moment, wish to be seen to be criticising where that
2 recommendation is coming from. But the concept that
3 there should be a restriction on technology companies
4 from "accessing children" is quite a novel way to put
5 it?

6 A. Exactly.

7 Q. Because on one view what happens is a platform puts
8 material out to the public and restrictions hitherto
9 have been in the form of requirements about it not
10 including some material, having processes to ensure that
11 it doesn't include some material and having processes to
12 ensure that children don't have access to it. But you
13 are seeking to put the emphasis on technology companies
14 not having access to children. How does that work in
15 reality?

16 A. Well, look, let me explain why. There have been big
17 debates in Parliament around social media bans for
18 under 16. I speak to children right across this
19 country, hundreds of thousands of children, when I say
20 to them: should you be banned from social media under
21 the age of 16? I think I have barely met one or two who
22 say "yes". You know, they are not going to like that.
23 But when we talk about the things they have seen and
24 I ask them: should the adults protect you from seeing
25 these things; should your parents, the adults, the

71

1 are sort of engaging the child and sucking them in.
2 There's just a million ways AI adapts. We have seen so
3 much work, I did a piece of work on, you know,
4 AI-generated bodies with people's heads on. I mean,
5 children are just used to seeing this and it adapts
6 quickly and it is extremely dangerous and harmful.

7 Q. Thank you. Then page 18 CCE000017_0018, paragraph 101.
8 You say:

9 "It is the Commissioner's view that online platforms
10 must prove that they are safe for children before they
11 can access them. As a part of this, platforms must show
12 they will not allow children to experience or perpetrate
13 harmful online behaviour."

14 If we just bear that in mind but look also, please,
15 on the same page, at paragraph 106. Your first
16 recommendation:

17 "The Government should restrict technology companies
18 from accessing children, until they are able to prove
19 that they have measures in place to protect them from
20 harm -- covering both protections on seeing specific
21 types of content, as well as protection from features
22 that increase the risk of encountering that content ..."

23 Now, if I may put it this way, certainly those
24 involved in the Southport events read that and see
25 immediately the benign intent. So I don't, for

70

1 Government protect you? They all say "yes" and they
2 have seen heinous things.

3 So, I guess what I was trying to do here was put the
4 ban where it needed to be, on the multi-billion-pound
5 tech firms and gaming firms that are allowing our
6 children to access terrible harm.

7 Q. Thank you. But again, one follows entirely that
8 sentiment and the strength and concern that sits behind
9 it, but what does that actually look like? How do you
10 prevent a tech company from being able to access
11 children and that way around?

12 A. I mean, I have said that, in the first instance, the ban
13 for under 16s is a sensible way to go and I have argued
14 strongly for age assurance but frankly, I think we
15 should be holding these companies to account -- and
16 that's gaming platforms and others that are dangerous --
17 far more and if they don't sort their act out, and they
18 are being a massive source of children, I would turn
19 them off.

20 Q. Thank you.

21 **SIR ADRIAN FULFORD:** That's very clear.

22 **MR MOSS:** Linked to that, at page 18, paragraph 107, and we
23 have got it at the bottom of the screen:

24 "Ofcom should assess regulated services' compliance
25 with their safety duties by an outcome measure. This

72

1 means that if a child is convicted of a terrorism
 2 offence where it is found that engaging with content on
 3 a ..."

4 Over the page, please CCE000017_0019:
 5 "... regulated service contributed to the commission
 6 of their crime, that platform's compliance with their
 7 safety duty should be reviewed."

8 So two aspects of that. One is you have got to
 9 have, you say, some sort of outcome measure. So some
 10 sort of standard against which that's measured; is that
 11 what you are getting at?

12 **A.** Yes, online platforms already have done risk assessments
 13 that Ofcom have. They are not transparent. I can't see
 14 them. I have asked for them. You know, so my thought
 15 is that we should have a proper outcome measure and the
 16 risk assessments should be transparent against that
 17 outcome measure.

18 **Q.** Thank you. Then, you also have the recommendation,
 19 at 3, that:
 20 "Online platforms should be required to complete
 21 a risk assessment [specifically] for the risk of
 22 radicalisation or violence fixation."
 23 I think linked to what you have said.

24 **MR MOSS:** Sir, it's a convenient time for me just to observe
 25 that, if you'll forgive me, I won't go through all of

73

1 **Q.** Thank you. And page 19 CCE000017_0019, paragraph 111,
 2 the previous page, in fact, the recommendation for:
 3 "A national database of evidence-based interventions
 4 for children at risk of harming others must be
 5 established, including for children who are fixated on
 6 violence ..."

7 What is the particular benefit that you see, from
 8 a national database, of that?

9 **A.** So that multi-agency safeguarding teams and others can
 10 drawing on the most up-to-date evidence and find the
 11 appropriate intervention for any child they are dealing
 12 with. You can imagine there will be a huge range of
 13 complexity with these children and thinking -- knowing
 14 which intervention to use and which interventions have
 15 worked seems, to me, to be extremely useful and
 16 sensible.

17 **Q.** Thank you. Sir, just for your note, Professor Fonagy's
 18 report in relation to the prevalence and support for
 19 mental health conditions, ADHD and autism is October of
 20 this year, ILT000365. That's the report, I think, to
 21 which Dame Rachel referred.

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

23 **MR MOSS:** Sir, those are my questions. My learned friend
 24 Mr Weatherby has permission on behalf of the victim's
 25 teams.

75

1 Dame Rachel's individual recommendations because they
 2 are set out clearly in the statement.

3 **SIR ADRIAN FULFORD:** Yes, thank you.

4 **MR MOSS:** I have picked out those that are most immediately
 5 relevant.

6 Then finally, just on a further topic of
 7 interventions. Could we just have page 20
 8 CCE000017_0020, paragraph 114. One of the other
 9 recommendations is for -- recommendation 8:
 10 "The Youth Endowment Fund should be funded to
 11 support the Home Office to build the evidence base on
 12 the effectiveness of interventions for children at risk
 13 of committing serious violence with and without fixed
 14 ideologies."

15 So, a number of witnesses have raised the lack of
 16 evidence about which interventions are most effective in
 17 the VFI cohort. Could I just seek to understand why you
 18 particularly alight on the Youth Endowment Fund being
 19 funded to support this?

20 **A.** Because their focus is on developing an evidence base to
 21 support children via the Home Office and the Department
 22 for Education; they are funded to do it, and they are
 23 specialists in the area of youth offending. But I would
 24 be happy -- it doesn't just have to be them. That's
 25 an obvious group that work on this.

74

1 **SIR ADRIAN FULFORD:** Yes, Mr Weatherby.

2 **Questions by MR WEATHERBY**

3 **MR WEATHERBY:** I ask questions on behalf of the three victim
 4 and survivor teams and I will be very quick indeed
 5 because Mr Moss has covered almost all of the ground.
 6 Just one point. You have raised concerns about the
 7 number of referrals currently made to Prevent, which are
 8 returned without being taken on and without any
 9 feedback. Can I just clarify your view going forward,
 10 under the arrangements that you have discussed with
 11 Mr Moss.

12 So where a referral does fall to be made to Prevent
 13 under the statutory framework, am I right that your view
 14 is that there should be a parallel referral to the
 15 multi-agency child protection teams, as you have
 16 indicated, happens sometimes at the moment?

17 **A.** I actually think it should be one referral. The
 18 referral should go -- and every referral should be
 19 looked at by the MASH with Prevent in the room and --
 20 because my worry is losing those children and no one
 21 owning --

22 **Q.** Right, that's very helpful. So one process. The
 23 referral should go to this new multi-agency child
 24 protection team, beefed-up MASH --

25 **A.** Enhanced.

76

1 Q. Enhanced. Thank you very much. But with CT in the
2 room?
3 A. Yes.
4 Q. Then, if it is an ideological, Prevent type case, then
5 statutorily, they would then take on that aspect?
6 A. But I would also require that they reported back. So
7 I think my absolute concern is that we do not lose these
8 children in any way. So they might go through Prevent
9 successfully but still, the multi-agency team -- it
10 should be reported back to the multi-agency team and
11 there should be a consideration of what else needs to
12 happen.
13 Q. Right. So the advantage of that is that Prevent would
14 still own their own domain responsibility, but the other
15 people in the room; education, child services --
16 A. Health.
17 Q. -- health, would all own their own domains within that
18 overall process?
19 A. Yes.
20 **MR WEATHERBY:** Thank you very much.
21 **SIR ADRIAN FULFORD:** Thank you very much, Mr Weatherby.
22 Dame Rachel, that has been extremely helpful. Thank you
23 very much indeed for your assistance, both in the
24 comprehensive statement and in your evidence today. You
25 are now free to go. Please be careful as you go off the

77

1 that:
2 "As Children's Commissioner for Wales [your] role is
3 to promote and protect the rights and welfare of
4 children and young people in Wales."
5 You say that your "powers and functions are set out
6 in the Children's Commissioner for Wales Act [of] 2001."
7 I don't want to go to the full statutory details but
8 can you just give us a thumbnail sketch of what powers
9 you do have? Do you have the same as Dame Rachel, in
10 terms of obtaining data and of conducting your own
11 interviews, or is it slightly different?
12 A. It is slightly different. I don't have specific data
13 collection powers. My powers are broadly reviewing the
14 effect on children of the exercise of functions by the
15 Welsh Government and other relevant bodies; examining
16 the adequacy and the effectiveness of arrangements to
17 safeguard; and promote children's rights and welfare;
18 and making representations to public bodies and raising
19 awareness of children's rights.
20 Q. Thank you. You clearly have that role and
21 responsibility to children and young people in Wales.
22 We have heard that Dame Rachel has a four nations
23 responsibility for retained matters. Do you have a role
24 in feeding in a view to Dame Rachel on those sort of
25 retained aspects, or is it principally looking at the

79

1 desk. Thank you very much.
2 **MR MOSS:** Thank you, sir. Ms Cifuentes is our next witness,
3 please.
4 **SIR ADRIAN FULFORD:** Yes. If the witness could come
5 forward, please.
6 If you could take the oath please.
7 **MS ROCIO CIFUENTES (affirmed)**
8 **SIR ADRIAN FULFORD:** Thank you very much. Please have
9 a seat.
10 **Questions by MR MOSS**
11 **MR MOSS:** Thank you, sir.
12 Just start by giving us your full name, if you
13 would?
14 A. Rocio Cifuentes.
15 Q. Ms Cifuentes, if you could look, please, with us at
16 CCW000003, we will see your statement and you explain
17 that you are the Children's Commissioner for Wales. If
18 we look at page 19 CCW000003_0019, we see you sign this
19 statement. We have redacted the signature, you provided
20 it on 8 September this year.
21 Can you just confirm that this statement is true to
22 the best of your knowledge and belief?
23 A. I can.
24 Q. Thank you. If we go back to page 1 CCW000003_0001 of
25 the statement, we see, in paragraph 2, that you explain

78

1 effects on children in Wales and on devolved matters?
2 A. So, my role is focused on matters that are devolved to
3 Wales. So that excludes matters reserved to the UK
4 Government. So it excludes most of the issues being
5 considered by this Inquiry, including policing, criminal
6 justice, youth justice and counter-terrorism and aspects
7 of online regulation. But my role does obviously
8 include safeguarding.
9 Q. Safeguarding, yes.
10 A. There is -- in the establishment of the Children's
11 Commissioner for England's legislation, there is -- it
12 refers to an expectation that there will be
13 communication and contact with my office to feed in on
14 key issues but broadly, my responsibilities do not
15 include reserved matters.
16 Q. Thank you. Could you just tell us a little bit about
17 your own professional background before you took up the
18 post of Commissioner?
19 A. Yes. I ran a charity for ethnic minority children and
20 young people for around 17 years and before that, had
21 a range of experience in organisations supporting
22 children and young people, including teaching, youth
23 homelessness and also research in academia.
24 Q. Thank you. If we could go to page 2 CCW000003_0002,
25 paragraph 4 please. I raise this, Ms Cifuentes, partly

80

1 in fairness to you because, unlike our previous witness,
2 you say that you:
3 "... have not undertaken specific work on Violence
4 Fixated Individuals or Non-Ideological Extreme Violence
5 as defined by this Inquiry."

6 So, whereas Dame Rachel had done her report on
7 children referred to Prevent -- it is not a criticism of
8 you -- but I don't think you have done, at least at this
9 stage, a similar exercise, is that right?

10 A. That's correct.

11 Q. Thank you. Are there any plans by your office to look
12 at this area in an investigation and a report or are the
13 matters that are being raised -- because they do
14 obviously have an impact across the four nations, what
15 has been raised by Dame Rachel, do you see that as being
16 sufficient to raise the issues, or will there be a Welsh
17 equivalent report?

18 A. Currently I don't have the powers to look into this
19 specific issue through a criminal justice, policing or
20 counter-terrorism lens. I do have the powers to look at
21 these issues through a safeguarding lens. Safeguarding,
22 mental health, behaviour in schools, children and young
23 people's vulnerabilities in general, are areas that we
24 have explored as an office and there are many
25 developments currently in Wales around strengthening

81

1 obviously there is different terminology. The
2 terminology that I know is most frequently currently
3 used relates to "radicalisation" and also "criminal
4 exploitation". Those are the kind of terms that are
5 more prevalent at the moment.

6 Q. Right, and one understands, of course, in the
7 safeguarding context, the perfectly correct focus on
8 vulnerabilities and needs. But is there not even
9 a common term within the safeguarding world in Wales for
10 young people who have a concerning fixation on violence
11 and gore, which may be driving a risk of serious
12 violence? Or is it just not referred to in any
13 particular term?

14 A. At the moment, there is not anything specific which
15 relates to violent fixation. There is -- very recently
16 there is emerging focus from some areas. In Wales, we
17 have six regional safeguarding boards who coordinate the
18 work of safeguarding and that includes local authorities
19 and police and other agencies and we have a national
20 independent safeguarding board that has oversight over
21 those boards.

22 But the whole question of how these bodies are
23 coordinated and what oversight is, is maintained over
24 them, is a questions that actively update review by the
25 Welsh Government. But currently, the Wales safeguarding

83

1 safeguarding arrangements which my office is very
2 involved in. So I would expect that this would be
3 an area that we may look at in more detail in the future
4 but through a safeguarding lens, primarily.

5 Q. Thank you. I think you hopefully will have had the
6 opportunity to listen to my questioning of Dame Rachel.
7 So I'm afraid, some of the questions will not be
8 a surprise but they are important that we should gather
9 your views on them.

10 So could I start with that issue of definitions. If
11 we look at page -- still on page 3, paragraph 5 --
12 sorry, it is over the page CCW000003_0003.

13 You say:

14 "The terms 'Violence Fixated individual' ... or
15 'Non-Ideological Extreme Violence' (NIEV) are not ones
16 that are much used in Wales."

17 For this cohort of children and young adults, do you
18 know what language is used, in the Welsh safeguarding
19 context, to refer to them?

20 A. As you mentioned earlier, my remit is -- excludes
21 criminal justice and counter-terrorism. So in the
22 safeguarding world, we talk about children and young
23 people with safeguarding vulnerabilities, with complex
24 needs, with mental health needs, with a wide range of
25 complex issues. In the policing or Prevent sphere,

82

1 procedures are in place and there are a range of
2 practice guides which are available to practitioners.
3 There is not one on this topic.

4 Q. I will come back to that, thank you. So if we look at
5 HOM001011, you will be aware, if not by other means,
6 through this Inquiry, that the Home Office has recently
7 published this interim guidance.

8 Out of interest, other than us sending you a copy
9 and asking you to consider it, had this already found
10 its way to you, outside of the Inquiry?

11 A. No. It is very recently published and so, no. But we
12 have had a look at it since it was published on
13 6 October.

14 Q. That's helpful, thank you. You can see the definition:
15 "The use or threat of extreme violence, not driven
16 by a clear ideological purpose, which is communicative
17 in nature and intended to shock, intimidate or outrage
18 the public or a section of the public."

19 Have you and/or your office been able to consider
20 any advantages or disadvantages of that definition?

21 A. We have had an initial look at the document and welcomed
22 the attempt to provide a definition. My assessment
23 currently is that the focus on the ideological aspect,
24 even though it is trying to say it is a non-ideological,
25 I think that is not potentially very helpful because it

84

1 is difficult for a member of the public or
 2 a practitioner to know, from the outset, whether there
 3 is an ideology involved in a particular case or not.
 4 The other element which I think is also not helpful
 5 is the inclusion in the definition of the notion of
 6 intent. I think, that again, is something that is very
 7 difficult to pre-judge or be clear about at the point at
 8 which a referral or a concern may be made.
 9 **Q.** So, what the Home Office would say about that, I think,
 10 and indeed what Mr Emmett from the Home Office did say
 11 about it, is that one has to keep in mind that this is
 12 referring to -- my words -- the end act or the end
 13 concern, so that someone would commit an act of extreme
 14 violence, not driven by clear ideological purpose, which
 15 is communicative in nature and intended to shock,
 16 et cetera. But that what one is looking to make
 17 a referral, is a concern whether they are on the pathway
 18 towards that.

19 With that caveat, does that get over the intent
 20 aspect or do you think that the intent aspect might
 21 still serve to confuse practitioners?

22 **A.** I do. I think it would be just more helpful to just
 23 focus on the use or threat of extreme violence. That
 24 should be sufficient to raise a concern.

25 **Q.** Thank you. Professor Cassam, as you may be aware,

85

1 there because of the current statutory landscape. Do
 2 you follow?

3 **A.** Yes.

4 **Q.** There has been evidence to the Inquiry that, in effect,
 5 given the current changed threat picture and how young
 6 people can change from "ideological" or "multiple
 7 ideologies" to "no ideology" and flip between them and
 8 explore different aspects and how it is all hybridised,
 9 that these distinctions are perhaps no longer as helpful
 10 as they once were. Do I sense that you fall into that
 11 camp?

12 **A.** Yes. I think -- I won't and can't comment on the
 13 appropriateness of that framework, the counter-terrorism
 14 framework is outside of my remit. But I think the fact
 15 that we are sitting here highlights the gaps and perhaps
 16 the weakness of that approach in trying to respond to
 17 the issues that we are seeing of young people presenting
 18 with violence fixation.

19 **Q.** Thank you. Then, in terms of guidance as opposed to
 20 definitions, if we can move to guidance please, page 2
 21 CCW000003_0002, paragraph 7 of your statement. Forgive
 22 me, it may be the next page CCW000003_0003. Thank you.

23 So you say that:

24 "All of the [regional safety boards] have regional
 25 policies and procedures in place, some of which include

87

1 suggests an alternative of "non-ideological violent
 2 extremist" and we have been exploring with witnesses
 3 an alternative of the cohort being expressed in terms of
 4 those who are vulnerable of being drawn into
 5 non-ideological violent extremism.

6 Thinking about that, first of all, does that deal
 7 with your concern about intent being too exclusionary.
 8 If it was "vulnerable to being drawn into
 9 non-ideological violent extremism", without any
 10 reference to "intent", is that better, at least from
 11 that point of view?

12 **A.** That is better from that point of view, yes.

13 **Q.** But you would have a concern, I think, about
 14 "ideological" or "non-ideological" being included. You
 15 would rather that it is a simple reference to "extreme
 16 violence"?

17 **A.** Yes.

18 **Q.** Thank you. One of the complexities -- and it may be
 19 that you can't help us with this, but one of the
 20 complications is that terrorism is an important part of
 21 the statutory landscape and ideology is a definitional
 22 part of terrorism because terrorism has to be in
 23 relation to a political or similar causes.

24 So, the concept of having "ideological" and
 25 "non-ideological" in definitions, in a sense, has to be

86

1 information about the use of violence ..."

2 But you explain that where that is the case, it is:

3 "... primarily within the context of Child
 4 Exploitation ... Child Criminal Exploitation, and
 5 Radicalisation."

6 Is that right?

7 **A.** That is correct.

8 **Q.** Ms Cifuentes, you very helpfully exhibit a number of
 9 those, of which, sir, the references 000004, 000005, and
 10 000006, I won't go to, for risk of going to a document
 11 to prove the negative, but I think you can confirm that
 12 they don't have any content which bears directly on the
 13 VFI cohort, however it is defined?

14 **A.** Yes, the exception is the last statement --

15 **Q.** Don't worry, I'm coming to that one. So, if we take it
 16 in stages. 000004, 000005, and 000006 don't, but if we
 17 look at CCW000007, you fairly summarise this as North
 18 Wales' -- and it is a 7-minute briefing and I'm not
 19 going to read it out, but if I might ask Amanda just to
 20 flick from one page to the next, so that both you and
 21 the learned Chair and those following just have
 22 an opportunity just to get a sense of it, perhaps just
 23 a little longer on each slide?

24 **SIR ADRIAN FULFORD:** Yes.

25 **MR MOSS:** Thank you.

88

1 So, on any view, I think in fairness to the authors
2 of that, as a 7-minute briefing, I think a very helpful
3 document raising appropriate issues.

4 Again, I'm not criticising the document because it
5 is meant to be a 7-minute briefing but I think, at the
6 same time, it is not the sort of detailed guidance for
7 staff on what to do in terms of detailed guidance. It
8 looks like an awareness raising briefing, would you
9 agree?

10 A. Yes, my understanding is that this has very recently
11 been produced and hasn't really entered into wide use,
12 as yet.

13 Q. All right. So in terms of this area of the RSB
14 guidance, would it be fair to say that it is in the very
15 early stages of this, even being raised in the guidance
16 in Wales?

17 A. Yes, and a separate but connected issue, is that the
18 regional safeguarding boards operate relatively
19 independently from each other and while there is some
20 oversight from the national independent safeguarding
21 board, that oversight currently is very light touch and
22 it is something that the Welsh Government has recently
23 announced the report of Phase 1 of a review into
24 safeguarding governance, which has indicated that it
25 will look further at strengthening those arrangements.

89

1 definitions there. If we could just have that
2 "definitions" section, top two-thirds of the page.

3 Again: radicalisation; extremism; violent extremism;
4 and terrorism.

5 Without reading it all out, I think you would agree
6 that, while these are important aspects from
7 a safeguarding point of view to be included, it is not
8 alighting on the related but distinct question of
9 non-ideological violent extremism, however it is
10 defined, VFIs?

11 A. Yes, and I would suggest that that would be a pertinent
12 topic to produce a guide on.

13 Q. Yes. So back in your statement, as you have just
14 pointed out, one of the things that I think you urge on
15 the Inquiry, and no doubt, for the bodies in Wales
16 themselves, back in the statement please, page 5
17 CCW000003_0006, paragraph 16, fourth line:

18 "I believe that more is needed to achieve this end."

19 So this greater understanding and knowledge of this
20 area, and:

21 "One of the ways to do this would be by developing
22 a new practice guide specifically on VFIs or NIEV."

23 Is anyone actually doing that, do you know?

24 A. I'm not aware of that.

25 Q. And whose responsibility, in Wales, is it to do that?

91

1 Q. Thank you. If we can go back to your statement at
2 page 4 CCW000003_0004. It is paragraphs 13 and 14
3 CCW000003_0005. You raise there the different aspect of
4 the "Wales Safeguarding Procedures", the WSPs, and you
5 explain that under the 2014 Act -- which we explored
6 yesterday with witnesses from the Welsh Government and
7 the Welsh LGA -- they detailed responsibilities of
8 stakeholders and then there are practice guides which
9 sit below the Wales safeguarding procedures.

10 Then you explain, in paragraph 14, that one of the
11 practice guides is on safeguarding children from
12 radicalisation "and includes definitions of
13 radicalisation, extremism, violent extremism and
14 terrorism."

15 But as you go on to explain, is this right, that
16 they are largely linked with an adaptation of ideology
17 and ideologies rather than dealing with the VFI or NIEV
18 problem; is that right?

19 A. Yes, that's right.

20 Q. So, if we look at CCW000008, just to get the flavour of
21 that. If we just go over the page CCW000008_0002,
22 please. I think we see -- again, over the page, please
23 CCW000008_0003. Could we just go to the whole-page
24 view, please, and just go over the page, please
25 CCW000008_0004. Thank you, that's what I wanted. The

90

1 A. It would be under the Wales safeguarding procedures.
2 That is all -- the Wales safeguarding procedures apply
3 the provisions of the Social Services and Wellbeing Act.
4 So fundamentally, it is the responsibility of the
5 regional safeguarding boards.

6 Q. Thank you. If we just turn next to risk assessment as
7 a topic, fairly briefly, please. If we just have page 4
8 CCW000003_0004, paragraph 8 of your statement. Just
9 looking at the last part of paragraph 8, one of the
10 things you say there, is that:

11 "There also does not appear to be risk assessment
12 frameworks used for identifying signs of VFIs or NIEV."

13 Now, we will pick that up with witnesses still to
14 come, in relation, for example, to health services in
15 Wales. But do you know what practitioners are using for
16 risk assessment of VFIs at the moment? Given that there
17 isn't a bespoke risk assessment tool for them, do you
18 know what alternatives they are using?

19 A. I think at the moment, there is either a children's
20 safeguarding risk assessment or a Prevent route and
21 I think practitioners are having to choose one or the
22 other and I think that's where the gap is emerging.

23 Q. For cases that are not referred to Prevent, where there
24 will be an assessment under the Prevent Assessment
25 Framework, so for non-Prevent cases, other than social

92

1 care risk assessments, are you aware of any tools being
 2 used in Wales to assess the risk from those potentially
 3 fixated with violence?
 4 **A.** If a child is in contact with the criminal justice
 5 agencies, then there is a process for supporting
 6 children and assessing their level of need and in Wales
 7 there is the Youth Justice Blueprint in place which sets
 8 out how youth justice services should support children
 9 and young people, through a child-first approach, and
 10 there is an enhanced case management approach, which is
 11 a multi-agency way of supporting that child. But that's
 12 only when and if a child comes into contact with
 13 criminal justice agencies.
 14 **Q.** I follow, thank you. Then, if we could have page 5
 15 CCW000003_0005, paragraph 12 of your statement:
 16 "The Inquiry document suggests a 'single,
 17 accessible, national multi-agency risk assessment
 18 framework' [that could] be developed for children and
 19 young people who present risks associated with extreme
 20 violence, to be used across the public sector."
 21 Just so that makes sense to others, the Inquiry's
 22 Rule 9 request would have asked you your views as to
 23 whether that is a good idea, practicable and so on.
 24 I think your answer to that is:
 25 "I see the benefits of such an approach ..."

93

1 devised by Wales.
 2 **Q.** Yes, but if one was looking to have some sort of
 3 multi-agency risk assessment tool, so a particular
 4 system under which risk is assessed, absolutely you need
 5 Welsh involvement in how that is designed, but the mere
 6 fact -- "mere fact" is completely the wrong phrase; I do
 7 apologise -- the fact that safeguarding is devolved to
 8 Wales, which is important, surely that shouldn't stand
 9 in the way of those responsible in Wales and England
 10 working together to find a tool for both countries?
 11 **A.** No, it should not stand in the way of that.
 12 **Q.** Thank you. Our expert cadre, who looked at case
 13 studies -- you will have heard me raise that with
 14 Dame Rachel -- suggest that there are in fact a lot of
 15 complications, IT problems and so on, in that proposal
 16 and that that may be more medium/long-term, but in the
 17 short-term, they have emphasised the importance of
 18 having a shared chronology of key events with a written
 19 understanding of the child's key vulnerabilities as
 20 well, which is available to all of the agencies and
 21 importantly, is kept up to date.

22 So, short of a formal risk assessment tool, that
 23 just brief story of the child, key events, their key
 24 vulnerabilities, as an important central tool.

25 To your knowledge, is there currently anything like

95

1 Is that right?
 2 **A.** That is right.
 3 **Q.** But you say:
 4 "... I must note that safeguarding is a devolved
 5 area, meaning that the development of a single,
 6 accessible, national multi-agency risk assessment
 7 framework for this purpose would need to be developed by
 8 the Welsh Government and stakeholders in Wales, with
 9 their counterparts in England working towards
 10 a framework for use in England."
 11 Now, Ms Cifuentes, forgive me for putting it this
 12 way, but you will get no argument from me that there
 13 would need to be Welsh Government and stakeholders'
 14 involvement in the development of such a tool. But is
 15 it really right that counterparts in England would have
 16 to work towards a framework for use in England so that
 17 the single, national multi-agency risk assessment tool
 18 will end up being one for Wales one for England? That
 19 sounds inefficient, and in cross-border cases,
 20 potentially unhelpful.
 21 **A.** Yes, of course, learning does need to be shared and
 22 there does not need to be specific arrangements for
 23 information sharing cross-border. I think the point
 24 I was trying to make is that safeguarding is devolved
 25 and there needs to be Welsh-specific arrangements

94

1 that operating in safeguarding in Wales across agencies?
 2 **A.** It is well recognised in Wales that information sharing
 3 across and between agencies needs to be improved and
 4 that's been a key focus of the safeguarding governance
 5 review, which, as I mentioned, has recently reported on
 6 its first phase. That safeguarding governance review is
 7 something that I called for and Government has recently
 8 committed to continuing work to look at and improve that
 9 information sharing. So, it does need -- there are --
 10 I am sure there are many areas where that is happening
 11 well but it is not happening consistently and that's
 12 what needs to improve.
 13 **Q.** Right, and any sort of specific requirement that there
 14 be something like that shared between agencies, you are
 15 not aware of specific guidance that something as simple
 16 as that just has to be in place? You are saying a lot
 17 of focus on the need for improved safeguard --
 18 **A.** There are many bilateral information sharing protocols
 19 in place between agencies, but I welcome the
 20 conversation that's happening through this Inquiry
 21 around improving that between all agencies working with
 22 children and young people.
 23 **Q.** Thank you. Picking up in allied areas and turning to
 24 training next. Page 4 CCW000003_0004, paragraph 9. One
 25 of the things that you raise is that:

96

1 "The lack of general or better knowledge and
2 understanding of VFIs or NIEV may be due to a lack of
3 training for practitioners to identify and act when they
4 spot potential signs shown by children and young
5 people."

6 Is that right?

7 A. Yes, awareness and familiarity with this term and with
8 this area of need is in its infancy, I would suggest in
9 Wales and consequently, there is absolutely a lack of
10 training, currently.

11 Q. Thank you. Do you have a sense -- and of course, I'm
12 not losing sight here as your role of Children's
13 Commissioner -- but I'm wondering whether, with the
14 discussions that you have around safeguarding, whether
15 you do have a sense of whether that sort of training is
16 rolled out or whether it's not yet even been
17 sufficiently thought about. Do you know where it is
18 standing?

19 A. Training on this specific issue?

20 Q. Yes.

21 A. I'm not aware of any.

22 Q. Thank you. If we could look briefly at paragraph 18,
23 I think it is the bottom of page 5 CCW000003_0006. You
24 say you are:

25 "... not aware of the effectiveness of current

97

1 are delays for those assessments for neurodivergence,
2 which are concerning.

3 Q. Thank you. Can I press you just a little bit on the
4 answer you have just given. As I have sought to do with
5 other witnesses, I want to be extremely careful to
6 emphasise that the evidence to this Inquiry is clear in
7 indicating that there is no evidence of a causal link
8 between autism and serious violence from those who are
9 fascinated with violence and gore.

10 However, the evidence does show that there is a high
11 prevalence of autism in particular in those who are
12 referred to Prevent and the evidence suggests that
13 neurodevelopmental conditions are relevant to the
14 assessment of risk, not because of direct causal effect
15 but because those, in particular with autism, may have
16 vulnerabilities linked to their neurodevelopmental
17 condition that make them more vulnerable.

18 So examples that have been given are: they are more
19 vulnerable to social isolation; they may be more
20 vulnerable to bullying; they may be more vulnerable to
21 behaviours short of bullying, which still make them feel
22 excluded; they may, even in the absence of such
23 behaviours, perceive that they are bullied and they,
24 therefore, may be more likely to have a sense of
25 grievance; they may also be more vulnerable to hostile

99

1 mental health support existing and the interventions
2 that [are conducted] in managing or reducing the risk
3 posed by children with a fixation on violence."

4 You must say if you don't know, but from your work,
5 do you have a sense of whether for -- first of all, for
6 mental health interventions, for young people, whether
7 the delays for community mental health interventions
8 are, themselves, a barrier in Wales, as we have heard
9 they are in England?

10 A. From my engagement with children and young people,
11 mental health and delays in getting support are a huge
12 issue and theme that comes up consistently. I know that
13 there are significant delays existing with access to
14 specialist provisions such as CAMHS and other services.
15 So, I think this is a huge area of risk actually, which
16 needs more attention in relation to VFIs. But
17 I don't -- I'm not aware of any existing evidence to
18 prove that.

19 Q. Thank you, and does the same apply for the time taken
20 for children to get assessments for neurodevelopmental
21 conditions; ADHD, autism?

22 A. That is certainly a big concern and we should not
23 conflate or make any connection that there's no evidence
24 for between neurodivergence and VFI. We don't know that
25 there's such a link currently but we do know that there

98

1 actors pedalling online violent material because of
2 their propensity to narrow, focussed areas of interest;
3 and also, because autism is inheritable, on the medical
4 evidence, there may be complex interplays with their
5 parents, in terms of their parents not recognising and
6 responding to their autistic children's behaviour in the
7 way that neurotypical parents might and that, in itself,
8 creating issues in terms of risk.

9 All of which has to be underlined with: it all
10 depends on the individual. But, as ever, it takes me
11 five minutes to explain that and when you say: we need
12 to be very careful in relation to neurodevelopmental
13 conditions and autism, that there is no link to VFIs, do
14 you think that that subtlety of the way in which
15 neurodevelopmental conditions can contextualise risk is
16 understood by frontline practitioners in Wales?

17 A. I think what we should be focusing here is on the needs
18 of children and the biggest risk that I see is unmet
19 needs and that need can relate to an unmet need in
20 relation to neurodivergence or autism but it could
21 equally relate to an adverse childhood experience,
22 poverty, isolation, poor family support, loneliness,
23 bullying, discrimination. There are so many contextual
24 factors, of which I would suggest neurodivergence is
25 one, but we should be very careful not to over focus on

100

1 that, at risk of stigmatising or profiling children.
 2 **Q.** Of course, and those are points, forceful and right,
 3 that have been made by other witnesses. But at the same
 4 time, in AR's case, in the Southport attack and in the
 5 lead up to the Southport attack, both policing and
 6 children's social services were prone to dismissing AR's
 7 violent behaviour by putting it down to his autism and
 8 so did not, in some cases, take appropriate action based
 9 on the view: this has happened because he is autistic.

10 So there is a balance to be struck, is there not, in
 11 this area, in terms of the understanding that needs to
 12 be held by professionals about how -- if I can put it
 13 this way -- autism is not irrelevant but it mustn't be
 14 stigmatised. It is not causative, but it needs to be
 15 looked at in terms of what the child's unmet needs may
 16 be, but that may be relevant to the risk that they
 17 currently pose?

18 **A.** Yes, and professional judgement and professional
 19 curiosity remains absolutely critical in all of these
 20 instances. We can't over focus on any of the factors
 21 but neither can we ignore any of them.

22 **Q.** The reason why I raise that, apart from the emphasis
 23 that you, for understandable reasons as the Children's
 24 Commissioner for Wales -- if I may say so -- place on
 25 the dangers of stigmatising and need to look to unmet

101

1 moment, before any reforms are made, which actual body,
 2 other than Prevent -- or what multi-agency process other
 3 than Prevent would actually be responsible now for
 4 managing VFI cases in Wales, to your understanding?

5 **A.** Local authority safeguarding teams.

6 **Q.** Thank you. When we look to the future, I want to think
 7 about the triaging/screening stage separate to the
 8 pathway that a VFI might go down for support and help
 9 and intervention after the screening stage.

10 At the moment -- because Prevent obviously applies
 11 in Wales, as a non-devolved matter, at the moment, it
 12 may be said that Prevent effectively is doing that
 13 triage because a large number of referrals are made to
 14 Prevent. Now, we have seen some Welsh-specific data in
 15 relation to that which I will not go into. But if one
 16 takes the starting point that Prevent currently are de
 17 facto doing that screening, if we look at page 18
 18 CCW000003_0018, paragraph 58 of your statement, you say
 19 that:

20 "Existing multi-agency arrangements should be
 21 strengthened rather than replaced."

22 That's something that you give emphasis to in
 23 a number of places. Can you help as to how you see
 24 things moving forward in Wales as to whether Prevent
 25 should continue to have the screening role or whether it

103

1 needs, is that the complexity of this may call, would
 2 you agree, for a specific home in that training need
 3 that you have already given emphasis to? There needs to
 4 be better training in this area?

5 **A.** Yes, and not just training, better resourcing generally
 6 to ensure that children's needs are met, across their
 7 complexity.

8 **Q.** Thank you. If I can turn then to frameworks for
 9 managing VFI risk in the future. Starting with how you
 10 judge the starting position in Wales, if we could have,
 11 Ms Cifuentes, please, back on the screen your statement
 12 at page 3 CCW000003_0003, paragraph 6.

13 In common with others, you draw the learned Chair's
 14 attention to the fact that:

15 "Safeguarding governance and arrangements in Wales
 16 are complex, consisting of multiple stakeholders with
 17 various roles and responsibilities. In addition to
 18 policies and procedures developed and implemented by the
 19 Welsh Government and local authorities across Wales,
 20 there are also seven regional safeguarding boards ...
 21 and a National Independent Safeguarding Board ..."

22 Which you have referred to.

23 So you start from the fact that it is a complex set
 24 of arrangements. If we then look to the way that
 25 matters should be dealt with in the future, at the

102

1 would be better as a different body taking the referrals
 2 that are currently going to Prevent? What's your view
 3 on that?

4 **A.** I would say clearly, there needs to be more effective
 5 and closer working between the police and safeguarding
 6 agencies. The police are already a statutory partner on
 7 the regional safeguarding boards. So they are already
 8 around the table on a strategic level. But perhaps what
 9 is needed is more -- is their closer involvement,
 10 similar to what the Children's Commissioner for England
 11 was describing, in terms of a multi-agency panel which
 12 deals with cases, with Prevent and safeguarding teams
 13 around the same table.

14 I would suggest that a model that could be useful to
 15 look at would be the existing MARACs, which are used to
 16 deal with domestic abuse and honour-based violence
 17 cases, where there is a multi-agency arrangement.

18 **Q.** So the MARACs, which we are familiar with at least in
 19 broad terms, do they currently have a triage function of
 20 taking in referrals and assessing them?

21 **A.** They receive referrals from safeguarding teams where
 22 safeguarding teams deem that risk to be high enough to
 23 warrant a MARAC.

24 **Q.** Because a number of the proponents of what's referred to
 25 as the "big front door" have suggested that MASH, but in

104

1 an up-scaled format, would be the better front door body
2 to take in these referrals and look at them, and then
3 they could refer onwards, whether to Prevent or to
4 a different body. What do you think about that?

5 **A.** I think the concept of the big front door is interesting
6 and it reminds me very much of what we have in Wales,
7 which is the concept of "no wrong door" which is
8 a concept coined by my predecessor in the context of
9 mental health services and arguing that children and
10 young people should have better access to mental health
11 provision.

12 However, to go directly to your question, I'm not
13 sure that having a MARAC as the front door, as the first
14 point of triage, would be an effective use of resources.
15 Rather, I would suggest that the safeguarding team
16 should be the first point of referral and triage. But
17 directly --

18 **Q.** When you say "the safeguarding team", who do you
19 actually mean? Do you mean the MASH, the Multi-Agency
20 Safeguarding Hub?

21 **A.** Yes.

22 **Q.** Yes, thank you. Then, at the stage thereafter, is it
23 the MARAC that you envisage would be taking on the
24 management of the case, so multi-agency, would be having
25 regular meetings on the case, discussing agreed plans of

105

1 **Q.** Thank you. Page 3 CCW000003_0004, paragraph 11 please.
2 You say that "these structures", to which you are
3 referring to existing structures:

4 "... should be used instead of the 'creation of
5 a system in which a specified professional is identified
6 as the dedicated lead for case management in every case
7 (a kind of 'duty holder'),' ... I would argue that the
8 work that such a system would do could be done within
9 existing structures that are better resourced and would
10 avoid creating additional complexity"

11 You go on to talk about the additional training. So
12 you don't seem to be much of a proponent of the concept
13 of a dedicated lead and someone holding a specified
14 duty-holder post. Could you explain why?

15 **A.** My concern is that that could unintentionally take away
16 the emphasis on the need for a multi-agency response.
17 So it could make other agencies feel that they are not
18 responsible, when in fact they should retain
19 responsibility and it should be a multi-agency response.

20 **Q.** Thank you. The questions helpfully raised by the three
21 victims/survivor teams seem, for me, to ask some
22 contrary points to that. The benefits of a lead agency
23 would be, potentially, that they ensure that they don't
24 fall through the cracks; it could improve communication
25 between agencies; it could support information sharing,

107

1 action, taking in information from the different
2 agencies and agreeing on a plan --

3 **A.** Yes.

4 **Q.** -- and reviewing it?

5 **A.** Yes.

6 **Q.** Can I push you just a little bit on that because one of
7 the refrains that the Inquiry has heard from these type
8 of bodies is, we are -- so MARACs might say: we are
9 dealing with difficult cases of domestic abuse, which is
10 an inter-familial harm and we are already stretched in
11 dealing with those types of cases and if you gave us the
12 VFI cohort, that is a different set of risks and
13 a different cohort and, therefore, would be a very big
14 expansion.

15 So the contrary argument might be that you need
16 a multi-agency body that is MARAC-like, but not actually
17 the MARAC?

18 **A.** Yes, it is the latter that I'm suggesting. I'm not
19 suggesting it should be the team looking at domestic
20 violence and honour-based violence. It should be
21 a separate group of professionals.

22 **Q.** But based on these multi-agency principles --

23 **A.** Yes.

24 **Q.** -- as a MARAC, yes?

25 **A.** Yes.

106

1 provide greater continuity and oversight; and a clear
2 point of accountability, ensuring ownership and
3 progression over time. All of that, they suggest,
4 aren't they advantages of a clearly defined lead agency
5 with somebody named as being a responsible duty holder?

6 **A.** I think there is merit in having a lead agency to manage
7 specific cases but I think that lead agency should be
8 appointed by the MARAC-equivalent chair. So it should
9 be determined on a case-by-case basis and that lead
10 agency might change over time, as the case is being
11 managed.

12 **Q.** Thank you. I want to -- still within this topic of
13 reform for the future, Ms Cifuentes, could I just pick
14 up on something which I have probably -- and it is my
15 fault -- failed to draw out from your statement so far
16 and it is a theme we see repeated time and again. So
17 could we start with page 17 CCW000003_0018,
18 paragraph 60. You say:

19 "There should be continued investment in prevention
20 and early intervention. The evidence consistently
21 points to the importance of addressing trauma,
22 victimisation, social isolation, exclusion from
23 education, exploitation and unmet mental health needs
24 before concerns escalate. Relationship-based youth work
25 also has an important role to play in building

108

resilience, creating trusted relationships and identifying vulnerability at an early stage."

Then if we look -- I'm just going to take a couple of these quotes so that we see how they interrelate. Page 8 CCW000003_0009, paragraph 25. So two-thirds of the way down the paragraph:

"Children who display concerning behaviours are often viewed primarily through the lens of risk. However, a child-rights and safeguarding perspective requires equal attention to the vulnerabilities that may sit behind those behaviours. Experiences of victimisation, trauma, exploitation, neglect, mental ... health, family difficulties and social isolation may all contribute to increased vulnerability. Recognising these factors does not diminish the seriousness of risk or harmful behaviour but it does help shape more effective responses."

Then the final one is page 16 CCW000003_0017, paragraph 52:

"From a children's rights and safeguarding perspective, it is important that children found in possession of weapons are not viewed solely through a criminal justice lens. While public protection must remain paramount, responses should also seek to understand the circumstances that led to the behaviour

109

bad the materials are online because we have no other power to do it.

How in, how you envisage the future system, should those sort of considerations be brought to bear on these cases?

A. I think it is crucial to achieve the right balance between public protection concerns and children's rights and safeguarding, and of course, we are here because of a heinous, awful crime carried out by a child but we should always retain the child-first perspective and I would like to see police and counter-terrorism work commit to retaining that focus on respecting that child's rights. But obviously, working far more closely with safeguarding teams, to ensure that public protection and safeguarding is balanced in an appropriate way.

Q. Again, the challenge to that is not in any sense to the sentiment and the importance of what you express but when one looks at it, in AR's case, of things that went wrong, one aspect -- and there were many -- is that, on one occasion of AR carrying a knife on a bus, the officers involved, no doubt trained and thinking of the importance of not criminalising children, didn't arrest and so there wasn't a search.

The challenge is whether -- important though those

111

and identify any underlying vulnerabilities or safeguarding concerns. Children carrying weapons may themselves be experiencing exploitation, violence or significant harm."

Now, I could have gone to further quotes because it is a theme, as I say, that you develop helpfully throughout your statement. Ms Cifuentes, if I may be forgiven for making the observation, your emphasis on those factors is understood, and its importance is understood. But one of the issues that this Inquiry has to grapple with is how the system should allow for the appropriate use of firmer interventions, sadly, in cases involving children, precisely because they are a risk to the public.

So the sort of case that one may be talking about is where what is going to be necessary is to arrest and charge and prosecute a child, in circumstances because they have committed an act of violence or knife possession, but against a background of a very troubling fixation on violence and gore that may give rise to a risk to the public.

And the thinking that sometimes disruptive action like: we are going to arrest him, we are going to arrest him in part so that we can lawfully and legitimately seize his devices, whether phone or laptop, to see how

110

aspects are, whether in some cases, the needle has swung too far the other way, because actually sometimes arrest -- particularly for violence-fixation cases, arrest, search, so that you see the devices, you see if they have bought weapons, is actually, in the longer term, in the interests of the child as well as the public?

A. Yes, and I think the failure there is around information sharing. There should be far improved information sharing of concerns, even when it hasn't reached the level of arrest or anything further. That, I think, is where the improvements could be made. I think we already have use of stop and search with children, in Wales as well as in England, so that already happens but it is of the information sharing between the agencies which is missing.

Q. So if -- in your MARAC-like body, if a case was taken up by that MARAC body and had territorial policing or even counter-terrorism representation on it, you would recognise -- is this right -- that if there was that background pattern of concern about fascination with violence, you would have to factor in the public protection and sometimes taking disruptive police action to mitigate the risk?

A. Absolutely.

112

1 Q. Thank you. Briefly then on online harms. If we look at
 2 page 13 CCW000003_0013, paragraph 35. You helpfully set
 3 out, as with Dame Rachel, that the online environment is
 4 something in which your office has been heavily engaged
 5 and you carried out exercises, outwith the VFI context
 6 I think, but which have explored children and their
 7 exposure to inappropriate material online?
 8 A. Yes, that's correct.
 9 Q. Taking it as shortly as I may, should we take it that --
 10 and it is really apparent from your statement -- but the
 11 concerns that you would have heard Dame Rachel raise as
 12 to algorithms and how dangerous they are, their links to
 13 advertising and how common really extreme violent
 14 material is and how easily it is accessible for
 15 children, is of equal concern to you, as the Children's
 16 Commissioner for Wales, as it was to Dame Rachel?
 17 A. Yes, I concur with her submissions.
 18 Q. It is only a snapshot, but helpful nevertheless, in part
 19 for the learned Chair's note, one of these references,
 20 if we just look at it briefly, CCW000018, no doubt does
 21 what it says on the tin:
 22 "Online safety -- A Snapshot Survey of Children and
 23 Young People in Wales."
 24 Your report, June 2024, yes?
 25 A. Yes.

113

1 I can't answer that, I'm afraid.
 2 Q. Thank you. 17 per cent said "YouTube", 12 per cent said
 3 "Snapchat". Then, if we look at the quotes, one of the
 4 answers -- and I'm sure these are anecdotal -- but:
 5 "'YouTube because sometimes it shows me not child
 6 friendly stuff and gore' ..."
 7 That was an 11-year-old. Is that right?
 8 A. Yes.
 9 Q. "'Snapchat because people can add you' ...
 10 "'Sometimes on apps like Roblox they have voice chat
 11 where some people say inappropriate stuff also even
 12 without it people discriminate me because of my skin
 13 colour' ..."
 14 Again, an 11-year-old; is that right?
 15 A. That is right.
 16 Q. Thank you. There is one final aspect on online matters,
 17 page 15 CCW000003_0015 of your statement again, please.
 18 Paragraph 43. I just wanted to give you the
 19 opportunity, Ms Cifuentes, just while that's being
 20 brought up, just to help us in relation to VPNs. So,
 21 the context in which the Inquiry was asking you about
 22 this is AR's use of VPNs as part of the context. But
 23 also the risk that VPNs can be used to circumnavigate
 24 age restrictions. So recognising that VPNs have
 25 legitimate uses, including for children, in terms of

115

1 Q. Thank you. If we can just look at page 2
 2 CCW000018_0002, very briefly, just to get a brief idea
 3 of methodology. So asking children and young people for
 4 their views on safety; an ongoing series of topical
 5 questions; I think options were given to schools as to
 6 whether children would do it on themselves or group
 7 views would be taken. 1,284 individual children
 8 answered the survey and 869 took part in groups. So
 9 that's your sample size.
 10 If we could go to page 3 CCW000018_0003. I do not
 11 want to take it out of context, because it starts with:
 12 "Think about the apps, games, or websites you use.
 13 Do you feel safe and happy when you use them?"
 14 The majority said "yes", 76 per cent said "yes"; 19,
 15 "sometimes"; and "don't know", 4, and it looks like
 16 a positive "no" 2 per cent. I'm interested to the
 17 further questions to those who answered "sometimes" or
 18 "I don't know" or "no":
 19 "Which apps/games/websites have made you feel unsafe
 20 or unhappy?"
 21 29 per cent of children answering this question
 22 referring to Roblox, who will be witnesses to this
 23 Inquiry. Do you know why, particularly, the high
 24 percentage for Roblox?
 25 A. We didn't do further questions to children, so no,

114

1 privacy. Nevertheless, asking about whether VPNs
 2 themselves need, in some way, to be age controlled, and
 3 you said:
 4 "I would caution against viewing VPNs as the central
 5 issue. Children and young people are often highly
 6 digitally capable and will likely find ways to
 7 circumvent restrictions. The more fundamental issue is
 8 whether age assurance systems and online safety
 9 protections are effective, enforceable and capable of
 10 reducing children's exposure to harmful content."
 11 It may be me, but what I'm not following, in that
 12 paragraph, at the moment, is why you say "caution
 13 against viewing VPNs" because the whole purpose of
 14 raising this concern is the VPNs allow children to
 15 circumnavigate age restrictions?
 16 A. Yes. I think the point is the focus needs to be on
 17 holding the platforms and the companies to account and
 18 more robustly regulating them and making sure that their
 19 age verification systems are working effectively and
 20 making sure that they -- their restriction to children
 21 is controlled and limited.
 22 Q. So, I follow. Do correct me if I have got this wrong,
 23 but are you saying that platforms' systems for ensuring
 24 that they are not providing services to children should
 25 take into account the fact that the children may be

116

1 using VPNs? So they have to have systems that are
 2 safe --
 3 **A.** Yes.
 4 **Q.** -- even if the child is using a VPN?
 5 **A.** Yes.
 6 **Q.** One technical challenge -- and I'm not the expert, by
 7 any means, but one technical challenge in relation to
 8 this is that England and Wales, and indeed the UK, may,
 9 in some respects, be further down the line in
 10 protections than other countries. So if the platforms
 11 are international providers, as they nearly all are, one
 12 difficulty is they won't know that the UK legal
 13 provisions apply if the effect of the VPN is to mask
 14 that the person is even in the UK?
 15 **A.** Yes, and online regulation is outside of -- is a reserve
 16 matter and therefore, outside of my formal
 17 responsibilities, so I wouldn't be able to comment --
 18 **Q.** Right. I'm testing the bounds of your knowledge as well
 19 as, perhaps, mine. Thank you. Finally, on
 20 interventions then, as my last topic, very briefly,
 21 page 10 CCW000003_0011, paragraph 30 of your statement.
 22 This is a theme that others have referred to as
 23 well. You say that "youth work has an important
 24 preventative role to play" and at the end of that
 25 paragraph:

117

1 **MR MOSS:** Shall we say 2.05 pm?
 2 **SIR ADRIAN FULFORD:** 2.05 pm, certainly.
 3 (1.12 pm)
 4 (The short adjournment)
 5 (2.05 pm)
 6 **SIR ADRIAN FULFORD:** Could you remain standing.
 7 **MR ANDREW BAISLEY (affirmed)**
 8 **SIR ADRIAN FULFORD:** Thank you very much.
 9 **MS MARGARET MULHOLLAND (affirmed)**
 10 **SIR ADRIAN FULFORD:** Thank you very much. Please have
 11 a seat.
 12 Mr Jamieson.

Questions by MR JAMIESON

14 **MR JAMIESON:** Sir, thank you. This afternoon we have
 15 Mr Baisley and Ms Mulholland, who are going to speak to
 16 us on behalf of their respective educational unions.
 17 Just before I get to that, there are some formalities we
 18 will have to go through. So, Ms Mulholland, you first,
 19 please. May we have on the screen please ASCL000013.
 20 Which, I think Ms Mulholland, is your statement and can
 21 we go, please, to page 22 ASCL000013_0022. Is that
 22 statement -- is that -- did you sign it on 30 July 2026?
 23 **MS MULHOLLAND:** I did, yes.
 24 **Q.** And is that statement true and accurate to the best of
 25 your knowledge and belief?

119

1 "While youth work is not a substitute for
 2 safeguarding or specialist interventions it can provide
 3 an important protective factor and should form part of
 4 a wider public health approach to preventing serious
 5 violence."
 6 Others have said similar things. What, to your
 7 knowledge and experience, is the position in Wales in
 8 terms of the access to those sort of services and the
 9 funding for them?
 10 **A.** It's been the subject of considerable discussion and
 11 review and there have been commitments to, for example,
 12 establishing a national body for youth work. Funding
 13 arrangements for youth work are fragile, to say the
 14 least, because it depends mainly on funding from local
 15 authorities. So, overall, there is recognition that
 16 there is insufficient funding for youth work and this is
 17 a concern.
 18 **MR MOSS:** Thank you. Sir, those are may questions. I'm
 19 just going to turn to my learned friend, Mr Weatherby.
 20 I do not think he has any questions. Do you have any
 21 questions?
 22 **SIR ADRIAN FULFORD:** I have none. Thank you very much
 23 indeed. It has been extremely helpful and I'm very
 24 grateful to you.
 25 **A.** Thank you.

118

1 **MS MULHOLLAND:** It is.
 2 **Q.** I should have asked you, please may we have your full
 3 name for the record?
 4 **MS MULHOLLAND:** Margaret Mulholland.
 5 **Q.** Thank you so much. That can come down then, just for
 6 the moment. Mr Baisley, please may we have your full
 7 name, for the record?
 8 **MR BAISLEY:** Andrew John Baisley.
 9 **Q.** Please may we have on the screen, NEU000029. Your
 10 statement dated 27 August 2026 and if we go on to
 11 page 21 NEU000029_0021, you signed that. Is that
 12 statement true and accurate to the best of your
 13 knowledge and belief?
 14 **MR BAISLEY:** It is, yes.
 15 **Q.** Thank you. Having gone through that formality, those
 16 statements become part of our evidence and now I can ask
 17 you some more questions about the substance.
 18 Before I do that though, can we do some proper
 19 introductions. Since we have Mr Baisley's statement up,
 20 let's go back to the start of that, back to page 1
 21 NEU000029_0001 and let's introduce both you and your
 22 union. So there, at paragraph 1, you tell us that the
 23 Head of Education, Economics and Social Justice at the
 24 NEU, the National Education Union.
 25 **MR BAISLEY:** That is correct.

120

1 Q. That is the -- if we scroll down the page, please, to
 2 paragraph 3 you tell us that the:
 3 "The [NEU] is the largest education union in the
 4 United Kingdom."
 5 You have almost half a million members:
 6 "... teachers, lecturers, support staff and leaders,
 7 working in state and independent schools ..."
 8 All the way from sixth form to early years settings,
 9 in both England and Wales?
 10 **MR BAISLEY:** That is right and a few in Northern Ireland.
 11 Q. A few in Northern Ireland, thank you. You, yourself,
 12 sir, have -- if we go up to paragraph 1, you have been
 13 in your current post since October 2025 but before then,
 14 you have been part of the NEU and its predecessor, which
 15 was the National Union of Teachers, the NUT --
 16 **MR BAISLEY:** Yes.
 17 Q. -- since September 2017 --
 18 **MR BAISLEY:** Right.
 19 Q. -- and before that, you were a maths teacher in
 20 a variety of secondary schools, in and around North
 21 London, I think?
 22 **MR BAISLEY:** That's right. Yes, I was. I started in 1994
 23 in Gladesmore School in Haringey.
 24 Q. Fantastic. May we go back to Ms Mulholland's statement
 25 please and to page 2 ASCL000013_0002 and paragraph 7.

121

1 Have I missed anything out in your introductions?
 2 **MS MULHOLLAND:** No.
 3 **MR BAISLEY:** No.
 4 Q. Great. Thank you for that. May we come to the
 5 substance and the first of my topics is definitions.
 6 May we have on screen, please, paragraph 9 of
 7 Ms Mulholland's statement, which is just a little
 8 further down. There we are.
 9 You tell us that the term "VFI" is:
 10 "... rarely used in schools. Designated
 11 Safeguarding Leads ..."
 12 I'm just going to pause there. We are going to hear
 13 a bit about those. What is a Designated Safeguarding
 14 Lead; what do they do?
 15 **MS MULHOLLAND:** It's the senior teacher. They have to be
 16 a senior leader in schools and their remit is all
 17 aspects of safeguarding and children's wellbeing, and
 18 also the safeguarding in relation to recruitment and
 19 retention of staff as well.
 20 Q. Do they -- if other members of staff in the school have
 21 concerns about safeguarding, does that DSL essentially
 22 form a central point that concerns can be reported to?
 23 **MS MULHOLLAND:** That is correct, yes.
 24 Q. Thank you. So you tell us that the term "VFI" is rarely
 25 used in schools:

123

1 You tell us there, Ms Mulholland, that the ASCL is
 2 another educational union, but you represent leaders; it
 3 is the Association of School and College Leaders:
 4 "... 25,000 education system leaders, heads,
 5 principals, deputies, vice-principals, assistant
 6 heads ..."
 7 And other leaders, responsible for the education of
 8 more than 4 million children. Across the UK, or is it
 9 just England?
 10 **MS MULHOLLAND:** Across the UK.
 11 Q. Across the UK, and if we just scroll up to paragraph 4,
 12 please, on the preceding page ASCL000013_0004, we would
 13 see that you are the "SEND". Can you translate the
 14 acronym for me?
 15 **MS MULHOLLAND:** Special Educational Needs and Disabilities.
 16 Q. Thank you. So the "SEND & Inclusion Policy lead" for
 17 ASCL. You are the SEND board adviser to a number of
 18 significant organisations. You sit on advisory groups
 19 for the Department for Education and back to
 20 paragraph 5, please ASCL000013_0002. Previously you
 21 held teacher, leader and trustee roles in secondary
 22 special settings and teacher education at UCL?
 23 **MS MULHOLLAND:** Yes, correct.
 24 Q. You are a contributing author to several educational
 25 texts, which you have told us there in paragraph 6.

122

1 "... (DSLs) are generally familiar with terms such
 2 as serious violence, child-on-child abuse,
 3 radicalisation, harmful sexual behaviour ..."
 4 And the rest. But:
 5 "Pupils presenting fixation on violence are
 6 generally managed through these existing frameworks
 7 rather than a distinct VFI approach."
 8 You go on to say:
 9 "This use of inconsistent language can risk
 10 miscommunication and misunderstanding across the sector.
 11 ASCL recommends developing and publishing a nationally
 12 agreed education definition of a Violence Fixated
 13 Individual ... supported by clear descriptors,
 14 indicators and examples to ensure consistent
 15 understanding across education and partner agencies."
 16 So, you are clear that we need a definition?
 17 **MS MULHOLLAND:** I think we need a definition. We are not
 18 sure, and we haven't checked with our members, whether
 19 "violence-fixated individuals" is the correct
 20 definition.
 21 Q. Thank you. But what you also tell us is that the way to
 22 make a definition effective is it needs to have clear
 23 descriptors, indicators and worked examples; is that
 24 what you are saying there?
 25 **MS MULHOLLAND:** Yes. There is a real risk if we identify

124

1 simply a label, rather than put that in context, we end
 2 up looking for that label in a kind of check-listed way
 3 and we believe that these behaviours and patterns of
 4 behaviour need to sit within the wider context of school
 5 life. So they are easier to identify.

6 **Q.** Thank you. You use -- you talk about a definition for
 7 the education sector. When we are looking at
 8 definitions, should we be thinking of something
 9 specifically for the education sector or one that could
 10 be understood in a multi-agency context?

11 **MS MULHOLLAND:** Definitely in a multi-agency context and in
 12 creating that definition, we would like to see that
 13 created through a multi-agency lens and with
 14 contributors from multi-agencies --

15 **Q.** To feed in?

16 **MS MULHOLLAND:** -- to feed into that definition, yes. So
 17 that it is shared expertise informing what that
 18 definition should look like and ensuring it makes sense
 19 to everybody who is engaged in that child's life.

20 **Q.** Thank you. Mr Baisley, may we just go back to your
 21 statement for a moment. Page 2 NEU000029_0002
 22 paragraph 6. So just underneath the heading "The role
 23 of the union", you agree that the term "VFI" is not --
 24 you don't agree?

25 **MR BAISLEY:** I was a little -- went a little further than
 125

1 term is used in education, you are telling us about what
 2 your members have told us but also that casework you
 3 have done?

4 **MR BAISLEY:** Yes.

5 **Q.** Thank you. In terms of the available guidance, I'm not
 6 sure it is necessary for us to turn it up, but I will --
 7 sir, for your note, Ms Mulholland's statement, page 9
 8 and paragraph 37 to 41, you set out all of the different
 9 statutory guidance which teachers and other educational
 10 professionals work under, that has analogous coverage to
 11 this area and the short position is that none of it
 12 defines or provides guidance to your members as to what
 13 to do or how to identify this sort of behaviour. Is
 14 that right?

15 **MS MULHOLLAND:** Yes.

16 **MR BAISLEY:** I agree with that, yes.

17 **Q.** You do? You said, Ms Mulholland -- essentially my
 18 words -- jury is still out as to what the definition
 19 should look like. This Inquiry has received an interim
 20 guidance document on a different definition. I'm just
 21 going to put that up on the screen now. HOM001011,
 22 please Amanda. Thank you.

23 So, interim guidance issued by the Home Office in
 24 relation to a different definition, NIEV,
 25 "non-ideological extreme violence". We were told issued
 127

1 Margaret in saying I didn't believe it was used at all.

2 **Q.** Yes. In fact, there is a bit of evidence that you have
 3 turned up for us which demonstrates that, I think. If
 4 we go on to page 4 NEU000029_0004 and paragraph 17
 5 and 18 of your statement. In a moment, we are going to
 6 come onto talk about some of the different data
 7 gathering that you have done on behalf of the Inquiry.
 8 But one of the things that you caused to be done is
 9 a search of the casework records that your union holds,
 10 is that right?

11 **MR BAISLEY:** That is correct, yes.

12 **Q.** You tell us here that, 36,485 cases opened between
 13 January 2021 and July 2026 were searched under a number
 14 of different keywords --

15 **MR BAISLEY:** Correct.

16 **Q.** -- to try to turn up cases that may be of relevance to
 17 this Inquiry and the terms of reference. Of that,
 18 100 highly relevant cases were then subsequently
 19 reviewed manually.

20 **MR BAISLEY:** Yes.

21 **Q.** The short answer is in none of those cases did the term
 22 "VFI" or "violence-fixated or fascinated individual"
 23 appear; it wasn't there at all?

24 **MR BAISLEY:** In no case, no.

25 **Q.** So when you say in your view you don't consider this
 126

1 on 16 October to a large number of recipients. Has this
 2 document come to you and to your unions?

3 **MR BAISLEY:** Only through this Inquiry.

4 **MS MULHOLLAND:** Yes, I concur with that.

5 **Q.** I think you have had an opportunity to look at it before
 6 now, through seeing it in this Inquiry --

7 **MR BAISLEY:** Yes.

8 **Q.** -- so if we can go on to the definition, please, and to
 9 the definition at the bottom of the page, which tells us
 10 it has a number of caveats to it, it is not statutory,
 11 it is not legal, it is not operational and it doesn't
 12 come with any guidance beyond this document, but the
 13 definition that we are given to deal with is this:
 14 "The use or threat of extreme violence, not driven
 15 by a clear ideological purpose, which is communicative
 16 in nature and intended to shock, intimidate, or outrage
 17 the public or a section of the public."

18 We have had a number of witnesses draw attention to
 19 the fact that this is a definition that describes a type
 20 of violence rather than a type of person. It has intent
 21 within it, which is difficult to assess, particularly in
 22 an early intervention stage, and the communicative
 23 nature of an action also difficult to assess and
 24 necessarily, can only happen after the action has
 25 occurred. That's probably a summary of the criticisms
 128

1 we have had so far. What's your reflection on this
2 definition?

3 **MR BAISLEY:** We both agree.

4 **MS MULHOLLAND:** We both agree. We think it categorises
5 rather than supports any form of detection and
6 identification and really, what schools would like to
7 see is that support with: how do we define, how do we
8 spot, how do we understand how this might be a young
9 person who is experiencing escalated behaviours that
10 could cause risk? What we did discuss was the
11 possibility of the other definition that was referenced,
12 through the NSPCC.

13 **Q.** Sorry, which reference?

14 **MS MULHOLLAND:** Which was "children who pose a risk of
15 extreme violence to others", and in considering that, we
16 would see that as a definition that's more helpful to --

17 **Q.** Is part of the attraction of that definition -- so other
18 feedback that we have had is that, particularly with
19 professionals that work with children or work in
20 a safeguarding context, there can be a reticence to
21 apply a label that appears pejorative or marginalising.
22 The context you are just talking about "at risk of",
23 "vulnerable to", is that more the language of
24 safeguarding that practitioners tend to be more
25 comfortable with?

129

1 screen, page 6 ASCL000013_0006, paragraph 27. What you
2 tell us just there is you have not consulted members
3 specifically on VFI for the reasons you set out earlier
4 and in paraphrase, it is not a term that your members
5 would recognise and so it wasn't easy for you to survey
6 them in that way.

7 But you have sought their views in other ways,
8 indirectly. On the identification and management of
9 violence-fixated individuals, through your response to
10 the Department for Education's consultation on Keeping
11 Children Safe in Education, which is the statutory --
12 principal statutory guidance that you work under, isn't
13 it?

14 **MS MULHOLLAND:** Yes, that is correct.

15 **Q.** So, as I go through some of the particular items that
16 Mr Baisley's union has done, I will invite you to chip
17 in with anything that you have learned through that
18 process, all right?

19 **MS MULHOLLAND:** Thank you.

20 **Q.** May we then go back to Mr Baisley's statement, page 2
21 NEU000029_0002, paragraph 4. You tell us that the
22 evidence your statement comes from seven sources but it
23 reveals some of the work that you have done.

24 So the "State of Education survey", I think that is
25 an annual survey that you do for your members anyway?

131

1 **MR BAISLEY:** Absolutely, yes.

2 **Q.** Is there anything I have not encapsulated?

3 **MR BAISLEY:** No, I think that's it. It is just a very
4 simple description that is therefore easy to identify.

5 **Q.** So that's what's necessary; we need a simple description
6 of a sort of risk or vulnerability that we are looking
7 for, with guidance of, presumably, by sector, of the
8 sorts of behaviours, the sorts of concerns to look out
9 for?

10 **MS MULHOLLAND:** I think it is very helpful because it is
11 shared language in that respect, whereas I think the
12 previous definition, the NIEV definition that we looked
13 at, feels very much language that our members wouldn't
14 necessarily find easy to apply and recognise and
15 I think that's the benefit of the NSPCC definition that
16 was suggested.

17 **Q.** Mr Baisley, do you --

18 **MR BAISLEY:** I completely agree.

19 **Q.** Thank you. Well, then I will leave definitions, unless
20 there is anything else you wanted to say about it.
21 I will move on to the data that has been gathered by
22 your respective unions. I say, as I turn to this, we
23 are extremely grateful for the work that you have done.

24 Ms Mulholland, I will deal with yours first,
25 reasonably shortly. May we have your statement on the

130

1 **MR BAISLEY:** It is, yes, and it covers a wide range of
2 topics.

3 **Q.** Yes, and the one that you have used for this statement
4 was in February of this year?

5 **MR BAISLEY:** That is correct, yes.

6 **Q.** You have extracted the relevant pieces of data, for our
7 purposes?

8 **MR BAISLEY:** That is right. I mean, we had already written
9 this as a report.

10 **Q.** Of course you had. The second is the union's casework
11 and we have just -- we looked at an example of that,
12 didn't we, with the search for the VFI terms?

13 **MR BAISLEY:** Yes.

14 **Q.** What you did was you took all of the cases of advice
15 that you had given to your members over the five-year
16 period and applied those search terms in the way we
17 looked at?

18 **MR BAISLEY:** Yes.

19 **Q.** You have also used your union's policy and guidance
20 material but, most interestingly for our point of view,
21 you did two specific surveys in the August of this year?

22 **MR BAISLEY:** That is right.

23 **Q.** For this Inquiry, for this statement?

24 **MR BAISLEY:** Yes, exactly. Yes.

25 **Q.** You surveyed your members who were designated

132

1 safeguarding leads and you also surveyed a panel of
 2 teachers who were working in English schools?
 3 **MR BAISLEY:** That is right. So, we have -- on our
 4 membership database, we have various particular roles
 5 against members where they have told us that. So that
 6 was easy to identify our designated leads within
 7 membership and then, as a second thing, we have a panel
 8 of -- actually, it is quite a large panel, it is
 9 10,000 English state school teachers who have said that
 10 they are happy for us to survey them regularly and so we
 11 can conduct very rapid turnaround surveys of those
 12 members on a -- you know, often on a newsworthy or
 13 a current question and get a response very quickly.
 14 **Q.** I see, thank you. Then the other thing that I just
 15 wanted to highlight in this summary was the case
 16 studies. So, as we go through, we will see two
 17 particular case studies of potential VFIs that you have
 18 identified from issues that your members have raised
 19 with you, and seventhly, a particular interview with the
 20 head of digital strategy of an English independent
 21 school that we may come to.

22 So we have all of those and we are very grateful for
 23 the data that you have provided. I'm not going to go
 24 through all of those surveys now but happily, you have
 25 set out some of the main conclusions in your statement

133

1 caseload of pupils who may pose a risk of serious harm
 2 to others. It is a day-to-day reality for those
 3 individuals?

4 **MR BAISLEY:** Yes, it is. Yes.

5 **Q.** And more than one in three had dealt with six or more
 6 such cases in the last three years and one in five had
 7 dealt with more than ten?

8 **MR BAISLEY:** Correct.

9 **Q.** To pick up a point that we will come back to, the
 10 central complaint, or the concern that those individuals
 11 had, was the responses that they received from external
 12 agencies when they raised safeguarding concerns?

13 **MR BAISLEY:** Absolutely, yes.

14 **Q.** 70 per cent of them, 7 in 10, said:

15 "... external agencies take account of concerns
 16 raised by school staff not very well or not at all well;
 17 [and] only 2.5 per cent ..."

18 Thought that their concerns were very well taken
 19 account of. Amongst the leads who had actually taken
 20 a concern to an external agency, it was even higher, 78
 21 per cent had a negative experience, and again, something
 22 we will come back to, only 1 in 4 said that they were
 23 always or usually told the outcome of a referral.

24 **MR BAISLEY:** Yes.

25 **Q.** So essentially, two problems being surfaced here. Your

135

1 and we will just look at that now, if we may.

2 So it we go to the bottom of page 3 NEU000029_0003
 3 and paragraph 12. So, this is where you begin to set
 4 out the conclusions from those two surveys that you did
 5 in August. You deal first with the DSL survey, the
 6 designated safeguarding lead. You say that a survey of
 7 members who hold that role was conducted in August of
 8 this year and you had 319 responses. You note that
 9 that's a small sample size and that percentages have
 10 a margin of error because of that?

11 **MR BAISLEY:** Yes.

12 **Q.** The second survey was those -- did you say 10,000?

13 **A.** There are 10,000 on the panel.

14 **Q.** 1,370 --

15 **MR BAISLEY:** Replied.

16 **Q.** Thank you. You said this. You avoided using the term
 17 VFI because, as with Ms Mulholland, your members
 18 wouldn't recognise it but you used, as a proxy, "pupils
 19 who may pose a risk of serious harm to others"?

20 **MR BAISLEY:** Yes.

21 **Q.** So we should understand that was the term used in the
 22 questioning. If we may just go down to the next
 23 paragraph, we can see the conclusions, or the headline
 24 ones as they emerged. So with the DSLs, the survey
 25 showed that, essentially, those leads carry a routine

134

1 DSLs hold this caseload of students who pose a risk of
 2 serious violence to others that they are concerned
 3 about?

4 **MR BAISLEY:** Yes.

5 **Q.** Firstly, the majority of them don't think -- or their
 6 experience is that the information they provide is not
 7 taken account of properly when it is provided, and,
 8 secondly, they are not provided with feedback from the
 9 multi-agency structure as to what has happened or what
 10 they are supposed to do in future?

11 **MR BAISLEY:** Yes.

12 **Q.** Have I encapsulated those findings?

13 **MR BAISLEY:** You have indeed.

14 **Q.** Ms Mulholland, are those sorts of findings, does that
 15 surprise you, does that accord with what your membership
 16 tells you?

17 **MS MULHOLLAND:** Very much accords with what we are hearing,
 18 and I think particularly around this lack of feedback
 19 and that concerns us because of the lack of learning and
 20 the lack of shared working that then instigates, if you
 21 like. So they are not building a better understanding
 22 of why those referrals haven't moved forward or what the
 23 action should look like next time around.

24 **Q.** Yes. A question from the families -- or the victims and
 25 survivors that I might have come to later but I will

136

1 pose to you now, reflecting back on the learned Chair's
2 findings from Phase 1 of this Inquiry. Essentially,
3 there was a finding that the school concerned had made
4 a number of Prevent referrals but received no
5 information back, and that was then a disincentive to
6 make another referral when concerns raised later.

7 Again, is that something that you have experienced
8 from your membership, that this lack of feedback leads
9 to a disincentive to make referrals in future?

10 **MS MULHOLLAND:** I think it informs professional judgement.
11 Even if that isn't a desirable way of informing
12 professional judgement, it does have an impact on that
13 designated safeguarding lead's understanding of when
14 they ought to be escalating a concern. So even though
15 the guidance does encourage -- and we do push back and
16 encourage regular referral, if the need still presents,
17 it is understandably, I think, impactful on the
18 decisions that professionals make.

19 **Q.** They need to know when they are getting it right and
20 when they are getting it wrong?

21 **MS MULHOLLAND:** Yes.

22 **MR BAISLEY:** Yes.

23 **Q.** Then another question, which again, comes from the
24 survivors and victim groups. Mr Baisley, this point
25 that you make about -- well, the point that your survey

137

1 more important ones get lost. Is there an interrelation
2 between those two?

3 **MS MULHOLLAND:** Yes. I would say that what we are seeing is
4 a sort of compliance culture development --

5 **Q.** Explain what you mean.

6 **MS MULHOLLAND:** Well: actually, I need to be seen to be
7 doing this because this is my only avenue of action.
8 What I really would prefer to be seeing is the kind of
9 decision-making, collaborative working, that leads to
10 good accurate identification of when that referral needs
11 to happen, and as Andrew said, when resource is short,
12 people almost start to expect that they won't be getting
13 a response, so they change their behaviours accordingly.

14 **Q.** So, process over substance; process for process's sake,
15 not to achieve anything? Thank you. That's
16 a diversion, but hopefully a useful one. Let's scroll
17 down so we can see paragraphs 15 and 16, please.

18 So there were some comments that came in with that
19 DSL survey, just to round that out, describing external
20 agencies dismissing or downgrading concerns raised by
21 schools, particularly where the pupil had special
22 educational needs or disabilities. Something we will
23 come back to:

24 "... social care thresholds set so high that
25 referrals [came] back with no further action; schools

139

1 has surfaced, about external agencies not responding to
2 that information properly, what needs to be done to make
3 sure that the voice of education is properly heard in
4 those multi-agency settings? How can that be improved?

5 **MR BAISLEY:** Well, I think that the DSL should be considered
6 an expert, just as the rest of the panel is an expert.

7 I don't think that they have the same status within that
8 panel. So I think that that's a very significant
9 problem. Then I think the level of resourcing available
10 to the multi-agencies is by far the biggest barrier. It
11 is -- the caseloads are -- you know, the resourcing is
12 so inadequate to the caseload, that there's inherently
13 rationing going on all the time, and then that -- so,
14 where as school brings a case that really ought to
15 receive greater support, but there isn't the resource to
16 do it, they don't get -- the agency doesn't take it up
17 but then that mis-educates the DSL as a consequence --

18 **Q.** Well, that's exactly the point I was going to make. Are
19 the two observations that the two of you have made
20 interrelated? Because if the DSLs are not getting
21 feedback as to the quality of the referral they are
22 making, whether it is appropriate, whether it needs more
23 information, perhaps they will do more as a protective
24 factor to feel that they are doing something, and then
25 there is -- there are more cases in the system and the

138

1 expected to supply detail but rarely told what followed;
2 safeguarding records arriving late or not at all when
3 [pupils transfer] in; and staff being injured or
4 threatened while pupils wait for specialist
5 placements ..."

6 And treatments. One lead wrote:

7 "External services, especially children's social
8 care and mental health services actively dismiss
9 concerns raised by schools, particularly if the child
10 discloses concerning information to school staff but
11 does not repeat it to them directly."

12 I think this is the point that you were making about
13 the DSL being treated as an expert, rather than
14 corroboration from the child being required before that
15 concern was treated seriously?

16 **MR BAISLEY:** That's exactly the point, yes.

17 **Q.** Thank you. So, those are the headline findings from the
18 DSL survey. The panel survey, you deal with at
19 paragraph 16.

20 Teachers were asked whether, in the last 12 months,
21 they were worried about a pupil because of an apparent
22 interest in or preoccupation with violence, weapons or
23 attacks, and just over a third said "yes".

24 18 per cent -- and of that third, about half of them
25 were concerned about one pupil and about half of them

140

1 were concerned more than one?

2 **MR BAISLEY:** Correct, yes.

3 **Q.** And that there was an increase in that concern in the

4 areas of higher socio-economic deprivation?

5 **MR BAISLEY:** That is correct, yes. So we put the -- just to

6 explain that a little bit. We stratify the sample, we

7 look at the characteristics of the teacher and we look

8 at the characteristics of the teacher's school. Ofsted

9 put five bands of deprivation on schools, so we use

10 those bands and then we weight the survey accordingly,

11 so that we can see -- and those -- where it says

12 "a meaningful difference", that means that there was

13 a statistically large enough gap to say that that is

14 a real fact.

15 **Q.** I should have made use of the expert maths teacher I had

16 in front of me to explain the statistics before now.

17 If we just go down to paragraph 17, thank you. So

18 the union also analysed the casework records, in the way

19 we look at. Covered those 37 or 36,000 -- I will round

20 it properly -- cases opened across that period and those

21 were the tags that were applied: assault, behaviour,

22 safeguarding, personal injury and health and safety.

23 Then, the methodology was that the hundred best hits

24 were looked at manually and in detail, and we have

25 looked at your paragraph 18 already.

141

1 again, that: once we have made the referral, once we

2 feel it has gone beyond our level of expertise, this is

3 where we start to feel anxious, that we are not able to

4 put the right support in place and that these referrals

5 come back to us and sit with us and often we don't know

6 where to turn next.

7 **Q.** Yes, thank you, and just in terms of what you are being

8 asked to manage, if we went, in your statement, up to

9 page 7 ASCL000013_0007, paragraph 32, you say this:

10 "Although the term VFI is rarely used ..."

11 Your members, or:

12 "... [the] ASCL is increasingly asked to provide

13 advice ..."

14 Presumably to your members:

15 "... on safeguarding concerns involving behaviours

16 that may be associated with violence fixation. These

17 include violent ideation, fascination with previous mass

18 casualty attacks, weapon-related behaviours, concerning

19 online activity, misogynistic or grievance-based

20 content, and escalating patterns of behaviour that cause

21 concern but do not necessarily meet the threshold for

22 criminal investigation or statutory safeguarding

23 intervention."

24 So this is the message that you are getting from

25 your members, so an increasing number of calls for

143

1 May we just go back to Ms Mulholland's statement

2 please. Paragraph 12 and -- page 12 ASCL000013_0012,

3 paragraph 59, just to put up a related and similar

4 message I think from your membership.

5 So your DSLs which form part of your membership,

6 they are:

7 "... generally confident in recognising safeguarding

8 concerns, confidence reduces [however] significantly

9 once a child is identified as potentially

10 violence-fixated. Members consistently report

11 uncertainty regarding referral pathways, thresholds for

12 intervention, and which agency should lead the response.

13 Information sharing is often dependent on local

14 professional relationships rather than nationally

15 consistent processes, resulting in variable practice ...

16 Where effective multi-agency partnerships exist, risk

17 management is strengthened; however, inconsistency in

18 local arrangements [meant] schools can be left managing

19 significant concerns without clear ownership or

20 coordinated oversight".

21 Again, how have that captured that message from your

22 membership?

23 **MS MULHOLLAND:** Really in response to some of our

24 consultations, having roundtables to inform those

25 responses, and these are messages we get back again and

142

1 advice and assistance?

2 **MS MULHOLLAND:** Yes. References about concern of what young

3 people are accessing online and whether our response

4 should be proportionate to how much they are accessing

5 those online, or how much we are hearing about those,

6 rather than really understanding, as educational

7 professionals, whether -- the degree to which that poses

8 a risk.

9 **Q.** Yes. Online is a topic that we will very much come to

10 because I know you have both done some helpful research

11 in relation to it. But these concerns that are being

12 raised, or requests for advice that are being raised:

13 fascination with mass casualty attacks, weapon-related

14 behaviour, grievance-based content with escalating

15 patterns of behaviour; these are the concerns that are

16 being voiced. Allied with, I think a point we made when

17 we looked at the proceeding paragraph, not necessarily

18 meet the threshold for criminal investigation or

19 statutory safeguard investigation.

20 So they have a concern but they can't refer it to

21 an agency to do something about it, because the police

22 say: it doesn't meet the threshold and children's

23 services say: it doesn't meet our criteria?

24 **MS MULHOLLAND:** Yes and then, at that point, often a school

25 might turn to mental health services and again, they

144

1 might not feel that it is representative of needs that
 2 they can support. So, school are left holding these
 3 concerns and not sure what that lower level threshold
 4 intervention should look like.

5 **Q.** Just to round out that point, if we went, please, to
 6 page 12 ASCL000013_0012 and paragraph 56, and just to
 7 contextualise this, educational professionals'
 8 involvement in safeguarding processes are
 9 long-established, at this point, as indeed are their
 10 involvements in the Prevent process and the Prevent
 11 duty. They have that understanding. They have that
 12 involvement. What they say to you is, they generally
 13 report the high level of confidence in identifying
 14 established safeguarding concerns, including abuse,
 15 neglect, exploitation, child-on-child abuse, serious
 16 violence and online harms, reflecting expectations set
 17 out in the statutory guidance:

18 "Staff also receive safeguarding and, where
 19 appropriate, Prevent duty training ...

20 "However, members report lower levels of confidence
 21 in recognising behaviours that may indicate
 22 an escalation towards targeted violence where there is
 23 no clear ideological motivation or statutory
 24 threshold ..."

25 Which is the type of behaviour we are principally
 145

1 and I think we are looking for support from other
 2 agencies, on occasion, where we are not sure whether
 3 what we are seeing is a typical presentation or
 4 something we might expect at that time.

5 **Q.** Yes, and I think what you are telling us here is that
 6 your members can do, and do well, perform that function
 7 in areas of concern that they are used to: safeguarding
 8 concerns, vulnerable to ideological terrorism concerns.
 9 But in this new area, they lack confidence because of
 10 that lack of support and indeed, a theme that both of
 11 you make throughout your statement, a lack of concrete
 12 guidance. Is that right?

13 **MS MULHOLLAND:** Yes.

14 **Q.** Mr Baisley, do you --

15 **MR BAISLEY:** Yes, I agree with that as well. Yes.

16 **SIR ADRIAN FULFORD:** A lack of knowing what to do,
 17 I suppose?

18 **MS MULHOLLAND:** Yes, and in a changing context. I think
 19 that's quite interesting. I would say that the mental
 20 health prevalence report that Peter Fonagy released
 21 about a week ago now, showing the heightened level of
 22 distress and talking about the co-occurrence of needs
 23 that are being seen in young adolescents as a result of
 24 that heightened distress, is something that presents
 25 differently than it has previously and I think that's
 147

1 concerned with:

2 "In particular, practitioners describe uncertainty
 3 when concerning behaviours overlap with typical
 4 adolescent development, neurodevelopmental conditions,
 5 mental health needs [and] other vulnerabilities. The
 6 absence of a nationally recognised education framework
 7 for identifying behaviours associated with violence
 8 fixation can lead to variation in professional judgement
 9 and confidence ..."

10 Again, just to unpack that. The cohort, as you
 11 correctly identified that we are particularly concerned
 12 with, is adolescents which I am sure you will know,
 13 better than many, is a time of particular change for
 14 young people and is the message here that it can be hard
 15 to unpick how much is normal change across that period
 16 and exploration of different identities and how much is
 17 concerning behaviour? Is that right?

18 **MS MULHOLLAND:** Yes, absolutely, and I would say education
 19 professionals are really effective and good at knowing
 20 the individuals, but when those presentations, those
 21 co-occurring needs present, often, they would value
 22 expertise, clinical expertise perhaps, to understand: is
 23 what I'm saying a normal presentation for this
 24 individual?

25 So we have part of the picture that we are holding
 148

1 where our members find it difficult because they know
 2 the context is changing, they know that the access to
 3 online harms is much more common now than it ever was.
 4 Map that with the heightened distress, whether that's
 5 cause or correlation, actually, you are seeing
 6 a presentation of very different behaviours, and that's
 7 the anxiety that they hold, in terms of identifying
 8 correctly and knowing where to go next with those needs.

9 **MR JAMIESON:** So those sort of changing macro-circumstances
 10 make reliance on previous experience more difficult?

11 **MS MULHOLLAND:** Yes, and we are seeing a lot of data coming
 12 through to the education system around loneliness,
 13 isolation, that are very different from five/ten years
 14 ago. A recent IPPR report references this and you put
 15 all this picture together of rapid change and it is
 16 understandable, I think, that the decision-making is far
 17 more complex than it was previously.

18 **Q.** Thank you. That leads me neatly to the next point that
 19 I wanted to discuss with you both, which is the role
 20 that educational professionals can play in this arena
 21 and what they should be asked to do and what they
 22 shouldn't be asked to do in the identification and
 23 management of VFI risk.

24 Ms Mulholland, you put it neatly at page 14
 25 ASCL000013_0014, paragraph 67. Where you say this:
 148

"Schools should play a central role in identifying concerns, sharing relevant safeguarding information, implementing agreed actions within the educational environment, and monitoring changes in presentation."

That's what they are well placed to do. They have a lot of contact time with the children and young people; can observe changes over time; where feedback is given, they can implement the agreed actions that have been made:

"However, members are clear that education settings should not be expected to lead or [to] coordinate the management of complex VFI cases, which require statutory agency oversight and multi-agency expertise."

If we look also just at paragraph 69, you say this:

"Our members have significant experience of coordinating safeguarding activity within schools and contributing to multi-agency planning. However, they do not have the statutory authority, specialist remit or capacity to lead the management of complex VFI cases across agencies. In practice, DSLs already coordinate complex safeguarding cases despite having no authority to direct partner agencies, making this responsibility, resource-intensive and difficult to sustain."

Your union:

"... supports a clearly defined professional model,

149

need that multi-agency involvement, or we need more opportunity for training and development that is around hypothesising and then where to escalate and I think that is something that we don't have enough of and we don't have the opportunities to always come together with multi-agency partners in the way that we would like to, in a timely fashion.

Q. So those discussions need to happen earlier?

MS MULHOLLAND: Yes.

Q. And you need advice and guidance as to the sorts of behaviours that need to be referred in, in the first place?

MS MULHOLLAND: Yes, and I think I do say that actually in some areas that is effective and impactful but in other areas of the country, those thresholds are different, the relationships are different, the systems are different. So we see a lack of consistency in what our members report.

Q. Mr Baisley?

MR BAISLEY: I completely concur, and you know, in any one school, the incidence is not sufficient for you to really gain the knowledge to be able to make good diagnosis and that's why a local authority -- I would imagine someone within the local authority area, would see sufficient cases to be able to make proper

151

with responsibility allocated according to the primary nature of the risk and transferring, where appropriate, between education, children's services, health and policing ..."

To provide clear ownership, improve accountability, and the rest.

Just to unpack that. So I have suggested, for your consideration, that the role that educational professionals are well placed to make is the -- given appropriate guidance and support and specialist interventions; the noticing of change in the first place, so the identification of risk; the provision of that information to a multi-agency structure, through a referral and ongoing participation; and then, as you have said Ms Mulholland, implementing an education type intervention.

But what they are not well placed to do, on the other side, I think you tell us, is the formal management of a multi-agency structure; complex decisions about what precise vulnerability this is, what diagnosis this is. Am I encapsulating this properly?

MS MULHOLLAND: Yes, absolutely, and I would say though, that point about we are really effective at evidence-gathering, noticing, looking for patterns. But in a sense, the hypothesis stage is where we possibly

150

judgements.

Q. Just stepping back at the moment. One of the themes of the evidence that this Inquiry has been hearing is that the -- we have just been talking generally about multi-agency structures, but the picture is complex. There are many, they overlap, and there is no consistency, even within one nation, certainly to different areas of the country.

Would it make it simpler and more effective, essentially if there was one front door, one place that teachers were asked to pass those concerns to, for the triage as to what sort of concern it was to happen subsequently, or not?

MR BAISLEY: I would think so. I'm being hesitant --

Q. Because the advantage --

MR BAISLEY: -- but I can see very much the advantage of having one referral. Yes, a one-stop shop for referral, yes.

Q. Ms Mulholland, you didn't look like you like that idea?

MS MULHOLLAND: No, I think we have the multi-agency support hubs, so the MASH. But I think it does work differently in different areas. So I think we have existing infrastructure, we don't have consistency of practice and that's something that I think causes concern. I also think, and just reflecting on my notes there, in

152

1 terms of what we have been talking about, one of the
2 structural challenges is that professional curiosity
3 being supported at every stage. You know, we want
4 educators to continue to be professionally curious, we
5 want them to then collaborate with the multi-agency
6 support hubs and engage in that professional curiosity
7 with them so that we keep building a deeper picture of
8 young people that we are concerned about and I think
9 what we are seeing is an inconsistency of how that works
10 and also sometimes a kind of closed front door to those
11 education professionals.

12 **Q.** Because of the lack of the feedback, the lack of the
13 information?

14 **MS MULHOLLAND:** And the lack of resource, sometimes.

15 **Q.** Resource, I was going to come to now briefly. It is
16 something you have both mentioned in your statements.
17 We don't necessarily need to turn it up now, but sir,
18 for your reference, in Mr Baisley's statement page 6,
19 paragraphs 24 to 27, you tell us about how you are being
20 asked to do more with less, consistently.

21 **MR BAISLEY:** That is correct, although not a reduction in
22 teaching numbers. It is more pupils per teacher.

23 **Q.** More pupils per teacher; thank you for the precision.
24 Ms Mulholland, you, at page 4 and paragraph 20, draw our
25 attention to the fact, essentially -- here it comes --

153

1 one on my list is problems with information sharing but,
2 in fact, we have covered a fair amount of that as we
3 have been going along.
4 But there is just the topic of parental engagement
5 that's probably worth adding in. Since we are in
6 Ms Mulholland's statement, please may we just go to
7 page 12 ASCL000013_0012 and paragraph 60 and then we
8 will come to Mr Baisley's statement. So your members:

9 "... report that parental engagement can
10 significantly influence the management of safeguarding
11 concerns where behaviours associated with violence
12 fixation are identified. Whilst most parents work
13 constructively with schools, members describe occasions
14 where concerns are minimised, consent for support is
15 withhold or withdrawn, or engagement with external
16 agencies is limited. These situations are particularly
17 challenging where the level of risk is concerning but
18 does not meet the threshold for statutory intervention."

19 So, lest it be thought that these problems were
20 particular to this case, that is an issue that your
21 members are reporting across the board?

22 **A.** Yes, and I have worked in mainstream settings and in
23 special schools and in the specialist setting where
24 I was working, we had a very active family support
25 worker team. It has been reduced quite significantly

155

1 five inset days, 30 hours a year for everything, and
2 a number of competing demands for training in that
3 period. If teachers, educational professionals, are to
4 be enabled to perform their function in relation to this
5 risk, properly guided, efficient training needs to be
6 devised to allow that to happen?

7 **MS MULHOLLAND:** Absolutely.

8 **Q.** A crowded field of responsibilities already?

9 **MS MULHOLLAND:** And that is statutory and non-statutory.
10 I think we both point out that year-on-year, Keeping
11 Children Safe in Education gets bigger and bigger and
12 bigger and more and more complex; so it is 197 pages
13 now, I think. That remit for the DSL grows as well, for
14 the designated safeguarding lead. Really, to be able to
15 confidently say that you have embedded the knowledge and
16 understanding in your school, takes more than just
17 a one-off training. It takes that repetition,
18 repetition. It takes the opportunity to look at various
19 cases and this is all within the context of very many
20 other competing needs.

21 **Q.** Particularly challenging, when these cases may be
22 rare -- of huge significance when they occur but of
23 relative rarity?

24 **MS MULHOLLAND:** Yes.

25 **Q.** Thank you. My next topic is systemic gaps. The first

154

1 since but that was a really effective way of not just
2 offering a place at the school to the child but to the
3 family as well, so that there was outreach, supporting
4 them to build trust, to build relationships and to give
5 us visibility and so, obviously, then that promotes
6 family engagement and it is proactive rather than
7 reactive.

8 **Q.** Potentially, a twofold benefit because if that's
9 successful, you obtain the information you need to
10 inform the assessment that you are making. If, despite
11 those efforts, there is increased reluctance, reticence,
12 secretive behaviour from the family, that would also
13 give you information that would be relevant to your
14 assessment?

15 **MS MULHOLLAND:** Yes.

16 **MR BAISLEY:** Agreed.

17 **Q.** Agreed. May we just go to Mr Baisley's statement
18 please, page 11 NEU000029_0011, paragraph 41. So, you
19 tell us that, again, under this heading:

20 "The union holds limited evidence on the effect of
21 parental consent being withheld ..."

22 However, you tell us about a particular example from
23 your casework, and we discussed, sir, briefly yesterday,
24 you will recall, the Ysgol Dyffryn Aman attack where
25 a student attempted to murder, I think, two members of

156

1 staff and a child at that school.

2 You have kindly produced for us -- I won't put it up
3 on the screen now -- but the learning account from that
4 attack, which has given the reference there, NEU000010.
5 Was this a feature of that case?

6 **MR BAISLEY:** Yes, it was. Yes.

7 **Q.** Can you explain how it was? If you can't, I can remind
8 you.

9 **MR BAISLEY:** It was about the families not co-operating with
10 external agencies, trying to avoid it.

11 **Q.** And there was fragmented information in that case,
12 wasn't there? I think, in fact, there had been violent
13 incidents at more than one school, that weren't passed
14 from one to the other?

15 **MR BAISLEY:** Correct. So it was all those systemic failings
16 that have presented in the case we are -- you know, in
17 this Inquiry's main thing, it was just very striking how
18 similar.

19 **Q.** Yes. I think there had been two occasions, hadn't
20 there, where the child had brought a knife to school;
21 one to a preceding school, one to the current school and
22 the fact that the child had brought the knife to the
23 preceding school was not passed over to the second one?

24 **MR BAISLEY:** Yes because unfortunately, there are perverse
25 incentives currently in the system.

157

1 **Q.** Three in four leads have "become aware of safeguarding
2 information" and should I read that with risk of
3 violence information?

4 **MR BAISLEY:** Yes, you very much should read it like that.

5 **Q.** About a pupil only after that pupil had already started:
6 "Late disclosure is close to a universal experience
7 rather than an occasional failure."

8 Rather than reading this out, I'm going to give you
9 an opportunity to explain what this problem is and what
10 you see the solution as.

11 **MR BAISLEY:** Well, the problem is, as I was just saying,
12 there is a perverse incentive for a school here. If
13 once you identify that risk and you -- and -- that then
14 becomes your problem, because you can't -- you may not
15 be able to get -- there will be no external agency
16 appropriate. Special schools, which a category deal
17 with children with social, emotional, mental health
18 difficulties, they are running at 10 per cent over
19 capacity at present. So finding a placement in --
20 a more appropriate placement is exceptionally difficult.
21 You would then go on to an independent special school.
22 They have no incentive to take such a difficult child.
23 They typically take children who are easier to deal
24 with, despite the extraordinary fees they charge the
25 state. So the school is left with that child and they

159

1 **Q.** Yes, something that we will come to. In fact, let's
2 look at that now. May we go to your paragraph 50, which
3 is at page 14 NEU000029_0014. So, here, you tell us
4 about what you describe as your union's central concern:

5 "Existing systems do not consistently support
6 schools to share risk information with other schools or
7 agencies ... the union's central concern ... raised in
8 successive consultation responses: inconsistent
9 information sharing between schools and with
10 safeguarding partners, and the lack of clear protocols
11 for the exchange of information."

12 If we go down to the page a little, please. Another
13 one of the reports from your DSL survey. Only one in
14 three safeguarding leads always, or usually, receives
15 relevant safeguarding information before a pupil joins
16 their setting from another school and just 6 per cent
17 always do.

18 So, a subset of the 32. An equal share rarely or
19 never receives it. So, in around a third of settings,
20 "a pupil can arrive with no prior safeguarding picture
21 at all". You describe that as safeguarding, no prior
22 picture of the risk or vulnerabilities that that child
23 may have but also, by the same token, no clear picture
24 of the risks that child may pose to others?

25 **MR BAISLEY:** Quite.

158

1 feel -- the school may feel they cannot manage them, and
2 they want to find another place for that child, simply
3 because they cannot manage them. That typically happens
4 through a process of off-rolling, where they find
5 another school who is willing to take them but, of
6 course, if you start saying -- if you disclose this
7 child poses a risk to other pupils and staff --

8 **Q.** The more information you give, the less likely they will
9 take the child?

10 **MR BAISLEY:** Precisely, yes.

11 **Q.** So that's the perverse/reverse incentive you are talking
12 about?

13 **MR BAISLEY:** Yes.

14 **Q.** The more I do my job and give you the safeguarding and
15 risk information that I should, the less likely that you
16 are going to help me resolve this problem?

17 **MR BAISLEY:** Correct.

18 **Q.** So, I think a problem that you describe as being
19 widespread?

20 **MR BAISLEY:** Yes. I think it is extremely widespread. The
21 whole system is unregulated and there's no framework
22 that exists.

23 **Q.** We are particularly looking at that, particularly
24 concerned about that, through the lens of concern of
25 risk of violence that a child can pose but, of course,

160

1 there are other safeguarding risks, other sorts of risks
 2 that, of course, should be passed on and would otherwise
 3 be lost. Because, as I understand it, the understanding
 4 that a school has, through a child's educational life at
 5 that school, would that all be passed to the successor
 6 school or not?
 7 **MR BAISLEY:** No.
 8 **Q.** It won't.
 9 **MR BAISLEY:** No. It is essentially a voluntary scheme.
 10 **Q.** The second case study -- we won't turn it up -- but
 11 I think we can just deal with it shortly, you also have
 12 a member who was violently assaulted by a child, is that
 13 right?
 14 **MR BAISLEY:** Yes, who had been making threats against that
 15 member of staff consistently over quite some period,
 16 yes.
 17 **Q.** We will come onto this case because I think that was
 18 a child who also had a diagnosis of Autism Spectrum
 19 Disorder?
 20 **MR BAISLEY:** That is correct, yes.
 21 **Q.** That diagnosis made recognition of the threat of
 22 violence that that child posed more challenging for
 23 practitioners?
 24 **MR BAISLEY:** Exactly --
 25 **Q.** It was treated as an explanation?
 161

1 referral.
 2 **MR BAISLEY:** Yes, that is correct.
 3 **Q.** You go on also to discuss Lord Anderson's Lessons for
 4 Prevent. We have all of that. But at the bottom of
 5 that, you say this:
 6 "Each of these frameworks is relevant to the pupil
 7 this Inquiry is concerned with, but there is no single,
 8 overarching framework or entity to ensure the pupil does
 9 not fall between gaps."
 10 Because although that guidance gives nuance,
 11 ultimately there is no comprehensive home for a referral
 12 of that type, is there?
 13 **A.** That is correct, yes.
 14 **Q.** You say NEU000029_0010:
 15 "Second, as I set out under the information sharing
 16 below, the transfer of safeguarding information between
 17 schools rests on guidance rather than duty ..."
 18 Which is the point that we have just been making.
 19 The third point you make here: the no reliable feedback
 20 loop, again, that we have talked about. Fourth:
 21 accountability between the agencies is fragmented,
 22 a concern that the union first raised in a different
 23 context for a Home Office consultation.
 24 What do you mean there about "fragmented"
 25 accountability?
 163

1 **MR BAISLEY:** Yes.
 2 **Q.** That child, having performed a violent assault, was
 3 moved to a new setting without any explanation that that
 4 had happened?
 5 **MR BAISLEY:** That is right and only when our member then
 6 disclosed that information to the new school, the new
 7 school sent the child back again.
 8 **Q.** Thank you.
 9 We will move on to our next system gap. Again, my
 10 heading here is: lack of clarity about referral pathway.
 11 Something that we have dealt with in passing but let's
 12 do it comprehensively. May we look at page 9
 13 NEU000029_0009 and paragraph 34 of this statement.
 14 You say this:
 15 "From the union's perspective there are gaps in the
 16 national strategy and guidance. First, there is no
 17 settled home for the pupil who presents a risk of
 18 serious violence without an ideological driver."
 19 By "home" you mean referral route?
 20 **MR BAISLEY:** That is correct, yes.
 21 **Q.** "I recognise that this position has moved since the
 22 Southport attack."
 23 You discuss the Prevent principles and the fact that
 24 within those Prevent principles, there is now guidance
 25 that lack of an ideology is not a reason for a lack of
 162

1 **A.** That you have -- so, Prevent has a particular role. You
 2 have got local authorities' responsibilities but what
 3 you haven't got is a -- everyone's got little bits of
 4 responsibility but you haven't got one overarching: we
 5 capture everyone and we know that there are no -- we
 6 have got a complete set here, of all possibilities.
 7 **Q.** Yes. There is no comprehensive mapping or coverage of
 8 this are of risk and the position becomes all the more
 9 patchwork when we look nationally, at the different
 10 structures that operate in different areas?
 11 **MR BAISLEY:** Yes.
 12 **Q.** Ms Mulholland, you pick this point up in your statement.
 13 May we just look at that briefly. So page 8
 14 ASCL000013_0008, paragraph 34. You say this:
 15 "A recurring theme from members is uncertainty about
 16 managing concerns that fall below the intervention
 17 thresholds of children's social care, mental health
 18 services or policing but nevertheless indicate
 19 a potential risk of escalation."
 20 So a referral to children's social care isn't going
 21 to result in adoption, nor mental health services, nor
 22 the police, but the member feels that here is
 23 an escalating risk:
 24 "in these cases, schools frequently seek advice on
 25 proportional risk assessment ..."
 164

1 Does that mean advice with your union?
 2 " ... risk assessment, information sharing,
 3 multi-agency working and the appropriate use of
 4 professional curiosity while continuing to support the
 5 child."
 6 So where that says "schools frequently seek advice",
 7 does that mean from your leadership?
 8 **MS MULHOLLAND:** I think both, actually. I mean, I think
 9 they also look for advice from any existing
 10 relationships they may have, whether it is clinical, in
 11 terms of CAMHS relationships. I remember recently being
 12 asked about this with the school keen to get some
 13 clinical guidance on a child and stating that the mental
 14 health support teams -- which are relatively new and are
 15 rolling out still across the country -- do sort of house
 16 some clinical support for local areas and cover the
 17 majority of schools now, are on route, in this roll-out
 18 to cover and support the majority of schools. But the
 19 push-back they had had was that this was too high, the
 20 threshold. That the mental health support team was
 21 there for that proactive, early intervention and yet,
 22 they couldn't get the clinical referral to the CAMHS
 23 team either. So they are falling in between.
 24 **Q.** So, actually the opposite of what's normally the case?
 25 **MS MULHOLLAND:** Yes.

165

1 case ownership where concerns are significant but fall
 2 below statutory intervention thresholds. In these
 3 circumstances, schools can find themselves managing
 4 complex and potentially escalating risks with limited
 5 access to specialist advice, inconsistent support ..."
 6 Because not everybody will have that local
 7 relationship that your practitioner had:
 8 "... from partner agencies and no nationally
 9 recognised assessment framework. Variations in local
 10 thresholds and multi-agency arrangements can further
 11 contribute to inconsistent practice across England."
 12 Then you say this:
 13 "... there is a need for cross-government strategy
 14 that clearly defines agency responsibilities,
 15 strengthens governance and accountability, and provides
 16 a consistent framework for managing concerns relating to
 17 violence fixation. This should include clearer referral
 18 pathways, nationally recognised assessment and shared
 19 responsibility between education, children's social
 20 care, health and policing for young people presenting
 21 concerning behaviours below existing ... thresholds."
 22 So that's the way that you suggest that this hole
 23 needs to be addressed?
 24 **MS MULHOLLAND:** Yes, that's right.
 25 **Q.** Thank you. The related issue -- so, there is a lack of

167

1 **Q.** I had inferred from what you had said there -- well, the
 2 risk here hasn't got to the point or the vulnerability
 3 isn't of the extent that it meets a statutory threshold
 4 for children's social care or police adoption. So it
 5 sounds like a practitioner trying to do something
 6 pragmatic and local, to make use of an existing
 7 relationship. But there, the opposite: actually, no,
 8 your concerns here are too high for us to deal with. So
 9 can't turn left or right, both doors are closed; is that
 10 what it comes to?
 11 **MS MULHOLLAND:** Yes, I spoke to a DSL this morning actually
 12 about another issue and we were just talking about this
 13 gap and she just literally said: there is a big hole.
 14 You know, this is the gap. If you are sitting just
 15 below that acute threshold but just above the early
 16 intervention, and there's nowhere to go.
 17 **Q.** There's nowhere to put that risk, and the schools, the
 18 educational professionals are doing their job; they are
 19 recognising that that's happening?
 20 **MS MULHOLLAND:** Yes.
 21 **Q.** But there is a limit to what they can do with it. May
 22 we just come down to your paragraphs 42 and 43, just to
 23 bottom this out ASCL000013_0013. Essentially, making
 24 the point that we just had in discussion:
 25 "Members frequently report uncertainty regarding

166

1 a pathway, a lack of a referral pathway. There's also
 2 presently a lack of guidance, is there not?
 3 **MR BAISLEY:** Yes.
 4 **Q.** Again, you have both set that out in your statement.
 5 But, Ms Mulholland, you have given some thought to what
 6 the guidance should look like and I would just like to
 7 look at that now, please. Page 12 ASCL000013_0012,
 8 paragraph 58.
 9 So, practical national guidance, which should have,
 10 in it, case studies:
 11 "... evidence-based decision-making tools to support
 12 the identification and assessment of behaviours
 13 associated with violence fixation. Such guidance should
 14 complement existing statutory safeguarding frameworks
 15 [whilst] ensuring assessments remain proportionate,
 16 evidence-based and avoid inappropriate stereotyping or
 17 assumptions about children with additional needs."
 18 That's your advice, your expertise, as to what that
 19 should look like.
 20 Mr Baisley, any view? Anything to add --
 21 **MR BAISLEY:** I just completely concur with Ms Mulholland's
 22 evidence.
 23 **Q.** Thank you. I will say, at paragraph 34, you have also
 24 mentioned this lack of guidance in your own statement,
 25 so we have that. I don't need to turn it up.

168

1 **MR BAISLEY:** Yes.

2 **Q.** I will also note you have both said that the guidance
3 should also be accompanied by training but again,
4 I don't think we need to turn that up because
5 presumably, the training should follow what you are
6 saying in that guidance there and also be repeated and
7 embedded over time; those are the points?

8 **MS MULHOLLAND:** Just on the training front, I think there is
9 a point about who does the training. So there is a lot
10 of internal training, isn't there, through DSLs leading
11 on training around Keeping Children Safe in Education.
12 What I think we would like to see more of is the
13 multi-agency training, so that there is that shared
14 understanding.

15 Now, local authorities do some of that but again, it
16 is quite inconsistent, and I think there is a concern
17 that we are not always getting a shared understanding
18 and I see that reflected in our members, in the sense
19 that some appoint social workers to the role of DSLs
20 even though that is an educational role. But the
21 perception there is that we don't understand how to
22 interface effectively enough and get the support we need
23 from social care. So we appoint --

24 **Q.** So you need that in-house to give that ability to
25 discuss across the divide?

169

1 units were rarely mentioned, and none of the 100 cases
2 recorded a referral to Prevent. The union cannot assess
3 the effectiveness of interventions its members rarely
4 see. The DSL survey ... comments describe pupils
5 waiting for specialist placement and mental health
6 provision that does not arrive, with staff being injured
7 [violence occurring] in the meantime. In the union's
8 assessment, the barriers are the capacity of [CAMHS],
9 the shortage of specialist and alternative provision
10 places, and the withdrawal of early help services."

11 So a number of things to unpack there. The first,
12 though, is this: ultimately, the interventions that the
13 school has available to it are suspensions, exclusions
14 or movements?

15 **MR BAISLEY:** Yes, not therapeutic.

16 **Q.** They are not therapeutic. They might mitigate risk of
17 harm immediately at the particular school but they're
18 doing nothing to reduce the harm globally?

19 **MR BAISLEY:** Correct, yes.

20 **Q.** In fact, it may be that in moving a child or excluding
21 a child from an educational environment, a sense of
22 grievance, a sense of isolation would be increased?

23 **MR BAISLEY:** Yes.

24 **Q.** Pro-social relationships would be reduced and, in fact,
25 the threat of violence globally would go up?

171

1 **MS MULHOLLAND:** Yes.

2 **Q.** Mr Baisley, anything to add to that?

3 **MR BAISLEY:** Nothing to add, I think that's --

4 **Q.** Agree with --

5 **MR BAISLEY:** Yes, completely agree.

6 **Q.** One more system gap and then, sir, I think I will
7 suggest that we, a little ahead of time, take our break.

8 **SIR ADRIAN FULFORD:** Certainly.

9 **Q.** Poor interventions. May we have Mr Baisley's statement
10 on the screen, please. Page 16 NEU000029_0016 and
11 paragraph 58. So we have just been talking about
12 a circumstance in which the school is presented with
13 a complex case, has nowhere to send the referral and
14 ends up being left with it. You say this -- being asked
15 about your:

16 "... members' experience of psychological,
17 behavioural, therapeutic and social interventions to
18 reduce risk, the casework evidence is that they are
19 rare. In the 100 highly relevant cases reviewed
20 manually, the interventions recorded were overwhelmingly
21 suspensions, exclusions, class moves and managed
22 moves ...

23 NEU000029_0017:

24 "... interventions [which are] aimed at reducing the
25 violent ideation itself were rarely recorded, behaviour

170

1 **MR BAISLEY:** Yes.

2 **Q.** Ms Mulholland, do you agree with that analysis?

3 **MS MULHOLLAND:** Completely.

4 **Q.** Yes. Those are the interventions that schools have but
5 those are not the interventions necessary to manage this
6 risk. What you say also is, of those 100 highly
7 relevant cases that you found in your casework, none of
8 them had a Prevent referral and none of them -- or very
9 few seemed to have a therapeutic-type violence reduction
10 intervention recorded; is that right?

11 **MR BAISLEY:** That is correct, yes.

12 **Q.** Your assessment is that the reason for that is,
13 essentially, lack of capacity in other services; they
14 are just not there to be provided?

15 **MR BAISLEY:** No. I mean, CAMHS is so over-stretched.

16 **Q.** Yes, and the withdrawal of early help, what does that
17 relate to, in particular? That is a reference to social
18 care, children's social care? It's the very end of that
19 paragraph.

20 **MR BAISLEY:** That relates to schools having to cut back on
21 their Special Educational Need and Disability teams that
22 exist in schools. So across -- so, those would have
23 existed back in 2010 but with austerity affecting
24 schools over the succeeding 15 years, those are some of
25 the bits of the system that went first.

172

1 Q. So that would have been an internal type intervention?
 2 **MR BAISLEY:** Yes, so a school counsellor, say.
 3 Q. Some sort of talking therapy, some sort of pro-social
 4 engagement, which was previously available and now
 5 isn't?
 6 **MR BAISLEY:** That's right.
 7 **MR JAMIESON:** Thank you very much. Sir, may I suggest -- we
 8 are making good time, on good track. Could I suggest we
 9 take 10 minutes?
 10 **SIR ADRIAN FULFORD:** Certainly. We will sit again at
 11 3.35 pm.
 12 (3.22 pm)
 13 (A short break)
 14 (3.35 pm)
 15 **SIR ADRIAN FULFORD:** Yes, Mr Jamieson.
 16 **MR JAMIESON:** Thank you, sir. I have two substantive topics
 17 left and then we will look at your final
 18 recommendations.
 19 The first of those substantive topics is the
 20 complexity that neurodiversity and mental ill-health can
 21 add to these assessments and to these considerations.
 22 Mr Baisley, let's look at that in your statement.
 23 Please may we have on the screen page 13 NEU000029_0013
 24 and paragraph 48. So you say this. You are reflecting
 25 on the learned Chair's Phase 1 findings, and you say
 173

1 "...Significant risk behaviour towards others, eg
 2 peers or adults, is often dismissed as an unmet SEND
 3 need by outside agencies."
 4 Here, you go on to make the point that I have
 5 outlined already:
 6 "The second case study ..."
 7 That was the one where the student attacked the
 8 teacher and was then moved to a different school:
 9 "... shows the same pattern preceding a serious
 10 assault."
 11 If we just go over the page NEU000029_0015. You
 12 haven't given any extra details there, but that was
 13 a pupil who, similarly, had made a series of threats to
 14 that teacher?
 15 **MR BAISLEY:** Yes.
 16 Q. Had shown fascination with, or fixation on that teacher?
 17 **MR BAISLEY:** Absolutely.
 18 Q. But those were treated -- explained away because of the
 19 ASD diagnosis?
 20 **MR BAISLEY:** Correct, and therefore not real threat.
 21 Q. Let's just pick this up, if we may, in Ms Mulholland's
 22 statement, just to make sure we have this absolutely
 23 right. Page 15 ASCL000013_0015 and paragraph 72.
 24 Because it is important not to draw a lazy equivalence
 25 or a causative element between these two things. What
 175

1 that:
 2 "The ... Phase 1 report found that AR's diagnosis of
 3 [ASD] was not properly recognised as a factor which, in
 4 his individual case, increased the risk he posed to
 5 others. The union's evidence shows a related pattern
 6 operating if schools: [with] SEND being used by
 7 employers and agencies as a reason for limited
 8 intervention. In the manual review of casework, SEND
 9 was a factor in multiple cases and was often cited by
 10 the school or academy trust as a reason for weak or
 11 absent intervention in cases of pupil violence."
 12 That's just important to note here. This is not
 13 a case where SEND is being equated with a risk of
 14 violence. It is where, what?
 15 **MR BAISLEY:** It is doing the reverse. It is saying that, it
 16 explains away actually -- it sort of negates the risk of
 17 violence.
 18 Q. It is treated as a negation of the risk of violence,
 19 which could fairly be said to have been a factor in AR's
 20 case. Exactly the same. A review of your casework is
 21 showing, that far from being an isolated or individual
 22 case, that is a systemic problem that your members are
 23 recognising across the piece?
 24 **MR BAISLEY:** That is correct, yes.
 25 Q. One of the DSLs had written:
 174

1 your members have emphasised is that neurodevelopmental
 2 conditions, including autism, ASD, should never be
 3 viewed as indicators of risk in themselves. Consistent
 4 with the SEND code can have practice and some other
 5 guidance, assessments must be individualised,
 6 evidence-based and free from discrimination:
 7 "However, practitioners report uncertainty when
 8 distinguishing between behaviours associated with
 9 neurodevelopmental conditions, mental ill-health, and
 10 behaviours that may indicate an escalating risk of
 11 serious violence."
 12 These are complex, overlapping issues, where
 13 assistance, training guidance is necessary to unpick and
 14 recognise risk of violence. Is that the message that
 15 your membership is giving you?
 16 **MS MULHOLLAND:** Yes. I think our members recognise that
 17 they need to be evidence-informed in terms of tracking
 18 behaviours, monitoring behaviours, and that it is very
 19 easy to make assumptions about young people who have
 20 a diagnosis, rather than using assessment appropriately
 21 and I think we are very keen to support members to
 22 understand that better, but it is -- you know, as you
 23 say, the presentation can be very complex and it can
 24 sometimes, as Andrew said, hide the actuality of that
 25 professional curiosity being extended over and over
 176

1 again, to really understand better what's happening.
 2 **Q.** Is there a fear there, that -- or a potential reticence,
 3 that -- because the pattern is SEND is treated as
 4 an explanation for risk and curiosity stops at that
 5 point: well, this is a child with SEND, so that's the
 6 reason. Is there a concern of being considered to be
 7 discriminatory or prejudiced by continuing to look at a
 8 risk of violence in those circumstances?
 9 **MS MULHOLLAND:** I think it can feel inappropriate if you are
 10 not confident in your knowledge of that individual.
 11 I think there's also -- it is something that's
 12 referenced in research, actually. They sometimes
 13 describe it as a "knowledge shield". So the diagnosis
 14 is like a shield in front of what you need to know next
 15 and understand next, so it is sort of almost blocking.
 16 We are very much trying to move away from that in
 17 education and look beyond the label, look beyond the
 18 diagnostic label, so that we understand young people
 19 better. But interestingly, in schools, where we are
 20 moving to what we would call a more social model of
 21 disability rather than a medical model of disability, to
 22 actually receive the clinical support and advice that
 23 you need, the system often demands and health(?) often
 24 demands --
 25 **Q.** Requires the diagnosis.

177

1 but I wanted to give you the opportunity --
 2 **MS MULHOLLAND:** What's in my head is I would really like to
 3 see the same consistency of support across health and
 4 social care. So the training should look similar and --
 5 **Q.** So people are speaking the same language?
 6 **MS MULHOLLAND:** Absolutely. So in health and social care at
 7 the moment, you have Oliver McGowan training, for
 8 example, happening, which includes young people with
 9 lived experience a lot of the time as well being part of
 10 that training, so young people with a diagnosis. But
 11 also, health and social care are both chosen to do that
 12 training, education hasn't. I am not saying that
 13 education should. What I'm saying is that we are still
 14 very much working in our silos and that is what can
 15 cause an issue.
 16 **Q.** If we are trying to arrive at a place where we have
 17 a common understanding of risk across a multi-agency
 18 landscape, common training, common language is probably
 19 a pretty important step along that way?
 20 **MS MULHOLLAND:** Absolutely.
 21 **MR BAISLEY:** Yes.
 22 **Q.** Thank you. Right, well, I was going to move on from
 23 that topic unless there's any comment from either of you
 24 that I have failed to elicit? No.
 25 The next and final substantive topic is the role the

179

1 **MS MULHOLLAND:** -- the medical diagnosis. So you can spend
 2 a lot of time and effort, energy and capacity on the
 3 path of the diagnosis, instead of the support required
 4 for the individual, and I think that's a challenge for
 5 us.
 6 **Q.** You have referenced the Professor Fonagy research
 7 already and I think the Chair heard some of that this
 8 morning. It is very much in that direction, isn't it?
 9 **MS MULHOLLAND:** Yes.
 10 **Q.** More time spent on the intervention, the treatment, the
 11 therapy, less on the diagnostic pathway?
 12 **MS MULHOLLAND:** Absolutely.
 13 **Q.** Just finally on this topic, the learned Chair heard some
 14 evidence yesterday from the Welsh LGA that they host
 15 a small, national neurodivergence team which provides
 16 training and support to practitioners in schools,
 17 potentially, and other public sector roles, on precisely
 18 this issue, providing guidance -- in their words -- to
 19 avoid both over- and under-estimating risk, in cases of
 20 individuals with neurodivergence or mental ill-health.
 21 Would that be attractive, if that were scalable and
 22 available to your members, that sort of support?
 23 **MS MULHOLLAND:** Yes. I think --
 24 **MR BAISLEY:** Yes.
 25 **Q.** I didn't think it was going to be a complicated answer

178

1 internet is playing in the escalation of risk.
 2 Mr Baisley may we just look at your statement, please.
 3 Page 17 NEU000029_0017, paragraph 59. Because what you
 4 tell us here is that this year, your union has done
 5 an important piece of work in this space, a piece of
 6 research called "Three Minutes to Harm" and you've --
 7 sir, I can say, it has been provided. The reference is
 8 there. I'm not going to put it up at this moment
 9 because the eye-catching and alarming conclusion is here
 10 in your paragraph 59.
 11 So what happened was that researchers created four
 12 fictional profiles of British 13-year-olds on TikTok,
 13 Snapchat, YouTube and Instagram, each declaring that the
 14 profile was for a 13-year-old?
 15 **MR BAISLEY:** Yes.
 16 **Q.** Selecting typical teenage interests and then did no more
 17 than scroll up for 30 minutes a day. Searched for
 18 nothing, sought out nothing dangerous, sought out
 19 nothing harmful. Just simply scrolled up for 30 minutes
 20 a day?
 21 **MR BAISLEY:** Yes.
 22 **Q.** What happened -- what that study demonstrated, was that
 23 concerning content appeared within an average of
 24 three minutes of logging on of those profiles?
 25 **MR BAISLEY:** Yes.

180

1 Q. Profiles were shown roughly one piece of harmful or
2 inappropriate content for every minute of scrolling. In
3 several sessions, harmful material was the first item
4 that was promoted?

5 MR BAISLEY: Yes.

6 Q. Exposure intensified over the weeks. So this was
7 an exponentially increasing problem. The content also
8 followed gendered pathways. Profiles presented as boys
9 were steered towards misogynistic narratives, weapons
10 imagery and racist or extremist material. Whereas
11 profiles presented as girls, towards sexualised and
12 body-focused content, including material linked to
13 self-harm.

14 To be clear, the only inputs that those social media
15 systems were given were that these were profiles of
16 13-year-olds with those genders?

17 MR BAISLEY: Yes, and with a very normal set of interests.

18 Q. They were being promoted with that sort of material
19 within three minutes of logging on and doing no more
20 than scrolling up?

21 MR BAISLEY: Yes. I meant to -- I didn't submit --
22 I submitted the report; I didn't submit the methodology.
23 I'm very happy to submit that.

24 SIR ADRIAN FULFORD: Was there any difference between
25 TikTok, Snapchat, YouTube and Instagram? Was it
181

1 "... supported raising the minimum age of access to
2 social media from 13 to 16. In the panel survey ..."

3 Which was the one conducted in August, wasn't it,
4 for this Inquiry?

5 MR BAISLEY: That is right.

6 Q. "... 12 per cent of teachers had seen a pupil accessing
7 violent or disturbing material on a school device or the
8 school network in the [preceding] 12 months ..."

9 That was a greater incidence of teachers in special
10 schools and pupil referral units: 26 per cent, and you
11 go on to explain some of that methodology. But it is
12 just the first part of that paragraph that I want to
13 focus on.

14 One of the things that many of the witnesses to this
15 Inquiry have grappled with is a recognition that the
16 internet is posing real harm and promoting real harmful
17 material but how to get visibility of the fact that is
18 happening. Your teachers, your members are seeing this
19 and can interpret and can see that this is occurring
20 from their interactions with their pupils?

21 MR BAISLEY: That is right. Yes, absolutely.

22 Q. So one of the ways to get visible of that problem is to
23 seek that information from the teachers and the
24 educational professionals; yes?

25 MS MULHOLLAND: Yes.

183

1 consistent across the four?

2 MR BAISLEY: So, I didn't conduct this research. So it was
3 consistent across the four. I do not know -- sorry, the
4 harms appeared across all four. I don't know about if
5 there was a difference in intensity.

6 SIR ADRIAN FULFORD: Or speed?

7 MR BAISLEY: Precisely, yes. But I'm very happy to provide
8 the full research.

9 SIR ADRIAN FULFORD: I would ask you to do so, please. That
10 would be very helpful.

11 MR JAMIESON: So that was the research. I'm just also going
12 to pick up your paragraph 60 while I'm here, so if we
13 may just put that on the screen. So that was that piece
14 of research:

15 "In [the] union survey research ..."

16 Was this the February 2026 general survey?

17 MR BAISLEY: Yes.

18 Q. Yes:

19 "... 70 per cent of teachers said [that] they
20 frequently see pupils' behaviour, attitudes or language
21 shaped by extreme or harmful online content, and
22 89 per cent said social media platforms play a major
23 role in exposing children to such material. Over
24 90 per cent of members ..."

25 No doubt, in consequence:

182

1 SIR ADRIAN FULFORD: The union survey research; do we have
2 that or not?

3 MR JAMIESON: Yes, we do. Well, we certainly have some of
4 it. We may not have the full February 2026 --

5 MR BAISLEY: You have got the report and you have got the
6 analysis that was done. What I haven't submitted, and
7 I'm very happy to submit, is the full set of tables that
8 accompany it. So there will be summative charts that
9 show some of the variation in different schools and
10 teacher types but then, you can also see the full sets
11 of calculations that we have -- that the conclusions are
12 based upon.

13 SIR ADRIAN FULFORD: I will bear in mind that it is
14 available. I will read the report first and see.

15 MR BAISLEY: I would, just as a note, in those reports where
16 we show variation, we ask across a great range. We
17 standardised the data across a great range of different
18 variables. We only show variation where we know it to
19 be meaningful variation.

20 SIR ADRIAN FULFORD: Right, that's very helpful. Sorry,
21 Mr Jamieson.

22 MR JAMIESON: No, I hope you know what it meant. No.
23 Ms Mulholland, in fact, your union has done a similar
24 survey that was done in 2024. May we just actually look
25 at that survey. Let's do that. So it is ASCL000007.

184

1 So this was a combined study by UCL and the
2 university of Kent in 2024 entitled "Safer scrolling.
3 How algorithms popularise and gamify online hate and
4 misogyny for young people".

5 If we just went on to page 4 ASCL000007_0004, we
6 would see the executive summary. I will pick out some
7 paragraphs, if we could just crop in. So the first
8 paragraph explains the introduction to the survey. But
9 the second paragraph says this:

10 "With this report, we highlight how the affordances
11 of social media platforms exemplified in this research
12 by the recommender systems of TikTok ..."

13 Which I think was the particular social media app
14 that was being considered:

15 "... actively amplify and direct harmful content to
16 young people. Through intensive online fieldwork, we
17 employed an algorithm study which used an archetype
18 modelling methodology (based on long-form interviews
19 with young people) to analyse over 1,000 videos on the
20 social media platform TikTok. After only 5 days of
21 TikTok usage, our research shows a fourfold increase in
22 the level of misogynistic content being presented on the
23 'For You' page ..."

24 Which is the recommended/promoted content of
25 an individual's TikTok account:

185

1 embedded within mainstream youth cultures, creating new
2 challenges for schools. Social media's sophisticated
3 technological affordances are providing a potent
4 indoctrination effect ..."

5 Powerful language:

6 "... and this micro-dosing on highly toxic content
7 is leading to the saturation of extremist misogynistic
8 ideas among young people. Interviews with school
9 leaders highlight the need for supports and strategies,
10 and for coordinated messaging across constituencies,
11 including parents, teachers and technology companies.
12 At present, schools and parents are concerned about what
13 young people are accessing online, but have limited
14 awareness of how harmful algorithmic processes function,
15 of their impacts on young people and indeed, the wider
16 community. Although for the purposes of this research
17 we have explored how the TikTok recommender system
18 operates, this research has wider relevance across
19 multiple social media platforms, including Meta ..."

20 Which I think is Facebook:

21 "... and YouTube. Indeed, it is also ..."

22 I think Meta is Instagram as well, isn't it?

23 **MS MULHOLLAND:** Mmm.

24 **Q.** Although:

25 "... it also has wider implications for how parents

187

1 "We found that algorithm [promotes] more extreme
2 material, and through increased usage, users are
3 gradually exposed to more misogynistic ideologies which
4 are presented and gamified through soft or humorous
5 cultural forms."

6 So it is not just the promotion of that extreme
7 material, it is promoted in a way that will be
8 particularly attractive for children?

9 **MS MULHOLLAND:** Absolutely. So gamification, which I don't
10 think our members had fully understood -- and this is
11 one of the reasons that we wanted to engage with the
12 researchers on this, because it is moving so quickly, it
13 is very hard to highlight the risks for schools, for
14 school leaders, if we are not doing that kind of
15 up-to-date deep-dive into what is actually happening and
16 I think language like "micro-dosing of highly toxic
17 content" our leaders can understand that, but they won't
18 understand it if we are not sharing that kind of
19 commentary with them.

20 **Q.** So let's look at that next paragraph:

21 "...drawing from consultations with young people and
22 school leaders ..."

23 So actually speaking to the children who are
24 consuming this material:

25 "... we have traced how these ideas [then] become

188

1 and educators interact with and talk to young people
2 about their social media habits."

3 So as you say, in common with Mr Baisley's survey;
4 exponential increase of dangerous content, specifically
5 designed/curated to be attractive to young people and
6 causing harm in a way that is changing at an exponential
7 rate?

8 **MS MULHOLLAND:** Absolutely. I would use the term
9 "algorithmic grooming", and I think that is quite useful
10 for schools because we have become aware of what
11 grooming looks like in the real world and we know that
12 we have got systems that can support us to identify
13 grooming in the real world. But in the online world, we
14 are not necessarily deploying those skillsets because
15 (a) we don't have the visibility, but also, we haven't
16 actually recognised that that's what it is. Young
17 people are being groomed through those algorithms and
18 I think that's a really big step for education and the
19 next step, if you like, in terms of contextual
20 safeguarding.

21 **Q.** That was the topic that I wanted to -- so, we have here
22 clear evidence from both of you as to the problem, or at
23 least to a manifestation of the problem. This is
24 two years ago. I am sure there will have been further
25 changes since then.

188

1 But one of the things the Inquiry is exploring and
2 will explore is technological responses, solutions. But
3 perhaps what we can think about is how school/education
4 can be part of meeting this threat and this problem.
5 May we just have Ms Mulholland's statement on screen
6 please, page 17 ASCL000013_0017 paragraph 79. We will
7 just look at this.

8 So, having looked at the research you are saying
9 exactly this, your members are recognising that "online
10 platforms can facilitate and intensify violence
11 fixation". Again, if anybody were in any doubt that
12 this is what the online platforms are doing, that there
13 is this line between content consumed and violence
14 fixation and increased risk, your members are seeing
15 that and reporting that on a daily basis; am I right?

16 **MR BAISLEY:** Yes, you are right.

17 **Q.** "... intensify violence fixation by exposing children
18 and young people to algorithmically recommended
19 [groomed] content, violent online communities,
20 misogynistic and extremist narratives, and AI-generated
21 material that normalises or glorifies violence."

22 Also this:

23 "Practitioners increasingly identify online
24 environments [are] reinforcing existing vulnerabilities,
25 encouraging social isolation, and accelerating

189

1 So education can provide that curriculum/training for
2 young people to equip them and make them more resilient.
3 What about the other side? The role of educational
4 professionals in recognising, alerting the fact that
5 this might be happening, that people might be becoming
6 fixated and damaged by their online consumption; is
7 there a role for teachers there?

8 **MR BAISLEY:** Yes, there is.

9 **Q.** As part of their safeguarding responsibility, and to
10 assist them to do that what do they need?

11 **MR BAISLEY:** And wider than just their -- I mean wider
12 than --

13 **Q.** Yes.

14 **MR BAISLEY:** -- for all children that are at risk.

15 **Q.** Yes, that's what I mean by "safeguarding". Not people
16 who are already classically within that bracket but
17 recognising that this is harm. This is harm that could
18 occur to any child in any circumstance. How can we help
19 teachers and support staff to do that?

20 **MS MULHOLLAND:** I think it goes beyond -- there are elements
21 within the RSE curriculum that we think it should go
22 beyond that, it should be bedded into the core
23 curriculum. It goes beyond the odd assembly, and
24 I think school leaders try to very hard to make sure
25 that all these societal issues are covered in those

191

1 progression from curiosity to fixation."

2 Again, experiences that your practitioners are
3 having, that they are reporting, that they are
4 experiencing. What is the role -- what can education,
5 what can teachers and support staff do, in this space?

6 **MR BAISLEY:** There is a need for digital literacy education.

7 But not just digital -- but digital literacy that is
8 critical of what children are seeing and is teaching
9 children to understand where, for instance, algorithms
10 are trying to manipulate them, so that they are more
11 able to resist them and teaching them to be critical of
12 facts presented to them. That is -- this doesn't exist
13 at the moment.

14 **Q.** That was my question: is that within the curriculum at
15 the moment? The answer is "no"?

16 **MS MULHOLLAND:** The language of digital literacy and media
17 literacy is in the new curriculum drafts, we believe.

18 But actually, we are not sure that that is what they
19 intend by those labels. Again, language can be
20 misleading, can't it? What we are really concerned
21 about is that criticality, you know, that has --

22 **Q.** Yes, not just accepting what you are seeing at face
23 value?

24 **MR BAISLEY:** Yes.

25 **Q.** Not going down rabbit holes, being able to step back.

190

1 sorts of contexts. But I think one of the most
2 important things is to ensure that we are not blaming
3 young people for their access to their online --

4 **Q.** -- the stigma of the --

5 **MS MULHOLLAND:** Yes, and I think it comes through in the
6 Fonagy report as well, that actually there is
7 a misunderstanding here about what young people are
8 dealing with and there needs to be a much better
9 recognition -- often they are navigating these things
10 carefully, but they are almost, you know, in a position
11 where they can't get away from it.

12 **Q.** That's Mr Baisley's research, isn't it?

13 **MS MULHOLLAND:** Yes.

14 **Q.** There's no attraction, no following, no clicking on
15 anything, but still the material was promoted?

16 **MS MULHOLLAND:** Yes, and yet, we are blaming them because we
17 are telling them they shouldn't be online and they
18 should have curfews and actually, not what I'm
19 suggesting we don't support some of the benefits that
20 some of these restrictions might bring, the big issue is
21 that the tech companies are not being held responsible.

22 **Q.** I think it is -- I will resist any comment, but I think
23 that evidence is understood.

24 **MS MULHOLLAND:** I think there is a really good comment,
25 actually, from Dr Kaitlyn Regehr, who did the Safer

192

1 Scrolling report and the digital nutrition. She talks
2 about the attention economy. She says: we are the
3 product. You know, we are the product, we are the
4 receivers of this, and that is really impacting young
5 people very heavily, I think.

6 **Q.** In a way which currently is not properly understood or
7 quantified?

8 **MS MULHOLLAND:** No.

9 **Q.** Sir, I was going to move on from this topic to final
10 recommendations. So I just wanted to check, do you have
11 any questions on this topic, before I do?

12 **SIR ADRIAN FULFORD:** Well, a thousand questions,
13 Mr Jamieson, but not for this afternoon.

14 **MR JAMIESON:** Thank you. Let's look, then, at your
15 recommendations for future change. May we have
16 Mr Baisley's statement on the screen, please. Page 20
17 NEU000029_00020, paragraph 67.

18 We have covered many things as we have been going
19 along but I just wanted to make sure we have these
20 properly on our record. So the improvements that you
21 recommend. Firstly, a duty to share. The transfer of
22 safeguarding and risk information on a change of school,
23 which we have talked about as we have gone through.

24 Then you say that that should be discharged through
25 a standard national record within a five-day timescale

193

1 And complexity:

2 "Sixth, capacity. Timely access to [CAMHS],
3 specialist placements and alternative provision is
4 essential for the therapeutic interventions ..."

5 That the Inquiry is asking about in Topic 1:

6 "There have been substantial cuts to schools and
7 children's services ... [and] these must be reversed to
8 ensure children are kept safe in education."

9 So those are the key recommendations that you make.
10 Anything that you wish to add to what I have just read?

11 **MR BAISLEY:** Yes. In -- your DfE witness, I thought --
12 sorry.

13 **Q.** Sorry, yes. On the topic of information sharing; is
14 this the issue?

15 **MR BAISLEY:** Yes. I thought that the statement from the DfE
16 was inadequate because it points to the revision -- this
17 summer's revision to KCSIE and saying that there is
18 a duty to share where there's a safeguarding risk to --
19 it is not quite clear -- the child. I think the point
20 is that it is -- there's also a risk -- what's not clear
21 is about a risk of harm to others, whether child or
22 adult, and further, that I thought that statement was
23 rather carefully written, because actually --

24 **Q.** Let's pop it on the screen --

25 **SIR ADRIAN FULFORD:** Well -- just finish off, Mr Baisley.

195

1 already used for child protection files.

2 Secondly, a statutory framework, also for those
3 managed moves. National recording through a school
4 census. Minimum information-sharing requirements and
5 local authority oversight of moves, within and across
6 boundaries. A move designed to give a pupil a fresh
7 start should not result in information being lost by the
8 system.

9 Third, a duty to report on action taken. A school
10 or member of staff who refers a concern that a pupil may
11 pose a risk to others, including to Prevent, should be
12 told the outcome and where appropriate, the reasons.
13 There, you repeat the static that only 26 per cent of
14 safeguarding leads say this is happening now.

15 This would both improve the quality of future
16 referrals and build confidence in the referral system.

17 **MR BAISLEY:** Yes.

18 **Q.** Ms Mulholland, do you agree with these so far?

19 **MS MULHOLLAND:** Yes, absolutely.

20 **Q.** Fourth, add recognition of violence fixation into the
21 safeguarding training that staff already receive under
22 Keeping Children Safe in Education.

23 "Fifth[ly], if a shared multi-agency risk assessment
24 tool is developed, it should replace rather than add to
25 existing paperwork."

194

1 What else did you want to say?

2 **MR BAISLEY:** Well, I was going to say that I thought it had
3 been carefully written because actually, it has not yet
4 been enacted in schools through secondary legislation.
5 It has been in other -- for other bodies.

6 **SIR ADRIAN FULFORD:** Right, okay.

7 **MR JAMIESON:** Well, it may not be necessary to -- but you
8 are talking there about the new statutory duty to share
9 information --

10 **MR BAISLEY:** Yes.

11 **Q.** -- which is being added to the Children Act and you have
12 made those observations in relation to it?

13 **MR BAISLEY:** Yes.

14 **Q.** The short position, I think, is that you are saying that
15 doesn't solve the problems that you have identified
16 here?

17 **MR BAISLEY:** No, and I just do not think it is comprehensive
18 enough and there is no system being built around it, and
19 I think that that's necessary.

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

21 **MR JAMIESON:** Well, thank you for raising that. Is there
22 anything you want to add on that topic?

23 **MS MULHOLLAND:** Just to add to that, I think, exactly as
24 Andrew as explained and I wanted to use the phrase
25 "compliance anxiety" which we are seeing in school

196

1 leadership, in DSL function, in determining what
2 information needs sharing, how do we isolate -- because
3 not all information is intended to share.

4 So back to your point about the framework and the
5 guidance just not being sufficient really, in terms of
6 how we enact this. I just found that phrase of
7 "compliance anxiety", something I'm starting to see
8 generated around this sharing duty.

9 **Q.** More system over substance?

10 **MS MULHOLLAND:** Again, yes. Thank you.

11 **Q.** Thank you.

12 **MR BAISLEY:** Can I say one thing on the statutory framework
13 for managed moves as well?

14 **Q.** Please.

15 **MR BAISLEY:** It is so little understood at the moment.

16 There is no statistic for how many managed moves are
17 taking place in any one year. Education researchers go
18 to some lengths to try and estimate it, and I think
19 that's a wholly inadequate situation.

20 **Q.** Thank you. Anything more that you wanted to add in
21 relation to those, before we move to Ms Mulholland's
22 recommendations?

23 **MR BAISLEY:** I could go on about managed moves but I think
24 I have made sufficient point.

25 **Q.** I think you have covered -- may we have, please,

197

1 type, the rest is there for us to see. Firstly:

2 "A nationally agreed definition and shared
3 terminology."

4 Secondly:

5 "Clear referral pathways and thresholds ..."

6 Thirdly:

7 "A clearly defined lead professional model, aligned
8 with the principles of Working Together to Safeguard
9 Children ..."

10 Fourthly:

11 "A nationally recognised multi-agency risk
12 assessment framework, supported by ..."

13 Guidance and training. Fifthly:

14 "Strengthened expectations for information sharing."

15 Something you have in common with Mr Baisley.

16 Sixthly:

17 "Improved arrangements for cross-boundary working,
18 [including] ensuring that safeguarding information, risk
19 assessments and case responsibility transfer seamlessly
20 where children attend school in one local authority but
21 reside in another, or move between education settings."

22 Which I take as being support for the points that

23 Mr Baisley has been making about school transfers.

24 Thank you. Over the page, ASCL000013_0021. Next:

25 "Enhanced access to specialist advice and early

199

1 Ms Mulholland's statement on the screen, page 20

2 ASCL000013_0020, paragraph 88. You say the most
3 effective improvements:

4 "... would build on existing statutory safeguarding
5 arrangements rather than [creating] a wholly new
6 framework."

7 The principles already exist in those guidances that
8 you have listed:

9 "The challenge for education is not the absence of
10 statutory duties, but the absence of a coherent,
11 nationally consistent operational framework for managing
12 concerns relating to violation fixation."

13 Which is, I think, what we have been discussing all
14 along. If we just come down, you say that:

15 "ASCL would therefore recommend the development of
16 a single integrated national framework for education
17 that brings together existing statutory guidance into
18 one practical model covering identification, assessment,
19 referral, information sharing, intervention,
20 multi-agency working and ongoing risk management. This
21 framework should complement, rather than replace,
22 existing ... duties [and guidance to] provide greater
23 consistency across local areas."

24 Then, to achieve that end, you make a number of
25 specific recommendations, which -- I will read the bold

198

1 intervention, including timely input from CAMHS ..."

2 Although not limited to that:

3 "Comprehensive practitioner training ...

4 "Strengthened online safeguarding guidance ...

5 "Updated guidance on serious violence and
6 weapons ..."

7 You say, at paragraph 91:

8 "Taken together, these recommendations would
9 strengthen consistency across England ..."

10 Presumably, also England and Wales:

11 "... while making best use of existing statutory

12 structures. Rather than creating new governance
13 arrangements, ASCL considers that embedding a nationally
14 consistent operational framework within the existing
15 safeguarding system would improve early identification,
16 clarify agency responsibilities, strengthen multi-agency
17 decision-making, support lawful and timely information
18 sharing, and ensure that children presenting with
19 concerns relating to violence fixation receive
20 coordinated, proportionate and effective intervention at
21 the earliest opportunity."

22 Having read all that, Mr Baisley, anything that you
23 would disagree with?

24 **MR BAISLEY:** Nothing. I agree with every point.

25 **Q.** Ms Mulholland, anything that you want to add to what

200

1 I have read into the record?

2 **MS MULHOLLAND:** There is a lot there I recognise.

3 I suppose, the only thing I would add is the role of the

4 designated safeguarding lead and what needs to be

5 supported --

6 **Q.** How central that whole is?

7 **MS MULHOLLAND:** So central, and enormous in terms of the

8 responsibility, and I think if we are going to have

9 effective knowledge sharing and professional curiosity

10 bedded into the system, rather than constantly blocked

11 by the threshold challenges that DSLs experience, then

12 we should have some form of supervision available to

13 DSLs and at the moment, we see a really inconsistent

14 picture across the country, where some DSLs have access

15 to individual supervision, or network supervision --

16 **Q.** -- and where would they get that from, in your own mind,

17 from the local authority --

18 **MS MULHOLLAND:** Sometimes it is from the local authority,

19 sometimes it is within the multi-academy trust,

20 sometimes its a school --

21 **Q.** So sometimes within a wider network?

22 **MS MULHOLLAND:** -- buys in. But the bottom line, even if

23 it is a group supervision, that every DSL should be part

24 of, bearing in mind that we have headteachers that have

25 the role of the DSL and the SENCo in some instances in

201

1 small settings. But, actually, the opportunity to think

2 through complex scenarios that haven't been --

3 **Q.** To verbalise them with a trusted peer --

4 **MS MULHOLLAND:** Exactly. Interrogate them, improve

5 understanding, look at shared avenues, things that have

6 worked before and haven't borne fruit. That's the kind

7 of information sharing that I think we need bedded into

8 the system and quickly.

9 **Q.** Thank you. Anything to add Mr Baisley?

10 **MR BAISLEY:** No.

11 **Q.** I didn't think so. Sir, those are all of my questions.

12 Whilst the families have Rule 10 permission, I don't

13 understand they wish to take it up. So, sir, do you

14 have any questions?

15 **SIR ADRIAN FULFORD:** I don't. You have both put a huge

16 amount of work into this and it will be of very great

17 assistance to us in the report writing, so thank you

18 very much indeed. I'm very grateful to you.

19 **MS MULHOLLAND:** Thank you.

20 **MR BAISLEY:** Thank you.

21 **MR JAMIESON:** We meet again, sir, next Monday at 10 o'clock.

22 **SIR ADRIAN FULFORD:** 10 o'clock. Thank you all very much,

23 I will rise until then.

24 **(4.15 pm)**

25 **(The Inquiry adjourned until 10.00 am on Monday,**

202

1 **26th October 2026)**

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24

25

203

I N D E X		PAGE
3	DAME RACHEL DE SOUZA (sworn)	1
5	Questions by MR MOSS	1
7	Questions by MR WEATHERBY	76
9	MS ROCIO CIFUENTES (affirmed)	78
11	Questions by MR MOSS	78
13	MR ANDREW BAISLEY (affirmed)	119
15	MS MARGARET MULHOLLAND (affirmed)	119
17	Questions by MR JAMIESON	119

204

204

MR BAISLEY: [124] 120/8 120/14 120/25 121/10 121/16 121/18 121/22 123/3 125/25 126/11 126/15 126/20 126/24 127/4 127/16 128/3 128/7 129/3 130/1 130/3 130/18 132/1 132/5 132/8 132/13 132/18 132/22 132/24 133/3 134/11 134/15 134/20 135/4 135/8 135/13 135/24 136/4 136/11 136/13 137/22 138/5 140/16 141/2 141/5 147/15 151/20 152/14 152/16 153/21 156/16 157/6 157/9 157/15 157/24 158/25 159/4 159/11 160/10 160/13 160/17 160/20 161/7 161/9 161/14 161/20 161/24 162/1 162/5 162/20 163/2 164/11 168/3 168/21 169/1 170/3 170/5 171/15 171/19 171/23 172/1 172/11 172/15 172/20 173/2 173/6 174/15 174/24 175/15 175/17 175/20 178/24 179/21 180/15 180/21 180/25 181/5 181/17 181/21 182/2 182/7 182/17 183/5 183/21 184/5 184/15 189/16 190/6 190/24 191/8 191/11 191/14 194/17 195/11 195/15 196/2 196/10 196/13 196/17 197/12 197/15 197/23 200/24 202/10 202/20 MR JAMIESON: [11] 119/14 148/9 173/7 173/16 182/11 184/3 184/22 193/14 196/7 196/21 202/21 MR MOSS: [14] 1/8 15/18 26/6 62/9 62/20 72/22 73/24 74/4 75/23 78/2 78/11 88/25 118/18 119/1 MR WEATHERBY: [2] 76/3 77/20 MS MULHOLLAND: [78] 119/23 120/1 120/4 122/10 122/15 122/23 123/2 123/15 123/23 124/17 124/25 125/11 125/16 127/15 128/4 129/4 129/14 130/10 131/14 131/19 136/17 137/10 137/21	139/3 139/6 142/23 144/2 144/24 146/18 147/13 147/18 148/11 150/22 151/9 151/13 152/20 153/14 154/7 154/9 154/24 156/15 165/8 165/25 166/11 166/20 167/24 169/8 170/1 172/3 176/16 177/9 178/1 178/9 178/12 178/23 179/2 179/6 179/20 183/25 186/9 187/23 188/8 190/16 191/20 192/5 192/13 192/16 192/24 193/8 194/19 196/23 197/10 201/2 201/7 201/18 201/22 202/4 202/19 SIR ADRIAN FULFORD: [35] 1/3 1/5 15/17 26/5 62/15 62/19 72/21 74/3 75/22 76/1 77/21 78/4 78/8 88/24 118/22 119/2 119/6 119/8 119/10 147/16 170/8 173/10 173/15 181/24 182/6 182/9 184/1 184/13 184/20 193/12 195/25 196/6 196/20 202/15 202/22 ' 'big [1] 55/4 'creation [1] 107/4 'duty [1] 107/7 'excuse' [1] 22/20 'External [1] 140/7 'For [2] 29/7 185/23 'I [1] 27/19 'I actually [1] 27/19 'Non [1] 82/15 'Non-Ideological [1] 82/15 's [1] 22/17 'single [1] 93/16 'Snapchat [1] 115/9 'Sometimes [1] 115/10 'They [1] 28/7 'unspecified' [1] 20/13 'Violence [1] 82/14 'YouTube [1] 115/5 , ,' [1] 107/7 'Significant [1] 175/1 ...drawing [1] 186/21 0 0-10-year-olds [1]	17/4 0.3 [1] 34/11 000004 [2] 88/9 88/16 000005 [2] 88/9 88/16 000006 [2] 88/10 88/16 0001 [3] 2/9 78/24 120/21 0002 [11] 3/3 7/7 46/3 80/24 87/21 90/21 114/2 121/25 122/20 125/21 131/21 00020 [1] 193/17 0003 [9] 4/8 8/21 9/24 82/12 87/22 90/23 102/12 114/10 134/2 0004 [10] 5/16 10/15 90/2 90/25 92/8 96/24 107/1 122/12 126/4 185/5 0005 [4] 36/3 63/17 90/3 93/15 0006 [5] 6/5 48/3 91/17 97/23 131/1 0007 [3] 54/6 56/10 143/9 0008 [2] 38/9 164/14 0009 [4] 42/11 47/20 109/5 162/13 0010 [1] 163/14 0011 [2] 117/21 156/18 0012 [5] 55/1 142/2 145/6 155/7 168/7 0013 [5] 15/20 41/17 113/2 166/23 173/23 0014 [4] 16/9 65/10 148/25 158/3 0015 [5] 17/22 18/25 115/17 175/11 175/23 0016 [4] 18/21 19/11 69/17 170/10 0017 [4] 109/18 170/23 180/3 189/6 0018 [4] 20/4 70/7 103/18 108/17 0019 [5] 21/18 62/23 73/4 75/1 78/18 0020 [4] 1/14 50/9 74/8 198/2 0021 [4] 25/16 51/20 120/11 199/24 0022 [3] 25/20 52/9 119/21 0023 [1] 26/6 0024 [1] 27/6 0025 [1] 29/6 0026 [1] 30/5 0027 [1] 34/1 0028 [1] 11/19 0030 [1] 23/18	1 1 million [1] 25/7 1,000 videos [1] 185/19 1,284 individual [1] 114/7 1,370 [1] 134/14 1,741 got [1] 30/16 1.12 pm [1] 119/3 1.5 [1] 34/8 10 [5] 21/12 23/18 117/21 135/14 202/12 10 minutes [1] 173/9 10 o'clock [2] 202/21 202/22 10 per cent [1] 159/18 10,000 [2] 134/12 134/13 10,000 English [1] 133/9 10-year [1] 34/9 10.00 [1] 202/25 10.00 am [1] 1/2 100 [3] 170/19 171/1 172/6 100 highly [1] 126/18 100 per cent [1] 30/23 101 [1] 70/7 106 [1] 70/15 107 [1] 72/22 11 [4] 21/12 21/24 107/1 156/18 11-15-year-olds [1] 17/7 11.30 am [1] 62/16 11.44 am [1] 62/18 11.45 am [1] 62/14 111 [1] 75/1 114 [1] 74/8 12 [9] 54/25 66/11 93/15 134/3 142/2 142/2 145/6 155/7 168/7 12 months [2] 140/20 183/8 12 per cent [2] 115/2 183/6 12.5 [1] 21/24 13 [7] 15/20 21/11 41/16 90/2 113/2 173/23 183/2 13-year-olds [2] 180/12 181/16 14 [6] 65/10 67/25 90/2 90/10 148/24 158/3 14 schools [1] 5/12 15 [6] 4/8 17/12 17/22 115/17 139/17 175/23 15 years [1] 172/24 15-year-olds [1] 21/12	16 [13] 4/19 19/11 20/20 21/11 21/25 71/18 71/21 91/17 109/18 139/17 140/19 170/10 183/2 16 October [1] 128/1 16-17-year-olds [1] 17/5 16-year-olds [1] 21/24 16s [1] 72/13 17 [5] 108/17 126/4 141/17 180/3 189/6 17 or [1] 34/5 17 per cent [1] 115/2 17 years [1] 80/20 17-year-olds [1] 21/12 18 [10] 20/4 27/1 43/9 60/16 70/7 72/22 97/22 103/17 126/5 141/25 18 per cent [1] 140/24 187 [1] 34/8 187 children [1] 34/17 18s [2] 58/13 67/10 19 [5] 9/25 62/23 75/1 78/18 114/14 19-year-olds [1] 21/25 197 pages [1] 154/12 1989 [1] 41/9 1991 [1] 5/9 1994 [1] 121/22 2 2 million [1] 46/4 2 per cent [1] 114/16 2.05 pm [3] 119/1 119/2 119/5 2.2 [1] 27/5 2.5 per cent [1] 135/17 2.6 [1] 21/24 20 [9] 1/14 10/7 21/25 25/24 50/9 74/7 153/24 193/16 198/1 200 [1] 37/20 2000 [1] 66/11 2001 [1] 79/6 2004 [1] 4/1 2005 [1] 5/10 2006 [2] 66/12 66/14 2010 [2] 5/11 172/23 2014 [1] 4/2 2014 Act [1] 90/5 2016 [1] 34/5 2017 [2] 16/12 121/17 2020/2021 [2] 16/14 16/19 2021 [5] 2/19 2/20 16/14 16/19 126/13 2024 [6] 15/23 20/10
--	---	--	---	--

2 2024... [4] 25/22 113/24 184/24 185/2 2025 [7] 15/23 16/13 20/10 20/22 25/22 34/6 121/13 2026 [8] 1/1 47/16 119/22 120/10 126/13 182/16 184/4 203/1 21 [5] 9/25 10/16 25/16 51/20 120/11 22 [3] 25/20 52/8 119/21 22 October 2026 [1] 1/1 24 [2] 27/6 153/19 25 [2] 29/6 109/5 25,000 education [1] 122/4 26 [1] 30/4 26 per cent [2] 183/10 194/13 26th October 2026 [1] 203/1 27 [3] 34/1 131/1 153/19 27 August 2026 [1] 120/10 27.3 per cent [1] 18/22 28 [3] 5/17 11/19 27/5 29 [1] 36/3 29 per cent [1] 114/21 3 3.22 pm [1] 173/12 3.35 pm [2] 173/11 173/14 30 [2] 23/17 117/21 30 hours [1] 154/1 30 July 2026 [1] 119/22 30 minutes [2] 180/17 180/19 319 responses [1] 134/8 32 [2] 143/9 158/18 33 [2] 34/11 63/17 34 [3] 162/13 164/14 168/23 35 [1] 113/2 36,000 [1] 141/19 36,485 cases [1] 126/12 37 [3] 26/3 127/8 141/19 38 [1] 26/23 4 4 million [1] 122/8 4,715 [1] 15/25 4.15 pm [1] 202/24 4.8 per cent [1] 19/6	41 [2] 127/8 156/18 42 [1] 166/22 43 [2] 115/18 166/22 44 [1] 56/10 45 [1] 54/6 45 minutes [1] 12/11 478 that [1] 32/2 48 [2] 38/10 173/24 5 5 days [1] 185/20 50 [1] 158/2 500-page [1] 37/20 51 [2] 39/3 42/10 52 [1] 109/19 53 [1] 44/12 54 [3] 16/4 44/21 44/22 55 [2] 44/21 44/23 56 [2] 45/10 145/6 57 [1] 47/19 58 [3] 103/18 168/8 170/11 59 [3] 142/3 180/3 180/10 6 6 October [2] 7/6 84/13 6 per cent [1] 158/16 60 [4] 25/23 108/18 155/7 182/12 62 [1] 26/24 65 [1] 31/14 65 per cent [2] 31/18 31/20 67 [2] 148/25 193/17 69 [1] 149/14 7 70 [2] 55/2 55/23 70 per cent [2] 135/14 182/19 71 per cent [2] 13/2 18/15 72 [2] 41/17 175/23 76 per cent [1] 114/14 760,000 [1] 46/6 78 [1] 135/20 79 [1] 189/6 8 8 September this [1] 78/20 8,778 referrals [1] 15/24 81 [2] 46/8 65/11 83 [1] 66/2 84 [2] 67/24 67/25 85 [2] 67/24 67/25 86 [1] 68/18 86 per cent [2] 13/7 33/8 869 [1] 114/8 87 [1] 68/18	88 [1] 198/2 89 [1] 69/15 89 per cent [1] 182/22 9 9 September [1] 1/17 9.4 [1] 21/23 90 per cent [1] 182/24 91 [3] 34/6 69/17 200/7 93 [1] 31/16 A A3 [1] 26/2 ability [1] 169/24 able [15] 7/19 15/5 27/24 58/24 70/18 72/10 84/19 117/17 143/3 151/22 151/25 154/14 159/15 190/11 190/25 about [165] 2/5 4/20 4/22 5/7 6/3 6/13 6/21 7/4 7/19 7/21 8/24 9/1 9/15 9/15 11/14 12/3 13/2 13/7 13/13 14/7 14/24 15/25 16/22 19/25 20/3 20/12 20/18 21/3 25/11 25/14 25/14 27/10 27/25 28/21 28/25 29/25 30/7 31/1 31/23 33/7 33/12 35/4 35/24 36/4 39/1 42/2 43/3 43/17 43/21 44/4 44/15 45/5 45/12 46/1 46/13 47/7 49/6 49/21 50/2 50/12 50/15 51/14 51/17 55/10 56/8 56/17 57/7 57/24 58/7 59/17 59/22 62/6 62/24 66/18 66/19 66/22 67/10 67/11 68/2 68/13 69/3 69/10 71/9 71/23 74/16 76/6 80/16 82/22 85/7 85/9 85/11 86/6 86/7 86/13 88/1 97/17 101/12 103/7 105/4 107/11 110/15 112/21 114/12 115/21 116/1 120/17 123/13 123/21 125/6 126/6 127/1 129/22 130/20 136/3 137/25 138/1 140/12 140/21 140/24 140/25 140/25 144/2 144/5 144/21 147/21 147/22 150/20 150/23 152/4 153/1 153/8 153/19 156/22 157/9 158/4 159/5 160/12 160/24 162/10 163/20 163/24 164/15 165/12 166/12 166/12	168/17 169/9 170/11 170/15 176/19 182/4 187/12 188/2 189/3 190/21 191/3 192/7 193/2 193/23 195/5 195/21 196/8 197/4 197/23 199/23 above [3] 10/8 60/7 166/15 absence [4] 99/22 146/6 198/9 198/10 absent [1] 174/11 absolute [2] 12/7 77/7 absolutely [41] 14/14 20/17 23/5 23/6 23/13 25/5 29/24 31/8 31/21 35/15 35/18 41/3 42/1 49/8 50/7 53/12 57/16 58/15 58/20 63/15 64/7 65/7 67/12 95/4 97/9 101/19 112/25 130/1 135/13 146/18 150/22 154/7 175/17 175/22 178/12 179/6 179/20 183/21 186/9 188/8 194/19 abuse [6] 40/14 104/16 106/9 124/2 145/14 145/15 academia [1] 80/23 academic [1] 7/24 academies [1] 5/10 academy [2] 174/10 201/19 accelerating [1] 189/25 accept [1] 29/11 accepted [2] 29/13 53/5 accepting [3] 40/1 40/2 190/22 access [19] 4/14 11/8 14/21 64/20 70/11 71/12 71/14 72/6 72/10 98/13 105/10 118/8 148/2 167/5 183/1 192/3 195/2 199/25 201/14 accessible [3] 93/17 94/6 113/14 accessing [8] 67/18 68/23 70/18 71/4 144/3 144/4 183/6 187/13 accompanied [1] 169/3 accompany [1] 184/8 accord [1] 136/15 accordance [1] 3/9 according [1] 150/1 accordingly [2] 139/13 141/10 accords [1] 136/17 account [8] 72/15 116/17 116/25 135/15	135/19 136/7 157/3 185/25 accountability [5] 108/2 150/5 163/21 163/25 167/15 accurate [3] 119/24 120/12 139/10 achieve [4] 91/18 111/6 139/15 198/24 acknowledge [1] 22/23 acronym [1] 122/14 across [50] 6/18 23/15 31/12 37/4 37/11 38/20 38/20 38/22 44/6 44/7 44/14 45/8 45/21 46/16 52/25 54/3 71/18 81/14 93/20 96/1 96/3 102/6 102/19 122/8 122/10 122/11 124/10 124/15 141/20 146/15 149/20 155/21 165/15 167/11 169/25 172/22 174/23 179/3 179/17 182/1 182/3 182/4 184/16 184/17 187/10 187/18 194/5 198/23 200/9 201/14 act [26] 4/1 4/1 41/8 41/9 41/14 41/19 41/21 42/3 47/16 48/12 57/24 61/25 66/5 66/11 66/12 66/14 67/21 72/17 79/6 85/12 85/13 90/5 92/3 97/3 110/18 196/11 action [15] 30/25 31/6 31/7 65/13 67/13 101/8 106/1 110/22 112/23 128/23 128/24 136/23 139/7 139/25 194/9 actions [2] 149/3 149/8 active [1] 155/24 actively [3] 83/24 140/8 185/15 activity [2] 143/19 149/16 actors [3] 64/21 65/2 100/1 acts [1] 40/25 actual [3] 30/14 40/4 103/1 actuality [1] 176/24 actually [44] 5/3 19/5 27/19 33/20 37/16 38/14 40/22 45/11 60/9 60/10 60/14 64/6 72/9 76/17 91/23 98/15 103/3 105/19 106/16 112/2 112/5 133/8 135/19 139/6 148/5 151/13 165/8
--	--	--	--	---

A	advertising [3] 68/20 68/24 113/13	37/3 37/9 37/14 43/24 51/16 51/23 51/24 52/1 54/16 54/24 55/19 55/20 56/6 56/18 56/21 57/5 57/7 57/14 57/15 57/22 58/6 58/9 58/16 59/9 59/13 59/20 59/20 60/1 60/6 60/9 60/14 61/6 61/10 61/12 61/14 61/16 61/16 61/17 61/19 62/3 75/9 76/15 76/23 77/9 77/10 93/11 93/17 94/6 94/17 95/3 103/2 103/20 104/11 104/17 105/19 105/24 106/16 106/22 107/16 107/19 107/22 108/4 108/6 108/7 108/10 125/10 125/11 125/13 135/20 136/9 138/4 138/16 142/12 142/16 144/21 149/13 149/13 149/17 150/13 150/19 151/1 151/6 152/5 152/20 153/5 159/15 165/3 167/10 167/14 169/13 179/17 194/23 198/20 199/11 200/16 200/16	algorithms [8] 68/19 68/20 69/5 69/6 113/12 185/3 188/17 190/9 Alice [1] 8/23 alight [2] 56/20 74/18 alighting [1] 91/8 aligned [1] 199/7 all [80] 3/4 6/16 6/21 11/4 11/14 13/25 14/15 17/11 20/22 21/16 22/4 26/3 26/16 26/25 29/9 30/12 30/16 32/9 36/20 37/15 37/24 38/17 38/18 40/25 42/9 55/5 55/21 55/22 56/14 57/4 57/19 64/8 68/12 72/1 73/25 76/5 77/17 86/6 87/8 87/24 89/13 91/5 92/2 95/20 96/21 98/5 100/9 100/9 101/19 108/3 109/13 117/11 121/8 123/16 126/1 126/23 127/8 131/18 132/14 133/22 133/24 135/16 138/13 140/2 148/15 154/19 157/15 158/21 161/5 163/4 164/6 164/8 182/4 191/14 191/25 197/3 198/13 200/22 202/11 202/22 allied [3] 14/5 96/23 144/16 allocated [1] 150/1 allow [7] 15/6 24/6 61/22 70/12 110/11 116/14 154/6 allowing [1] 72/5 allows [1] 4/13 almost [6] 25/23 76/5 121/5 139/12 177/15 192/10 along [6] 27/20 52/5 155/3 179/19 193/19 198/14 already [23] 8/16 9/12 26/15 66/15 73/12 84/9 102/3 104/6 104/7 106/10 112/13 112/14 132/8 141/25 149/20 154/8 159/5 175/5 178/7 191/16 194/1 194/21 198/7 also [82] 4/19 6/6 6/15 6/23 10/7 11/1 14/15 17/14 19/15 20/3 21/3 24/19 26/7 37/14 40/16 41/7 45/15 50/23 52/5 53/14 53/16 53/19 53/21 58/9 59/4 61/5 61/25 63/7 67/6 67/7 67/13 68/23 69/17	70/14 73/18 77/6 80/23 83/3 85/4 92/11 99/25 100/3 102/20 108/25 109/24 115/11 115/23 123/18 124/21 127/2 128/23 132/19 133/1 141/18 145/18 149/14 152/25 153/10 156/12 158/23 161/11 161/18 163/3 165/9 168/1 168/23 169/2 169/3 169/6 172/6 177/11 179/11 181/7 182/11 184/10 187/21 187/25 188/15 189/22 194/2 195/20 200/10 alternative [6] 8/2 62/1 86/1 86/3 171/9 195/3 alternatives [1] 92/18 although [9] 16/3 32/7 64/16 143/10 153/21 163/10 187/16 187/24 200/2 altogether [1] 53/1 always [11] 30/22 33/11 45/8 62/10 65/22 111/10 135/23 151/5 158/14 158/17 169/17 am [13] 1/2 17/16 62/14 62/16 62/18 76/13 96/10 146/12 150/21 179/12 188/24 189/15 202/25 Aman [1] 156/24 Amanda [5] 9/23 15/19 17/23 88/19 127/22 ambition [3] 37/17 44/24 47/14 amend [1] 41/19 amended [1] 66/5 amending [1] 37/10 amendment [1] 39/25 amendments [1] 65/25 among [4] 20/22 29/17 64/2 187/8 amongst [3] 32/1 33/21 135/19 amount [2] 155/2 202/16 amplify [1] 185/15 analogous [1] 127/10 analyse [2] 56/22 185/19 analysed [1] 141/18 analysis [3] 10/2 172/2 184/6 Anderson [1] 57/1 Anderson's [1] 163/3 ANDREW [6] 119/7 120/8 139/11 176/24
----------	--	---	--	--

A	202/9	53/15 54/8 81/23	89/12 90/15 91/13	195/5
ANDREW... [2]	anyway [1] 131/25	83/16 96/10 96/23	92/6 93/22 95/19	aspect [10] 43/4
196/24 204/13	apart [1] 101/22	100/2 141/4 147/7	95/24 96/5 96/15	53/18 55/5 77/5 84/23
Andrew John Baisley	apologies [1] 63/17	151/14 151/15 152/8	96/16 97/12 98/8	85/20 85/20 90/3
[1] 120/8	apologise [1] 95/7	152/22 164/10 165/16	98/14 99/4 100/10	111/20 115/16
anecdotal [1] 115/4	app [1] 185/13	198/23	101/23 103/11 103/23	aspects [14] 4/9
Ann [1] 42/17	appalling [1] 69/4	aren't [2] 40/24 108/4	103/24 104/1 104/25	15/10 35/22 57/20
Ann Graham [1]	apparent [2] 113/10	arena [1] 148/20	105/13 105/13 106/24	62/2 69/13 69/16 73/8
42/17	140/21	argue [1] 107/7	107/6 108/5 108/10	79/25 80/6 87/8 91/6
Anna [1] 58/1	appear [2] 92/11	argued [2] 35/19	110/6 112/6 112/6	112/1 123/17
Anna Gianfrancesco	126/23	72/13	112/14 112/14 113/3	assault [3] 141/21
[1] 58/1	appeared [2] 180/23	arguing [1] 105/9	113/9 113/9 113/11	162/2 175/10
Anne [1] 2/21	182/4	argument [3] 19/1	113/15 113/16 114/5	assaulted [1] 161/12
Anne Longfield [1]	appears [1] 129/21	94/12 106/15	115/22 116/4 117/11	assembly [1] 191/23
2/21	applied [2] 132/16	around [29] 3/7 5/14	117/18 117/19 117/20	assess [8] 15/6
announced [2] 66/24	141/21	9/21 24/7 27/25 33/22	117/22 123/19 124/2	55/14 57/18 72/24
89/23	applies [3] 49/20	41/2 42/8 48/22 49/4	127/12 127/18 129/16	93/2 128/21 128/23
annual [1] 131/25	59/5 103/10	64/8 71/17 72/11	130/22 131/15 132/9	171/2
another [16] 28/6	apply [5] 92/2 98/19	80/20 81/25 96/21	133/7 133/16 134/17	assessed [1] 95/4
29/17 30/24 32/2	117/13 129/21 130/14	97/14 104/8 104/13	134/18 134/24 136/9	assessing [2] 93/6
49/16 50/1 50/15	appoint [2] 169/19	112/8 121/20 136/18	138/6 138/14 138/17	104/20
122/2 137/6 137/23	169/23	136/23 148/12 151/2	138/21 138/23 139/11	assessment [39]
158/12 158/16 160/2	appointed [1] 108/8	158/19 169/11 196/18	140/13 142/9 144/6	35/9 35/14 36/1 36/16
160/5 166/12 199/21	appointment [2] 2/18	197/8	145/9 146/10 147/15	37/3 37/11 37/14
answer [7] 61/2	5/4	arrangement [2] 52/1	147/23 150/14 151/10	39/10 55/19 58/21
93/24 99/4 115/1	Appreciating [1] 8/9	104/17	152/12 154/13 155/2	68/5 73/21 84/22 92/6
126/21 178/25 190/15	approach [6] 87/16	arrangements [18]	156/3 158/4 158/21	92/11 92/16 92/17
answered [2] 114/8	93/9 93/10 93/25	36/15 52/3 60/13	159/10 159/11 160/18	92/20 92/24 92/24
114/17	118/4 124/7	76/10 79/16 82/1	161/3 161/25 163/15	93/17 94/6 94/17 95/3
answering [1] 114/21	approaches [1] 44/7	89/25 94/22 94/25	168/18 174/3 174/7	95/22 99/14 156/10
answers [1] 115/4	appropriate [19]	102/15 102/24 103/20	174/10 174/18 175/2	156/14 164/25 165/2
anti [1] 66/8	26/17 28/18 33/3	118/13 142/18 167/10	176/3 176/22 176/24	167/9 167/18 168/12
anti-terror [1] 66/8	38/22 59/11 69/25	198/5 199/17 200/13	177/3 177/13 179/9	171/8 172/12 176/20
anticipate [2] 8/24	75/11 89/3 101/8	arrest [7] 110/16	181/8 181/11 184/15	194/23 198/18 199/12
13/11	110/12 111/16 138/22	110/23 110/23 111/23	187/22 188/3 188/22	assessments [9]
anxiety [4] 21/15	145/19 150/2 150/10	112/3 112/4 112/11	191/9 192/6 193/18	73/12 73/16 93/1
148/7 196/25 197/7	159/16 159/20 165/3	arrive [3] 158/20	193/23 196/23 196/24	98/20 99/1 168/15
anxious [1] 143/3	194/12	171/6 179/16	197/13 199/22	173/21 176/5 199/19
any [50] 15/11 21/7	appropriately [1]	arriving [1] 140/2	ASCL [6] 122/1	assist [2] 6/18
22/24 27/12 31/17	176/20	as [204] 2/1 3/19	122/17 124/11 143/12	191/10
32/21 41/11 41/12	appropriateness [1]	5/21 5/23 6/7 6/11 7/4	198/15 200/13	assistance [5] 35/5
50/12 52/24 55/19	87/13	8/6 8/15 8/25 9/17	ASCL000007 [2]	77/23 144/1 176/13
60/24 75/11 76/8 77/8	apps [3] 114/12	11/3 11/3 12/10 14/2	184/25 185/5	202/17
81/11 83/12 84/20	114/19 115/10	14/22 19/7 19/21	ASCL000013 [18]	assistant [2] 9/11
86/9 88/12 89/1 93/1	apps/games/website	20/13 20/25 20/25	119/19 119/21 121/25	122/5
96/13 97/21 98/17	s [1] 114/19	21/13 22/19 24/14	122/12 122/20 131/1	associated [6] 93/19
98/23 101/20 101/21	April [2] 15/23 25/22	24/23 25/1 25/14	142/2 143/9 145/6	143/16 146/7 155/11
103/1 110/1 111/17	April 2024 [1] 25/22	26/17 27/22 29/7 32/3	148/25 155/7 164/14	168/13 176/8
117/7 118/20 118/20	April 2025 [1] 15/23	32/16 32/17 34/24	166/23 168/7 175/23	Association [3]
128/12 129/5 151/20	AR [3] 22/17 53/4	34/24 35/12 35/16	189/6 198/2 199/24	42/18 43/14 122/3
162/3 165/9 168/20	111/21	35/24 36/20 38/14	ASD [5] 20/20 21/6	assumptions [2]
175/12 179/23 181/24	AR's [6] 101/4 101/6	40/19 41/23 42/12	174/3 175/19 176/2	168/17 176/19
189/11 191/18 191/18	111/19 115/22 174/2	42/17 43/13 44/19	aside [1] 16/14	assurance [2] 72/14
192/22 193/11 197/17	174/19	44/25 45/3 45/18	ask [14] 1/19 4/22	116/8
202/14	archetype [1] 185/17	46/24 47/11 50/3	14/24 35/4 35/23	at [232]
anybody [1] 189/11	are [409]	50/19 50/22 53/4 55/7	36/19 61/1 71/24 76/3	at 3 [1] 73/19
anyone [4] 4/21	area [24] 23/8 25/4	55/22 56/5 56/21 57/3	88/19 107/21 120/16	attack [7] 5/25 65/18
37/11 68/13 91/23	35/7 35/11 37/4 38/15	57/8 57/12 59/12 60/1	182/9 184/16	101/4 101/5 156/24
anything [20] 7/21	42/21 45/19 52/1 52/3	61/7 61/14 61/20	asked [16] 20/7	157/4 162/22
27/13 68/13 83/14	56/19 74/23 81/12	61/25 63/1 64/7 65/22	23/10 29/1 58/3 73/14	attacked [1] 175/7
95/25 112/11 123/1	82/3 89/13 91/20 94/5	66/6 66/12 69/2 70/11	93/22 120/2 140/20	attacker [1] 34/18
130/2 130/20 131/17	97/8 98/15 101/11	70/21 70/21 76/15	143/8 143/12 148/21	attackers [1] 63/24
139/15 168/20 170/2	102/4 127/11 147/9	77/25 79/2 79/9 81/5	148/22 152/11 153/20	attacks [5] 9/5 18/8
192/15 195/10 196/22	151/24	81/15 81/24 82/20	165/12 170/14	140/23 143/18 144/13
197/20 200/22 200/25	areas [20] 10/12	85/25 87/9 87/10	asking [6] 2/5 84/9	attempt [1] 84/22
	38/16 45/24 47/9	87/19 88/17 89/2	114/3 115/21 116/1	attempted [1] 156/25

A attend [1] 199/20 attention [13] 14/22 17/6 24/21 63/12 68/1 69/18 69/20 98/16 102/14 109/10 128/18 153/25 193/2 attitudes [1] 182/20 attraction [2] 129/17 192/14 attractive [3] 178/21 186/8 188/5 August [5] 120/10 132/21 134/5 134/7 183/3 austerity [1] 172/23 author [1] 122/24 authorities [6] 25/24 52/2 83/18 102/19 118/15 169/15 authorities' [1] 164/2 authority [15] 30/21 32/5 32/9 32/11 32/12 54/10 103/5 149/18 149/21 151/23 151/24 194/5 199/20 201/17 201/18 authors [1] 89/1 autism [18] 20/20 22/17 22/19 22/23 24/6 24/14 75/19 98/21 99/8 99/11 99/15 100/3 100/13 100/20 101/7 101/13 161/18 176/2 autistic [2] 100/6 101/9 available [10] 10/3 84/2 95/20 127/5 138/9 171/13 173/4 178/22 184/14 201/12 avenue [1] 139/7 avenues [1] 202/5 average [1] 180/23 avoid [6] 9/21 67/17 107/10 157/10 168/16 178/19 avoided [1] 134/16 aware [12] 7/5 37/24 84/5 85/25 91/24 93/1 96/15 97/21 97/25 98/17 159/1 188/10 awareness [5] 3/11 79/19 89/8 97/7 187/14 away [8] 22/25 56/2 68/10 107/15 174/16 175/18 177/16 192/11 awful [1] 111/9 axis [3] 30/12 30/22 30/22	14/8 16/15 18/24 19/11 23/10 30/3 30/8 31/5 31/7 31/9 31/9 31/13 31/15 31/18 31/23 32/4 32/7 32/12 32/17 33/5 33/7 33/9 33/14 33/18 36/2 39/15 40/18 42/9 47/19 51/5 51/19 54/5 60/22 62/22 62/24 77/6 77/10 78/24 84/4 90/1 91/13 91/16 102/11 120/20 120/20 121/24 122/19 125/20 131/20 135/9 135/22 137/1 137/5 137/15 139/23 139/25 142/1 142/25 143/5 152/2 162/7 165/19 172/20 172/23 190/25 197/4 background [9] 5/3 5/7 9/4 9/7 10/25 15/15 80/17 110/19 112/21 bad [1] 111/1 BAISLEY [19] 119/7 119/15 120/6 120/8 125/20 130/17 137/24 147/14 151/19 168/20 170/2 173/22 180/2 195/25 199/15 199/23 200/22 202/9 204/13 Baisley's [10] 120/19 131/16 131/20 153/18 155/8 156/17 170/9 188/3 192/12 193/16 balance [2] 101/10 111/6 balanced [1] 111/15 ban [2] 72/4 72/12 bands [2] 141/9 141/10 banned [1] 71/20 bans [1] 71/17 bar [2] 40/22 42/13 barely [1] 71/21 barrier [2] 98/8 138/10 barriers [2] 44/10 171/8 base [2] 74/11 74/20 based [14] 13/12 75/3 101/8 104/16 106/20 106/22 108/24 143/19 144/14 168/11 168/16 176/6 184/12 185/18 basis [6] 3/23 3/25 4/2 17/21 108/9 189/15 be [315] bear [4] 28/11 70/14 111/4 184/13 bearing [1] 201/24 bears [1] 88/12 beating [1] 45/1	Bebe [1] 8/23 because [103] 3/13 4/22 6/2 7/22 9/22 10/5 16/21 16/22 16/25 18/18 27/22 29/20 30/2 30/23 32/22 34/23 35/4 35/23 36/22 40/1 40/24 42/24 47/10 50/18 53/6 55/13 56/16 56/17 57/21 58/18 60/10 61/10 62/1 62/12 69/4 69/10 71/7 74/1 74/20 76/5 76/20 81/1 81/13 84/25 86/22 87/1 89/4 99/14 99/15 100/1 100/3 101/9 103/10 103/13 104/24 106/6 110/5 110/13 110/17 111/1 111/8 112/2 114/11 115/5 115/9 115/12 116/13 118/14 130/10 134/10 134/17 136/19 138/20 139/7 140/21 144/10 144/21 147/9 148/1 152/15 153/12 156/8 157/24 159/14 160/3 161/3 161/17 163/10 167/6 169/4 175/18 175/24 177/3 180/3 180/9 186/12 188/10 188/14 192/16 195/16 195/23 196/3 197/2 become [5] 5/22 120/16 159/1 186/25 188/10 becomes [2] 159/14 164/8 becoming [1] 191/5 bedded [3] 191/22 201/10 202/7 beefed [2] 61/19 76/24 beefed-up [2] 61/19 76/24 been [62] 4/24 5/9 8/5 11/15 21/5 21/6 24/12 34/11 34/17 36/25 37/12 45/1 45/1 45/8 47/7 50/6 54/22 55/7 58/22 66/18 71/9 71/16 77/22 81/15 84/19 86/2 87/4 89/11 96/4 97/16 99/18 101/3 113/4 118/10 118/11 118/23 121/12 121/14 130/21 149/9 152/3 152/4 153/1 155/3 155/25 157/12 157/19 161/14 163/18 170/11 173/1 174/19 180/7 188/24 193/18 195/6 196/3 196/4 196/5 198/13 199/23	202/2 before [20] 5/3 5/8 8/11 52/16 70/10 80/17 80/20 103/1 108/24 119/17 120/18 121/13 121/19 128/5 140/14 141/16 158/15 193/11 197/21 202/6 beg [1] 58/6 begin [1] 134/3 beginning [1] 34/2 behalf [4] 75/24 76/3 119/16 126/7 behaviour [23] 22/20 22/21 51/1 51/5 70/13 81/22 100/6 101/7 109/16 109/25 124/3 125/4 127/13 141/21 143/20 144/14 144/15 145/25 146/17 156/12 170/25 175/1 182/20 behavioural [1] 170/17 behaviours [24] 29/14 65/17 99/21 99/23 109/7 109/11 125/3 129/9 130/8 139/13 143/15 143/18 145/21 146/3 146/7 148/6 151/11 155/11 167/21 168/12 176/8 176/10 176/18 176/18 beheading [1] 63/22 behind [3] 68/5 72/8 109/11 being [76] 6/6 8/6 8/7 8/7 11/22 11/23 13/4 13/21 14/17 16/8 17/13 19/16 33/9 33/19 35/8 35/18 36/21 45/18 57/3 65/1 67/22 68/9 68/22 72/10 72/18 74/18 76/8 80/4 81/13 81/15 86/3 86/4 86/7 86/8 86/14 89/15 93/1 94/18 108/5 108/10 115/19 135/25 140/3 140/13 140/14 143/7 144/11 144/12 144/16 147/23 152/14 153/3 153/19 156/21 160/18 165/11 170/14 170/14 171/6 174/6 174/13 174/21 176/25 177/6 179/9 181/18 185/14 185/22 188/17 190/25 192/21 194/7 196/11 196/18 197/5 199/22 belief [4] 1/21 78/22 119/25 120/13 believe [5] 41/10 91/18 125/3 126/1 190/17 below [10] 24/22 53/6 53/9 67/20 90/9	163/16 164/16 166/15 167/2 167/21 benefit [4] 24/24 75/7 130/15 156/8 benefits [3] 93/25 107/22 192/19 benign [1] 70/25 bespoke [1] 92/17 best [11] 1/20 6/14 12/11 57/6 58/14 61/17 78/22 119/24 120/12 141/23 200/11 better [21] 22/13 23/1 23/3 44/13 45/21 47/6 86/10 86/12 97/1 102/4 102/5 104/1 105/1 105/10 107/9 136/21 146/13 176/22 177/1 177/19 192/8 between [35] 20/10 20/23 23/24 24/17 25/22 34/5 44/17 46/9 51/3 59/23 87/7 96/3 96/14 96/19 96/21 98/24 99/8 104/5 107/25 111/7 112/15 126/12 139/2 150/3 158/9 163/9 163/16 163/21 165/23 167/19 175/25 176/8 181/24 189/13 199/21 beyond [9] 4/24 66/15 128/12 143/2 177/17 177/17 191/20 191/22 191/23 big [17] 20/23 21/9 31/19 32/17 44/24 44/24 55/23 56/25 68/11 71/16 98/22 104/25 105/5 106/13 166/13 188/18 192/20 bigger [4] 35/10 154/11 154/11 154/12 biggest [2] 100/18 138/10 bilateral [1] 96/18 billion [1] 72/4 bit [16] 5/7 20/2 21/3 25/13 29/16 31/10 31/25 32/6 44/11 44/22 80/16 99/3 106/6 123/13 126/2 141/6 bits [2] 164/3 172/25 black [2] 14/12 29/22 blaming [2] 192/2 192/16 blinded [1] 28/3 blocked [1] 201/10 blocking [1] 177/15 blue [1] 32/16 Blueprint [1] 93/7 blurred [1] 7/23 board [7] 23/15 46/15 83/20 89/21 102/21 122/17 155/21
--	--	--	--	---

B boards [7] 83/17 83/21 87/24 89/18 92/5 102/20 104/7 bodies [11] 36/11 51/23 51/24 52/11 70/4 79/15 79/18 83/22 91/15 106/8 196/5 body [21] 30/9 30/15 30/17 55/9 56/21 57/23 58/10 59/19 59/24 61/9 61/13 61/25 103/1 104/1 105/1 105/4 106/16 112/17 112/18 118/12 181/12 body-focused [1] 181/12 bold [1] 198/25 border [2] 94/19 94/23 borne [1] 202/6 both [31] 9/8 16/2 16/11 34/21 38/23 44/1 49/20 50/24 70/20 77/23 88/20 95/10 101/5 120/21 121/9 129/3 129/4 144/10 147/10 148/19 153/16 154/10 165/8 166/9 168/4 169/2 178/19 179/11 188/22 194/15 202/15 bottom [20] 7/8 9/19 10/13 13/25 15/20 17/3 20/4 25/20 29/4 39/3 47/20 51/20 67/25 72/23 97/23 128/9 134/2 163/4 166/23 201/22 bought [1] 112/5 bounce [3] 33/18 33/20 33/22 bouncing [1] 42/8 boundaries [1] 194/6 boundary [1] 199/17 bounds [1] 117/18 box [2] 14/13 29/22 boys [1] 181/8 bracket [1] 191/16 break [4] 62/13 62/17 170/7 173/13 breakdown [1] 30/23 brief [2] 95/23 114/2 briefing [4] 88/18 89/2 89/5 89/8 briefly [15] 4/7 31/24 37/1 44/9 45/25 57/20 92/7 97/22 113/1 113/20 114/2 117/20 153/15 156/23 164/13 bring [2] 59/3 192/20 brings [2] 138/14 198/17	British [1] 180/12 broad [2] 42/21 104/19 broadly [5] 12/25 32/3 41/22 79/13 80/14 brought [4] 111/4 115/20 157/20 157/22 build [6] 54/8 74/11 156/4 156/4 194/16 198/4 building [3] 108/25 136/21 153/7 built [1] 196/18 bullied [1] 99/23 bullying [3] 99/20 99/21 100/23 bus [1] 111/21 but [270] buys [1] 201/22 C cadre [3] 37/13 60/3 95/12 calculations [1] 184/11 call [3] 55/12 102/1 177/20 called [7] 8/1 23/9 44/13 65/13 66/5 96/7 180/6 calls [2] 46/13 143/25 came [6] 8/24 25/23 30/13 31/5 139/18 139/25 CAMHS [7] 98/14 165/11 165/22 171/8 172/15 195/2 200/1 camp [1] 87/11 can [121] 1/12 1/19 1/25 2/5 3/3 4/14 4/15 6/22 7/22 9/2 11/6 11/18 12/15 13/8 17/25 19/25 23/17 24/1 25/19 30/4 31/11 31/18 33/4 42/9 44/16 48/20 49/9 53/14 53/19 57/19 59/16 60/2 60/10 63/10 65/5 65/10 67/13 69/19 69/20 69/24 69/24 70/11 75/9 75/12 76/9 78/21 78/23 79/8 84/14 87/6 87/20 88/11 90/1 99/3 100/15 100/19 101/12 101/21 102/8 103/23 106/6 110/24 114/1 115/9 115/23 118/2 119/20 120/5 120/16 120/18 122/13 123/22 124/9 128/8 128/24 129/20 133/11 134/23 138/4 139/17 141/11 142/18 145/2 146/8	146/14 147/6 148/20 149/7 149/8 152/16 155/9 157/7 157/7 158/20 160/25 161/11 166/21 167/3 167/10 173/20 176/4 176/23 176/23 177/9 178/1 179/14 180/7 183/19 183/19 184/10 186/17 188/12 189/3 189/4 189/10 190/4 190/5 190/19 191/1 191/18 197/12 can't [16] 28/8 32/21 33/10 41/5 61/9 73/13 86/19 87/12 101/20 115/1 144/20 157/7 159/14 166/9 190/20 192/11 cannot [4] 21/7 160/1 160/3 171/2 capable [2] 116/6 116/9 capacity [6] 149/19 159/19 171/8 172/13 178/2 195/2 capture [2] 66/16 164/5 captured [2] 51/11 142/21 capturing [1] 40/24 care [26] 4/12 23/25 24/18 41/21 42/22 43/12 45/14 46/15 46/16 53/16 53/21 58/1 61/21 93/1 139/24 140/8 164/17 164/20 166/4 167/20 169/23 172/18 172/18 179/4 179/6 179/11 Care's [1] 23/19 careful [4] 77/25 99/5 100/12 100/25 carefully [3] 192/10 195/23 196/3 caring [1] 13/12 carried [3] 10/19 111/9 113/5 carry [2] 33/1 134/25 carrying [2] 110/2 111/21 case [60] 19/16 29/5 32/22 32/23 32/24 33/4 44/18 45/7 53/17 53/22 55/20 57/9 57/17 58/2 58/5 59/22 60/4 60/4 61/8 61/17 61/25 62/6 62/7 62/10 77/4 85/3 88/2 93/10 95/12 101/4 105/24 105/25 107/6 107/6 108/9 108/9 108/10 110/15 111/19 112/17 126/24 133/15 133/17 138/14 155/20 157/5 157/11 157/16 161/10	161/17 165/24 167/1 168/10 170/13 174/4 174/13 174/20 174/22 175/6 199/19 caseload [3] 135/1 136/1 138/12 caseloads [1] 138/11 cases [55] 13/9 14/5 26/11 27/7 28/19 30/14 30/15 33/6 33/8 33/15 40/12 40/16 50/2 52/20 53/20 58/15 58/20 59/23 59/25 62/3 92/23 92/25 94/19 101/8 103/4 104/12 104/17 106/9 106/11 108/7 110/12 111/5 112/1 112/3 126/12 126/16 126/18 126/21 132/14 135/6 138/25 141/20 149/12 149/19 149/21 151/25 154/19 154/21 164/24 170/19 171/1 172/7 174/9 174/11 178/19 casework [9] 126/9 127/2 132/10 141/18 156/23 170/18 172/7 174/8 174/20 Cassam [2] 7/25 85/25 casualty [3] 18/7 143/18 144/13 catastrophic [1] 25/12 catching [1] 180/9 categories [4] 12/25 18/2 18/3 19/7 categorised [1] 20/13 categorises [1] 129/4 category [5] 18/9 19/21 33/15 66/6 159/16 causal [2] 99/7 99/14 causative [2] 101/14 175/25 cause [6] 48/18 49/19 129/10 143/20 148/5 179/15 caused [1] 126/8 causes [2] 86/23 152/24 causing [4] 34/21 49/15 50/1 188/6 caution [2] 116/4 116/12 cautious [2] 27/10 49/6 caveat [5] 11/10 20/18 28/10 33/12 85/19 caveats [2] 22/4 128/10	CBT [1] 24/23 CCE000001 [23] 8/18 8/21 11/19 15/20 16/9 17/22 18/21 18/25 19/11 20/4 21/18 23/18 25/16 25/20 26/6 27/6 29/6 30/5 34/1 51/19 51/20 52/9 62/23 CCE000003 [2] 48/2 48/3 CCE000005 [2] 46/1 46/3 CCE000017 [24] 1/12 1/14 2/9 3/3 4/8 5/16 6/5 9/24 10/15 36/3 38/9 41/17 42/11 47/20 54/6 55/1 56/10 63/17 65/10 69/17 70/7 73/4 74/8 75/1 CCW000003 [23] 78/16 78/18 78/24 80/24 82/12 87/21 87/22 90/2 90/3 91/17 92/8 93/15 96/24 97/23 102/12 103/18 107/1 108/17 109/5 109/18 113/2 115/17 117/21 CCW000007 [1] 88/17 CCW000008 [4] 90/20 90/21 90/23 90/25 CCW000018 [3] 113/20 114/2 114/10 census [1] 194/4 cent [26] 13/2 13/7 18/15 18/22 19/6 30/23 31/18 31/20 33/8 114/14 114/16 114/21 115/2 115/2 135/14 135/17 135/21 140/24 158/16 159/18 182/19 182/22 182/24 183/6 183/10 194/13 central [13] 12/7 12/14 46/18 63/2 95/24 116/4 123/22 135/10 149/1 158/4 158/7 201/6 201/7 centred [1] 48/10 certain [1] 8/25 certainly [8] 60/3 70/23 98/22 119/2 152/7 170/8 173/10 184/3 cetera [1] 85/16 chair [6] 9/3 18/1 88/21 108/8 178/7 178/13 Chair's [4] 102/13 113/19 137/1 173/25 chairs [4] 60/6 60/11 60/12 60/12 challenge [9] 7/18
--	--	--	---	---

C challenge... [8] 42/12 42/14 111/17 111/25 117/6 117/7 178/4 198/9 challenges [5] 37/16 40/8 153/2 187/2 201/11 challenging [3] 154/21 155/17 161/22 change [13] 2/8 28/8 48/22 52/16 87/6 108/10 139/13 146/13 146/15 148/15 150/11 193/15 193/22 change.' [1] 28/9 changed [2] 42/3 87/5 changes [3] 149/4 149/7 188/25 changing [4] 147/18 148/2 148/9 188/6 channel [7] 13/5 13/5 26/22 27/7 33/19 35/18 51/22 characteristics [3] 29/12 141/7 141/8 charge [2] 110/17 159/24 charged [1] 3/10 charity [1] 80/19 charts [1] 184/8 chat [1] 115/10 check [4] 1/25 12/15 125/2 193/10 check-listed [1] 125/2 checked [1] 124/18 child [108] 3/10 11/4 13/14 21/13 22/23 24/7 29/19 33/1 37/23 40/13 43/9 45/12 46/8 48/10 48/14 48/19 49/15 49/16 49/18 49/21 50/1 50/1 50/3 50/4 50/12 50/15 50/16 50/19 50/22 51/8 54/23 56/18 56/21 57/5 57/7 57/15 57/18 57/22 58/6 58/9 58/16 59/10 60/1 60/16 60/18 60/20 60/24 60/25 61/2 61/22 61/22 62/3 68/23 68/23 68/25 70/1 73/1 75/11 76/15 76/23 77/15 88/3 88/4 93/4 93/9 93/11 93/12 95/23 109/9 110/17 111/9 111/10 112/6 115/5 117/4 124/2 124/2 140/9 140/14 142/9 145/15 145/15 156/2 157/1 157/20 157/22 158/22 158/24	159/22 159/25 160/2 160/7 160/9 160/25 161/12 161/18 161/22 162/2 162/7 165/5 165/13 171/20 171/21 177/5 191/18 194/1 195/19 195/21 child's [9] 44/15 47/10 50/13 56/19 95/19 101/15 111/13 125/19 161/4 child-first [1] 111/10 child-on-child [2] 124/2 145/15 childhood [2] 25/1 100/21 children [208] children's [57] 2/6 2/11 2/14 3/5 3/14 5/19 6/18 9/17 15/19 20/6 23/25 24/17 33/8 40/10 40/11 41/21 42/18 43/5 43/15 44/18 45/4 46/6 53/16 53/21 55/3 60/17 60/24 61/21 64/7 65/20 78/17 79/2 79/6 79/17 79/19 80/10 92/19 97/12 100/6 101/6 101/23 102/6 104/10 109/20 111/7 113/15 116/10 123/17 140/7 144/22 150/3 164/17 164/20 166/4 167/19 172/18 195/7 chip [1] 131/16 choose [1] 92/21 choosing [1] 9/1 chose [1] 9/3 chosen [1] 179/11 chronology [3] 37/18 37/22 95/18 chunk [2] 31/20 32/17 Cifuentes [13] 62/12 78/2 78/7 78/14 78/15 80/25 88/8 94/11 102/11 108/13 110/7 115/19 204/9 circles [1] 32/17 circling [1] 32/12 circular [1] 30/8 circumnavigate [2] 115/23 116/15 circumstance [2] 170/12 191/18 circumstances [5] 109/25 110/17 148/9 167/3 177/8 circumvent [1] 116/7 citations [2] 11/13 11/14 cited [1] 174/9 clarify [3] 39/7 76/9 200/16 clarity [6] 41/24 49/3	49/14 59/22 60/11 162/10 class [3] 50/5 64/10 170/21 classically [1] 191/16 classification [1] 67/22 clear [54] 5/21 7/12 18/1 18/3 18/20 18/25 19/3 19/7 19/8 19/19 23/5 23/13 23/21 25/8 26/10 26/13 26/19 38/10 39/3 39/11 39/12 39/13 43/21 46/12 47/8 48/9 49/8 51/7 51/11 52/14 59/21 60/5 62/6 72/21 84/16 85/7 85/14 99/6 108/1 124/13 124/16 124/22 128/15 142/19 145/23 149/10 150/5 158/10 158/23 181/14 188/22 195/19 195/20 199/5 clearer [5] 39/19 49/17 51/12 66/18 167/17 clearly [10] 18/18 51/17 61/21 74/2 79/20 104/4 108/4 149/25 167/14 199/7 clicking [1] 192/14 clinical [6] 146/22 165/10 165/13 165/16 165/22 177/22 close [1] 159/6 closed [7] 26/11 29/5 32/25 53/9 65/4 153/10 166/9 closely [2] 44/14 111/13 closer [2] 104/5 104/9 closing [1] 31/16 co [5] 46/9 60/12 146/21 147/22 157/9 co-chairs [1] 60/12 co-occurrence [1] 147/22 co-occurring [1] 146/21 co-operating [1] 157/9 co-ordination [1] 46/9 code [2] 65/20 176/4 coding [2] 31/2 31/3 coherent [1] 198/10 cohort [25] 6/6 6/19 6/21 7/1 7/4 7/19 8/6 8/11 13/2 14/3 16/17 22/6 24/2 24/4 36/11 36/13 39/1 42/22 74/17 82/17 86/3 88/13 106/12 106/13 146/10	coined [1] 105/8 collaborate [1] 153/5 collaborative [1] 139/9 collection [1] 79/13 College [1] 122/3 colour [3] 31/2 31/3 32/15 colour' [1] 115/13 coloured [1] 32/6 Com [1] 64/21 combination [1] 17/13 combined [1] 185/1 come [33] 4/6 11/10 16/15 16/23 33/16 35/10 39/15 40/18 41/15 62/24 68/12 78/4 84/4 92/14 120/5 123/4 126/6 128/2 128/12 133/21 135/9 135/22 136/25 139/23 143/5 144/9 151/5 153/15 155/8 158/1 161/17 166/22 198/14 comes [12] 14/8 18/14 39/10 41/7 67/20 93/12 98/12 131/22 137/23 153/25 166/10 192/5 comfortable [1] 129/25 comfortably [1] 19/8 coming [7] 26/1 30/2 31/9 31/23 71/2 88/15 148/11 comment [6] 43/7 87/12 117/17 179/23 192/22 192/24 commentary [1] 186/19 comments [2] 139/18 171/4 commission [2] 57/2 73/5 Commissioner [26] 1/25 2/6 2/11 2/15 3/5 3/15 5/8 5/19 5/23 8/25 9/11 9/17 36/9 45/4 47/24 55/3 64/7 78/17 79/2 79/6 80/11 80/18 97/13 101/24 104/10 113/16 Commissioner for [9] 2/11 3/15 78/17 79/2 79/6 80/11 101/24 104/10 113/16 Commissioner Laurence [1] 9/11 Commissioner Recognises [1] 5/19 Commissioner's [2] 20/7 70/9 commit [3] 56/15 85/13 111/12 commitment [1]	19/19 commitments [1] 118/11 committed [3] 43/22 96/8 110/18 committing [6] 39/19 40/5 40/17 40/20 42/13 74/13 common [14] 6/2 6/15 21/16 27/22 29/17 83/9 102/13 113/13 148/3 179/17 179/18 179/18 188/3 199/15 commonality [1] 47/3 communication [2] 80/13 107/24 communicative [5] 7/12 84/16 85/15 128/15 128/22 communities [6] 46/20 63/23 64/17 65/8 65/8 189/19 community [2] 98/7 187/16 companies [9] 68/14 68/17 70/17 71/3 71/13 72/15 116/17 187/11 192/21 company [1] 72/10 comparable [1] 21/21 competing [2] 154/2 154/20 complaint [1] 135/10 complement [2] 168/14 198/21 complemented [1] 38/2 complete [5] 14/25 64/15 64/16 73/20 164/6 completed [2] 20/16 39/9 completely [6] 95/6 130/18 151/20 168/21 170/5 172/3 complex [23] 30/6 42/25 44/4 44/19 52/18 54/19 82/23 82/25 100/4 102/16 102/23 148/17 149/12 149/19 149/21 150/19 152/5 154/12 167/4 170/13 176/12 176/23 202/2 complexities [2] 37/13 86/18 complexity [8] 43/2 43/17 75/13 102/1 102/7 107/10 173/20 195/1 compliance [5] 72/24 73/6 139/4 196/25 197/7
--	---	---	--	--

C				
complicated [3] 53/14 53/19 178/25	conclusions [5] 11/20 133/25 134/4 134/23 184/11	consistently [7] 96/11 98/12 108/20 142/10 153/20 158/5 161/15	46/21 122/24 149/17	107/17 107/24 107/25 108/13 108/17 110/5 112/12 114/10 119/6 125/9 129/10 173/8 174/19 185/7 191/17 197/23
complications [2] 86/20 95/15	concrete [2] 69/21 147/11	consisting [1] 102/16	contributors [1] 125/14	couldn't [2] 43/20 165/22
comprehensive [5] 77/24 163/11 164/7 196/17 200/3	concur [4] 113/17 128/4 151/20 168/21	constantly [1] 201/10	control [2] 46/20 67/21	counselor [1] 173/2
comprehensively [1] 162/12	condition [2] 25/2 99/17	constituencies [1] 187/10	controlled [2] 116/2 116/21	counter [14] 29/24 35/15 57/11 58/17 58/25 59/1 59/9 61/20 80/6 81/20 82/21 87/13 111/11 112/19
concentrating [1] 49/25	conditions [13] 20/9 20/20 21/11 21/19 22/3 75/19 98/21 99/13 100/13 100/15 146/4 176/2 176/9	constructively [1] 155/13	convenient [1] 73/24	counter-terror [5] 29/24 57/11 58/17 59/9 61/20
concept [10] 29/22 57/22 59/4 59/13 71/2 86/24 105/5 105/7 105/8 107/12	conduct [2] 133/11 182/2	consultation [5] 47/24 51/14 131/10 158/8 163/23	Convention [1] 3/9	counter-terrorism [8] 35/15 59/1 80/6 81/20 82/21 87/13 111/11 112/19
concern [53] 14/5 14/7 14/10 15/7 20/11 21/9 25/3 30/7 34/14 35/7 36/14 36/21 42/1 50/7 53/10 54/4 56/15 56/17 61/3 63/14 68/2 72/8 77/7 85/8 85/13 85/17 85/24 86/7 86/13 98/22 107/15 112/21 113/15 116/14 118/17 135/10 135/20 137/14 140/15 141/3 143/21 144/2 144/20 147/7 152/12 152/24 158/4 158/7 160/24 163/22 169/16 177/6 194/10	conducted [4] 22/21 98/2 134/7 183/3	consultations [2] 142/24 186/21	conversations [3] 5/24 17/16 38/13	counterparts [2] 94/9 94/15
concerned [23] 7/21 21/3 21/4 28/25 31/23 41/4 42/25 47/7 49/18 53/4 61/5 66/22 136/2 137/3 140/25 141/1 146/1 146/11 153/8 160/24 163/7 187/12 190/20	conducting [1] 79/10	consulted [1] 131/2	convicted [2] 63/6 73/1	counterproductive [1] 60/11
concerning [11] 34/16 83/10 99/2 109/7 140/10 143/18 146/3 146/17 155/17 167/21 180/23	confidence [7] 48/23 142/8 145/13 145/20 146/9 147/9 194/16	consulting [1] 47/21	cooperate [3] 83/17 149/11 149/20	countries [2] 95/10 117/10
concerns [45] 14/24 29/8 43/3 43/17 48/18 49/21 51/17 57/24 63/19 68/19 76/6 108/24 110/2 111/7 112/10 113/11 123/21 123/22 130/8 135/12 135/15 135/18 136/19 137/6 139/20 140/9 142/8 142/19 143/15 144/11 144/15 145/3 145/14 147/8 147/8 149/2 152/11 155/11 155/14 164/16 166/8 167/1 167/16 198/12 200/19	confident [2] 142/7 177/10	consumed [1] 189/13	coordinated [4] 83/23 142/20 187/10 200/20	course [9] 83/6 94/21 97/11 101/2 111/8 132/10 160/6 160/25 161/2
conclude [1] 36/14	confidently [1] 154/15	consuming [1] 186/24	coordinating [1] 149/16	cover [2] 165/16 165/18
conclusion [3] 12/7 22/2 180/9	confirm [3] 1/19 78/21 88/11	consumption [1] 191/6	copy [2] 47/25 84/8	coverage [2] 127/10 164/7
	conflate [1] 98/23	contact [4] 80/13 93/4 93/12 149/6	core [1] 191/22	covered [6] 76/5 141/19 155/2 191/25 193/18 197/25
	confuse [1] 85/21	contacts [1] 64/19	corporation [1] 2/15	covering [2] 70/20 198/18
	connected [6] 45/17 45/20 46/14 46/21 50/12 89/17	contender [1] 57/3	correct [34] 2/16 2/17 3/1 3/21 4/4 12/17 24/6 81/10 83/7 88/7 113/8 116/22 120/25 122/23 123/23 124/19 126/11 126/15 131/14 132/5 135/8 141/2 141/5 153/21 157/15 160/17 161/20 162/20 163/2 163/13 171/19 172/11 174/24 175/20	covers [4] 5/3 15/13 66/8 132/1
	connection [1] 98/23	content [32] 63/10 63/24 65/23 66/6 66/6 66/7 66/17 66/25 67/15 67/20 68/2 69/18 70/21 70/22 73/2 88/12 116/10 143/20 144/14 180/23 181/2 181/7 181/12 182/21 185/15 185/22 185/24 186/17 187/6 188/4 189/13 189/19	coordinate [3] 83/17 149/11 149/20	Covid [1] 16/21
	cons [1] 37/5	contents [1] 1/20	cooperated [4] 83/23 142/20 187/10 200/20	cracks [2] 59/23 107/24
	consent [7] 26/22 26/23 26/25 27/2 50/25 155/14 156/21	context [21] 23/2 36/4 49/15 82/19 83/7 88/3 105/8 113/5 114/11 115/21 115/22 125/1 125/4 125/10 125/11 129/20 129/22 147/18 148/2 154/19 163/23	coordinated [4] 83/23 142/20 187/10 200/20	created [2] 125/13 180/11
	consequence [2] 138/17 182/25	contextual [2] 100/23 188/19	cooperating [1] 149/16	creating [7] 100/8 107/10 109/1 125/12 187/1 198/5 200/12
	consequently [1] 97/9	contextualise [2] 100/15 145/7	copy [2] 47/25 84/8	creation [1] 55/4
	consider [5] 28/18 38/11 84/9 84/19 126/25	continue [3] 60/1 103/25 153/4	core [1] 191/22	crime [3] 43/22 73/6 111/9
	considerable [1] 118/10	continued [1] 108/19	corporation [1] 2/15	criminal [10] 80/5 81/19 82/21 83/3 88/4 93/4 93/13 109/23 143/22 144/18
	consideration [3] 37/7 77/11 150/8	continuing [3] 96/8 165/4 177/7	correct [34] 2/16 2/17 3/1 3/21 4/4 12/17 24/6 81/10 83/7 88/7 113/8 116/22 120/25 122/23 123/23 124/19 126/11 126/15 131/14 132/5 135/8 141/2 141/5 153/21 157/15 160/17 161/20 162/20 163/2 163/13 171/19 172/11 174/24 175/20	criminalising [1] 111/23
	considerations [2] 111/4 173/21	continuity [1] 108/1	cooperating [1] 149/16	criminality [1] 56/17
	considered [6] 33/9 33/13 80/5 138/5 177/6 185/14	contrary [3] 59/24 106/15 107/22	copy [2] 47/25 84/8	criteria [1] 144/23
	considering [1] 129/15	contrasting [1] 27/9	core [1] 191/22	
	considers [1] 200/13	contribute [3] 2/12 109/14 167/11	corporation [1] 2/15	
	consistency [8] 6/25 54/3 151/17 152/7 152/23 179/3 198/23 200/9	contributed [1] 73/5	correct [34] 2/16 2/17 3/1 3/21 4/4 12/17 24/6 81/10 83/7 88/7 113/8 116/22 120/25 122/23 123/23 124/19 126/11 126/15 131/14 132/5 135/8 141/2 141/5 153/21 157/15 160/17 161/20 162/20 163/2 163/13 171/19 172/11 174/24 175/20	
	consistent [10] 38/22 39/14 124/14 142/15 167/16 176/3 182/1 182/3 198/11 200/14	contributing [3]	cooperating [1] 149/16	

C critical [4] 28/17 101/19 190/8 190/11 criticality [1] 190/21 criticising [2] 71/1 89/4 criticism [3] 11/13 64/12 81/7 criticisms [1] 128/25 crop [1] 185/7 cross [4] 94/19 94/23 167/13 199/17 cross-border [2] 94/19 94/23 cross-boundary [1] 199/17 cross-government [1] 167/13 crowded [1] 154/8 crucial [1] 111/6 Crucially [1] 46/18 CT [1] 77/1 CTPHQ [1] 35/4 cultural [1] 186/5 culture [2] 48/22 139/4 cultures [1] 187/1 curated [1] 188/5 curfews [1] 192/18 curiosity [8] 101/19 153/2 153/6 165/4 176/25 177/4 190/1 201/9 curious [1] 153/4 current [11] 7/10 15/5 22/14 23/4 51/17 87/1 87/5 97/25 121/13 133/13 157/21 currently [20] 14/2 23/24 24/17 39/11 76/7 81/18 81/25 83/2 83/25 84/23 89/21 95/25 97/10 98/25 101/17 103/16 104/2 104/19 157/25 193/6 curriculum [5] 190/14 190/17 191/1 191/21 191/23 curriculum/training [1] 191/1 cut [1] 172/20 cuts [1] 195/6 cyan [1] 32/16 cycle [1] 68/21	113/3 113/11 113/16 204/3 Dame Rachel [25] 1/13 5/1 8/15 12/10 17/20 23/16 30/12 35/21 55/5 57/4 62/11 62/21 66/2 75/21 77/22 79/9 79/22 79/24 81/6 81/15 82/6 95/14 113/3 113/11 113/16 DAME RACHEL DE SOUZA [2] 1/4 204/3 Dame Rachel's [1] 74/1 dangerous [5] 70/6 72/16 113/12 180/18 188/4 dangers [1] 101/25 dark [2] 64/15 65/3 data [40] 4/24 6/25 7/1 15/5 15/5 20/18 21/3 21/21 22/4 22/14 23/4 23/7 23/9 23/11 27/10 33/7 34/22 34/22 36/5 36/9 45/7 45/15 45/21 45/24 46/15 46/20 47/2 47/6 47/7 47/9 48/13 79/10 79/12 103/14 126/6 130/21 132/6 133/23 148/11 184/17 database [4] 46/18 75/3 75/8 133/4 dataset [2] 10/8 23/11 date [4] 37/25 75/10 95/21 186/15 dated [1] 120/10 day [5] 135/2 135/2 180/17 180/20 193/25 days [2] 154/1 185/20 DCMS [1] 69/11 de [5] 1/4 1/11 27/19 103/16 204/3 de-radicalised [1] 27/19 deal [14] 12/3 24/25 42/23 59/16 86/6 104/16 128/13 130/24 134/5 140/18 159/16 159/23 161/11 166/8 dealing [6] 65/11 75/11 90/17 106/9 106/11 192/8 deals [2] 55/11 104/12 dealt [9] 18/9 21/7 41/6 54/20 69/15 102/25 135/5 135/7 162/11 debate [1] 60/15 debates [1] 71/17 decision [9] 9/12 26/16 51/23 51/24	52/11 139/9 148/16 168/11 200/17 decision-makers [1] 26/16 decision-making [7] 51/23 51/24 52/11 139/9 148/16 168/11 200/17 decisions [3] 48/9 137/18 150/20 Declan [1] 57/1 declaring [1] 180/13 dedicated [2] 107/6 107/13 deem [1] 104/22 deemed [2] 53/6 59/11 deep [3] 14/10 28/15 186/15 deep-dive [1] 186/15 deeper [1] 153/7 deeply [6] 9/5 9/6 21/4 31/22 34/16 41/4 define [1] 129/7 defined [9] 8/6 24/3 56/1 81/5 88/13 91/10 108/4 149/25 199/7 defines [2] 127/12 167/14 Definitely [1] 125/11 definition [36] 6/25 7/9 7/16 7/20 8/2 8/11 8/14 58/9 84/14 84/20 84/22 85/5 124/12 124/16 124/17 124/20 124/22 125/6 125/12 125/16 125/18 127/18 127/20 127/24 128/8 128/9 128/13 128/19 129/2 129/11 129/16 129/17 130/12 130/12 130/15 199/2 definitional [1] 86/21 definitions [11] 5/15 67/1 82/10 86/25 87/20 90/12 91/1 91/2 123/5 125/8 130/19 degree [2] 14/6 144/7 delays [4] 98/7 98/11 98/13 99/1 deliver [1] 43/19 delivered [1] 28/13 delivering [1] 44/2 demands [3] 154/2 177/23 177/24 demonstrated [1] 180/22 demonstrates [1] 126/3 Department [7] 23/19 39/16 41/18 56/12 74/21 122/19 131/10 departmental [1] 46/25 dependent [1]	142/13 depends [2] 100/10 118/14 deploying [1] 188/14 deprivation [2] 141/4 141/9 deputies [1] 122/5 derive [1] 34/15 describe [7] 146/2 155/13 158/4 158/21 160/18 171/4 177/13 described [4] 21/12 32/16 33/16 60/19 describes [1] 128/19 describing [4] 6/11 30/13 104/11 139/19 description [2] 130/4 130/5 descriptors [2] 124/13 124/23 designated [8] 123/10 123/13 132/25 133/6 134/6 137/13 154/14 201/4 designed [5] 14/2 48/22 95/5 188/5 194/6 designed/curated [1] 188/5 desirability [1] 6/23 desirable [1] 137/11 desire [1] 19/18 desk [1] 78/1 despite [3] 149/21 156/10 159/24 detail [22] 3/24 3/24 4/7 4/8 5/7 15/16 17/19 20/2 25/14 33/25 35/23 37/21 44/21 46/24 56/8 65/12 66/3 66/10 69/9 82/3 140/1 141/24 detailed [3] 89/6 89/7 90/7 details [5] 2/10 20/8 67/1 79/7 175/12 detect [1] 65/16 detection [1] 129/5 determined [2] 36/9 108/9 determining [1] 197/1 detriment [4] 48/8 48/11 48/19 49/4 detrimental [1] 48/14 devastating [1] 8/22 develop [4] 29/23 58/14 65/22 110/6 developed [4] 93/18 94/7 102/18 194/24 developing [3] 74/20 91/21 124/11 development [6] 94/5 94/14 139/4 146/4 151/2 198/15 developments [1]	81/25 device [1] 183/7 devices [3] 68/9 110/25 112/4 devised [2] 95/1 154/6 devolved [8] 3/17 46/19 80/1 80/2 94/4 94/24 95/7 103/11 DfE [5] 47/21 49/3 49/23 195/11 195/15 DfE's [1] 48/5 diagnosed [1] 25/2 diagnosis [13] 22/17 150/21 151/23 161/18 161/21 174/2 175/19 176/20 177/13 177/25 178/1 178/3 179/10 diagnostic [2] 177/18 178/11 diagram [4] 30/5 30/7 31/1 31/19 did [18] 2/23 5/22 14/25 38/14 70/3 85/10 101/8 119/22 119/23 126/21 129/10 132/14 132/21 134/4 134/12 180/16 192/25 196/1 didn't [11] 58/8 111/23 114/25 126/1 132/12 152/19 178/25 181/21 181/22 182/2 202/11 died [1] 46/8 difference [3] 141/12 181/24 182/5 different [37] 4/16 30/17 47/3 54/18 55/6 56/24 59/17 61/10 79/11 79/12 83/1 87/8 90/3 104/1 105/4 106/1 106/12 106/13 126/6 126/14 127/8 127/20 127/24 146/16 148/6 148/13 151/15 151/16 151/17 152/8 152/22 163/22 164/9 164/10 175/8 184/9 184/17 differently [2] 147/25 152/21 difficult [12] 11/6 11/8 85/1 85/7 106/9 128/21 128/23 148/1 148/10 149/23 159/20 159/22 difficulties [2] 109/13 159/18 difficulty [2] 24/21 117/12 digital [6] 133/20 190/6 190/7 190/7 190/16 193/1 digitally [1] 116/6 diminish [1] 109/15
---	---	--	--	--

D dip [1] 16/19 direct [5] 4/13 4/16 99/14 149/22 185/15 directed [1] 30/25 direction [1] 178/8 directly [6] 21/21 23/1 28/17 88/12 105/12 105/17 directly.' [1] 140/11 director [2] 60/17 60/24 Directors [2] 42/18 43/15 disabilities [2] 122/15 139/22 disability [3] 172/21 177/21 177/21 disadvantages [1] 84/20 disagree [2] 43/8 200/23 disagreement [1] 69/7 discharged [1] 193/24 disclose [1] 160/6 disclosed [1] 162/6 discloses [1] 140/10 disclosure [1] 159/6 discovered [1] 65/23 discriminate [1] 115/12 discrimination [2] 100/23 176/6 discriminatory [1] 177/7 discuss [5] 129/10 148/19 162/23 163/3 169/25 discussed [4] 13/4 31/17 76/10 156/23 discussing [2] 105/25 198/13 discussion [3] 26/12 118/10 166/24 discussions [3] 4/15 97/14 151/8 disgust [1] 69/6 disincentive [2] 137/5 137/9 dismiss [1] 140/8 dismissed [1] 175/2 dismissing [2] 101/6 139/20 disorder [4] 20/21 21/25 22/1 161/19 disorders [3] 21/15 21/15 21/16 disparity [1] 20/23 display [3] 51/1 51/5 109/7 disruptive [2] 110/22 112/23 dissemination [1]	66/13 distil [1] 12/14 distillation [1] 15/4 distinct [2] 91/8 124/7 distinctions [1] 87/9 distinguishing [1] 176/8 distracting [1] 43/3 distress [3] 147/22 147/24 148/4 disturbing [1] 183/7 dive [1] 186/15 diversion [1] 139/16 divide [1] 169/25 divined [1] 54/15 division [1] 3/13 do [130] 8/8 9/8 9/12 9/17 10/6 11/7 11/24 12/17 13/4 17/9 21/7 24/22 26/17 28/21 30/19 32/11 42/20 45/21 47/1 48/14 51/7 52/23 54/17 57/3 58/14 60/3 60/15 61/24 63/18 68/13 68/14 72/3 72/9 74/22 77/7 79/9 79/9 79/23 80/14 81/13 81/15 81/20 82/17 85/20 85/22 87/1 87/10 89/7 91/21 91/23 91/25 92/15 92/17 95/6 97/11 97/15 97/17 98/5 98/25 99/4 100/13 104/19 105/4 105/18 105/19 107/8 111/2 114/6 114/10 114/13 114/23 114/25 116/22 118/20 118/20 120/18 120/18 123/14 123/14 123/20 127/13 127/17 129/7 129/7 129/8 130/17 131/25 136/10 137/15 138/16 138/23 143/21 144/21 147/6 147/6 147/14 147/16 148/21 148/22 149/5 149/17 150/17 151/13 153/20 158/5 158/17 160/14 162/12 163/24 165/15 166/5 166/21 169/15 172/2 179/11 182/3 182/9 184/1 184/3 184/25 190/5 191/10 191/10 191/19 193/10 193/11 194/18 196/17 197/2 202/13 document [10] 37/9 39/24 84/21 88/10 89/3 89/4 93/16 127/20 128/2 128/12 does [36] 28/12 38/5 40/23 41/9 49/8 54/2 65/15 71/14 72/9	76/12 80/7 85/19 86/6 92/11 94/21 94/22 96/9 98/19 99/10 109/15 109/16 113/20 123/21 136/14 136/15 137/12 137/15 140/11 152/21 155/18 163/8 165/1 165/7 169/9 171/6 172/16 doesn't [13] 22/4 38/6 42/4 42/6 49/5 71/11 74/24 128/11 138/16 144/22 144/23 190/12 196/15 doing [14] 21/8 37/16 47/9 91/23 103/12 103/17 138/24 139/7 166/18 171/18 174/15 181/19 186/14 189/12 domain [1] 77/14 domains [2] 52/25 77/17 domestic [3] 104/16 106/9 106/19 dominant [3] 18/11 19/2 19/22 don't [59] 3/23 5/2 6/10 6/25 7/3 7/19 8/9 10/24 16/24 18/18 24/8 26/1 27/12 27/12 29/8 29/11 30/2 38/11 60/9 61/2 67/10 68/13 68/15 70/25 71/12 72/17 79/7 79/12 81/8 81/18 88/12 88/15 88/16 98/4 98/17 98/24 107/12 107/23 114/15 114/18 125/24 126/25 136/5 138/7 138/16 143/5 151/4 151/5 152/23 153/17 168/25 169/4 169/21 182/4 186/9 188/15 192/19 202/12 202/15 done [23] 4/5 27/13 32/24 33/1 33/19 56/9 57/21 73/12 81/6 81/8 107/8 126/7 126/8 127/3 130/23 131/16 131/23 138/2 144/10 180/4 184/6 184/23 184/24 door [9] 55/23 56/25 104/25 105/1 105/5 105/7 105/13 152/10 153/10 door' [1] 55/4 doors [1] 166/9 dosing [2] 186/16 187/6 doubt [6] 13/8 91/15 111/22 113/20 182/25 189/11 down [27] 3/22 8/21 13/9 17/1 19/14 29/16 31/10 39/2 44/11	44/22 46/13 49/11 68/15 101/7 103/8 109/6 117/9 120/5 121/1 123/8 134/22 139/17 141/17 158/12 166/22 190/25 198/14 downgrading [1] 139/20 Dr [2] 24/18 192/25 Dr Kaitlyn Regehr [1] 192/25 Dr Tina Irani [1] 24/18 drafting [1] 51/12 drafts [1] 190/17 draw [11] 12/12 14/21 17/6 22/3 65/2 69/12 102/13 108/15 128/18 153/24 175/24 drawing [2] 68/1 75/10 drawings [1] 69/17 drawn [5] 8/7 24/20 56/16 86/4 86/8 driven [5] 7/11 46/10 84/15 85/14 128/14 driver [2] 48/20 162/18 drivers [1] 65/14 driving [3] 59/5 59/22 83/11 drop [1] 60/2 dropped [1] 53/9 drum [1] 45/1 DSL [15] 55/10 123/21 134/5 138/5 138/17 139/19 140/13 140/18 154/13 158/13 166/11 171/4 197/1 201/23 201/25 DSLs [12] 124/1 134/24 136/1 138/20 142/5 149/20 169/10 169/19 174/25 201/11 201/13 201/14 due [2] 44/17 97/2 duties [3] 72/25 198/10 198/22 duty [15] 41/14 50/11 52/5 52/6 73/7 107/14 108/5 145/11 145/19 163/17 193/21 194/9 195/18 196/8 197/8 duty-holder [1] 107/14 dwel [1] 68/21 Dyffryn [1] 156/24 E each [7] 20/10 21/16 52/12 88/23 89/19 163/6 180/13 earlier [4] 10/11 82/20 131/3 151/8 earliest [1] 200/21 early [12] 7/25 89/15	108/20 109/2 121/8 128/22 165/21 166/15 171/10 172/16 199/25 200/15 easier [3] 27/24 125/5 159/23 easily [1] 113/14 easy [6] 64/20 130/4 130/14 131/5 133/6 176/19 eating [2] 21/15 21/25 economic [1] 141/4 Economics [1] 120/23 economy [1] 193/2 ecosystem [1] 46/21 educates [1] 138/17 education [65] 9/7 12/2 25/23 30/16 30/20 31/2 31/3 31/5 31/7 31/15 31/16 31/22 32/5 32/22 32/25 33/5 33/14 39/6 39/16 41/18 45/14 46/16 56/12 74/22 77/15 108/23 120/23 120/24 121/3 122/4 122/7 122/19 122/22 124/12 124/15 125/7 125/9 127/1 131/11 131/24 138/3 146/6 146/18 148/12 149/10 150/3 150/15 153/11 154/11 167/19 169/11 177/17 179/12 179/13 188/18 189/3 190/4 190/6 191/1 194/22 195/8 197/17 198/9 198/16 199/21 Education's [1] 131/10 educational [19] 119/16 122/2 122/15 122/24 127/9 139/22 144/6 145/7 148/20 149/3 150/8 154/3 161/4 166/18 169/20 171/21 172/21 183/24 191/3 educators [2] 153/4 188/1 effect [7] 27/18 79/14 87/4 99/14 117/13 156/20 187/4 effective [16] 36/16 74/16 104/4 105/14 109/17 116/9 124/22 142/16 146/19 150/23 151/14 152/9 156/1 198/3 200/20 201/9 effectively [5] 44/16 67/15 103/12 116/19 169/22 effectiveness [9] 6/24 11/12 23/23
---	---	--	--	--

E effectiveness... [6] 27/13 28/12 74/12 79/16 97/25 171/3 effects [1] 80/1 efficacy [1] 28/21 efficient [1] 154/5 effort [1] 178/2 efforts [1] 156/11 eg [1] 175/1 Eighthly [1] 14/15 either [8] 21/13 28/13 49/19 53/5 58/25 92/19 165/23 179/23 element [2] 85/4 175/25 elements [1] 191/20 elicit [1] 179/24 else [6] 43/11 43/23 50/22 77/11 130/20 196/1 else's [1] 43/11 Elsie [1] 8/23 embarrassment [1] 68/11 embedded [4] 7/18 154/15 169/7 187/1 embedding [1] 200/13 emerged [1] 134/24 emerging [2] 83/16 92/22 Emmett [1] 85/10 emotional [1] 159/17 emphasis [7] 69/13 71/13 101/22 102/3 103/22 107/16 110/8 emphasise [1] 99/6 emphasised [2] 95/17 176/1 employed [1] 185/17 employers [1] 174/7 enabled [1] 154/4 enables [1] 46/22 enact [1] 197/6 enacted [1] 196/4 encapsulated [2] 130/2 136/12 encapsulating [1] 150/21 encountering [1] 70/22 encourage [3] 8/10 137/15 137/16 encouraged [1] 65/5 encouragement [1] 66/11 encouraging [1] 189/25 encrypted [1] 65/4 end [11] 1/15 12/18 13/21 85/12 85/12 91/18 94/18 117/24 125/1 172/18 198/24 Endowment [3] 8/12	74/10 74/18 ends [1] 170/14 energy [1] 178/2 enforceable [1] 116/9 engage [2] 153/6 186/11 engaged [2] 113/4 125/19 engagement [6] 98/10 155/4 155/9 155/15 156/6 173/4 engaging [2] 70/1 73/2 England [20] 2/12 3/7 11/5 46/5 52/6 94/9 94/10 94/15 94/16 94/18 95/9 98/9 104/10 112/14 117/8 121/9 122/9 167/11 200/9 200/10 England's [1] 80/11 English [4] 3/18 133/2 133/9 133/20 enhanced [5] 61/24 76/25 77/1 93/10 199/25 enormous [1] 201/7 enough [10] 6/10 7/4 7/15 7/19 62/7 104/22 141/13 151/4 169/22 196/18 ensure [11] 60/8 71/10 71/12 102/6 107/23 111/14 124/14 163/8 192/2 195/8 200/18 ensuring [7] 5/14 49/20 108/2 116/23 125/18 168/15 199/18 enter [1] 4/10 entered [1] 89/11 entirely [2] 33/2 72/7 entitled [1] 185/2 entity [1] 163/8 environment [5] 63/20 65/12 113/3 149/4 171/21 environments [1] 189/24 envisage [2] 105/23 111/3 equal [3] 109/10 113/15 158/18 equally [2] 52/3 100/21 equals [1] 30/23 equated [1] 174/13 equip [1] 191/2 equivalence [1] 175/24 equivalent [2] 81/17 108/8 error [1] 134/10 escalate [2] 108/24 151/3	escalated [1] 129/9 escalating [6] 137/14 143/20 144/14 164/23 167/4 176/10 escalation [3] 145/22 164/19 180/1 especially [3] 13/12 51/13 140/7 essential [3] 3/25 48/21 195/4 essentially [11] 3/20 123/21 127/17 134/25 135/25 137/2 152/10 153/25 161/9 166/23 172/13 establish [2] 15/1 23/22 established [3] 75/5 145/9 145/14 establishes [1] 41/8 establishing [1] 118/12 establishment [1] 80/10 estimate [1] 197/18 estimated [1] 20/21 estimating [1] 178/19 et [1] 85/16 et cetera [1] 85/16 ethnic [1] 80/19 Europe [1] 44/6 even [22] 13/10 19/6 32/15 33/9 40/25 54/21 83/8 84/24 89/15 97/16 99/22 112/10 112/18 115/11 117/4 117/14 135/20 137/11 137/14 152/7 169/20 201/22 events [5] 37/18 37/23 70/24 95/18 95/23 ever [3] 21/23 100/10 148/3 every [12] 11/22 37/21 43/9 43/9 51/25 52/3 76/18 107/6 153/3 181/2 200/24 201/23 everybody [2] 125/19 167/6 everyone [2] 45/20 164/5 everyone's [1] 164/3 everything [1] 154/1 evidence [42] 3/15 4/16 6/10 6/13 40/7 40/8 42/15 42/16 42/20 46/23 69/10 74/11 74/16 74/20 75/3 75/10 77/24 87/4 98/17 98/23 99/6 99/7 99/10 99/12 100/4 108/20 120/16 126/2 131/22 150/24 152/3	156/20 168/11 168/16 168/22 170/18 174/5 176/6 176/17 178/14 188/22 192/23 evidence-based [4] 75/3 168/11 168/16 176/6 evidence-gathering [1] 150/24 evidence-informed [1] 176/17 evident [1] 63/14 exactly [12] 28/3 54/13 67/23 71/6 132/24 138/18 140/16 161/24 174/20 189/9 196/23 202/4 examine [1] 28/12 examining [1] 79/15 example [10] 32/23 55/9 55/10 60/19 69/23 92/14 118/11 132/11 156/22 179/8 examples [7] 45/22 48/6 48/6 48/8 99/18 124/14 124/23 exception [4] 48/12 49/4 58/4 88/14 exceptionally [1] 159/20 exchange [2] 65/3 158/11 excluded [1] 99/22 excludes [3] 80/3 80/4 82/20 excluding [1] 171/20 exclusion [1] 108/22 exclusionary [1] 86/7 exclusions [2] 170/21 171/13 excuse [1] 60/2 executive [1] 185/6 exemplified [1] 185/11 exercise [2] 79/14 81/9 exercises [2] 11/7 113/5 exhibit [2] 45/10 88/8 exist [4] 142/16 172/22 190/12 198/7 existed [1] 172/23 existing [26] 36/15 61/15 61/16 63/9 66/8 98/1 98/13 98/17 103/20 104/15 107/3 107/9 124/6 152/22 158/5 165/9 166/6 167/21 168/14 189/24 194/25 198/4 198/17 198/22 200/11 200/14 exists [1] 160/22 expansion [1] 106/14 expect [4] 45/6 82/2 139/12 147/4 expectation [2] 38/4	80/12 expectations [2] 145/16 199/14 expected [2] 140/1 149/11 experience [19] 6/6 9/7 10/22 11/4 28/5 28/16 68/16 70/12 80/21 100/21 118/7 135/21 136/6 148/10 149/15 159/6 170/16 179/9 201/11 experienced [1] 137/7 experiences [4] 11/14 25/1 109/11 190/2 experiencing [3] 110/3 129/9 190/4 expert [9] 24/18 37/12 58/1 95/12 117/6 138/6 138/6 140/13 141/15 expertise [7] 59/3 125/17 143/2 146/22 146/22 149/13 168/18 experts [5] 7/25 24/20 28/15 60/4 64/23 explain [22] 2/14 9/2 10/7 27/1 36/20 57/5 69/21 71/16 78/16 78/25 88/2 90/5 90/10 90/15 100/11 107/14 139/5 141/6 141/16 157/7 159/9 183/11 explained [3] 22/25 175/18 196/24 explains [2] 174/16 185/8 explanation [3] 161/25 162/3 177/4 exploitation [8] 22/24 83/4 88/4 88/4 108/23 109/12 110/3 145/15 exploration [1] 146/16 explorations [1] 19/24 explore [3] 20/6 87/8 189/2 explored [6] 22/18 40/2 81/24 90/5 113/6 187/17 exploring [5] 19/17 36/25 58/22 86/2 189/1 exponential [2] 188/4 188/6 exponentially [1] 181/7 exposed [1] 186/3 exposing [2] 182/23 189/17 exposure [4] 64/3
--	--	--	---	--

E	101/20 109/15 110/9 facts [1] 190/12 failed [2] 108/15 179/24 failing [1] 53/1 failings [1] 157/15 failure [3] 25/10 112/8 159/7 fair [5] 12/8 16/16 63/14 89/14 155/2 fairly [4] 35/24 88/17 92/7 174/19 fairness [3] 32/20 81/1 89/1 fall [11] 23/24 24/17 24/21 33/15 44/16 76/12 87/10 107/24 163/9 164/16 167/1 falling [2] 59/23 165/23 falls [1] 67/6 familial [9] 41/5 41/10 41/23 41/24 42/5 43/2 43/11 50/6 106/10 familiar [7] 10/5 18/1 30/11 42/17 43/1 104/18 124/1 familiarity [1] 97/7 families [4] 4/1 136/24 157/9 202/12 family [10] 24/8 44/24 48/19 50/5 100/22 109/13 155/24 156/3 156/6 156/12 famous [1] 28/1 Fantastic [1] 121/24 far [14] 11/7 51/23 53/4 63/9 72/17 108/15 111/13 112/2 112/9 129/1 138/10 148/16 174/21 194/18 fascinated [2] 99/9 126/22 fascination [5] 18/7 112/21 143/17 144/13 175/16 fashion [1] 151/7 fault [1] 108/15 fear [2] 68/8 177/2 feature [2] 16/24 157/5 features [1] 70/21 February [3] 132/4 182/16 184/4 February 2026 [2] 182/16 184/4 feed [3] 80/13 125/15 125/16 feedback [14] 21/8 25/14 27/13 29/9 29/20 76/9 129/18 136/8 136/18 137/8 138/21 149/7 153/12 163/19 feeding [2] 69/5	79/24 feel [12] 19/18 99/21 107/17 114/13 114/19 138/24 143/2 143/3 145/1 160/1 160/1 177/9 feeling [2] 20/15 33/21 feels [2] 130/13 164/22 fees [1] 159/24 felt [1] 9/8 FEVMCA [1] 18/9 few [3] 121/10 121/11 172/9 fewer [1] 13/5 fictional [1] 180/12 field [2] 45/19 154/8 fieldwork [1] 185/16 Fifth [1] 194/23 Fifthly [2] 13/20 199/13 figure [1] 21/2 figures [6] 15/1 15/22 15/24 18/20 25/25 46/4 files [1] 194/1 filled [1] 14/25 final [9] 8/11 48/7 50/8 62/21 109/18 115/16 173/17 179/25 193/9 finally [5] 15/3 61/4 74/6 117/19 178/13 find [9] 21/21 64/14 75/10 95/10 116/6 148/1 160/2 160/4 167/3 finding [5] 12/5 47/1 68/8 137/3 159/19 findings [7] 15/13 36/4 136/12 136/14 137/2 140/17 173/25 finds [1] 130/14 fine [1] 37/21 finish [1] 195/25 firmer [1] 110/12 firms [2] 72/5 72/5 first [47] 2/9 3/3 5/10 5/10 10/12 11/20 13/23 15/18 19/7 22/18 24/1 30/6 30/12 36/20 42/12 55/7 55/12 55/19 55/22 57/4 59/3 67/3 70/15 72/12 86/6 93/9 96/6 98/5 105/13 105/16 111/10 119/18 123/5 130/24 134/5 150/11 151/11 154/25 162/16 163/22 171/11 172/25 173/19 181/3 183/12 184/14 185/7 firstly [4] 12/20 136/5 193/21 199/1 fit [5] 8/13 19/3 19/18	33/6 53/1 fitted [1] 61/17 five [7] 100/11 132/15 135/6 141/9 148/13 154/1 193/25 five minutes [1] 100/11 five-year [1] 132/15 five/ten years [1] 148/13 fixated [18] 5/20 11/8 33/8 33/13 34/20 42/7 56/16 66/20 75/5 81/4 82/14 93/3 124/12 124/19 126/22 131/9 142/10 191/6 fixation [24] 38/12 55/11 65/17 73/22 83/10 83/15 87/18 98/3 110/20 112/3 124/5 143/16 146/8 155/12 167/17 168/13 175/16 189/11 189/14 189/17 190/1 194/20 198/12 200/19 fixed [3] 28/14 36/7 74/13 flag [1] 37/19 flagging [2] 49/23 50/2 flavour [1] 90/20 flick [1] 88/20 flip [2] 28/6 87/7 flip-side [1] 28/6 flow [1] 42/5 flow-through [1] 42/5 flows [1] 23/16 focus [18] 3/18 5/13 18/13 36/10 43/3 43/5 74/20 83/7 83/16 84/23 85/23 96/4 96/17 100/25 101/20 111/12 116/16 183/13 focused [3] 65/23 80/2 181/12 focusing [2] 53/18 100/17 focussed [1] 100/2 follow [5] 67/1 87/2 93/14 116/22 169/5 followed [3] 25/24 140/1 181/8 following [3] 88/21 116/11 192/14 follows [1] 72/7 Fonagy [4] 24/11 147/20 178/6 192/6 Fonagy's [1] 75/17 footage [1] 63/22 forceful [1] 101/2 foreword [1] 8/22 forget [1] 67/10 forgive [7] 1/23 5/1 56/24 66/2 73/25 87/21 94/11	forgiven [1] 110/8 form [9] 22/24 71/9 118/3 121/8 123/22 129/5 142/5 185/18 201/12 formal [3] 95/22 117/16 150/18 formalities [1] 119/17 formality [1] 120/15 format [1] 105/1 forms [3] 40/13 56/15 186/5 forward [6] 8/1 59/22 76/9 78/5 103/24 136/22 found [9] 45/22 63/4 73/2 84/9 109/21 172/7 174/2 186/1 197/6 four [11] 10/8 19/7 29/18 46/13 79/22 81/14 159/1 180/11 182/1 182/3 182/4 fourfold [1] 185/21 fourth [3] 91/17 163/20 194/20 Fourthly [2] 13/8 199/10 fragile [1] 118/13 fragmented [3] 157/11 163/21 163/24 framework [23] 23/22 42/23 76/13 87/13 87/14 92/25 94/7 94/10 94/16 146/6 160/21 163/8 167/9 167/16 194/2 197/4 197/12 198/6 198/11 198/16 198/21 199/12 200/14 framework' [1] 93/18 frameworks [6] 51/16 92/12 102/8 124/6 163/6 168/14 frankly [2] 36/24 72/14 free [2] 77/25 176/6 freedom [1] 9/1 frequently [6] 39/5 83/2 164/24 165/6 166/25 182/20 fresh [1] 194/6 friend [2] 75/23 118/19 friendly [1] 115/6 fro [1] 51/3 front [14] 41/12 41/12 55/4 55/23 56/25 104/25 105/1 105/5 105/13 141/16 152/10 153/10 169/8 177/14 frontline [4] 13/12 38/23 39/24 100/16 fruit [1] 202/6
F	face [1] 190/22 Facebook [1] 187/20 facilitate [1] 189/10 fact [26] 53/23 68/3 75/2 87/14 95/6 95/6 95/7 95/14 102/14 102/23 107/18 116/25 126/2 128/19 141/14 153/25 155/2 157/12 157/22 158/1 162/23 171/20 171/24 183/17 184/23 191/4 facto [1] 103/17 factor [7] 19/1 112/22 118/3 138/24 174/3 174/9 174/19 factors [4] 100/24			

F frustrated [1] 45/4 full [12] 1/9 27/2 47/25 67/25 78/12 79/7 120/2 120/6 182/8 184/4 184/7 184/10 fully [1] 186/10 function [5] 104/19 147/6 154/4 187/14 197/1 functions [2] 79/5 79/14 Fund [3] 8/12 74/10 74/18 fundamental [1] 116/7 fundamentally [1] 92/4 funded [3] 74/10 74/19 74/22 funding [4] 118/9 118/12 118/14 118/16 further [20] 4/23 8/10 8/21 20/6 31/17 39/2 63/12 74/6 89/25 110/5 112/11 114/17 114/25 117/9 123/8 125/25 139/25 167/10 188/24 195/22 future [13] 28/17 44/24 51/16 82/3 102/9 102/25 103/6 108/13 111/3 136/10 137/9 193/15 194/15	generally [6] 102/5 124/1 124/6 142/7 145/12 152/4 generated [5] 63/10 69/18 70/4 189/20 197/8 gentle [2] 16/15 17/10 get [37] 4/23 9/19 12/4 14/23 21/7 29/9 32/11 32/17 37/1 45/4 46/2 60/20 60/21 61/2 64/8 64/18 64/18 65/5 85/19 88/22 90/20 94/12 98/20 114/2 119/17 133/13 138/16 139/1 142/25 159/15 165/12 165/22 169/22 183/17 183/22 192/11 201/16 gets [1] 154/11 getting [8] 73/11 98/11 137/19 137/20 138/20 139/12 143/24 169/17 Gianfrancesco [1] 58/1 girls [1] 181/11 give [28] 2/10 3/22 5/6 7/15 10/24 11/12 11/14 15/22 18/12 18/19 27/9 29/10 36/3 44/21 57/4 65/15 79/8 103/22 110/20 115/18 156/4 156/13 159/8 160/8 160/14 169/24 179/1 194/6 given [22] 12/10 18/2 28/14 35/7 37/6 47/5 51/7 59/24 87/5 92/16 99/4 99/18 102/3 114/5 128/13 132/15 149/8 150/9 157/4 168/5 175/12 181/15 gives [4] 16/11 26/3 48/23 163/10 giving [8] 1/9 3/15 7/25 30/14 30/23 60/1 78/12 176/15 Gladesmore [1] 121/23 globally [2] 171/18 171/25 glorifies [1] 189/21 glorifying [1] 63/24 go [99] 1/14 2/9 3/22 4/14 4/15 6/5 9/21 10/15 11/18 11/19 11/19 16/9 18/24 19/11 19/12 20/19 21/10 26/20 27/5 29/4 29/5 30/4 31/18 32/7 33/7 33/10 33/14 33/25 35/21 36/2 42/8 42/9 43/18 43/23 43/24 44/5 46/3 47/12	48/3 51/19 52/8 54/19 62/22 63/16 69/10 72/13 73/25 76/18 76/23 77/8 77/25 77/25 78/24 79/7 80/24 88/10 90/1 90/15 90/21 90/23 90/24 103/8 103/15 105/12 107/11 114/10 119/18 119/21 120/10 120/20 121/12 121/24 124/8 125/20 126/4 128/8 131/15 131/20 133/16 133/23 134/2 134/22 141/17 142/1 148/8 155/6 156/17 158/2 158/12 159/21 163/3 166/16 171/25 175/4 175/11 183/11 191/21 197/17 197/23 goes [3] 56/5 191/20 191/23 going [59] 3/14 6/24 9/20 12/12 12/21 12/22 15/15 16/13 23/12 30/8 31/13 33/9 33/10 35/4 35/10 35/21 35/23 41/15 47/13 60/20 60/21 60/22 62/10 62/10 66/9 66/25 67/2 71/22 76/9 88/10 88/19 104/2 109/3 110/16 110/23 110/23 118/19 119/15 123/12 123/12 126/5 127/21 133/23 138/13 138/18 153/15 155/3 159/8 160/16 164/20 178/25 179/22 180/8 182/11 190/25 193/9 193/18 196/2 201/8 gone [5] 54/23 110/5 120/15 143/2 193/23 good [13] 8/13 23/14 42/3 45/22 54/14 65/21 93/23 139/10 146/19 151/22 173/8 173/8 192/24 gore [5] 64/5 64/24 83/11 99/9 110/20 gore' [1] 115/6 got [22] 18/22 23/10 27/19 27/20 30/5 30/16 31/21 43/23 49/12 50/2 72/23 73/8 116/22 164/2 164/3 164/3 164/4 164/6 166/2 184/5 184/5 188/12 governance [8] 60/7 60/13 89/24 96/4 96/6 102/15 167/15 200/12 government [14] 46/14 46/25 70/17 72/1 79/15 80/4 83/25	89/22 90/6 94/8 94/13 96/7 102/19 167/13 Government's [1] 7/10 gradually [1] 186/3 Graham [1] 42/17 graph [1] 17/2 graphic [1] 63/18 grapple [1] 110/11 grappled [1] 183/15 grateful [5] 57/21 118/24 130/23 133/22 202/18 great [6] 12/3 58/19 123/4 184/16 184/17 202/16 greater [5] 91/19 108/1 138/15 183/9 198/22 green [4] 31/3 31/4 31/19 32/6 grievance [4] 99/25 143/19 144/14 171/22 grievance-based [2] 143/19 144/14 grim [2] 64/4 65/6 groomed [3] 65/1 188/17 189/19 grooming [3] 188/9 188/11 188/13 ground [1] 76/5 group [24] 5/11 6/3 6/13 9/10 9/14 12/3 16/8 19/3 20/11 20/24 25/9 29/1 29/2 33/22 35/11 36/6 42/7 43/20 61/2 61/20 74/25 106/21 114/6 201/23 groups [4] 15/6 114/8 122/18 137/24 grown [1] 45/6 grown-ups [1] 45/6 grows [1] 154/13 guess [1] 72/3 guidance [57] 7/6 42/6 47/6 47/8 47/22 48/7 48/22 49/4 49/8 49/16 49/24 50/8 51/8 56/13 84/7 87/19 87/20 89/6 89/7 89/14 89/15 96/15 127/5 127/9 127/12 127/20 127/23 128/12 130/7 131/12 132/19 137/15 145/17 147/12 150/10 151/10 162/16 162/24 163/10 163/17 165/13 168/2 168/6 168/9 168/13 168/24 169/2 169/6 176/5 176/13 178/18 197/5 198/17 198/22 199/13 200/4 200/5 guidances [1] 198/7 guide [2] 91/12 91/22 guided [1] 154/5	guides [3] 84/2 90/8 90/11 H habits [1] 188/2 had [80] 2/2 2/8 4/24 6/6 7/15 7/24 9/12 10/25 11/4 15/22 21/23 22/1 22/15 24/10 27/21 28/2 29/18 29/19 29/20 34/11 35/4 36/6 38/13 38/15 38/16 38/16 38/17 40/12 42/1 42/10 53/8 53/9 60/5 68/2 68/2 80/20 81/6 82/5 84/9 84/12 84/21 112/18 128/5 128/18 129/1 129/18 132/8 132/10 132/15 134/8 135/5 135/6 135/11 135/19 135/21 137/3 139/21 141/15 155/24 157/12 157/19 157/20 157/22 159/5 161/14 161/18 162/4 165/19 165/19 166/1 166/1 166/24 167/7 172/8 174/25 175/13 175/16 183/6 186/10 196/2 hadn't [1] 157/19 hair [1] 30/1 half [6] 16/4 20/4 45/23 121/5 140/24 140/25 halfway [1] 19/13 Hall [1] 63/4 happen [10] 38/5 54/2 56/5 67/2 77/12 128/24 139/11 151/8 152/12 154/6 happened [6] 28/4 101/9 136/9 162/4 180/11 180/22 happening [10] 96/10 96/11 96/20 166/19 177/1 179/8 183/18 186/15 191/5 194/14 happens [9] 17/18 25/18 27/7 29/5 35/9 71/7 76/16 112/14 160/3 happily [1] 133/24 happy [8] 41/2 41/3 74/24 114/13 133/10 181/23 182/7 184/7 hard [11] 21/21 27/14 28/3 45/1 52/19 60/4 64/14 68/17 146/14 186/13 191/24 Haringey [1] 121/23 harm [43] 34/21 36/22 39/20 40/17 40/21 40/24 40/25 41/3 41/20 41/23
--	---	--	--	---

H harm... [33] 41/25 42/5 42/13 43/6 44/1 44/3 46/9 49/15 49/16 49/19 49/22 49/25 50/1 50/6 56/16 58/18 65/7 69/23 70/20 72/6 106/10 110/4 134/19 135/1 171/17 171/18 180/6 181/13 183/16 188/6 191/17 191/17 195/21 harmed [1] 21/24 harmful [17] 51/1 51/5 63/23 64/17 68/2 70/6 70/13 109/16 116/10 124/3 180/19 181/1 181/3 182/21 183/16 185/15 187/14 harming [2] 21/13 75/4 harms [10] 14/16 35/22 40/5 41/5 41/10 62/22 113/1 145/16 148/3 182/4 has [78] 3/5 11/21 19/5 24/12 24/12 24/14 28/19 36/13 37/12 42/3 44/5 44/5 45/1 45/7 47/5 50/6 55/7 59/16 60/5 61/20 62/24 66/23 75/24 76/5 77/22 79/22 81/15 83/20 84/6 85/11 86/22 86/25 87/4 89/10 89/22 89/24 96/5 96/7 96/16 100/9 101/9 106/7 108/25 110/10 112/1 113/4 117/23 118/20 118/23 127/10 127/19 128/1 128/10 128/20 128/24 130/21 131/16 136/9 138/1 143/2 147/25 152/3 155/25 157/4 161/4 162/21 164/1 170/13 171/13 180/4 180/7 184/23 187/18 187/25 190/21 196/3 196/5 199/23 hasn't [4] 89/11 112/10 166/2 179/12 hate [1] 185/3 have [411] haven't [11] 7/17 43/22 124/18 136/22 164/3 164/4 175/12 184/6 188/15 202/2 202/6 having [21] 45/5 52/10 61/14 71/10 71/11 71/14 86/24 92/21 95/18 105/13 105/24 108/6 120/15 142/24 149/21 152/17	162/2 172/20 189/8 190/3 200/22 he [12] 8/1 8/1 24/11 24/14 28/8 53/5 53/6 53/7 53/8 101/9 118/20 174/4 head [6] 69/2 69/4 69/6 120/23 133/20 179/2 heading [6] 20/5 25/17 25/19 125/22 156/19 162/10 headline [3] 62/25 134/23 140/17 heads [3] 70/4 122/4 122/6 headship [2] 5/10 5/11 headteacher [2] 5/5 30/1 headteachers [2] 11/1 201/24 health [58] 14/21 14/24 20/3 20/8 21/6 22/1 22/3 23/19 23/20 23/25 24/17 24/22 24/24 25/2 25/7 32/14 32/17 39/6 45/14 46/16 46/23 47/10 52/2 75/19 77/16 77/17 81/22 82/24 92/14 98/1 98/6 98/7 98/11 105/9 105/10 108/23 109/13 118/4 140/8 141/22 144/25 146/5 147/20 150/3 159/17 164/17 164/21 165/14 165/20 167/20 171/5 173/20 176/9 177/23 178/20 179/3 179/6 179/11 hear [1] 123/12 heard [14] 35/1 40/8 42/16 59/16 64/22 69/10 79/22 95/13 98/8 106/7 113/11 138/3 178/7 178/13 hearing [3] 136/17 144/5 152/3 heart [1] 12/8 heavily [2] 113/4 193/5 heightened [3] 147/21 147/24 148/4 heinous [2] 72/2 111/9 held [3] 101/12 122/21 192/21 help [15] 12/4 22/15 23/7 24/1 24/3 58/13 86/19 103/8 103/23 109/16 115/20 160/16 171/10 172/16 191/18 helped [2] 24/19 28/8 helpful [19] 6/4 15/17 25/10 37/2 76/22	77/22 84/14 84/25 85/4 85/22 87/9 89/2 113/18 118/23 129/16 130/10 144/10 182/10 184/20 helpfully [9] 3/24 9/23 16/11 18/17 34/13 88/8 107/20 110/6 113/2 her [4] 42/20 58/3 81/6 113/17 here [32] 25/11 27/9 35/17 36/4 36/24 66/9 72/3 87/15 97/12 100/17 111/8 126/12 135/25 146/14 147/5 153/25 158/3 159/12 162/10 163/19 164/6 164/22 166/2 166/8 174/12 175/4 180/4 180/9 182/12 188/21 192/7 196/16 hesitant [1] 152/14 hesitate [1] 49/5 hesitation [1] 48/20 hide [1] 176/24 high [9] 33/12 52/24 99/10 104/22 114/23 139/24 145/13 165/19 166/8 higher [9] 15/1 16/8 20/21 21/2 67/8 67/16 67/21 135/20 141/4 highlight [5] 63/19 133/15 185/10 186/13 187/9 highlights [1] 87/15 highly [6] 116/5 126/18 170/19 172/6 186/16 187/6 him [5] 27/23 27/24 27/25 110/23 110/24 his [4] 53/8 101/7 110/25 174/4 historically [1] 41/22 hitherto [1] 71/8 hits [1] 141/23 hold [4] 12/4 134/7 136/1 148/7 holder [2] 107/14 108/5 holder' [1] 107/7 holding [6] 12/2 72/15 107/13 116/17 145/2 146/25 holds [2] 126/9 156/20 hole [2] 166/13 167/22 holes [1] 190/25 HOM001011 [4] 7/7 7/7 84/5 127/21 home [18] 7/6 20/7 40/14 41/20 43/1 56/11 66/23 74/11 74/21 84/6 85/9 85/10	102/2 127/23 162/17 162/19 163/11 163/23 homelessness [1] 80/23 honour [2] 104/16 106/20 honour-based [2] 104/16 106/20 hope [1] 184/22 hopefully [2] 82/5 139/16 host [1] 178/14 hostile [3] 64/21 65/1 99/25 hour [1] 12/12 hours [1] 154/1 house [2] 165/15 169/24 how [72] 3/20 5/22 8/24 9/9 10/21 11/6 24/1 36/10 38/19 39/8 41/8 41/20 42/25 44/4 44/4 49/17 50/8 51/18 52/16 56/8 60/19 64/4 64/4 68/8 68/20 71/14 72/9 83/22 87/5 87/8 93/8 95/5 101/12 102/9 103/23 109/4 110/11 110/25 111/3 111/3 113/12 113/13 113/14 127/13 129/7 129/7 129/8 129/8 138/4 142/21 144/4 144/5 146/15 146/16 153/9 153/19 157/7 157/17 169/21 183/17 185/3 185/10 186/25 187/14 187/17 187/25 189/3 191/18 197/2 197/6 197/16 201/6 however [15] 24/2 28/14 56/1 88/13 91/9 99/10 105/12 109/9 142/8 142/17 145/20 149/10 149/17 156/22 176/7 Hub [1] 105/20 hubs [2] 152/21 153/6 huge [6] 34/21 75/12 98/11 98/15 154/22 202/15 humorous [1] 186/4 hundred [1] 141/23 hundreds [1] 71/19 hurry [1] 47/14 hybridised [1] 87/8 hypothesis [1] 150/25 hypothesising [1] 151/3 I I absolutely [1] 23/6 I actually [1] 76/17 I agree [7] 7/3 23/5	57/14 58/12 127/16 147/15 200/24 I also [2] 67/13 152/25 I am [5] 17/16 96/10 146/12 179/12 188/24 I anticipate [1] 8/24 I ask [4] 4/22 61/1 71/24 76/3 I believe [2] 41/10 91/18 I called [2] 23/9 96/7 I can [8] 57/19 78/23 101/12 102/8 120/16 152/16 157/7 180/7 I can't [3] 28/8 73/13 115/1 I completely [2] 130/18 151/20 I concur [2] 113/17 128/4 I could [6] 9/8 9/16 27/23 66/18 110/5 197/23 I did [2] 70/3 119/23 I didn't [6] 126/1 178/25 181/21 181/22 182/2 202/11 I disagree [1] 43/8 I do [11] 58/14 81/20 85/22 95/6 114/10 118/20 120/18 151/13 160/14 182/3 193/11 I don't [18] 3/23 5/2 6/10 61/2 70/25 79/7 79/12 81/8 81/18 98/17 114/18 138/7 168/25 169/4 182/4 186/9 202/12 202/15 I encapsulated [1] 136/12 I encapsulating [1] 150/21 I felt [1] 9/8 I follow [2] 93/14 116/22 I get [2] 64/8 119/17 I go [1] 131/15 I got [1] 23/10 I guess [1] 72/3 I had [3] 9/12 141/15 166/1 I have [33] 2/24 5/9 6/14 8/16 12/6 12/10 12/13 28/24 33/15 35/19 42/1 42/1 43/18 49/2 68/16 71/21 72/12 72/13 73/14 74/4 99/4 108/14 116/22 118/22 130/2 150/7 155/22 173/16 175/4 179/24 195/10 197/24 201/1 I haven't [1] 184/6 I hope [1] 184/22 I just [18] 1/19 1/25
--	--	---	--	---

I	I take [1] 199/22	161/3	170/25	68/23 69/16 69/23
I just... [16] 11/6	I think [185] 1/16	I use [1] 14/23	identification [8]	70/14 70/23 72/17
12/15 40/7 42/15	2/18 4/2 4/22 6/12	I used [1] 6/2	129/6 131/8 139/10	73/1 73/25 77/4 78/4
59/16 69/4 74/17 76/9	6/15 9/6 10/10 12/6	I want [12] 4/9 5/15	148/22 150/12 168/12	78/6 78/12 78/15
108/13 115/18 133/14	15/13 16/22 17/13	17/19 44/9 51/15	198/18 200/15	78/17 78/24 80/24
168/21 193/10 193/19	17/15 19/13 19/20	54/21 55/6 55/16 99/5	identified [9] 16/2	82/10 84/4 84/5 86/8
196/17 197/6	19/23 22/2 23/5 23/11	103/6 108/12 183/12	18/4 18/6 107/5	87/20 88/15 88/16
I know [3] 83/2 98/12	24/5 24/15 25/5 27/9	I wanted [7] 11/19	133/18 142/9 146/11	88/19 90/1 90/20
144/10	29/22 30/6 30/13	57/3 90/25 148/19	155/12 196/15	90/21 91/1 92/6 92/7
I look [2] 44/6 44/7	30/16 31/24 33/20	179/1 188/21 196/24	identifier [1] 47/15	93/4 93/12 93/14 95/2
I made [1] 51/13	34/13 35/15 38/6	I was [18] 9/5 9/15	identify [12] 38/12	97/22 98/4 101/12
I make [1] 7/3	39/13 39/24 41/6	28/25 33/10 41/15	61/6 97/3 110/1	101/24 102/8 102/10
I may [7] 15/16 31/25	42/10 43/9 44/6 44/7	50/7 62/5 62/10 72/3	124/25 125/5 127/13	102/24 103/15 103/17
42/20 70/23 101/24	45/3 45/12 45/15 46/4	94/24 121/22 125/25	130/4 133/6 159/13	106/11 109/3 110/7
110/7 113/9	47/13 48/5 48/11 49/9	138/18 153/15 155/24	188/12 189/23	112/4 112/17 112/17
I mean [16] 14/18	51/12 54/12 54/16	159/11 179/22 193/9	identifying [8] 6/18	112/20 113/1 113/20
21/2 23/9 28/21 36/23	56/1 56/4 56/4 57/13	I welcome [1] 96/19	24/5 92/12 109/2	114/1 114/10 115/3
37/8 38/3 43/18 62/5	57/16 59/8 60/18	I went [1] 9/10	145/13 146/7 148/7	116/22 117/4 117/10
65/21 70/4 72/12	60/22 61/19 62/5 62/7	I will [21] 16/15 62/15	149/1	117/13 120/10 121/1
132/8 165/8 172/15	62/13 63/13 65/21	76/4 84/4 103/15	identities [1] 146/16	121/12 122/11 123/20
191/15	65/25 68/1 69/12	127/6 130/19 130/21	ideological [30] 6/11	124/25 126/3 128/8
I meant [1] 181/21	71/21 72/14 73/23	130/24 131/16 136/25	6/12 7/12 7/22 8/3 8/4	134/1 134/22 136/20
I mentioned [1] 96/5	75/20 77/7 82/5 84/25	141/19 168/23 169/2	8/8 13/1 17/21 77/4	137/11 137/16 138/20
I might [2] 88/19	85/4 85/6 85/9 85/22	170/6 184/13 184/14	81/4 82/15 84/16	140/9 141/17 143/8
136/25	86/13 87/12 87/14	185/6 192/22 198/25	84/23 84/24 85/14	145/5 149/14 152/10
I missed [1] 123/1	88/11 89/1 89/2 89/5	202/23	86/1 86/5 86/9 86/14	154/3 156/8 156/10
I must [1] 94/4	90/22 91/5 91/14	I won't [6] 67/24	86/14 86/24 86/25	157/7 158/12 159/12
I need [1] 139/6	92/19 92/21 92/22	69/10 73/25 87/12	87/6 91/9 127/25	160/6 160/6 166/14
I note [2] 43/14 43/17	93/24 94/23 97/23	88/10 157/2	128/15 145/23 147/8	174/6 175/11 175/21
I press [1] 99/3	98/15 100/17 105/5	I worked [1] 27/25	162/18	177/9 178/21 179/16
I push [1] 106/6	108/6 108/7 111/6	I would [35] 7/21	ideologies [11] 7/22	182/4 182/12 185/5
I raise [2] 80/25	112/8 112/11 112/12	8/10 8/23 37/1 57/10	18/11 18/20 19/2	185/7 186/14 186/18
101/22	113/6 114/5 116/16	57/20 59/8 60/23	19/17 19/22 26/19	188/19 189/11 194/23
I raised [1] 42/12	119/20 121/21 124/17	62/24 67/12 72/18	74/14 87/7 90/17	198/14 201/8 201/22
I ran [1] 80/19	126/3 128/5 130/3	74/23 77/6 82/2 91/11	186/3	ignore [1] 101/21
I read [1] 159/2	130/10 130/11 130/15	97/8 100/24 104/4	ideology [22] 18/1	ill [3] 173/20 176/9
I really [1] 139/8	131/24 136/18 137/10	104/14 105/15 107/7	18/3 18/4 18/5 18/8	178/20
I recognise [2]	137/17 138/5 138/8	111/11 116/4 139/3	18/11 18/25 19/2 19/3	ill-health [3] 173/20
162/21 201/2	138/9 140/12 142/4	146/18 147/19 150/22	19/7 26/10 26/13	176/9 178/20
I remember [1]	144/16 147/1 147/5	151/23 152/14 168/6	28/14 28/16 28/20	illegal [2] 66/7 66/15
165/11	147/18 147/25 148/16	179/2 182/9 184/15	36/7 43/22 85/3 86/21	illustrated [3] 13/16
I right [2] 76/13	150/18 151/3 151/13	188/8 201/3	87/7 90/16 162/25	16/25 18/19
189/15	152/20 152/21 152/22	I'm [56] 9/20 15/9	if [193] 1/9 1/12 1/13	illustrates [2] 17/2
I said [2] 43/20 62/23	152/24 153/8 154/10	15/15 16/7 32/15 35/3	1/23 2/6 2/8 2/24 3/13	30/7
I say [5] 46/24 71/19	154/13 156/25 157/12	35/21 35/23 41/2 41/3	3/22 4/7 5/1 5/16 6/5	illustration [2] 45/18
110/6 130/22 197/12	157/19 160/18 160/20	57/7 57/21 58/13	6/23 6/25 8/17 9/21	45/20
I see [3] 93/25	161/11 161/17 165/8	66/18 66/19 66/21	9/24 10/15 11/18 12/6	ILT000362 [2] 50/9
100/18 169/18	165/8 169/8 169/12	67/10 67/10 82/7	12/17 12/18 15/16	50/9
I sense [1] 87/10	169/16 170/3 170/6	88/15 88/18 89/4	16/9 16/14 17/1 17/20	ILT000365 [1] 75/20
I set [1] 163/15	176/16 176/21 177/9	91/24 97/11 97/13	18/24 19/6 19/11	image [1] 46/3
I shook [1] 69/6	177/11 178/4 178/7	97/21 98/17 105/12	19/12 19/23 22/11	imagery [1] 181/10
I should [3] 120/2	178/23 185/13 186/16	106/18 106/18 109/3	23/17 25/15 26/20	imagine [2] 75/12
141/15 160/15	187/20 187/22 188/9	114/16 115/1 115/4	27/4 29/4 29/5 30/4	151/24
I speak [2] 64/9	188/18 191/20 191/24	116/11 117/6 117/18	30/12 31/2 31/5 31/10	immediate [3] 34/23
71/18	192/1 192/5 192/22	118/18 118/23 123/12	31/18 31/24 32/22	58/20 58/21
I spoke [2] 9/10	192/22 192/24 193/5	127/5 127/20 133/23	33/7 33/16 33/25	immediately [7] 5/24
166/11	195/19 196/14 196/19	146/23 152/14 159/8	34/16 36/2 38/8 40/15	30/11 69/24 69/24
I start [2] 2/5 82/10	196/23 197/18 197/23	179/13 180/8 181/23	42/9 43/8 44/2 44/10	70/25 74/4 171/17
I started [1] 121/22	197/25 198/13 201/8	182/7 182/11 182/12	44/22 45/25 46/3 48/2	impact [2] 81/14
I submitted [1]	202/7	184/7 192/18 197/7	48/3 49/11 50/8 51/18	137/12
181/22	I thought [5] 9/16	202/18	52/8 52/17 52/23 54/5	impactful [2] 137/17
I suggest [2] 173/7	195/11 195/15 195/22	idea [3] 93/23 114/2	54/23 54/25 55/5	151/14
173/8	196/2	152/19	56/24 59/10 59/19	impacting [1] 193/4
I suppose [3] 19/1	I took [1] 5/9	ideas [2] 186/25	59/24 62/7 62/9 62/12	impacts [1] 187/15
147/17 201/3	I turn [1] 130/22	187/8	62/13 62/22 63/16	implement [1] 149/8
	I understand [2] 59/4	ideation [2] 143/17	65/10 68/14 68/15	implementation [1]

I	122/16	10/11 14/7 14/10 29/8	instructive [1] 33/21	23/23 28/13 28/22
implementation... [1] 48/21	incomplete [1] 23/10	37/15 44/10 44/12	insufficient [1] 118/16	74/7 74/12 74/16 75/3
implemented [1] 102/18	inconsistency [2] 142/17 153/9	44/13 44/15 46/10	integrated [2] 46/14 198/16	75/14 98/1 98/6 98/7
implementing [2] 149/3 150/15	inconsistent [6] 124/9 158/8 167/5	47/22 48/9 48/18	intend [1] 190/19	110/12 117/20 118/2
implications [1] 187/25	167/11 169/16 201/13	48/21 48/24 49/6 49/9	intended [5] 7/13 84/17 85/15 128/16 197/3	150/11 170/9 170/17
importance [10] 25/9 43/4 45/23 47/10 59/8 95/17 108/21 110/9 111/18 111/23	increase [7] 17/7 17/10 17/11 70/22 141/3 185/21 188/4	49/18 50/11 50/11	intensity [1] 182/5	170/20 170/24 171/3
important [24] 15/11 18/17 24/15 37/17 38/21 42/25 49/10 63/13 82/8 86/20 91/6 95/8 95/24 108/25 109/21 111/25 117/23 118/3 139/1 174/12 175/24 179/19 180/5 192/2	increased [6] 109/14 156/11 171/22 174/4 186/2 189/14	50/14 50/18 50/19	intensive [2] 149/23 185/16	171/12 172/4 172/5 195/4
importantly [3] 10/16 12/22 95/21	increasing [2] 143/25 181/7	50/24 88/1 94/23 96/2 96/9 96/18 106/1	intent [9] 7/17 7/22 70/25 85/6 85/19 85/20 86/7 86/10 128/20	interview [1] 133/19
impress [1] 40/11	increasingly [3] 9/13 143/12 189/23	107/25 112/8 112/9	inter [1] 106/10	interviewed [2] 19/13 19/15
improve [7] 96/8 96/12 107/24 150/5 194/15 200/15 202/4	incredibly [2] 11/8 38/21	112/15 136/6 137/5	interact [1] 188/1	interviewee [1] 28/6
improved [9] 5/14 14/21 46/22 57/2 96/3 96/17 112/9 138/4 199/17	indeed [20] 1/18 4/18 4/25 5/9 11/16 14/4 45/3 47/18 64/7 76/4 77/23 85/10 117/8 118/23 136/13 145/9 147/10 187/15 187/21 202/18	138/2 138/23 140/10	interactions [1] 183/20	interviewees [2] 27/1 29/17
improvements [5] 22/14 23/4 112/12 193/20 198/3	independently [1] 89/19	142/13 149/2 150/13	interest [6] 3/20 46/11 64/25 84/8 100/2 140/22	interviewing [1] 4/11
improving [2] 46/23 96/21	independently [1] 89/19	153/13 155/1 156/9	interested [2] 15/6 114/16	interviews [6] 10/19 10/21 22/21 79/11 185/18 187/8
inadequate [3] 138/12 195/16 197/19	indicate [3] 145/21 164/18 176/10	156/13 157/11 158/6	interesting [2] 105/5 147/19	intimidate [3] 7/13 84/17 128/16
inappropriate [5] 113/7 115/11 168/16 177/9 181/2	indicated [2] 76/16 89/24	158/9 158/11 158/15	interestingly [2] 132/20 177/19	into [32] 7/18 8/7 9/9 9/18 11/18 16/13 17/18 19/20 24/9 33/15 53/1 56/16 64/18 66/9 81/18 86/4 86/8 87/10 89/11 89/23 93/12 103/15 116/25 125/16 186/15 191/22 194/20 198/17 201/1 201/10 202/7 202/16
incentive [3] 159/12 159/22 160/11	indicating [1] 99/7	159/2 159/3 160/8	interests [5] 3/11 27/22 112/6 180/16 181/17	intra [2] 41/23 43/2
incentives [1] 157/25	indicators [3] 124/14 124/23 176/3	160/15 162/6 163/15	interface [1] 169/22	intra-familial [2] 41/23 43/2
incidence [2] 151/21 183/9	indirectly [1] 131/8	163/16 165/2 183/23	interim [4] 7/6 84/7 127/19 127/23	introduce [2] 41/19 120/21
incidents [2] 46/8 157/13	individual [19] 5/20 28/17 28/19 32/21 49/20 50/4 50/12 52/11 74/1 100/10 114/7 124/13 126/22 146/24 174/4 174/21 177/10 178/4 201/15	193/22 194/4 194/7	intermediaries [1] 4/14	introduced [2] 47/16 54/9
include [8] 23/20 23/21 71/11 80/8 80/15 87/25 143/17 167/17	individual' [1] 82/14	195/13 196/9 197/2	international [2] 27/17 117/11	introduction [1] 185/8
included [3] 19/22 86/14 91/7	individual's [1] 185/25	197/3 198/19 199/14	internet [3] 64/21 180/1 183/16	introductions [2] 120/19 123/1
includes [5] 50/14 52/2 83/18 90/12 179/8	individualised [1] 176/5	199/18 200/17 202/7	interplays [1] 100/4	investigate [2] 9/1 9/3
including [16] 11/11 22/24 52/4 71/10 75/5 80/5 80/22 115/25 145/14 176/2 181/12 187/11 187/19 194/11 199/18 200/1	individuals [12] 26/25 33/13 51/10 63/5 66/20 81/4 124/19 131/9 135/3 135/10 146/20 178/20	202/7	interpret [1] 183/19	investigation [4] 81/12 143/22 144/18 144/19
inclusion [2] 85/5	indoctrination [1] 187/4	information-sharing [1] 194/4	interrelate [1] 109/4	investment [1] 108/19
	inefficient [1] 94/19	informed [5] 10/2 10/18 34/22 59/1 176/17	interrelated [1] 138/20	invite [2] 36/19 131/16
	infancy [1] 97/8	informing [2] 125/17 137/11	interrelates [1] 68/20	involved [8] 51/25 58/4 61/11 65/5 70/24 82/2 85/3 111/22
	inferred [1] 166/1	informs [1] 137/10	interrelation [2] 55/17 139/1	involvement [6] 94/14 95/5 104/9 145/8 145/12 151/1
	influence [1] 155/10	infrastructure [2] 46/15 152/23	Interrogate [1] 202/4	involvements [1] 145/10
	inform [2] 142/24 156/10	inherently [1] 138/12	intervention [24] 11/25 28/15 75/11 75/14 103/9 108/20 128/22 142/12 143/23 145/4 150/16 155/18 164/16 165/21 166/16 167/2 172/10 173/1 174/8 174/11 178/10 198/19 200/1 200/20	involves [1] 65/7
	information [73] 4/20	inheritable [1] 100/3	interventions [28] 6/24 11/4 11/12 13/6	involving [2] 110/13 143/15
		initial [3] 57/25 65/9 84/21		IP [1] 27/20
		injured [2] 140/3 171/6		IPPR [1] 148/14
		injury [1] 141/22		Irani [1] 24/18
		input [2] 2/2 200/1		Ireland [2] 121/10
		inputs [1] 181/14		
		Inquiry [37] 2/13 7/10 10/5 22/18 40/9 40/12 42/16 48/1 58/2 59/16 80/5 81/5 84/6 84/10 87/4 91/15 93/16 96/20 99/6 106/7 110/10 114/23 115/21 126/7 126/17 127/19 128/3 128/6 132/23 137/2 152/3 163/7 183/4 183/15 189/1 195/5 202/25		
		Inquiry's [3] 24/18 93/21 157/17		
		inset [1] 154/1		
		Instagram [3] 180/13 181/25 187/22		
		instance [2] 72/12 190/9		
		instances [2] 101/20 201/25		
		instead [3] 50/20 107/4 178/3		
		instigates [1] 136/20		

I	152/1	143/5 144/10 146/12	lazy [1] 175/24	Lessons [1] 163/3
Ireland... [1] 121/11	July [3] 48/4 119/22	148/1 148/2 151/20	lead [35] 24/8 35/13	lest [1] 155/19
irrelevant [1] 101/13	126/13	153/3 157/16 164/5	45/13 47/10 52/14	let [4] 12/19 14/23
is [822]	July 2026 [1] 126/13	166/14 176/22 177/14	57/3 59/13 59/19	22/16 71/16
Islamist [1] 18/21	jumping [1] 9/21	182/3 182/4 184/18	59/23 60/2 60/2 60/9	let's [12] 41/16
isn't [12] 25/2 92/17	June [1] 113/24	184/22 188/11 190/21	60/10 60/14 60/14	120/20 120/21 139/16
131/12 137/11 138/15	June 2024 [1] 113/24	192/10 193/3	69/12 101/5 107/6	158/1 162/11 173/22
164/20 166/3 169/10	jury [1] 127/18	know-how [1] 68/8	107/13 107/22 108/4	175/21 184/25 186/20
173/5 178/8 187/22	just [210]	knowing [4] 75/13	108/6 108/7 108/9	193/14 195/24
192/12	just their [1] 191/11	146/19 147/16 148/8	122/16 123/14 134/6	level [16] 8/25 17/6
isolate [1] 197/2	justice [13] 42/20	knowledge [16] 1/21	140/6 142/12 146/8	41/1 52/24 67/8 67/20
isolated [1] 174/21	42/24 52/4 80/6 80/6	28/16 44/17 78/22	149/11 149/19 154/14	93/6 104/8 112/11
isolation [7] 99/19	81/19 82/21 93/4 93/7	91/19 95/25 97/1	199/7 201/4	138/9 143/2 145/3
100/22 108/22 109/13	93/8 93/13 109/23	117/18 118/7 119/25	lead's [1] 137/13	145/13 147/21 155/17
148/13 171/22 189/25	120/23	120/13 151/22 154/15	leader [2] 122/21	185/22
issue [21] 9/2 22/17	justice services [1]	177/10 177/13 201/9	123/16	levels [1] 145/20
25/14 43/14 49/25	93/8	known [2] 5/22 40/14	leaders [11] 6/1	LGA [2] 90/7 178/14
53/11 56/12 81/19	K	L	121/6 122/2 122/3	lies [2] 12/7 68/5
82/10 89/17 97/19	Kaitlyn [1] 192/25	label [6] 59/5 125/1	122/4 122/7 186/14	life [3] 125/5 125/19
98/12 116/5 116/7	KC [1] 63/4	125/2 129/21 177/17	186/17 186/22 187/9	161/4
155/20 166/12 167/25	KCSIE [1] 195/17	177/18	191/24	light [3] 31/3 57/19
178/18 179/15 192/20	keen [4] 40/11 42/22	labels [1] 190/19	leadership [2] 165/7	89/21
195/14	165/12 176/21	lack [32] 6/13 14/7	197/1	lighter [1] 32/16
issued [2] 127/23	keep [2] 85/11 153/7	25/14 41/23 44/17	leading [3] 52/20	like [42] 3/17 6/4
127/25	Keeping [4] 131/10	46/9 68/7 74/15 97/1	169/10 187/7	8/23 15/1 37/1 42/7
issues [19] 3/8 14/20	154/10 169/11 194/22	97/2 97/9 136/18	leads [12] 68/22	43/19 60/19 64/17
15/6 37/12 38/18	Kent [1] 185/2	136/19 136/20 137/8	123/11 133/1 133/6	65/7 71/22 72/9 89/8
43/11 53/3 80/4 80/14	kept [3] 37/25 95/21	147/9 147/10 147/11	134/25 135/19 137/8	95/25 96/14 106/16
81/16 81/21 82/25	195/8	147/16 151/17 153/12	139/9 148/18 158/14	110/23 111/11 112/17
87/17 89/3 100/8	key [22] 4/2 14/18	153/12 153/14 158/10	159/1 194/14	114/15 115/10 125/12
110/10 133/18 176/12	15/10 15/13 30/5 37/9	162/10 162/25 162/25	learned [11] 9/2 18/1	125/18 127/19 129/6
191/25	37/18 37/18 37/19	167/25 168/1 168/2	75/23 88/21 102/13	136/21 136/23 145/4
it [461]	37/23 37/23 38/18	168/24 172/13	113/19 118/19 131/17	151/6 152/19 152/19
it's [11] 14/10 19/13	39/24 49/7 69/16	lacking [1] 37/21	137/1 173/25 178/13	159/4 166/5 168/6
28/2 51/18 56/4 57/13	80/14 95/18 95/19	lancashire [1] 40/10	learning [6] 46/22	168/6 168/19 169/12
73/24 97/16 118/10	95/23 95/23 96/4	land [1] 8/11	54/8 54/14 94/21	177/14 179/2 186/16
123/15 172/18	195/9	landscape [4] 52/18	136/19 157/3	188/11 188/19
item [1] 181/3	keywords [1] 126/14	86/21 87/1 179/18	least [10] 7/2 31/14	likely [8] 7/1 26/11
items [1] 131/15	kind [9] 65/24 83/4	language [12] 82/18	34/7 47/1 54/21 81/8	26/13 26/21 99/24
its [8] 25/9 84/10	107/7 125/2 139/8	124/9 129/23 130/11	86/10 104/18 118/14	116/6 160/8 160/15
96/6 97/8 110/9	153/10 186/14 186/18	130/13 179/5 179/18	188/23	Likewise [1] 51/22
121/14 171/3 201/20	202/6	182/20 186/16 187/5	leave [2] 16/14	liking [1] 68/21
itself [2] 100/7	kindly [1] 157/2	190/16 190/19	130/19	limit [1] 166/21
170/25	King's [1] 66/24	laptop [1] 110/25	leaving [1] 36/15	limited [8] 45/14
J	Kingdom [2] 3/8	large [12] 11/21	130/19	116/21 155/16 156/20
Jamieson [6] 119/12	121/4	12/13 12/20 12/24	lecturers [1] 121/6	167/4 174/7 187/13
119/13 173/15 184/21	knife [4] 110/18	30/20 31/12 33/17	led [2] 32/2 109/25	200/2
193/13 204/17	111/21 157/20 157/22	55/13 103/13 128/1	left [7] 42/7 142/18	line [7] 13/25 17/3
January [1] 126/13	know [73] 4/21 6/3	133/8 141/13	145/2 159/25 166/9	17/4 91/17 117/9
January 2021 [1]	6/21 7/3 7/19 12/19	largely [1] 90/16	170/14 173/17	189/13 201/22
126/13	14/18 16/6 23/10	larger [1] 11/7	legal [4] 35/6 36/19	link [6] 14/20 19/20
job [2] 160/14 166/18	25/10 25/11 27/12	largest [2] 30/21	117/12 128/11	46/15 98/25 99/7
John [1] 120/8	27/21 28/1 28/21	121/3	legislation [9] 41/19	100/13
join [1] 35/17	28/22 28/23 29/10	last [6] 25/6 88/14	42/4 47/5 63/4 65/21	linked [6] 65/17
join-up [1] 35/17	29/24 30/2 34/16	92/9 117/20 135/6	66/8 66/16 80/11	72/22 73/23 90/16
joined [1] 54/21	34/18 41/13 45/7 45/7	140/20	196/4	99/16 181/12
joins [1] 158/15	51/12 59/12 64/9	late [2] 140/2 159/6	legitimate [1] 115/25	linking [1] 45/14
joint [1] 56/12	66/23 68/8 69/23	later [5] 17/17 35/19	legitimately [1]	links [2] 68/24
judge [2] 85/7 102/10	69/25 70/3 71/22	41/15 136/25 137/6	110/24	113/12
judged [2] 26/13 53/8	73/14 82/18 83/2 85/2	latter [1] 106/18	lengths [1] 197/18	list [4] 12/15 12/18
judgement [4]	91/23 92/15 92/18	Laurence [1] 9/11	lens [7] 81/20 81/21	15/9 155/1
101/18 137/10 137/12	97/17 98/4 98/12	law [1] 63/9	82/4 109/8 109/23	listed [2] 125/2 198/8
146/8	98/24 98/25 114/15	lawful [1] 200/17	125/13 160/24	listen [1] 82/6
judgements [1]	114/18 114/23 117/12	lawfully [1] 110/24	less [9] 7/2 21/16	listening [2] 11/7
	133/12 137/19 138/11	layperson's [1] 31/19	21/19 26/13 30/11	38/6
			153/20 160/8 160/15	literacy [4] 190/6
			178/11	

L literacy... [3] 190/7 190/16 190/17 literally [1] 166/13 little [22] 5/6 6/3 8/21 20/2 25/13 29/16 31/10 44/11 44/22 69/25 80/16 88/23 99/3 106/6 123/7 125/25 125/25 141/6 158/12 164/3 170/7 197/15 lived [2] 28/16 179/9 local [31] 25/24 30/21 32/4 32/9 32/10 32/12 46/19 51/25 52/2 52/6 54/10 56/19 83/18 102/19 103/5 118/14 142/13 142/18 151/23 151/24 164/2 165/16 166/6 167/6 167/9 169/15 194/5 198/23 199/20 201/17 201/18 logging [2] 180/24 181/19 London [1] 121/21 loneliness [2] 100/22 148/12 long [9] 7/15 16/25 18/18 41/18 44/13 45/2 95/16 145/9 185/18 long-established [1] 145/9 long-form [1] 185/18 longer [4] 62/11 87/9 88/23 112/5 Longfield [1] 2/21 look [98] 2/6 3/23 4/7 4/7 5/15 7/17 8/17 8/20 9/9 9/9 9/18 15/18 17/1 17/22 22/10 25/16 29/24 30/12 32/21 33/16 38/8 39/1 41/16 44/6 44/7 45/25 48/2 50/8 52/16 52/17 55/16 56/8 56/9 58/3 58/10 69/16 70/14 71/16 72/9 78/15 78/18 81/11 81/18 81/20 82/3 82/11 84/4 84/12 84/21 88/17 89/25 90/20 96/8 97/22 101/25 102/24 103/6 103/17 104/15 105/2 109/3 113/1 113/20 114/1 115/3 125/18 127/19 128/5 130/8 134/1 136/23 141/7 141/7 141/19 145/4 149/14 152/19 154/18 158/2 162/12 164/9 164/13 165/9 168/6	168/7 168/19 173/17 173/22 177/7 177/17 177/17 179/4 180/2 184/24 186/20 189/7 193/14 202/5 looked [14] 10/6 26/15 57/9 58/2 76/19 95/12 101/15 130/12 132/11 132/17 141/24 141/25 144/17 189/8 looking [19] 10/11 35/20 37/13 38/18 42/21 58/12 58/16 64/18 79/25 85/16 92/9 95/2 106/19 125/2 125/7 130/6 147/1 150/24 160/23 looks [5] 31/2 89/8 111/19 114/15 188/11 loop [1] 163/20 Lord [2] 57/1 163/3 Lord Anderson [1] 57/1 Lord Anderson's [1] 163/3 lose [1] 77/7 losing [2] 76/20 97/12 lost [3] 139/1 161/3 194/7 lot [13] 3/24 18/10 27/22 27/24 64/23 95/14 96/16 148/11 149/6 169/9 178/2 179/9 201/2 lots [3] 44/3 47/13 64/11 low [4] 19/5 40/22 41/1 42/13 lower [4] 37/17 44/11 145/3 145/20 lurking [1] 64/14 ly [1] 194/23 M macro [1] 148/9 macro-circumstance s [1] 148/9 made [33] 9/12 15/24 19/15 20/9 21/16 26/7 27/17 27/23 29/18 30/9 32/1 39/21 40/16 51/13 66/25 76/7 76/12 85/8 101/3 103/1 103/13 112/12 114/19 137/3 138/19 141/15 143/1 144/16 149/9 161/21 175/13 196/12 197/24 main [2] 133/25 157/17 mainly [1] 118/14 mainstream [2] 155/22 187/1 maintained [1] 83/23 maintaining [1] 43/4	major [2] 24/12 182/22 majority [16] 6/16 6/16 11/24 13/3 13/11 19/8 25/22 26/18 31/4 31/6 31/16 63/5 114/14 136/5 165/17 165/18 make [48] 5/4 5/21 6/22 7/3 8/13 16/4 16/17 19/8 20/12 21/20 22/23 23/11 39/19 48/9 49/5 49/8 49/17 53/14 53/19 85/16 94/24 98/23 99/17 99/21 107/17 124/22 137/6 137/9 137/18 137/25 138/2 138/18 147/11 148/10 150/9 151/22 151/25 152/9 163/19 166/6 175/4 175/22 176/19 191/2 191/24 193/19 195/9 198/24 makers [1] 26/16 makes [4] 21/4 33/4 93/21 125/18 making [25] 5/2 10/23 25/8 44/25 51/23 51/24 52/11 79/18 110/8 116/18 116/20 138/22 139/9 140/12 148/16 149/22 156/10 161/14 163/18 166/23 168/11 173/8 199/23 200/11 200/17 malicious [1] 13/10 manage [6] 14/25 108/6 143/8 160/1 160/3 172/5 managed [7] 108/11 124/6 170/21 194/3 197/13 197/16 197/23 management [14] 61/7 61/15 62/1 93/10 105/24 107/6 131/8 142/17 148/23 149/12 149/19 150/19 155/10 198/20 managing [8] 98/2 102/9 103/4 142/18 164/16 167/3 167/16 198/11 mandatory [1] 35/8 manifestation [1] 188/23 manipulate [1] 190/10 manual [1] 174/8 manually [3] 126/19 141/24 170/20 many [20] 5/6 11/23 13/20 16/20 16/23 42/2 52/10 54/18 64/13 81/24 96/10 96/18 100/23 111/20	146/13 152/6 154/19 183/14 193/18 197/16 Map [1] 148/4 MAPPA [1] 52/3 mapping [1] 164/7 MARAC [9] 104/23 105/13 105/23 106/16 106/17 106/24 108/8 112/17 112/18 MARAC-equivalent [1] 108/8 MARAC-like [2] 106/16 112/17 MARACs [3] 104/15 104/18 106/8 March [3] 2/20 15/23 25/22 March 1 [1] 2/20 March 2024 [1] 15/23 March 2025 [1] 25/22 MARGARET [4] 119/9 120/4 126/1 204/15 Margaret Mulholland [1] 120/4 margin [1] 134/10 marginalising [1] 129/21 Mark [3] 6/1 9/10 29/1 marked [1] 17/11 MASH [17] 35/16 35/19 53/25 57/2 57/8 57/11 57/14 58/23 59/2 60/20 60/22 61/24 76/19 76/24 104/25 105/19 152/21 mask [1] 117/13 mass [3] 18/7 143/17 144/13 massive [1] 72/18 material [42] 63/20 63/21 63/22 64/6 64/11 64/14 64/19 64/24 65/6 66/9 66/15 66/21 66/25 67/6 67/7 67/11 67/18 67/19 67/20 68/15 68/22 69/5 69/23 71/8 71/10 71/11 100/1 113/7 113/14 132/20 181/3 181/10 181/12 181/18 182/23 183/7 183/17 186/2 186/7 186/24 189/21 192/15 materials [1] 111/1 maths [2] 121/19 141/15 matter [2] 103/11 117/16 matters [11] 3/17 3/18 39/11 79/23 80/1 80/2 80/3 80/15 81/13 102/25 115/16 maximum [1] 34/10 may [106] 2/1 6/19	9/24 15/16 16/19 17/20 22/23 27/1 27/2 31/25 33/6 33/15 42/20 44/19 46/11 48/14 49/7 49/18 52/13 52/25 55/6 56/1 58/6 60/12 62/9 62/21 64/17 67/3 70/23 82/3 83/11 85/8 85/25 86/18 87/22 95/16 97/2 99/15 99/19 99/20 99/22 99/24 99/25 100/4 101/15 101/16 101/24 102/1 103/12 109/10 109/13 110/2 110/7 110/15 110/20 113/9 116/11 116/25 117/8 118/18 119/19 120/2 120/6 120/9 121/24 123/4 123/6 125/20 126/16 130/25 131/20 133/21 134/1 134/19 134/22 135/1 142/1 143/16 145/21 154/21 155/6 156/17 158/2 158/23 158/24 159/14 160/1 162/12 164/13 165/10 166/21 170/9 171/20 173/7 173/23 175/21 176/10 180/2 182/13 184/4 184/24 189/5 193/15 194/10 196/7 197/25 maybe [1] 32/16 McGowan [1] 179/7 me [36] 5/1 9/13 14/23 21/3 21/4 22/16 27/20 27/24 28/7 36/19 38/21 43/15 44/3 56/24 57/14 64/9 66/2 71/16 73/24 73/25 75/15 87/22 94/11 94/12 95/13 100/10 105/6 107/21 115/5 115/12 116/11 116/22 122/14 141/16 148/18 160/16 me.' [1] 28/4 mean [26] 14/18 21/2 23/9 28/21 35/2 36/23 37/8 38/3 43/18 61/24 62/5 65/21 70/4 72/12 105/19 105/19 132/8 139/5 162/19 163/24 165/1 165/7 165/8 172/15 191/11 191/15 meaning [1] 94/5 meaningful [3] 33/18 141/12 184/19 means [6] 42/5 52/18 73/1 84/5 117/7 141/12 meant [5] 65/22 89/5 142/18 181/21 184/22 meantime [1] 171/7
--	--	--	---	--

M	message [5] 142/4 142/21 143/24 146/14 176/14 messages [1] 142/25 messaging [1] 187/10 met [5] 6/22 54/22 58/5 71/21 102/6 Meta [2] 187/19 187/22 methodology [6] 9/20 114/3 141/23 181/22 183/11 185/18 Metropolitan [2] 5/25 28/25 micro [2] 186/16 187/6 micro-dosing [2] 186/16 187/6 mid [3] 31/4 32/6 62/13 mid-coloured [1] 32/6 mid-green [1] 31/4 mid-morning [1] 62/13 middle [3] 17/4 47/4 50/9 might [34] 15/19 19/20 33/2 39/7 40/18 40/22 47/7 56/9 56/15 57/24 60/20 62/3 62/8 62/8 64/13 65/2 69/2 77/8 85/20 88/19 100/7 103/8 106/8 106/15 108/10 129/8 136/25 144/25 145/1 147/4 171/16 191/5 191/5 192/20 million [5] 25/7 46/4 70/2 121/5 122/8 mind [9] 22/15 28/8 28/9 28/11 70/14 85/11 184/13 201/16 201/24 mine [1] 117/19 minimised [1] 155/14 minimum [3] 38/3 183/1 194/4 minority [2] 13/9 80/19 minute [4] 88/18 89/2 89/5 181/2 minutes [8] 12/11 100/11 173/9 180/6 180/17 180/19 180/24 181/19 mis [1] 138/17 mis-educates [1] 138/17 miscommunication [1] 124/10 misleading [1] 190/20 misnomer [2] 64/15 64/16	misogynistic [6] 143/19 181/9 185/22 186/3 187/7 189/20 misogyny [1] 185/4 miss [1] 52/25 missed [3] 12/19 15/12 123/1 missing [1] 112/16 misspelling [1] 47/12 misunderstanding [2] 124/10 192/7 misunderstood [1] 12/17 mitigate [2] 112/24 171/16 mitigation [1] 61/8 mixed [3] 31/25 32/6 38/16 Mmm [1] 187/23 model [14] 28/15 28/18 46/15 46/19 53/2 55/4 55/24 58/14 104/14 149/25 177/20 177/21 198/18 199/7 modelling [1] 185/18 moment [34] 1/3 6/13 7/20 25/17 35/22 38/5 39/18 40/3 42/10 49/13 52/17 55/13 67/9 67/18 71/1 76/16 83/5 83/14 92/16 92/19 103/1 103/10 103/11 116/12 120/6 125/21 126/5 152/2 179/7 180/8 190/13 190/15 197/15 201/13 Monday [2] 202/21 202/25 monetised [1] 68/24 monitor [2] 6/24 33/2 monitoring [2] 149/4 176/18 months [3] 28/1 140/20 183/8 more [89] 5/7 16/4 22/23 23/7 26/11 26/21 28/7 29/10 31/25 32/6 34/9 34/11 40/13 41/22 43/1 44/22 54/21 56/8 57/20 63/10 65/3 65/4 65/5 65/5 65/23 68/22 69/19 69/21 72/17 82/3 83/5 85/22 91/18 95/16 98/16 99/17 99/18 99/19 99/20 99/24 99/25 104/4 104/9 109/16 111/13 116/7 116/18 120/17 122/8 129/16 129/23 129/24 135/5 135/5 135/7 138/22 138/23 138/25 139/1 141/1 148/3 148/10 148/17 151/1 152/9 153/20 153/22 153/23 154/12	154/12 154/16 157/13 159/20 160/8 160/14 161/22 164/8 169/12 170/6 177/20 178/10 180/16 181/19 186/1 186/3 190/10 191/2 197/9 197/20 Morgan's [1] 57/1 morning [4] 12/12 62/13 166/11 178/8 Moss [9] 1/6 1/7 15/17 62/19 76/5 76/11 78/10 204/5 204/11 most [24] 1/23 6/4 12/1 17/11 20/12 30/25 31/12 31/14 40/14 44/14 55/20 56/22 58/15 58/20 59/25 74/4 74/16 75/10 80/4 83/2 132/20 155/12 192/1 198/2 motivation [1] 145/23 move [10] 65/22 87/20 130/21 162/9 177/16 179/22 193/9 194/6 197/21 199/21 moved [5] 67/22 136/22 162/3 162/21 175/8 movements [1] 171/14 moves [8] 47/1 170/21 170/22 194/3 194/5 197/13 197/16 197/23 moving [6] 61/4 63/8 103/24 171/20 177/20 186/12 Mr [51] 1/6 1/7 15/17 62/19 63/4 75/24 76/1 76/2 76/5 76/11 77/21 78/10 85/10 118/19 119/7 119/12 119/13 119/15 120/6 120/19 125/20 130/17 131/16 131/20 137/24 147/14 151/19 153/18 155/8 156/17 168/20 170/2 170/9 173/15 173/22 180/2 184/21 188/3 192/12 193/13 193/16 195/25 199/15 199/23 200/22 202/9 204/5 204/7 204/11 204/13 204/17 MR ANDREW BAISLEY [2] 119/7 204/13 Mr Baisley [14] 119/15 120/6 125/20 137/24 147/14 168/20 170/2 173/22 180/2 195/25 199/15 199/23	200/22 202/9 Mr Baisley's [10] 120/19 131/16 131/20 153/18 155/8 156/17 170/9 188/3 192/12 193/16 Mr Emmett [1] 85/10 Mr Hall [1] 63/4 Mr Jamieson [6] 119/12 119/13 173/15 184/21 193/13 204/17 Mr Moss [9] 1/6 1/7 15/17 62/19 76/5 76/11 78/10 204/5 204/11 Mr Weatherby [6] 75/24 76/1 76/2 77/21 118/19 204/7 Ms [42] 62/12 78/2 78/7 78/15 80/25 88/8 94/11 102/11 108/13 110/7 115/19 119/9 119/15 119/18 119/20 121/24 122/1 123/7 127/7 127/17 130/24 134/17 136/14 142/1 148/24 150/15 152/19 153/24 155/6 164/12 168/5 168/21 172/2 175/21 184/23 189/5 194/18 197/21 198/1 200/25 204/9 204/15 Ms Cifuentes [10] 62/12 78/2 78/15 80/25 88/8 94/11 102/11 108/13 110/7 115/19 MS MARGARET MULHOLLAND [2] 119/9 204/15 Ms Mulholland [17] 119/15 119/18 119/20 122/1 127/17 130/24 134/17 136/14 148/24 150/15 153/24 164/12 168/5 172/2 184/23 194/18 200/25 Ms Mulholland's [10] 121/24 123/7 127/7 142/1 155/6 168/21 175/21 189/5 197/21 198/1 MS ROCIO CIFUENTES [2] 78/7 204/9 much [39] 1/5 2/5 8/9 9/21 29/9 49/5 66/9 70/3 75/22 77/1 77/20 77/21 77/23 78/1 78/8 82/16 105/6 107/12 118/22 119/8 119/10 120/5 130/13 136/17 144/4 144/5 144/9 146/15 146/16 148/3 152/16 159/4 173/7 177/16 178/8 179/14
----------	--	--	---	---

M much... [3] 192/8 202/18 202/22 MULHOLLAND [21] 119/9 119/15 119/18 119/20 120/4 122/1 127/17 130/24 134/17 136/14 148/24 150/15 152/19 153/24 164/12 168/5 172/2 184/23 194/18 200/25 204/15 Mulholland's [10] 121/24 123/7 127/7 142/1 155/6 168/21 175/21 189/5 197/21 198/1 multi [78] 35/9 35/13 37/3 37/9 37/14 43/24 51/16 51/23 51/24 52/1 54/16 54/24 55/20 56/6 56/18 56/21 57/5 57/7 57/14 57/15 57/22 58/6 58/9 58/16 59/9 60/6 61/12 61/14 61/16 61/19 62/3 72/4 75/9 76/15 76/23 77/9 77/10 93/11 93/17 94/6 94/17 95/3 103/2 103/20 104/11 104/17 105/19 105/24 106/16 106/22 107/16 107/19 125/10 125/11 125/13 125/14 136/9 138/4 138/10 142/16 149/13 149/17 150/13 150/19 151/1 151/6 152/5 152/20 153/5 165/3 167/10 169/13 179/17 194/23 198/20 199/11 200/16 201/19 multi-academy [1] 201/19 multi-agencies [2] 125/14 138/10 multi-agency [60] 35/9 35/13 37/3 37/9 43/24 51/16 51/23 51/24 54/16 54/24 55/20 56/6 56/18 56/21 57/5 57/7 57/14 57/15 57/22 58/6 58/9 58/16 59/9 60/6 61/12 61/14 61/16 61/19 62/3 75/9 76/15 76/23 77/9 77/10 93/17 94/6 94/17 95/3 103/2 103/20 105/19 105/24 106/22 136/9 138/4 142/16 149/13 149/17 151/1 151/6 152/5 152/20 153/5 165/3 167/10 169/13 194/23 198/20 199/11 200/16 multi-billion-pound [1] 72/4	multiple [11] 18/11 19/2 19/21 33/24 35/3 35/13 45/5 87/6 102/16 174/9 187/19 murder [1] 156/25 murders [2] 8/23 9/6 must [14] 22/22 23/20 32/20 48/10 52/1 52/3 70/10 70/11 75/4 94/4 98/4 109/23 176/5 195/7 mustn't [1] 101/13 my [63] 2/4 5/10 5/11 5/24 7/3 7/18 9/6 9/18 13/2 14/23 17/16 27/20 28/8 28/8 31/21 33/7 34/23 45/3 47/2 58/12 60/16 60/25 61/3 62/5 68/12 69/4 69/6 73/14 75/23 75/23 76/20 77/7 79/13 80/2 80/7 80/13 80/14 82/1 82/6 82/20 84/22 85/12 87/14 89/10 98/10 105/8 107/15 108/14 115/12 117/16 117/20 118/19 123/5 127/17 139/7 152/25 154/25 155/1 160/14 162/9 179/2 190/14 202/11 N name [4] 1/9 78/12 120/3 120/7 named [7] 54/22 59/10 59/12 59/13 59/20 60/10 108/5 names [2] 10/24 47/12 narratives [2] 181/9 189/20 narrow [2] 49/24 100/2 nation [1] 152/7 national [20] 46/14 46/21 53/11 75/3 75/8 83/19 89/20 93/17 94/6 94/17 102/21 118/12 120/24 121/15 162/16 168/9 178/15 193/25 194/3 198/16 nationally [11] 39/14 124/11 142/14 146/6 164/9 167/8 167/18 198/11 199/2 199/11 200/13 nations [3] 3/9 79/22 81/14 nature [9] 7/13 14/16 30/8 63/18 84/17 85/15 128/16 128/23 150/2 navigating [1] 192/9 nearly [1] 117/11 neatly [2] 148/18	148/24 necessarily [7] 65/2 128/24 130/14 143/21 144/17 153/17 188/14 necessary [7] 110/16 127/6 130/5 172/5 176/13 196/7 196/19 need [71] 3/23 14/21 16/24 17/24 18/18 23/11 25/6 26/1 27/10 28/22 28/22 29/9 30/19 34/23 35/17 37/24 40/23 41/6 43/25 47/14 51/25 52/16 52/25 58/21 59/10 59/25 93/6 94/7 94/13 94/21 94/22 95/4 96/9 96/17 97/8 100/11 100/19 100/19 101/25 102/2 106/15 107/16 116/2 124/16 124/17 125/4 130/5 137/16 137/19 139/6 151/1 151/1 151/8 151/10 151/11 153/17 156/9 167/13 168/25 169/4 169/22 169/24 172/21 175/3 176/17 177/14 177/23 187/9 190/6 191/10 202/7 needed [6] 21/4 21/6 60/5 72/4 91/18 104/9 needle [1] 112/1 needs [59] 6/22 14/3 21/22 25/5 32/9 37/10 37/10 38/2 39/25 41/10 47/13 49/3 51/2 52/13 54/19 54/21 56/4 56/6 58/19 58/20 61/11 65/25 77/11 82/24 82/24 83/8 94/25 96/3 96/12 98/16 100/17 100/19 101/11 101/14 101/15 102/1 102/3 102/6 104/4 108/23 116/16 122/15 124/22 138/2 138/22 139/10 139/22 145/1 146/5 146/21 147/22 148/8 154/5 154/20 167/23 168/17 192/8 197/2 201/4 negates [1] 174/16 negation [1] 174/18 negative [2] 88/11 135/21 neglect [2] 109/12 145/15 neither [2] 22/19 101/21 network [3] 183/8 201/15 201/21 networks [1] 64/22 NEU [3] 120/24 121/3 121/14 NEU000010 [1] 157/4	NEU000029 [17] 120/9 120/11 120/21 125/21 126/4 131/21 134/2 156/18 158/3 162/13 163/14 170/10 170/23 173/23 175/11 180/3 193/17 neurodevelopmental [8] 98/20 99/13 99/16 100/12 100/15 146/4 176/1 176/9 neurodivergence [8] 14/22 22/8 98/24 99/1 100/20 100/24 178/15 178/20 neurodiversity [6] 14/24 15/2 20/3 20/8 23/22 173/20 neurotypical [1] 100/7 never [3] 31/17 158/19 176/2 nevertheless [5] 13/17 24/24 113/18 116/1 164/18 new [17] 47/21 49/8 57/23 57/23 61/16 76/23 91/22 147/9 162/3 162/6 162/6 165/14 187/1 190/17 196/8 198/5 200/12 news [1] 45/11 newsworthy [1] 133/12 next [30] 3/15 5/15 8/16 25/13 26/20 30/21 33/10 33/24 44/9 51/15 62/21 78/2 87/22 88/20 92/6 96/24 134/22 136/23 143/6 148/8 148/18 154/25 162/9 177/14 177/15 179/25 186/20 188/19 199/24 202/21 NHS [2] 21/22 46/15 NIEV [9] 7/7 8/4 82/15 90/17 91/22 92/12 97/2 127/24 130/12 nihilistic [2] 6/7 6/12 Ninthly [1] 14/20 NIVE [1] 8/3 no [83] 13/8 14/10 17/25 18/3 18/4 18/5 18/8 18/11 18/25 19/2 19/3 19/6 19/22 26/10 26/12 28/7 28/19 29/20 36/6 43/21 64/3 69/4 76/20 84/11 84/11 87/7 87/9 91/15 94/12 95/11 98/23 99/7 100/13 105/7 111/1 111/22 113/20 114/16 114/18 114/25 123/2 123/3 126/24 126/24 130/3 137/4	139/25 145/23 149/21 152/6 152/20 158/20 158/21 158/23 159/15 159/22 160/21 161/7 161/9 162/16 163/7 163/11 163/19 164/5 164/7 166/7 167/8 172/15 179/24 180/16 181/19 182/25 184/22 184/22 190/15 192/14 192/14 192/14 193/8 196/17 196/18 197/16 202/10 non [20] 6/12 7/22 8/3 8/4 8/8 13/1 13/9 17/21 81/4 84/24 86/1 86/5 86/9 86/14 86/25 91/9 92/25 103/11 127/25 154/9 non-adopted [1] 13/9 non-ideological [15] 6/12 7/22 8/3 8/4 8/8 13/1 17/21 81/4 86/1 86/5 86/9 86/14 86/25 91/9 127/25 non-Prevent [1] 92/25 non-statutory [1] 154/9 none [6] 118/22 126/21 127/11 171/1 172/7 172/8 nor [3] 22/20 164/21 164/21 Norfolk [1] 5/12 normal [4] 65/9 146/15 146/23 181/17 normalises [1] 189/21 normally [2] 11/6 165/24 North [3] 45/12 88/17 121/20 Northern [2] 121/10 121/11 not [231] notably [1] 31/14 note [15] 3/25 10/21 25/17 26/1 32/14 43/14 43/17 75/17 94/4 113/19 127/7 134/8 169/2 174/12 184/15 noted [1] 58/3 notes [1] 152/25 nothing [6] 170/3 171/18 180/18 180/18 180/19 200/24 notice [2] 8/9 12/10 noticing [2] 150/11 150/24 notion [1] 85/5 novel [1] 71/4 now [39] 3/22 15/9 35/2 35/10 41/16 47/5 47/7 48/11 58/6 63/1
---	---	---	--	--

N now... [29] 66/8 67/13 70/23 77/25 92/13 94/11 103/3 103/14 110/5 120/16 127/21 128/6 133/24 134/1 137/1 141/16 147/21 148/3 153/15 153/17 154/13 157/3 158/2 162/24 165/17 168/7 169/15 173/4 194/14 nowhere [5] 42/8 43/23 166/16 166/17 170/13 NSPCC [2] 129/12 130/15 nuance [2] 42/20 163/10 nuanced [1] 22/22 number [33] 7/24 10/6 11/11 12/13 12/20 12/21 15/23 16/11 30/14 30/15 30/21 32/7 34/10 47/11 47/11 55/14 68/7 74/15 76/7 88/8 103/13 103/23 104/24 122/17 126/13 128/1 128/10 128/18 137/4 143/25 154/2 171/11 198/24 numbered [1] 12/15 numbers [4] 2/8 11/21 33/17 153/22 NUT [1] 121/15 nutrition [1] 193/1	155/13 157/19 occur [2] 154/22 191/18 occurred [1] 128/25 occurrence [1] 147/22 occurring [4] 49/16 146/21 171/7 183/19 October [7] 1/1 7/6 75/19 84/13 121/13 128/1 203/1 October 2025 [1] 121/13 odd [1] 191/23 Ofcom [6] 65/20 66/1 67/14 69/11 72/24 73/13 off [6] 60/3 72/19 77/25 154/17 160/4 195/25 off-rolling [1] 160/4 offence [1] 73/2 offences [1] 63/6 offending [1] 74/23 offered [1] 39/22 offering [1] 156/2 office [26] 2/2 2/11 7/6 7/15 8/19 10/19 20/7 20/7 27/2 37/6 45/17 56/11 66/23 74/11 74/21 80/13 81/11 81/24 82/1 84/6 84/19 85/9 85/10 113/4 127/23 163/23 officers [1] 111/22 official [1] 10/3 Ofsted [1] 141/8 often [20] 11/25 12/1 13/22 19/17 19/24 41/23 51/1 65/24 109/8 116/5 133/12 142/13 143/5 144/24 146/21 174/9 175/2 177/23 177/23 192/9 okay [3] 41/2 57/7 196/6 old [3] 115/7 115/14 180/14 olds [9] 17/4 17/5 17/7 21/12 21/12 21/24 21/25 180/12 181/16 Oliver [1] 179/7 on [300] on 4 [1] 34/11 once [9] 8/17 25/18 28/2 34/6 87/10 142/9 143/1 143/1 159/13 one [120] 1/23 4/9 5/10 6/14 6/23 8/1 11/3 11/3 13/8 18/25 19/22 20/14 22/8 22/22 25/11 27/14 27/16 28/5 28/14 29/18 29/19 31/2 32/9 32/23 33/10 35/5	37/12 52/24 53/3 55/17 56/6 57/24 58/4 59/5 60/1 67/9 68/11 68/21 71/7 71/21 72/7 73/8 74/8 76/6 76/17 76/20 76/22 83/6 84/3 85/11 85/16 86/18 86/19 88/15 88/20 90/10 91/14 91/21 92/9 92/21 94/18 94/18 95/2 96/24 100/25 103/15 106/6 109/18 110/10 110/15 111/19 111/20 111/21 113/19 115/3 115/16 117/6 117/7 117/11 125/9 126/8 132/3 135/5 135/6 139/16 140/6 140/25 141/1 151/20 152/2 152/7 152/10 152/10 152/17 152/17 153/1 154/17 155/1 157/13 157/14 157/21 157/21 157/23 158/13 158/13 164/4 170/6 174/25 175/7 181/1 183/3 183/14 183/22 186/11 189/1 192/1 197/12 197/17 198/18 199/20 ones [4] 15/11 82/15 134/24 139/1 ongoing [3] 114/4 150/14 198/20 online [50] 14/16 17/14 17/15 19/24 35/22 62/22 62/25 63/1 63/6 63/7 63/20 63/23 64/17 65/12 65/14 65/16 65/17 70/9 70/13 73/12 73/20 80/7 100/1 111/1 113/1 113/3 113/7 113/22 115/16 116/8 117/15 143/19 144/3 144/5 144/9 145/16 148/3 182/21 185/3 185/16 187/13 188/13 189/9 189/12 189/19 189/23 191/6 192/3 192/17 200/4 only [19] 25/10 51/24 61/25 63/5 93/12 113/18 128/3 128/24 135/17 135/22 139/7 158/13 159/5 162/5 181/14 184/18 185/20 194/13 201/3 onto [4] 4/6 35/10 126/6 161/17 onward [2] 30/17 61/15 onwards [1] 105/3 open [4] 25/7 27/24 28/2 64/24 opened [2] 126/12	141/20 operate [2] 89/18 164/10 operates [1] 187/18 operating [3] 96/1 157/9 174/6 operational [3] 128/11 198/11 200/14 opportunities [1] 151/5 opportunity [12] 2/12 57/4 82/6 88/22 115/19 128/5 151/2 154/18 159/9 179/1 200/21 202/1 opposed [4] 20/25 25/1 47/11 87/19 opposite [2] 165/24 166/7 options [1] 114/5 or [209] orange [1] 32/4 order [4] 20/6 30/20 63/11 69/20 ordinary [1] 64/10 ordination [1] 46/9 organisation [2] 12/1 66/10 organisations [2] 80/21 122/18 original [1] 33/7 originally [1] 1/16 OSA [3] 65/15 65/21 67/8 other [63] 2/1 6/1 7/24 10/16 13/21 15/11 18/5 18/8 18/10 24/20 36/25 40/2 46/16 50/12 51/2 51/4 51/6 56/15 56/25 57/19 58/22 74/8 77/14 79/15 83/19 84/5 84/8 85/4 89/19 92/22 92/25 98/14 99/5 101/3 103/2 103/2 107/17 111/1 112/2 117/10 122/7 123/20 127/9 129/11 129/17 131/7 133/14 146/5 147/1 150/18 151/14 154/20 157/14 158/6 160/7 161/1 161/1 172/13 176/4 178/17 191/3 196/5 196/5 others [43] 6/23 8/12 18/23 29/20 30/1 34/21 36/22 39/7 39/20 40/5 40/8 40/17 40/21 40/24 40/25 44/1 46/11 49/22 50/1 50/21 51/4 51/8 56/13 58/18 58/19 60/2 64/22 72/16 75/4 75/9 93/21 102/13 117/22 118/6 129/15 134/19	135/2 136/2 158/24 174/5 175/1 194/11 195/21 others' [1] 42/15 otherwise [3] 40/24 57/21 161/2 ought [2] 137/14 138/14 our [44] 8/16 15/3 15/9 24/19 27/16 29/8 37/12 43/12 43/16 43/25 46/25 50/6 58/1 62/13 64/22 72/5 78/2 81/1 95/12 120/16 124/18 130/13 132/6 132/20 133/3 133/6 142/23 143/2 144/3 144/23 148/1 149/15 151/17 153/24 162/5 162/9 169/18 170/7 176/16 179/14 185/21 186/10 186/17 193/20 out [68] 3/2 3/25 9/22 10/13 10/16 10/19 12/13 14/8 16/21 19/6 19/17 19/25 22/8 25/13 30/1 30/24 33/24 36/13 38/18 41/20 45/19 46/12 47/2 48/12 50/8 52/19 52/25 55/6 67/6 67/25 68/9 68/17 71/8 72/17 74/2 74/4 79/5 84/8 88/19 91/5 91/14 93/8 97/16 108/15 111/9 113/3 113/5 114/11 123/1 127/8 127/18 130/8 131/3 133/25 134/4 139/19 145/5 145/17 154/10 159/8 163/15 165/15 165/17 166/23 168/4 180/18 180/18 185/6 outcome [6] 72/25 73/9 73/15 73/17 135/23 194/12 outcomes [1] 23/22 outlined [1] 175/5 outrage [3] 7/13 84/17 128/16 outreach [1] 156/3 outset [1] 85/2 outside [10] 35/14 41/20 49/15 52/18 52/19 84/10 87/14 117/15 117/16 175/3 outstrips [1] 63/9 outwith [1] 113/5 over [42] 6/5 10/15 14/1 16/9 18/21 19/1 21/18 22/5 26/6 34/8 60/13 73/4 82/12 83/20 83/23 85/19 90/21 90/22 90/24 100/25 101/20 108/3 108/10 132/15 139/14
--	---	---	---	---

O over... [17] 140/23 149/7 157/23 159/18 161/15 169/7 172/15 172/24 175/11 176/25 176/25 178/19 181/6 182/23 185/19 197/9 199/24 over-representation [1] 22/5 over-stretched [1] 172/15 overall [3] 17/10 77/18 118/15 overarching [2] 163/8 164/4 overlap [2] 146/3 152/6 overlapping [2] 52/13 176/12 overly [1] 49/24 oversee [1] 61/8 oversight [8] 83/20 83/23 89/20 89/21 108/1 142/20 149/13 194/5 overwhelmed [2] 40/15 41/5 overwhelming [2] 31/4 31/6 overwhelmingly [1] 170/20 own [11] 2/18 5/3 5/7 77/14 77/14 77/17 77/17 79/10 80/17 168/24 201/16 owned [1] 61/22 ownership [6] 59/21 60/5 108/2 142/19 150/5 167/1 owning [2] 61/21 76/21	82/11 82/12 87/20 87/22 88/20 90/2 90/21 90/22 90/23 90/24 91/2 91/16 92/7 93/14 96/24 97/23 102/12 103/17 107/1 108/17 109/5 109/18 113/2 114/1 114/10 115/17 117/21 119/21 120/11 120/20 121/1 121/25 122/12 125/21 126/4 127/7 128/9 131/1 131/20 134/2 142/2 143/9 145/6 148/24 153/18 153/24 155/7 156/18 158/3 158/12 162/12 164/13 168/7 170/10 173/23 175/11 175/23 180/3 185/5 185/23 189/6 193/16 198/1 199/24 204/2 page 1 [2] 78/24 120/20 page 10 [1] 117/21 page 11 [1] 156/18 page 12 [5] 54/25 142/2 145/6 155/7 168/7 page 13 [4] 15/20 41/16 113/2 173/23 page 14 [4] 65/10 67/25 148/24 158/3 page 15 [3] 17/22 115/17 175/23 page 16 [3] 19/11 109/18 170/10 page 17 [3] 108/17 180/3 189/6 page 18 [4] 20/4 70/7 72/22 103/17 page 19 [3] 62/23 75/1 78/18 page 2 [9] 3/2 7/7 46/3 80/24 87/20 114/1 121/25 125/21 131/20 page 20 [5] 1/14 50/9 74/7 193/16 198/1 page 21 [3] 25/16 51/20 120/11 page 22 [3] 25/20 52/8 119/21 page 24 [1] 27/6 page 25 [1] 29/6 page 26 [1] 30/4 page 27 [1] 34/1 page 28 [2] 11/19 27/5 page 3 [9] 2/7 4/8 8/20 9/24 82/11 102/12 107/1 114/10 134/2 page 30 [1] 23/17 page 37 [1] 26/3 page 4 [7] 5/16 90/2	92/7 96/24 126/4 153/24 185/5 page 5 [4] 36/3 63/17 93/14 97/23 page 6 [3] 48/3 131/1 153/18 page 7 [3] 54/6 56/9 143/9 page 8 [4] 38/9 39/3 109/5 164/13 page 9 [4] 42/11 47/20 127/7 162/12 pages [1] 154/12 panel [14] 13/5 26/12 29/19 31/17 33/14 104/11 133/1 133/7 133/8 134/13 138/6 138/8 140/18 183/2 panels [2] 38/24 51/22 paperwork [5] 14/23 20/15 23/14 23/14 194/25 paragraph [116] 2/7 2/8 2/14 3/2 3/4 3/22 4/8 4/19 5/17 7/8 10/7 10/16 11/20 19/12 22/10 22/16 26/9 26/20 34/2 36/3 38/10 39/3 40/4 41/17 42/10 44/12 44/21 45/10 47/19 49/12 54/6 55/2 55/23 56/10 62/25 63/17 65/11 66/2 69/15 69/17 70/7 70/15 72/22 74/8 75/1 78/25 80/25 82/11 87/21 90/10 91/17 92/8 92/9 93/15 96/24 97/22 102/12 103/18 107/1 108/18 109/5 109/6 109/19 113/2 115/18 116/12 117/21 117/25 120/22 121/2 121/12 121/25 122/11 122/20 122/25 123/6 125/22 126/4 127/8 131/1 131/21 134/3 134/23 140/19 141/17 141/25 142/2 142/3 143/9 144/17 145/6 148/25 149/14 153/24 155/7 156/18 158/2 162/13 164/14 168/8 168/23 170/11 172/19 173/24 175/23 180/3 180/10 182/12 183/12 185/8 185/9 186/20 189/6 193/17 198/2 200/7 paragraph 1 [2] 120/22 121/12 paragraph 101 [1] 70/7 paragraph 106 [1] 70/15	paragraph 107 [1] 72/22 paragraph 11 [1] 107/1 paragraph 111 [1] 75/1 paragraph 114 [1] 74/8 paragraph 12 [3] 93/15 134/3 142/2 paragraph 14 [1] 90/10 paragraph 15 [1] 4/8 paragraph 16 [3] 4/19 91/17 140/19 paragraph 17 [2] 126/4 141/17 paragraph 18 [2] 97/22 141/25 paragraph 2 [1] 78/25 paragraph 20 [2] 10/7 153/24 paragraph 21 [1] 10/16 paragraph 25 [1] 109/5 paragraph 27 [1] 131/1 paragraph 28 [1] 5/17 paragraph 29 [1] 36/3 paragraph 3 [1] 121/2 paragraph 30 [1] 117/21 paragraph 32 [1] 143/9 paragraph 33 [1] 63/17 paragraph 34 [3] 162/13 164/14 168/23 paragraph 35 [1] 113/2 paragraph 37 [1] 127/8 paragraph 4 [4] 2/14 80/25 122/11 131/21 paragraph 41 [1] 156/18 Paragraph 43 [1] 115/18 paragraph 44 [1] 56/10 paragraph 45 [1] 54/6 paragraph 48 [2] 38/10 173/24 paragraph 5 [3] 3/4 82/11 122/20 paragraph 50 [1] 158/2 paragraph 51 [2] 39/3 42/10 paragraph 52 [1]	109/19 paragraph 53 [1] 44/12 paragraph 54 [1] 44/21 paragraph 56 [2] 45/10 145/6 paragraph 57 [1] 47/19 paragraph 58 [3] 103/18 168/8 170/11 paragraph 59 [3] 142/3 180/3 180/10 paragraph 6 [5] 3/2 7/8 102/12 122/25 125/22 paragraph 60 [3] 108/18 155/7 182/12 paragraph 67 [2] 148/25 193/17 paragraph 69 [1] 149/14 paragraph 7 [2] 87/21 121/25 paragraph 70 [2] 55/2 55/23 paragraph 72 [2] 41/17 175/23 paragraph 79 [1] 189/6 paragraph 8 [4] 2/7 3/22 92/8 92/9 paragraph 81 [1] 65/11 paragraph 83 [1] 66/2 paragraph 88 [1] 198/2 paragraph 89 [1] 69/15 paragraph 9 [2] 96/24 123/6 paragraph 91 [2] 69/17 200/7 paragraphs [10] 9/25 12/13 46/13 67/24 68/18 90/2 139/17 153/19 166/22 185/7 paragraphs 13 [1] 90/2 paragraphs 15 [1] 139/17 paragraphs 19 [1] 9/25 paragraphs 24 [1] 153/19 paragraphs 42 [1] 166/22 paragraphs 84 [1] 67/24 paragraphs 86 [1] 68/18 parallel [4] 53/24 54/1 54/9 76/14 paramount [1] 109/24
---	--	--	---	--

P	143/20 144/15 150/24	75/24 202/12	54/2 103/23 171/10	150/23 154/10 163/18
paraphrase [1] 131/4	pause [3] 2/7 62/9	permissive [1] 48/13	plan [1] 106/2	163/19 164/12 166/2
parental [4] 26/24	123/12	perpetrate [1] 70/12	planning [2] 65/17	166/24 169/9 175/4
155/4 155/9 156/21	pausing [4] 20/13	person [8] 1/24 43/9	149/17	177/5 195/19 197/4
parents [10] 27/2	22/2 53/3 56/20	59/10 59/12 61/23	plans [2] 81/11	197/24 200/24
68/8 71/25 100/5	pedalling [1] 100/1	117/14 128/20 129/9	105/25	pointed [2] 57/2
100/5 100/7 155/12	peer [1] 202/3	personal [1] 141/22	platform [3] 65/9	91/14
187/11 187/12 187/25	peers [1] 175/2	perspective [5] 45/3	71/7 185/20	points [11] 12/18
Parliament [3] 3/8	pejorative [1] 129/21	109/9 109/21 111/10	platform's [1] 73/6	15/4 15/15 27/17
3/19 71/17	people [62] 11/1 11/2	162/15	platforms [18] 65/4	44/25 101/2 107/22
part [28] 10/20 12/11	17/16 24/21 28/24	pertinent [1] 91/11	65/4 65/16 67/14	108/21 169/7 195/16
19/18 24/1 49/12 57/8	38/20 58/4 63/3 64/10	perverse [3] 157/24	67/16 69/12 70/9	199/22
59/2 60/3 63/13 70/11	64/25 69/25 69/25	159/12 160/11	70/11 72/16 73/12	police [20] 5/25
86/20 86/22 92/9	77/15 79/4 79/21	perverse/reverse [1]	73/20 116/17 117/10	25/24 28/25 30/21
110/24 113/18 114/8	80/20 80/22 82/23	160/11	182/22 185/11 187/19	31/24 32/1 32/4 32/8
115/22 118/3 120/16	83/10 87/6 87/17 93/9	Peter [2] 24/11	189/10 189/12	43/19 52/2 52/4 59/1
121/14 129/17 142/5	93/19 96/22 97/5 98/6	147/20	platforms' [1] 116/23	83/19 104/5 104/6
146/25 179/9 183/12	98/10 105/10 113/23	Peter Fonagy [2]	play [5] 108/25	111/11 112/23 144/21
189/4 191/9 201/23	114/3 115/9 115/11	24/11 147/20	117/24 148/20 149/1	164/22 166/4
participation [1]	115/12 116/5 139/12	phase [9] 22/18	182/22	policies [2] 87/25
150/14	144/3 146/14 149/7	24/19 40/9 53/4 89/23	playing [1] 180/1	102/18
particular [25] 5/13	153/8 167/20 176/19	96/6 137/2 173/25	please [95] 1/3 1/5	policing [11] 3/19
6/8 14/21 17/6 35/12	177/18 179/5 179/8	174/2	1/12 1/14 2/7 2/9 3/3	42/24 59/2 80/5 81/19
68/19 69/13 75/7	179/10 185/4 185/16	Phase 1 [7] 24/19	5/17 7/7 8/15 8/17	82/25 101/5 112/18
83/13 85/3 95/3 99/11	185/19 186/21 187/8	40/9 53/4 89/23 137/2	8/20 9/23 10/24 11/18	150/4 164/18 167/20
99/15 131/15 133/4	187/13 187/15 188/1	173/25 174/2	12/17 12/19 15/18	policy [2] 122/16
133/17 133/19 146/2	188/5 188/17 189/18	phone [1] 110/25	15/20 17/20 17/23	132/19
146/13 155/20 156/22	191/2 191/5 191/15	phrase [4] 14/12 95/6	20/3 20/5 22/12 25/16	political [1] 86/23
164/1 171/17 172/17	192/3 192/7 193/5	196/24 197/6	25/20 26/20 27/5 29/1	politicians [1] 42/2
185/13	people's [2] 70/4	physical [1] 40/13	29/1 29/6 30/4 34/1	pong [1] 51/3
particularly [19] 5/24	81/23	pick [16] 4/9 15/15	36/2 38/9 42/9 46/4	poor [7] 13/9 15/4
40/15 44/18 65/20	per [28] 13/2 13/7	17/17 17/19 25/19	47/19 48/4 50/10	22/14 23/4 46/10
65/23 74/18 112/3	18/15 18/22 19/6	39/2 46/11 46/24 54/5	51/19 52/9 54/5 55/1	100/22 170/9
114/23 128/21 129/18	30/23 31/18 31/20	92/13 108/13 135/9	55/6 62/23 63/16	pop [1] 195/24
136/18 139/21 140/9	33/8 114/14 114/16	164/12 175/21 182/12	70/14 73/4 77/25 78/3	popularise [1] 185/3
146/11 154/21 155/16	114/21 115/2 115/2	185/6	78/5 78/6 78/8 78/15	populating [1] 17/2
160/23 160/23 186/8	135/14 135/17 135/21	picked [2] 65/1 74/4	80/25 87/20 90/22	population [2] 20/24
partly [1] 80/25	140/24 153/22 153/23	picking [3] 20/2	90/22 90/24 90/24	20/25
partner [5] 45/13	158/16 159/18 182/19	69/11 96/23	91/16 92/7 102/11	pornography [2]
104/6 124/15 149/22	182/22 182/24 183/6	picture [10] 38/14	107/1 115/17 119/10	63/23 67/19
167/8	183/10 194/13	87/5 146/25 148/15	119/19 119/19 119/21	port [1] 55/12
partners [2] 151/6	per cent [1] 135/21	152/5 153/7 158/20	120/2 120/6 120/9	pose [10] 56/13
158/10	perceive [1] 99/23	158/22 158/23 201/14	121/1 121/25 122/12	101/17 129/14 134/19
partnerships [1]	percentage [8] 16/11	piece [8] 42/4 65/21	122/20 123/6 127/22	135/1 136/1 137/1
142/16	16/16 18/12 18/13	70/3 174/23 180/5	128/8 139/17 142/2	158/24 160/25 194/11
parts [1] 64/15	19/5 26/8 33/12	180/5 181/1 182/13	145/5 155/6 156/18	posed [3] 98/3
pass [1] 152/11	114/24	pieces [1] 132/6	158/12 168/7 170/10	161/22 174/4
passed [4] 157/13	percentages [3] 18/3	ping [1] 51/3	173/23 180/2 182/9	poses [4] 50/15
157/23 161/2 161/5	26/15 134/9	ping-pong [1] 51/3	189/6 193/16 197/14	50/20 144/7 160/7
passing [1] 162/11	perception [1]	pithily [1] 9/23	197/25	posing [1] 183/16
patchwork [1] 164/9	169/21	place [21] 13/23	pm [8] 119/1 119/2	position [10] 31/25
path [1] 178/3	perfectly [1] 83/7	14/18 19/24 35/2 62/8	119/3 119/5 173/11	32/6 52/17 102/10
pathway [13] 24/6	perform [2] 147/6	67/17 70/19 84/1	173/12 173/14 202/24	118/7 127/11 162/21
24/14 25/3 25/5 25/9	154/4	87/25 93/7 96/16	point [53] 7/3 15/4	164/8 192/10 196/14
26/18 55/18 85/17	performed [1] 162/2	96/19 101/24 143/4	16/22 19/12 20/12	positive [1] 114/16
103/8 162/10 168/1	performing [1] 5/13	150/12 151/12 152/10	21/20 33/16 34/22	possession [2]
168/1 178/11	perhaps [18] 3/3 8/6	156/2 160/2 179/16	34/22 40/19 49/7	109/22 110/19
pathways [8] 23/21	8/12 13/10 39/15	197/17	51/13 54/12 54/13	possibilities [1]
23/23 24/16 54/9	46/24 57/13 57/19	placed [4] 32/3 149/5	66/3 76/6 85/7 86/11	164/6
142/11 167/18 181/8	62/14 64/2 87/9 87/15	150/9 150/17	86/12 91/7 94/23	possibility [1] 129/11
199/5	88/22 104/8 117/19	placeholder [1] 8/2	103/16 105/14 105/16	possible [1] 58/4
pattern [6] 32/11	138/23 146/22 189/3	placement [3] 159/19	108/2 116/16 123/22	possibly [1] 150/25
33/6 112/21 174/5	period [8] 16/20 34/9	159/20 171/5	132/20 135/9 137/24	post [7] 2/21 61/5
175/9 177/3	53/7 132/16 141/20	placements [2] 140/5	137/25 138/18 140/12	61/18 68/21 80/18
patterns [4] 125/3	146/15 154/3 161/15	195/3	140/16 144/16 144/24	107/14 121/13
	permission [3] 15/14	places [5] 11/11 54/1	145/5 145/9 148/18	post-screening [2]

P post-screening... [2] 61/5 61/18 potent [1] 187/3 potential [9] 34/20 36/22 52/10 58/18 58/23 97/4 133/17 164/19 177/2 potentially [12] 44/1 50/15 50/20 59/13 84/25 93/2 94/20 107/23 142/9 156/8 167/4 178/17 pound [1] 72/4 poverty [1] 100/22 power [5] 4/10 4/20 4/25 48/13 111/2 Powerful [1] 187/5 powers [12] 4/9 9/18 10/10 14/23 34/14 65/16 79/5 79/8 79/13 79/13 81/18 81/20 practicable [1] 93/23 practical [2] 168/9 198/18 practice [11] 45/22 60/18 84/2 90/8 90/11 91/22 142/15 149/20 152/23 167/11 176/4 practitioner [4] 85/2 166/5 167/7 200/3 practitioners [16] 29/7 38/11 48/19 84/2 85/21 92/15 92/21 97/3 100/16 129/24 146/2 161/23 176/7 178/16 189/23 190/2 pragmatic [1] 166/6 pre [2] 65/17 85/7 pre-judge [1] 85/7 pre-planning [1] 65/17 precautions [1] 35/2 preceding [5] 122/12 157/21 157/23 175/9 183/8 precise [1] 150/20 precisely [4] 110/13 160/10 178/17 182/7 precision [1] 153/23 predecessor [2] 105/8 121/14 prefer [1] 139/8 prejudice [1] 7/9 prejudiced [1] 177/7 preoccupation [1] 140/22 preponderance [2] 32/10 32/15 prescriptive [2] 49/24 50/22 present [5] 38/11 93/19 146/21 159/19 187/12 presentation [5]	146/23 147/3 148/6 149/4 176/23 presentations [1] 146/20 presented [7] 157/16 170/12 181/8 181/11 185/22 186/4 190/12 presenting [4] 87/17 124/5 167/20 200/18 presently [1] 168/2 presents [3] 137/16 147/24 162/17 President [1] 42/18 press [2] 46/1 99/3 pressed [1] 60/4 presumably [10] 4/13 16/19 35/12 39/10 67/3 67/4 130/7 143/14 169/5 200/10 pretty [1] 179/19 prevalence [7] 20/22 20/23 21/22 24/11 75/18 99/11 147/20 prevalent [1] 83/5 prevent [113] 4/6 4/23 5/5 5/22 8/19 9/4 9/7 9/9 9/16 9/18 10/12 10/23 11/2 11/4 11/15 11/22 12/20 12/25 13/4 13/20 13/23 14/6 14/8 15/25 16/2 18/2 19/17 20/9 21/1 21/8 22/5 23/9 23/12 25/15 25/23 26/17 26/24 27/19 27/20 29/2 29/8 29/10 29/13 29/15 30/24 32/2 32/24 33/19 34/3 34/4 34/25 35/3 35/10 35/14 36/5 36/6 36/10 38/17 38/19 38/24 43/20 43/21 44/20 52/5 52/18 52/19 53/15 53/20 54/10 54/16 54/18 55/13 56/3 56/7 57/11 58/17 59/11 60/21 72/10 76/7 76/12 76/19 77/4 77/8 77/13 81/7 82/25 92/20 92/23 92/24 92/25 99/12 103/2 103/3 103/10 103/12 103/14 103/16 103/24 104/2 104/12 105/3 137/4 145/10 145/10 145/19 162/23 162/24 163/4 164/1 171/2 172/8 194/11 preventative [1] 117/24 preventing [2] 49/22 118/4 prevention [1] 108/19 previous [7] 18/24 38/6 75/2 81/1 130/12	143/17 148/10 previously [5] 10/9 122/20 147/25 148/17 173/4 primarily [4] 36/10 82/4 88/3 109/8 primary [3] 67/8 67/15 150/1 principal [1] 131/12 principally [3] 42/22 79/25 145/25 principals [2] 122/5 122/5 principles [5] 106/22 162/23 162/24 198/7 199/8 prior [2] 158/20 158/21 priority [2] 35/12 67/15 privacy [1] 116/1 pro [2] 171/24 173/3 pro-social [2] 171/24 173/3 proactive [2] 156/6 165/21 probably [6] 27/25 69/15 108/14 128/25 155/5 179/18 probation [2] 26/7 52/4 probing [1] 42/15 problem [14] 27/12 90/18 138/9 159/9 159/11 159/14 160/16 160/18 174/22 181/7 183/22 188/22 188/23 189/4 problems [6] 44/4 95/15 135/25 155/1 155/19 196/15 procedures [7] 84/1 87/25 90/4 90/9 92/1 92/2 102/18 proceeding [1] 144/17 process [25] 4/23 17/18 53/15 53/20 53/24 55/20 60/6 60/6 60/11 60/25 61/6 61/12 61/14 61/16 63/2 65/24 76/22 77/18 93/5 103/2 131/18 139/14 139/14 145/10 160/4 process's [1] 139/14 processes [5] 71/10 71/11 142/15 145/8 187/14 produce [2] 69/24 91/12 produced [2] 89/11 157/2 product [2] 193/3 193/3 professional [24] 5/3	5/7 29/18 41/12 54/22 59/14 59/20 60/10 60/14 80/17 101/18 101/18 107/5 137/10 137/12 142/14 146/8 149/25 153/2 153/6 165/4 176/25 199/7 201/9 professionally [2] 13/13 153/4 professionals [34] 10/22 13/12 14/11 17/14 19/13 19/15 24/7 31/22 33/22 38/13 38/23 39/6 39/25 42/2 43/13 45/6 47/6 48/23 49/5 49/17 101/12 106/21 127/10 129/19 137/18 144/7 146/19 148/20 150/9 153/11 154/3 166/18 183/24 191/4 professionals' [1] 145/7 Professor [4] 7/25 75/17 85/25 178/6 Professor Cassam [2] 7/25 85/25 Professor Fonagy [1] 178/6 Professor Fonagy's [1] 75/17 profile [1] 180/14 profiles [7] 52/14 180/12 180/24 181/1 181/8 181/11 181/15 profiling [1] 101/1 programme [5] 8/20 26/17 27/20 29/13 29/15 progress [3] 11/24 13/4 26/11 progressed [2] 29/19 31/17 progression [2] 108/3 190/1 proliferation [2] 63/10 69/18 promote [3] 3/6 79/3 79/17 promoted [5] 181/4 181/18 185/24 186/7 192/15 promotes [2] 156/5 186/1 promoting [2] 3/11 183/16 promotion [1] 186/6 prone [1] 101/6 propensity [1] 100/2 proper [3] 73/15 120/18 151/25 properly [10] 20/17 136/7 138/2 138/3 141/20 150/21 154/5 174/3 193/6 193/20	proponent [1] 107/12 proponents [2] 56/25 104/24 proportion [6] 12/24 13/16 13/17 13/18 31/12 36/5 proportional [1] 164/25 proportionate [3] 144/4 168/15 200/20 proposal [1] 95/15 proposed [3] 24/14 47/21 48/5 proposes [1] 45/15 pros [1] 37/5 proscribed [3] 66/10 66/12 66/13 prose [1] 17/5 prosecute [1] 110/17 protect [5] 3/6 70/19 71/24 72/1 79/3 protection [18] 56/18 56/21 57/6 57/8 57/16 57/23 58/6 58/9 58/16 62/3 70/21 76/15 76/24 109/23 111/7 111/15 112/23 194/1 protections [3] 70/20 116/9 117/10 protective [2] 118/3 138/23 protocols [2] 96/18 158/10 prove [4] 70/10 70/18 88/11 98/18 provide [11] 20/7 47/25 84/22 108/1 118/2 136/6 143/12 150/5 182/7 191/1 198/22 provided [11] 4/12 29/21 39/6 45/18 50/13 78/19 133/23 136/7 136/8 172/14 180/7 provider [1] 32/24 providers [2] 31/15 117/11 provides [3] 127/12 167/15 178/15 providing [4] 29/7 116/24 178/18 187/3 provision [5] 105/11 150/12 171/6 171/9 195/3 provisions [3] 92/3 98/14 117/13 proxy [1] 134/18 psychiatric [1] 21/15 psychiatrist [1] 24/19 psychological [1] 170/16 public [27] 4/21 7/14 7/14 11/1 36/11 37/4 42/24 45/21 50/3 51/9
--	---	---	--	---

P public... [17] 71/8 79/18 84/18 84/18 85/1 93/20 109/23 110/14 110/21 111/7 111/14 112/7 112/22 118/4 128/17 128/17 178/17 publication [1] 8/18 publications [1] 66/13 publicly [1] 10/3 published [6] 4/24 7/6 10/9 84/7 84/11 84/12 publishing [1] 124/11 pull [3] 25/13 33/24 37/15 pulled [1] 64/18 pulling [2] 30/1 47/2 pupil [16] 139/21 140/21 140/25 158/15 158/20 159/5 159/5 162/17 163/6 163/8 174/11 175/13 183/6 183/10 194/6 194/10 pupils [10] 124/5 134/18 135/1 140/3 140/4 153/22 153/23 160/7 171/4 183/20 pupils' [1] 182/20 purple [2] 32/5 32/10 purpose [6] 7/12 84/16 85/14 94/7 116/13 128/15 purposes [3] 4/11 132/7 187/16 push [3] 106/6 137/15 165/19 push-back [1] 165/19 pushed [3] 35/18 68/17 68/22 put [22] 8/1 11/10 13/8 55/8 70/23 71/4 71/13 72/3 101/12 125/1 127/21 141/5 141/9 142/3 143/4 148/14 148/24 157/2 166/17 180/8 182/13 202/15 puts [2] 67/15 71/7 putting [2] 94/11 101/7	91/8 105/12 114/21 133/13 136/24 137/23 190/14 questioning [2] 82/6 134/22 questions [27] 1/7 28/24 35/5 62/11 75/23 76/2 76/3 78/10 82/7 83/24 107/20 114/5 114/17 114/25 118/18 118/20 118/21 119/13 120/17 193/11 193/12 202/11 202/14 204/5 204/7 204/11 204/17 quick [1] 76/4 quickly [4] 70/6 133/13 186/12 202/8 quite [13] 19/5 40/22 49/7 52/23 71/4 133/8 147/19 155/25 158/25 161/15 169/16 188/9 195/19 quote [2] 28/1 29/6 quotes [5] 27/9 27/18 109/4 110/5 115/3	144/12 144/12 158/7 163/22 raises [1] 14/1 raising [8] 20/14 66/3 79/18 89/3 89/8 116/14 183/1 196/21 ran [2] 5/11 80/19 range [9] 19/17 66/8 75/12 80/21 82/24 84/1 132/1 184/16 184/17 rapid [2] 133/11 148/15 rapidly [2] 63/11 69/19 rare [2] 154/22 170/19 rarely [8] 123/10 123/24 140/1 143/10 158/18 170/25 171/1 171/3 rarity [1] 154/23 rate [3] 20/22 25/10 188/7 rather [27] 8/3 12/11 19/19 69/7 86/15 90/17 103/21 105/15 124/7 125/1 128/20 129/5 140/13 142/14 144/6 156/6 159/7 159/8 163/17 176/20 177/21 194/24 195/23 198/5 198/21 200/12 201/10 rationing [1] 138/13 reached [1] 112/10 reactive [1] 156/7 read [12] 12/6 22/16 67/24 70/24 88/19 159/2 159/4 184/14 195/10 198/25 200/22 201/1 reading [2] 91/5 159/8 real [9] 31/21 31/21 124/25 141/14 175/20 183/16 183/16 188/11 188/13 reality [3] 55/12 71/15 135/2 really [32] 8/13 25/3 27/20 27/21 27/23 33/21 34/22 41/9 42/3 47/9 89/11 94/15 113/10 113/13 129/6 138/14 139/8 142/23 144/6 146/19 150/23 151/22 154/14 156/1 177/1 179/2 188/18 190/20 192/24 193/4 197/5 201/13 reason [13] 6/9 10/20 22/20 36/23 39/20 40/6 40/21 101/22 162/25 172/12 174/7 174/10 177/6	reasonable [2] 15/10 32/7 reasonably [1] 130/25 reasoning [1] 19/21 reasons [4] 101/23 131/3 186/11 194/12 recall [1] 156/24 receive [10] 11/25 38/11 38/14 55/13 104/21 138/15 145/18 177/22 194/21 200/19 received [5] 38/15 38/16 127/19 135/11 137/4 receivers [1] 193/4 receives [2] 158/14 158/19 receiving [1] 36/9 recent [4] 8/18 10/21 47/5 148/14 recently [9] 7/5 83/15 84/6 84/11 89/10 89/22 96/5 96/7 165/11 recipients [1] 128/1 recognise [9] 25/6 112/20 130/14 131/5 134/18 162/21 176/14 176/16 201/2 recognised [8] 6/17 96/2 146/6 167/9 167/18 174/3 188/16 199/11 Recognises [1] 5/19 recognising [10] 100/5 109/14 115/24 142/7 145/21 166/19 174/23 189/9 191/4 191/17 recognition [5] 118/15 161/21 183/15 192/9 194/20 recommend [2] 193/21 198/15 recommendation [7] 23/16 23/18 70/16 71/2 73/18 74/9 75/2 recommendation 8 [1] 74/9 recommendations [11] 34/23 35/11 74/1 74/9 173/18 193/10 193/15 195/9 197/22 198/25 200/8 recommended [2] 185/24 189/18 recommended/promoted [1] 185/24 recommender [2] 185/12 187/17 recommends [2] 56/11 124/11 record [5] 120/3 120/7 193/20 193/25 201/1	recorded [6] 20/9 34/10 170/20 170/25 171/2 172/10 recording [1] 194/3 records [3] 126/9 140/2 141/18 recruitment [1] 123/18 recurring [1] 164/15 redacted [2] 1/15 78/19 reduce [2] 170/18 171/18 reduced [2] 155/25 171/24 reduces [1] 142/8 reducing [3] 98/2 116/10 170/24 reduction [2] 153/21 172/9 refer [12] 8/22 21/22 29/11 33/4 38/19 39/7 44/23 45/10 47/21 82/19 105/3 144/20 reference [17] 5/4 16/10 24/16 45/23 48/11 51/13 53/23 63/4 69/19 86/10 86/15 126/17 129/13 153/18 157/4 172/17 180/7 referenced [3] 129/11 177/12 178/6 references [4] 88/9 113/19 144/2 148/14 referencing [1] 45/23 referral [48] 13/10 22/5 30/17 30/24 31/12 32/2 32/18 34/25 39/21 40/6 53/14 53/19 54/9 59/3 76/12 76/14 76/17 76/18 76/18 76/23 85/8 85/17 105/16 135/23 137/6 137/16 138/21 139/10 142/11 143/1 150/14 152/17 152/17 162/10 162/19 163/1 163/11 164/20 165/22 167/17 168/1 170/13 171/2 172/8 183/10 194/16 198/19 199/5 referrals [69] 10/23 12/21 12/21 12/22 13/9 13/11 13/18 15/19 15/24 16/3 16/4 16/12 16/23 17/21 18/12 19/9 20/9 20/12 20/20 21/1 21/11 21/19 25/7 25/23 25/25 26/10 26/12 26/21 26/22 27/4 29/18 30/8 30/9 30/13 30/14 30/16 31/4 31/13 31/15 32/1 32/4
---	--	--	---	--

R	relate [4] 27/23 100/19 100/21 172/17 related [7] 63/22 91/8 142/3 143/18 144/13 167/25 174/5 relates [4] 24/2 83/3 83/15 172/20 relating [4] 49/14 167/16 198/12 200/19 relation [23] 4/23 10/12 24/3 35/5 35/23 37/5 57/20 68/19 75/18 86/23 92/14 98/16 100/12 100/20 103/15 115/20 117/7 123/18 127/24 144/11 154/4 196/12 197/21 relationship [3] 108/24 166/7 167/7 Relationship-based [1] 108/24 relationships [7] 109/1 142/14 151/16 156/4 165/10 165/11 171/24 relative [2] 14/7 154/23 relatively [6] 13/17 15/4 41/1 68/3 89/18 165/14 release [2] 45/11 46/1 released [1] 147/20 relevance [2] 126/16 187/18 relevant [15] 4/5 28/19 50/13 74/5 79/15 99/13 101/16 126/18 132/6 149/2 156/13 158/15 163/6 170/19 172/7 reliable [2] 7/2 163/19 reliance [1] 148/10 relies [1] 28/15 reluctance [2] 68/5 156/11 remain [4] 1/3 109/24 119/6 168/15 remaining [2] 26/8 34/7 remains [1] 101/19 remember [2] 11/16 165/11 remind [1] 157/7 reminds [1] 105/6 remit [5] 82/20 87/14 123/16 149/18 154/13 repeat [5] 13/18 34/10 35/8 140/11 194/13 repeated [2] 108/16 169/6 repetition [2] 154/17 154/18 replace [2] 194/24	198/21 replaced [1] 103/21 Replied [1] 134/15 report [73] 4/5 5/5 5/22 8/16 8/24 9/3 10/2 10/18 11/11 11/13 11/18 11/21 12/6 12/8 12/12 14/1 14/13 15/10 15/21 17/5 17/23 19/15 22/21 23/17 24/11 26/2 28/12 29/23 33/25 35/22 35/25 36/10 36/13 45/15 46/2 46/2 46/12 51/19 53/4 56/11 60/22 62/12 62/22 62/24 63/14 68/3 68/14 75/18 75/20 81/6 81/12 81/17 89/23 113/24 132/9 142/10 145/13 145/20 147/20 148/14 151/18 155/9 166/25 174/2 176/7 181/22 184/5 184/14 185/10 192/6 193/1 194/9 202/17 reported [4] 77/6 77/10 96/5 123/22 reporting [3] 155/21 189/15 190/3 reports [4] 9/2 44/25 158/13 184/15 represent [1] 122/2 representation [2] 22/5 112/19 representations [1] 79/18 representative [1] 145/1 request [2] 4/20 93/22 requests [3] 50/23 50/24 144/12 require [4] 56/14 65/16 77/6 149/12 required [7] 23/7 26/25 50/25 52/12 73/20 140/14 178/3 requirement [1] 96/13 requirements [2] 71/9 194/4 requires [5] 22/13 23/3 52/6 109/10 177/25 requisite [1] 37/15 research [22] 8/10 28/18 45/11 45/12 45/13 80/23 144/10 177/12 178/6 180/6 182/2 182/8 182/11 182/14 182/15 184/1 185/11 185/21 187/16 187/18 189/8 192/12 researchers [3]	180/11 186/12 197/17 reserve [1] 117/15 reserved [4] 3/8 67/19 80/3 80/15 reside [1] 199/21 resilience [1] 109/1 resilient [1] 191/2 resist [2] 190/11 192/22 resolve [1] 160/16 resource [5] 138/15 139/11 149/23 153/14 153/15 resource-intensive [1] 149/23 resourced [2] 58/24 107/9 resources [1] 105/14 resourcing [4] 43/17 102/5 138/9 138/11 respect [1] 130/11 respecting [1] 111/12 respective [2] 119/16 130/22 respects [1] 117/9 respond [1] 87/16 responded [1] 47/24 responding [3] 50/23 100/6 138/1 responds [1] 16/2 response [13] 22/22 36/11 47/25 48/4 52/15 107/16 107/19 131/9 133/13 139/13 142/12 142/23 144/3 responses [8] 34/24 109/17 109/24 134/8 135/11 142/25 158/8 189/2 responsibilities [9] 62/1 80/14 90/7 102/17 117/17 154/8 164/2 167/14 200/16 responsibility [24] 12/5 43/12 52/12 52/15 57/17 58/13 59/21 60/13 60/18 61/7 61/15 77/14 79/21 79/23 91/25 92/4 107/19 149/22 150/1 164/4 167/19 191/9 199/19 201/8 responsible [10] 54/23 59/10 60/7 61/1 95/9 103/3 107/18 108/5 122/7 192/21 rest [4] 124/4 138/6 150/6 199/1 restrict [1] 70/17 restriction [2] 71/3 116/20 restrictions [5] 71/8 115/24 116/7 116/15 192/20 rests [1] 163/17	result [4] 41/23 147/23 164/21 194/7 resulting [1] 142/15 retain [5] 46/20 63/11 69/20 107/18 111/10 retained [3] 3/18 79/23 79/25 retaining [1] 111/12 retention [1] 123/19 reticence [4] 68/6 129/20 156/11 177/2 returned [1] 76/8 reveals [1] 131/23 reverse [2] 160/11 174/15 reversed [1] 195/7 review [10] 24/11 39/16 44/24 83/24 89/23 96/5 96/6 118/11 174/8 174/20 reviewed [3] 73/7 126/19 170/19 Reviewer [1] 63/3 reviewing [2] 79/13 106/4 revised [1] 39/5 revision [2] 195/16 195/17 right [78] 1/14 1/17 2/3 2/19 2/22 2/25 4/3 14/13 16/5 18/20 19/20 22/19 32/21 36/17 42/1 42/9 47/20 55/5 55/21 57/16 57/19 58/7 61/23 62/8 63/25 64/2 64/21 67/23 71/18 76/13 76/22 77/13 81/9 83/6 88/6 89/13 90/15 90/18 90/19 94/1 94/2 94/15 96/13 97/6 101/2 111/6 112/20 115/7 115/14 115/15 117/18 121/10 121/18 121/22 126/10 127/14 131/18 132/8 132/22 133/3 137/19 143/4 146/17 147/12 161/13 162/5 166/9 167/24 172/10 173/6 175/23 179/22 183/5 183/21 184/20 189/15 189/16 196/6 right-wing [1] 18/20 rightly [1] 13/13 rights [10] 3/6 3/10 27/17 79/3 79/17 79/19 109/9 109/20 111/7 111/13 rise [4] 15/19 62/15 110/20 202/23 risk [123] 15/1 21/13 36/1 36/15 37/3 37/10 37/14 39/19 40/5 40/13 40/16 40/20 40/23 42/23 44/2
----------	--	--	--	---

R	165/15	161/1 163/16 168/14	150/22 151/13 154/15	screen [18] 1/12
risk... [108] 49/15	room [7] 35/16 57/11	188/20 191/9 191/15	162/14 163/5 163/14	44/11 49/12 72/23
49/25 50/3 50/15	58/17 58/18 76/19	193/22 194/14 194/21	164/14 167/12 168/23	102/11 119/19 120/9
50/19 50/20 51/4 51/8	77/2 77/15	195/18 198/4 199/18	170/14 172/6 173/2	123/6 127/21 131/1
52/10 52/13 56/13	roughly [1] 181/1	200/4 200/15 201/4	173/24 173/25 176/23	157/3 170/10 173/23
61/8 70/22 73/12	round [3] 139/19	Safer [2] 185/2	180/7 188/3 193/24	182/13 189/5 193/16
73/16 73/21 73/21	141/19 145/5	192/25	194/14 196/1 196/2	195/24 198/1
74/12 75/4 83/11	rounding [1] 18/15	safety [10] 44/15	197/12 198/2 198/14	screening [11] 55/8
88/10 92/6 92/11	roundtables [1]	50/13 50/21 72/25	200/7	56/2 56/4 56/23 61/5
92/16 92/17 92/20	142/24	73/7 87/24 113/22	saying [17] 32/25	61/18 61/25 103/7
93/1 93/2 93/17 94/6	route [3] 92/20	114/4 116/8 141/22	40/3 53/10 96/16	103/9 103/17 103/25
94/17 95/3 95/4 95/22	162/19 165/17	said [34] 28/7 28/7	116/23 124/24 126/1	scroll [7] 31/10 44/22
98/2 98/15 99/14	routes [1] 24/24	29/18 43/8 43/20	146/23 159/11 160/6	49/11 121/1 122/11
100/8 100/15 100/18	routine [1] 134/25	43/21 51/17 56/25	169/6 174/15 179/12	139/16 180/17
101/1 101/16 102/9	Rowley [3] 6/1 9/10	62/23 67/2 72/12	179/13 189/8 195/17	scrolled [1] 180/19
104/22 109/8 109/15	29/1	73/23 103/12 114/14	196/14	scrolling [5] 29/16
110/13 110/21 112/24	RSB [1] 89/13	114/14 115/2 115/2	says [10] 19/13 28/2	181/2 181/20 185/2
115/23 124/9 124/25	RSE [1] 191/21	116/3 118/6 127/17	37/22 50/17 59/19	193/1
129/10 129/14 129/22	Rule [2] 93/22 202/12	133/9 134/16 135/14	113/21 141/11 165/6	seamlessly [1]
130/6 134/19 135/1	Rule 10 [1] 202/12	135/22 139/11 140/23	185/9 193/2	199/19
136/1 142/16 144/8	Rule 9 [1] 93/22	150/15 166/1 166/13	scalable [1] 178/21	search [6] 111/24
148/23 150/2 150/12	running [1] 159/18	169/2 174/19 176/24	scaled [3] 57/2 58/23	112/4 112/13 126/9
154/5 155/17 158/6	S	182/19 182/22	105/1	132/12 132/16
158/22 159/2 159/13	sadly [1] 110/12	sake [1] 139/14	scenarios [2] 50/24	searched [2] 126/13
160/7 160/15 160/25	safe [8] 70/10 114/13	same [29] 6/21 9/15	202/2	180/17
162/17 164/8 164/19	117/2 131/11 154/11	17/1 19/12 22/5 25/3	scheme [1] 161/9	seat [3] 1/6 78/9
164/23 164/25 165/2	169/11 194/22 195/8	31/13 32/11 35/16	school [56] 16/21	119/11
166/2 166/17 170/18	safeguard [8] 37/8	44/8 50/5 54/12 54/13	20/22 121/23 122/3	second [11] 5/11
171/16 172/6 174/4	39/17 44/1 44/2 79/17	54/20 56/5 60/23	123/20 125/4 133/9	17/19 42/14 132/10
174/13 174/16 174/18	96/17 144/19 199/8	61/22 70/15 79/9 89/6	133/21 135/16 137/3	133/7 134/12 157/23
175/1 176/3 176/10	safeguarding [126]	98/19 101/3 104/13	138/14 140/10 141/8	161/10 163/15 175/6
176/14 177/4 177/8	3/17 21/5 23/13 34/24	138/7 158/23 174/20	144/24 145/2 151/21	185/9
178/19 179/17 180/1	35/17 36/14 36/21	175/9 179/3 179/5	154/16 156/2 157/1	secondary [3] 121/20
189/14 191/14 193/22	37/9 39/21 40/6 41/4	sample [5] 11/16	157/13 157/20 157/21	122/21 196/4
194/11 194/23 195/18	41/8 41/11 43/10	27/11 114/9 134/9	157/21 157/23 158/16	secondly [5] 12/24
195/20 195/21 198/20	43/13 43/14 43/24	141/6	159/12 159/21 159/25	55/16 136/8 194/2
199/11 199/18	52/1 54/10 54/17	Sarah [1] 27/16	160/1 160/5 161/4	199/4
risks [13] 14/3 14/16	54/19 54/24 54/24	saturation [1] 187/7	161/5 161/6 162/6	secretive [2] 65/3
16/2 42/25 51/4 63/12	56/6 57/15 61/20 75/9	saw [1] 53/3	162/7 165/12 170/12	156/12
93/19 106/12 158/24	80/8 80/9 81/21 81/21	say [111] 5/18 6/7	171/13 171/17 173/2	section [10] 7/14
161/1 161/1 167/4	82/1 82/4 82/18 82/22	6/15 10/17 11/3 11/6	174/10 175/8 183/7	27/5 44/11 49/14
186/13	82/23 83/7 83/9 83/17	14/23 16/1 20/19	183/8 186/14 186/22	66/11 66/12 66/14
Roblox [3] 114/22	83/18 83/20 83/25	21/10 22/12 23/2 27/8	187/8 189/3 191/24	84/18 91/2 128/17
114/24 115/10	89/18 89/20 89/24	28/10 29/16 32/21	193/22 194/3 194/9	section 1 [1] 66/12
robustly [1] 116/18	90/4 90/9 90/11 91/7	33/10 36/8 36/12	196/25 199/20 199/23	section 12 [1] 66/11
ROCIO [3] 78/7 78/14	92/1 92/2 92/5 92/20	38/10 39/16 40/20	201/20	section 2 [1] 66/14
204/9	94/4 94/24 95/7 96/1	44/12 46/24 47/23	school/education [1]	section 2.2 [1] 27/5
Rocio Cifuentes [1]	96/4 96/6 97/14	48/17 51/21 52/22	189/3	sector [6] 37/4
role [31] 2/6 2/15 3/6	102/15 102/20 102/21	54/7 55/2 55/12 55/22	schools [52] 5/12	124/10 125/7 125/9
4/2 27/4 63/7 65/12	103/5 104/5 104/7	56/10 60/20 62/24	5/12 5/13 13/13 16/7	130/7 178/17
79/2 79/20 79/23 80/2	104/12 104/21 104/22	65/12 65/15 66/3 67/3	16/23 38/17 38/18	sector.' [1] 93/20
80/7 97/12 103/25	105/15 105/18 105/20	70/8 71/19 71/22 72/1	81/22 114/5 121/7	secure [1] 6/10
108/25 117/24 125/22	109/9 109/20 110/2	73/9 79/5 81/2 82/13	121/20 123/10 123/16	see [73] 1/15 4/19
134/7 148/19 149/1	111/8 111/14 111/15	84/24 85/9 85/10	123/25 129/6 133/2	5/4 6/6 8/18 10/13
150/8 164/1 169/19	118/2 123/11 123/13	87/23 89/14 92/10	139/21 139/25 140/9	10/15 17/3 17/25
169/20 179/25 182/23	123/17 123/18 123/21	94/3 97/24 98/4	141/9 142/18 149/1	19/25 20/5 21/7 26/9
190/4 191/3 191/7	129/20 129/24 133/1	100/11 101/24 103/18	149/16 155/13 155/23	26/17 27/18 28/7 29/5
201/3 201/25	134/6 135/12 137/13	104/4 105/18 106/8	158/6 158/6 158/9	29/6 30/19 31/11 32/3
roles [4] 102/17	140/2 141/22 142/7	107/2 108/18 110/6	159/16 163/17 164/24	32/9 33/4 35/12 36/20
122/21 133/4 178/17	143/15 143/22 145/8	115/11 116/12 117/23	165/6 165/17 165/18	46/1 46/12 55/22
roll [1] 165/17	145/14 145/18 147/7	118/13 119/1 124/8	166/17 167/3 172/4	61/13 61/14 70/24
roll-out [1] 165/17	149/2 149/16 149/21	126/25 130/20 130/22	172/20 172/22 172/24	73/13 75/7 78/16
rolled [1] 97/16	154/14 155/10 158/10	134/6 134/12 139/3	174/6 177/19 178/16	78/18 78/25 81/15
rolling [2] 160/4	158/14 158/15 158/20	141/13 143/9 144/22	183/10 184/9 186/13	84/14 90/22 93/25
	158/21 159/1 160/14	144/23 145/12 146/18	187/2 187/12 188/10	100/18 103/23 108/16
		147/19 148/25 149/14	195/6 196/4	109/4 110/25 111/11

S	38/3 72/13 75/16	seven [2] 102/20	113/9 130/25 161/11	36/14 36/21 98/13
see... [27] 112/4	sensibly [1] 56/22	131/22	should [123] 3/15	110/4 122/18 138/8
112/4 122/13 125/12	sent [1] 162/7	seventhly [2] 14/5	11/15 22/25 23/21	142/19 149/15 167/1
129/7 129/16 133/14	sentiment [2] 72/8	133/19	28/11 35/13 35/16	significantly [3]
133/16 134/23 139/17	111/18	several [5] 11/23	36/10 38/3 39/6 39/8	142/8 155/10 155/25
141/11 151/17 151/25	separate [8] 18/2	52/25 59/25 122/24	39/8 39/16 39/20 40/6	signs [3] 39/1 92/12
152/16 159/10 169/12	34/12 35/24 55/6	181/3	40/21 41/19 41/20	97/4
169/18 171/4 179/3	55/18 89/17 103/7	severe [3] 57/17	42/6 43/10 43/13 47/8	silos [1] 179/14
182/20 183/19 184/10	106/21	58/15 62/7	49/9 49/17 49/17	similar [13] 27/18
184/14 185/6 197/7	separately [1] 55/16	severity [3] 14/16	50/18 52/14 52/19	27/21 27/22 44/25
199/1 201/13	separation [1] 43/4	57/8 62/6	53/16 53/21 54/8	52/13 81/9 86/23
seeing [18] 67/11	September [3] 1/17	sexual [2] 40/14	54/19 56/12 56/14	104/10 118/6 142/3
67/12 70/5 70/20	78/20 121/17	124/3	57/9 59/3 61/6 67/12	157/18 179/4 184/23
71/24 87/17 128/6	September 2017 [1]	sexualised [1]	70/17 71/3 71/20	similarly [1] 175/13
139/3 139/8 147/3	121/17	181/11	71/24 71/25 72/15	simple [5] 37/22
148/5 148/11 153/9	series [2] 114/4	Shall [1] 119/1	72/24 73/7 73/15	86/15 96/15 130/4
183/18 189/14 190/8	175/13	shape [1] 109/16	73/16 73/20 74/10	130/5
190/22 196/25	serious [28] 14/1	shaped [1] 182/21	76/14 76/17 76/18	simpler [1] 152/9
seek [6] 61/5 74/17	15/7 29/25 40/23	share [12] 45/5 47/8	76/18 76/23 77/10	simplified [1] 49/7
109/24 164/24 165/6	40/23 41/2 41/3 41/13	48/20 48/23 49/9	77/11 82/8 85/24 93/8	simply [5] 36/20 55/8
183/23	44/3 46/8 46/9 52/5	49/17 158/6 158/18	95/11 98/22 100/17	125/1 160/2 180/19
seeking [4] 8/5 12/3	52/7 58/20 64/4 74/13	193/21 195/18 196/8	100/25 102/25 103/20	simultaneously [1]
66/16 71/13	83/11 99/8 118/4	197/3	103/25 105/10 105/16	54/11
seem [5] 22/4 47/1	124/2 134/19 135/1	shared [23] 23/22	106/19 106/20 107/4	since [10] 5/9 41/15
49/23 107/12 107/21	136/2 145/15 162/18	37/3 37/10 37/14	107/18 107/19 108/7	84/12 120/19 121/13
seemed [2] 6/4 172/9	175/9 176/11 200/5	37/18 37/22 37/25	108/8 108/19 109/24	121/17 155/5 156/1
seems [8] 7/17 16/15	seriously [1] 140/15	44/16 45/8 46/22	110/11 111/3 111/10	162/21 188/25
17/11 17/17 33/17	seriousness [1]	48/13 94/21 95/18	112/9 113/9 116/24	single [10] 6/17 37/3
38/21 51/3 75/15	109/15	96/14 125/17 130/11	118/3 120/2 125/8	46/18 47/15 53/1
seen [15] 22/19 38/7	serve [2] 2/24 85/21	136/20 167/18 169/13	125/18 127/19 134/21	61/10 94/5 94/17
43/13 46/6 48/6 64/11	service [8] 11/1 26/7	169/17 194/23 199/2	136/23 138/5 141/15	163/7 198/16
68/9 70/2 71/1 71/23	31/13 45/21 52/24	202/5	142/12 144/4 145/4	sir [31] 1/8 6/1 9/10
72/2 103/14 139/6	53/2 53/8 73/5	sharing [40] 44/10	148/21 149/1 149/11	15/14 15/18 26/1 29/1
147/23 183/6	services [37] 6/18	44/12 44/13 44/17	159/2 159/4 160/15	46/2 57/1 62/9 62/20
sees [1] 68/25	16/7 40/10 40/11	45/22 45/24 46/10	161/2 167/17 168/6	73/24 75/17 75/23
seize [1] 110/25	42/19 43/5 43/15 44/4	47/6 47/7 47/22 48/10	168/9 168/13 168/19	78/2 78/11 88/9
Selecting [1] 180/16	44/14 44/18 45/8 46/7	48/18 49/6 50/11	169/3 169/5 176/2	118/18 119/14 121/12
self [5] 21/13 21/24	46/10 46/17 46/22	50/14 50/24 94/23	179/4 179/13 191/21	127/7 153/17 156/23
65/7 69/23 181/13	52/11 60/17 60/24	96/2 96/9 96/18	191/22 192/18 193/24	170/6 173/7 173/16
self-harm [3] 65/7	77/15 92/3 92/14 93/8	107/25 112/9 112/10	194/7 194/11 194/24	180/7 193/9 202/11
69/23 181/13	98/14 101/6 105/9	112/15 142/13 149/2	198/21 201/12 201/23	202/13 202/21
self-harmed [1]	116/24 118/8 140/7	155/1 158/9 163/15	shouldn't [5] 37/20	Sir Declan Morgan's
21/24	140/8 144/23 144/25	165/2 186/18 194/4	49/24 95/8 148/22	[1] 57/1
self-harming [1]	150/3 164/18 164/21	195/13 197/2 197/8	192/17	Sir Mark Rowley [3]
21/13	171/10 172/13 195/7	198/19 199/14 200/18	show [7] 22/21 64/25	6/1 9/10 29/1
seminar [1] 27/16	services' [1] 72/24	201/9 202/7	70/11 99/10 184/9	sit [7] 60/15 90/9
seminars [4] 7/25	sessions [1] 181/3	she [12] 3/10 42/21	184/16 184/18	109/11 122/18 125/4
24/20 24/20 64/23	set [26] 3/2 3/24 9/22	42/24 43/2 43/8 58/2	showed [1] 134/25	143/5 173/10
SENCo [1] 201/25	10/13 10/16 41/20	58/3 58/3 58/7 166/13	showing [4] 25/9	sits [3] 41/11 41/12
send [11] 122/13	41/22 42/13 48/12	193/1 193/2	45/13 147/21 174/21	72/8
122/16 122/17 170/13	51/22 74/2 79/5	shield [2] 177/13	shown [4] 11/21 97/4	sitting [5] 35/16
174/6 174/8 174/13	102/23 106/12 113/2	177/14	175/16 181/1	36/23 38/24 87/15
175/2 176/4 177/3	127/8 131/3 133/25	shock [4] 7/13 84/17	shows [5] 30/22	166/14
177/5	134/3 139/24 145/16	85/15 128/16	115/5 174/5 175/9	situation [1] 197/19
sending [1] 84/8	163/15 164/6 168/4	shocked [2] 9/5 9/6	185/21	situations [1] 155/16
senior [3] 6/1 123/15	181/17 184/7	shook [3] 69/2 69/4	side [3] 28/6 150/18	six [5] 2/24 10/22
123/16	sets [4] 36/13 46/12	69/6	191/3	58/2 83/17 135/5
sense [19] 17/9 31/8	93/7 184/10	shop [1] 152/17	sight [1] 97/12	six-year [1] 2/24
33/4 59/21 68/1 86/25	setting [4] 12/2	short [10] 62/17	sign [2] 78/18 119/22	sixth [2] 121/8 195/2
87/10 88/22 93/21	155/23 158/16 162/3	95/17 95/22 99/21	signature [2] 1/16	Sixthly [2] 13/25
97/11 97/15 98/5	settings [9] 4/10	119/4 126/21 127/11	78/19	199/16
99/24 111/17 125/18	121/8 122/22 138/4	139/11 173/13 196/14	signed [3] 1/15 1/16	size [3] 30/20 114/9
150/25 169/18 171/21	149/10 155/22 158/19	short-term [1] 95/17	120/11	134/9
171/22	199/21 202/1	shortage [1] 171/9	significance [3]	sketch [1] 79/8
sensible [4] 8/10	settled [1] 162/17	shorter [1] 38/1	16/14 17/20 154/22	skillsets [1] 188/14
	settlement [1] 3/16	shortly [4] 35/24	significant [10] 36/5	skin [1] 115/12

S slide [1] 88/23 slightly [10] 7/21 30/5 30/8 37/17 49/2 56/24 57/13 62/11 79/11 79/12 small [8] 11/16 11/17 13/17 26/7 27/10 134/9 178/15 202/1 Snapchat [3] 115/3 180/13 181/25 snapshot [2] 113/18 113/22 so [368] social [47] 23/19 23/25 24/18 41/21 45/14 46/16 53/16 53/21 58/1 61/21 71/17 71/20 92/3 92/25 99/19 101/6 108/22 109/13 120/23 139/24 140/7 159/17 164/17 164/20 166/4 167/19 169/19 169/23 170/17 171/24 172/17 172/18 173/3 177/20 179/4 179/6 179/11 181/14 182/22 183/2 185/11 185/13 185/20 187/2 187/19 188/2 189/25 societal [1] 191/25 socio [1] 141/4 socio-economic [1] 141/4 soft [1] 186/4 sole [1] 2/16 solely [2] 50/18 109/22 solution [2] 46/12 159/10 solutions [3] 45/16 47/2 189/2 solve [1] 196/15 some [79] 4/23 9/17 13/21 15/1 15/15 20/15 22/1 29/10 33/5 33/7 33/15 37/2 37/13 38/16 38/16 40/8 40/9 44/21 45/15 46/25 47/14 48/6 53/15 53/20 53/23 55/12 60/20 60/21 61/11 62/2 71/10 71/11 73/9 73/9 82/7 83/16 87/25 89/19 95/2 101/8 103/14 107/21 112/1 115/11 116/2 117/9 119/17 120/17 120/18 126/6 131/15 131/23 133/25 139/18 142/23 144/10 151/14 161/15 165/12 165/16 168/5 169/15 169/19 172/24 173/3 173/3 176/4	178/7 178/13 183/11 184/3 184/9 185/6 192/19 192/20 197/18 201/12 201/14 201/25 somebody [3] 31/6 50/22 108/5 someone [4] 12/4 85/13 107/13 151/24 something [33] 9/8 19/18 37/6 38/1 40/1 45/17 54/21 66/3 85/6 89/22 96/7 96/14 96/15 103/22 108/14 113/4 125/8 135/21 137/7 138/24 139/22 144/21 147/4 147/24 151/4 152/24 153/16 158/1 162/11 166/5 177/11 197/7 199/15 sometimes [19] 53/5 68/7 68/8 68/11 76/16 110/22 112/2 112/23 114/15 114/17 115/5 153/10 153/14 176/24 177/12 201/18 201/19 201/20 201/21 somewhere [1] 12/4 sophisticated [1] 187/2 sorry [7] 27/5 82/12 129/13 182/3 184/20 195/12 195/13 sort [31] 10/24 24/25 29/14 37/2 53/10 61/11 68/17 70/1 72/17 73/9 73/10 79/24 89/6 95/2 96/13 97/15 110/15 111/4 118/8 127/13 130/6 139/4 148/9 152/12 165/15 173/3 173/3 174/16 177/15 178/22 181/18 sorts [6] 130/8 130/8 136/14 151/10 161/1 192/1 sought [5] 12/13 99/4 131/7 180/18 180/18 sounds [4] 8/10 44/25 94/19 166/5 source [1] 72/18 sources [3] 31/12 64/24 131/22 Southport [9] 2/13 5/25 9/5 22/18 34/18 70/24 101/4 101/5 162/22 SOUZA [3] 1/4 1/11 204/3 space [2] 180/5 190/5 speak [5] 9/17 64/8 64/9 71/18 119/15 speakers [1] 27/17 speaking [3] 13/1 179/5 186/23	speaks [1] 12/2 special [8] 122/15 122/22 139/21 155/23 159/16 159/21 172/21 183/9 specialist [11] 98/14 118/2 140/4 149/18 150/10 155/23 167/5 171/5 171/9 195/3 199/25 specialists [1] 74/23 specific [22] 7/20 19/19 23/20 28/20 40/19 49/19 50/4 70/20 79/12 81/3 81/19 83/14 94/22 94/25 96/13 96/15 97/19 102/2 103/14 108/7 132/21 198/25 specifically [6] 57/22 73/21 91/22 125/9 131/3 188/4 specificity [1] 41/24 specified [2] 107/5 107/13 spectrum [2] 20/21 161/18 speech [1] 66/24 speed [1] 182/6 spend [3] 16/25 18/18 178/1 spending [1] 12/11 spent [1] 178/10 sphere [1] 82/25 spoke [3] 9/10 38/20 166/11 spoken [2] 42/2 43/19 spot [2] 97/4 129/8 spring [2] 2/18 10/19 St [1] 27/16 St Vincent [1] 27/16 staff [19] 58/17 59/1 59/2 89/7 121/6 123/19 123/20 135/16 140/3 140/10 145/18 157/1 160/7 161/15 171/6 190/5 191/19 194/10 194/21 stage [13] 55/8 56/2 56/23 59/3 61/5 81/9 103/7 103/9 105/22 109/2 128/22 150/25 153/3 stages [4] 26/16 55/6 88/16 89/15 stakeholders [3] 90/8 94/8 102/16 stakeholders' [1] 94/13 stand [2] 95/8 95/11 standard [4] 24/23 38/3 73/10 193/25 standardised [1] 184/17 standards [1] 15/5	standing [3] 1/3 97/18 119/6 stands [1] 22/8 start [13] 1/9 2/5 38/10 64/18 78/12 82/10 102/23 108/17 120/20 139/12 143/3 160/6 194/7 started [2] 121/22 159/5 starting [5] 45/9 102/9 102/10 103/16 197/7 starts [1] 114/11 state [4] 121/7 131/24 133/9 159/25 statement [76] 1/13 1/20 1/24 2/1 2/4 5/2 5/17 9/22 9/24 36/2 38/9 40/4 40/20 47/19 54/6 55/1 63/16 65/11 69/9 74/2 77/24 78/16 78/19 78/21 78/25 87/21 88/14 90/1 91/13 91/16 92/8 93/15 102/11 103/18 108/15 110/7 113/10 115/17 117/21 119/20 119/22 119/24 120/10 120/12 120/19 121/24 123/7 125/21 126/5 127/7 130/25 131/20 131/22 132/3 132/23 133/25 142/1 143/8 147/11 153/18 155/6 155/8 156/17 162/13 164/12 168/4 168/24 170/9 173/22 175/22 180/2 189/5 193/16 195/15 195/22 198/1 statements [2] 120/16 153/16 static [1] 194/13 stating [1] 165/13 statistic [1] 197/16 statistical [2] 10/2 16/14 statistically [1] 141/13 statistics [5] 10/3 26/3 34/13 34/19 141/16 status [1] 138/7 statute [1] 67/1 statutorily [1] 77/5 statutory [36] 2/15 3/5 3/23 3/25 4/2 47/8 47/22 56/12 76/13 79/7 86/21 87/1 104/6 127/9 128/10 131/11 131/12 143/22 144/19 145/17 145/23 149/12 149/18 154/9 154/9 155/18 166/3 167/2 168/14 194/2 196/8 197/12 198/4 198/10	198/17 200/11 steered [1] 181/9 step [5] 67/3 179/19 188/18 188/19 190/25 stepping [1] 152/2 stereotyping [1] 168/16 stigma [1] 192/4 stigmatised [1] 101/14 stigmatising [2] 101/1 101/25 still [15] 13/5 19/8 26/13 77/9 77/14 82/11 85/21 92/13 99/21 108/12 127/18 137/16 165/15 179/13 192/15 stop [3] 59/23 112/13 152/17 stops [1] 177/4 stories [1] 45/5 story [1] 95/23 straight [3] 11/20 31/23 33/14 strand [1] 23/20 strategic [1] 104/8 strategies [1] 187/9 strategy [4] 23/20 133/20 162/16 167/13 stratify [1] 141/6 strength [1] 72/8 strengthen [2] 200/9 200/16 strengthened [4] 103/21 142/17 199/14 200/4 strengthening [2] 81/25 89/25 strengthens [1] 167/15 stressed [1] 25/8 stretched [2] 106/10 172/15 striking [4] 16/24 17/6 31/1 157/17 strikingly [1] 37/21 strong [4] 20/18 49/4 61/9 69/2 stronger [2] 46/22 65/13 strongly [2] 67/4 72/14 struck [1] 101/10 structural [1] 153/2 structure [3] 136/9 150/13 150/19 structures [6] 107/2 107/3 107/9 152/5 164/10 200/12 student [4] 29/11 29/13 156/25 175/7 students [1] 136/1 studies [7] 58/2 58/5 60/4 95/13 133/16 133/17 168/10
---	---	---	--	--

S study [5] 161/10 175/6 180/22 185/1 185/17 stuff [2] 115/6 115/11 subject [3] 25/19 50/19 118/10 submissions [1] 113/17 submit [4] 181/21 181/22 181/23 184/7 submitted [2] 181/22 184/6 subsequently [2] 126/18 152/13 subset [2] 19/5 158/18 subsets [1] 10/8 substance [4] 120/17 123/5 139/14 197/9 substantial [1] 195/6 substantive [3] 173/16 173/19 179/25 substitute [1] 118/1 subtlety [1] 100/14 succeeded [1] 2/21 succeeding [1] 172/24 successful [1] 156/9 successfully [1] 77/9 successive [1] 158/8 successor [1] 161/5 such [19] 3/19 22/20 24/23 36/15 36/21 44/19 50/7 57/9 93/25 94/14 98/14 98/25 99/22 107/8 124/1 135/6 159/22 168/13 182/23 sucking [1] 70/1 suffered [1] 46/9 sufficient [8] 38/12 65/16 81/16 85/24 151/21 151/25 197/5 197/24 sufficiently [8] 14/17 39/12 39/13 39/13 51/7 51/10 51/18 97/17 Suffolk [1] 5/12 suggest [12] 56/9 91/11 95/14 97/8 100/24 104/14 105/15 108/3 167/22 170/7 173/7 173/8 suggested [4] 37/16 104/25 130/16 150/7 suggesting [3] 106/18 106/19 192/19 suggestion [1] 41/2 suggests [5] 21/23 26/16 86/1 93/16 99/12 suicide [3] 21/13 63/22 67/19 suicide-related [1] 63/22 suitable [1] 26/14 suites [2] 55/20 57/6 summarise [1] 88/17 summary [4] 15/10 128/25 133/15 185/6 summative [1] 184/8 summer's [1] 195/17 superficial [1] 7/17 supervision [4] 201/12 201/15 201/15 201/23 supply [1] 140/1 support [59] 21/5 24/7 26/18 35/8 36/16 39/21 51/2 53/1 55/3 55/7 55/23 60/21 66/10 67/4 67/7 67/22 74/11 74/19 74/21 75/18 93/8 98/1 98/11 100/22 103/8 107/25 121/6 129/7 138/15 143/4 145/2 147/1 147/10 150/10 152/20 153/6 155/14 155/24 158/5 165/4 165/14 165/16 165/18 165/20 167/5 168/11 169/22 176/21 177/22 178/3 178/16 178/22 179/3 188/12 190/5 191/19 192/19 199/22 200/17 supported [6] 49/21 124/13 153/3 183/1 199/12 201/5 supporting [6] 6/19 24/5 80/21 93/5 93/11 156/3 supports [3] 129/5 149/25 187/9 suppose [3] 19/1 147/17 201/3 supposed [1] 136/10 sure [22] 6/22 8/13 17/16 23/11 29/20 32/15 96/10 105/13 115/4 116/18 116/20 124/18 127/6 138/3 145/3 146/12 147/2 175/22 188/24 190/18 191/24 193/19 surely [1] 95/8 surfaced [2] 135/25 138/1 surge [1] 17/3 surprise [2] 82/8 136/15 surprised [1] 16/7 survey [26] 21/23 113/22 114/8 131/5 131/24 131/25 133/10 134/5 134/6 134/12 134/24 137/25 139/19 140/18 140/18 141/10 158/13 171/4 182/15 182/16 183/2 184/1 184/24 184/25 185/8 188/3 surveyed [2] 132/25 133/1 surveys [4] 132/21 133/11 133/24 134/4 survivor [2] 76/4 107/21 survivors [3] 35/6 136/25 137/24 susceptibility [1] 18/5 suspensions [2] 170/21 171/13 sustain [1] 149/23 sworn [2] 1/4 204/3 swung [1] 112/1 syntax [1] 57/13 system [32] 12/2 14/2 25/8 25/15 26/24 33/23 35/3 42/8 51/18 60/7 95/4 107/5 107/8 110/11 111/3 122/4 138/25 148/12 157/25 160/21 162/9 170/6 172/25 177/23 187/17 194/8 194/16 196/18 197/9 200/15 201/10 202/8 systemic [3] 154/25 157/15 174/22 systems [12] 46/19 47/3 67/17 116/8 116/19 116/23 117/1 151/16 158/5 181/15 185/12 188/12 T table [9] 16/10 16/10 17/23 17/25 18/17 18/19 26/2 104/8 104/13 table 1 [2] 16/10 16/10 table 2 [1] 17/23 tables [1] 184/7 tackle [1] 52/7 tackled [2] 23/1 41/21 tags [1] 141/21 take [38] 3/3 19/6 23/17 29/1 30/25 31/7 32/22 43/20 52/12 52/15 56/22 57/19 58/24 58/25 61/17 62/3 62/12 62/14 77/5 78/6 88/15 101/8 105/2 107/15 109/3 113/9 114/11 116/25 135/15 138/16 159/22 159/23 160/5 160/9 170/7 173/9 199/22 202/13 taken [22] 13/5 13/7 14/6 27/8 32/23 33/17 35/1 42/22 49/2 53/7 65/13 68/9 68/15 76/8 98/19 112/17 114/7 135/18 135/19 136/7 194/9 200/8 takes [6] 55/9 100/10 103/16 154/16 154/17 154/18 taking [13] 10/20 19/24 31/24 55/20 56/2 57/24 104/1 104/20 105/23 106/1 112/23 113/9 197/17 talk [6] 71/23 82/22 107/11 125/6 126/6 188/1 talked [2] 163/20 193/23 talking [18] 6/21 25/11 36/4 51/14 66/18 66/19 67/10 67/11 110/15 129/22 147/22 152/4 153/1 160/11 166/12 170/11 173/3 196/8 talks [1] 193/1 target [1] 37/17 targeted [1] 145/22 task [1] 4/21 Taylor [1] 9/11 teacher [15] 5/6 5/9 55/10 121/19 122/21 122/22 123/15 141/7 141/15 153/22 153/23 175/8 175/14 175/16 184/10 teacher's [1] 141/8 teachers [17] 121/6 121/15 127/9 133/2 133/9 140/20 152/11 154/3 182/19 183/6 183/9 183/18 183/23 187/11 190/5 191/7 191/19 teaching [4] 80/22 153/22 190/8 190/11 team [25] 2/2 4/15 5/23 38/17 41/11 56/6 56/7 56/18 56/21 57/8 57/12 57/15 58/16 59/9 62/3 76/24 77/9 77/10 105/15 105/18 106/19 155/25 165/20 165/23 178/15 teams [27] 35/6 35/16 35/17 35/20 36/19 41/4 41/8 54/11 54/17 57/6 57/16 57/23 58/6 58/10 58/23 75/9 75/25 76/4 76/15 103/5 104/12 104/21 104/22 107/21 111/14 165/14 172/21 tech [4] 64/22 72/5 72/10 192/21 technical [2] 117/6 117/7 technological [2] 187/3 189/2 technology [4] 70/17 71/3 71/13 187/11 teenage [1] 180/16 teenagers [1] 64/10 tell [17] 10/24 80/16 120/22 121/2 122/1 123/9 123/24 124/21 126/12 131/2 131/21 150/18 153/19 156/19 156/22 158/3 180/4 telling [3] 127/1 147/5 192/17 tells [2] 128/9 136/16 ten [3] 34/5 135/7 148/13 tend [1] 129/24 tenthly [1] 15/3 term [26] 5/19 5/21 5/22 6/4 6/8 6/14 6/17 33/20 38/1 41/18 83/9 83/13 95/16 95/17 97/7 112/6 123/9 123/24 125/23 126/21 127/1 131/4 134/16 134/21 143/10 188/8 terminology [5] 6/2 6/3 83/1 83/2 199/3 terms [41] 2/24 3/16 6/10 9/20 20/14 24/9 24/10 31/19 38/10 42/21 64/2 67/16 69/21 79/10 82/14 83/4 86/3 87/19 89/7 89/13 100/5 100/8 101/11 101/15 104/11 104/19 115/25 118/8 124/1 126/17 127/5 132/12 132/16 143/7 148/7 153/1 165/11 176/17 188/19 197/5 201/7 terrible [2] 36/22 72/6 territorial [2] 59/2 112/18 terror [7] 29/24 57/11 58/17 59/9 61/20 63/6 66/8 terrorism [20] 35/15 56/17 59/1 59/1 63/3 66/11 66/16 73/1 80/6 81/20 82/21 86/20 86/22 86/22 87/13 90/14 91/4 111/11 112/19 147/8 terrorist [1] 66/13 test [1] 40/7 testing [3] 8/5 42/14 117/18 texts [1] 122/25 than [53] 8/4 12/11 16/4 19/19 20/21 21/19 26/22 30/11
--

T	173/7 173/16 179/22 193/14 196/20 196/21 197/10 197/11 197/20 199/24 202/9 202/17 202/19 202/20 202/22 Thanks [1] 39/2 that [1274] that's [89] 3/1 3/21 12/23 14/18 15/9 16/22 20/18 23/2 23/6 25/19 27/4 27/13 27/14 28/3 29/22 32/4 32/5 32/5 34/13 35/25 40/22 41/10 47/15 48/14 49/10 54/3 60/21 61/3 62/5 66/21 68/12 72/16 72/21 73/10 74/24 75/20 76/22 81/10 84/14 90/19 90/25 92/22 93/11 96/4 96/11 96/20 103/22 113/8 114/9 115/19 121/22 128/25 129/16 130/3 130/5 130/15 134/9 138/8 138/18 139/15 140/16 147/19 147/25 148/4 148/6 149/5 151/23 152/24 155/5 156/8 160/11 166/19 167/22 167/24 168/18 170/3 173/6 174/12 177/5 177/11 178/4 184/20 188/16 188/18 191/15 192/12 196/19 197/19 202/6 their [62] 6/22 21/6 21/6 24/8 26/23 30/1 38/17 38/18 45/5 46/20 48/19 49/23 60/3 60/25 63/11 68/8 68/9 68/16 69/20 72/17 72/25 73/6 73/6 74/20 77/14 77/17 93/6 94/9 95/23 99/16 100/2 100/4 100/5 100/6 102/6 104/9 113/6 113/12 114/4 116/18 116/20 119/16 123/16 131/7 135/18 136/5 139/13 145/9 154/4 158/16 166/18 172/21 178/18 183/20 183/20 187/15 188/2 191/6 191/9 191/11 192/3 192/3 them [79] 4/10 4/12 9/14 10/6 12/1 12/4 12/5 12/16 13/23 14/9 24/5 24/8 29/11 29/14 31/6 31/14 34/20 36/20 40/14 43/23 44/2 55/15 56/22 57/9 57/24 64/13 65/2 66/20 67/24 68/10 70/1 70/11 70/19	71/20 71/24 72/19 73/14 73/14 74/24 82/9 82/19 83/24 87/7 92/17 99/17 99/21 101/21 104/20 105/2 114/13 116/18 118/9 131/6 133/10 135/14 136/5 140/11 140/24 140/25 153/5 153/7 156/4 160/1 160/3 160/5 172/8 172/8 186/19 190/10 190/11 190/11 190/12 191/2 191/2 191/10 192/16 192/17 202/3 202/4 theme [10] 29/17 39/15 50/6 68/11 98/12 108/16 110/6 117/22 147/10 164/15 themes [2] 12/14 152/2 themselves [11] 34/21 36/23 50/20 58/19 91/16 98/8 110/3 114/6 116/2 167/3 176/3 then [104] 4/19 5/11 8/15 9/3 10/15 10/16 11/3 15/3 18/17 18/22 21/10 21/14 21/18 23/2 24/16 25/19 26/6 26/9 28/10 29/4 30/4 30/19 30/22 32/25 33/9 36/12 38/8 39/2 39/15 42/5 42/6 49/11 50/17 51/5 52/8 54/25 60/21 61/4 61/6 64/25 65/2 65/3 66/2 67/24 68/18 69/15 70/7 73/18 74/6 77/4 77/4 77/5 87/19 90/8 90/10 93/5 93/14 102/8 102/24 105/2 105/22 109/3 109/18 113/1 115/3 117/20 120/5 121/13 126/18 130/19 131/20 133/7 133/14 136/20 137/5 137/23 138/9 138/13 138/17 138/24 141/10 141/23 144/24 150/14 151/3 153/5 155/7 156/5 159/13 159/21 162/5 167/12 170/6 173/17 175/8 180/16 184/10 186/25 188/25 193/14 193/24 198/24 201/11 202/23 therapeutic [6] 24/25 170/17 171/15 171/16 172/9 195/4 therapy [2] 173/3 178/11 there [236] there's [20] 16/10 28/1 37/4 43/23 44/3	61/9 64/23 70/2 98/23 98/25 138/12 160/21 166/16 166/17 168/1 177/11 179/23 192/14 195/18 195/20 thereafter [1] 105/22 therefore [7] 50/14 99/24 106/13 117/16 130/4 175/20 198/15 these [72] 6/11 14/20 15/6 15/25 17/15 21/4 21/16 21/22 28/23 28/24 31/16 34/19 34/19 34/24 35/20 37/11 37/22 37/23 43/16 43/22 44/4 51/23 51/25 52/20 54/17 57/15 59/25 71/25 72/15 75/13 77/7 81/21 83/22 87/9 91/6 101/19 105/2 106/7 106/22 107/2 109/4 109/15 111/4 113/19 115/4 124/6 125/3 142/25 143/4 143/16 144/11 144/15 145/2 154/21 155/16 155/19 163/6 164/24 167/2 173/21 173/21 175/25 176/12 181/15 186/25 191/25 192/9 192/20 193/19 194/18 195/7 200/8 they [212] they're [2] 19/25 171/17 thing [6] 31/1 133/7 133/14 157/17 197/12 201/3 things [29] 8/5 9/15 20/14 27/14 47/5 52/16 64/16 64/18 65/7 68/7 68/15 71/23 71/25 72/2 91/14 92/10 96/25 103/24 111/19 118/6 126/8 171/11 175/25 183/14 189/1 192/2 192/9 193/18 202/5 think [222] thinking [9] 7/10 19/25 41/4 57/7 75/13 86/6 110/22 111/22 125/8 third [8] 1/24 22/10 26/9 140/23 140/24 158/19 163/19 194/9 Thirdly [2] 13/3 199/6 thirds [2] 91/2 109/5 this [316] thoroughly [1] 22/17 those [116] 8/1 8/7 9/18 10/5 10/21 11/15 11/23 13/20 17/11 17/13 18/14 19/23 24/25 25/25 26/15	27/8 28/5 28/14 30/11 33/5 35/19 38/23 39/11 40/14 43/6 44/19 55/11 58/24 64/21 64/24 69/13 70/23 74/4 75/23 76/20 79/24 83/4 83/21 86/4 88/9 88/21 89/25 93/2 95/9 99/1 99/8 99/11 99/15 101/2 106/11 109/11 110/9 111/4 111/25 114/17 118/8 118/18 120/15 123/13 126/21 132/16 133/11 133/22 133/24 134/4 134/12 134/25 135/2 135/10 136/12 136/14 136/22 138/4 139/2 140/17 141/10 141/11 141/19 141/20 142/24 144/5 144/5 146/20 146/20 148/8 148/9 151/8 151/15 152/11 153/10 156/11 157/15 162/24 169/7 172/4 172/5 172/6 172/22 172/24 173/19 175/18 177/8 180/24 181/14 181/16 184/15 188/14 188/17 190/19 191/25 194/2 195/9 196/12 197/21 198/7 202/11 though [10] 44/25 59/8 69/2 84/24 111/25 120/18 137/14 150/22 169/20 171/12 thought [16] 7/16 9/16 40/22 58/3 59/19 59/24 61/9 73/14 97/17 135/18 155/19 168/5 195/11 195/15 195/22 196/2 thousand [1] 193/12 thousands [1] 71/19 threat [9] 7/11 84/15 85/23 87/5 128/14 161/21 171/25 175/20 189/4 threatened [1] 140/4 threats [2] 161/14 175/13 three [11] 34/17 34/18 76/3 107/20 135/5 135/6 158/14 159/1 180/6 180/24 181/19 three minutes [2] 180/24 181/19 three years [1] 135/6 threshold [17] 29/12 52/24 53/6 53/9 58/5 58/7 58/8 143/21 144/18 144/22 145/3 145/24 155/18 165/20 166/3 166/15 201/11
----------	--	--	---	--

T	92/17 94/14 94/17 95/3 95/10 95/22 95/24 194/24 tools [2] 93/1 168/11 top [4] 42/11 46/4 52/8 91/2 topic [22] 8/16 35/24 44/9 61/4 74/6 84/3 91/12 92/7 108/12 117/20 144/9 154/25 155/4 178/13 179/23 179/25 188/21 193/9 193/11 195/5 195/13 196/22 Topic 1 [1] 195/5 topical [1] 114/4 topics [6] 9/1 62/21 123/5 132/2 173/16 173/19 tot [1] 18/14 total [1] 16/4 totality [1] 22/11 totalling [1] 18/22 touch [2] 41/9 89/21 toward [1] 51/2 towards [10] 47/1 51/6 65/2 85/18 94/9 94/16 145/22 175/1 181/9 181/11 toxic [2] 186/16 187/6 traced [1] 186/25 track [2] 62/13 173/8 tracked [1] 20/17 tracking [2] 15/5 176/17 traditional [1] 40/13 trained [3] 38/17 38/17 111/22 training [41] 29/10 36/1 38/8 38/12 38/15 38/21 38/22 38/23 39/5 96/24 97/3 97/10 97/15 97/19 102/2 102/4 102/5 107/11 145/19 151/2 154/2 154/5 154/17 169/3 169/5 169/8 169/9 169/10 169/11 169/13 176/13 178/16 179/4 179/7 179/10 179/12 179/18 191/1 194/21 199/13 200/3 transfer [4] 140/3 163/16 193/21 199/19 transferring [1] 150/2 transfers [1] 199/23 translate [1] 122/13 transparent [2] 73/13 73/16 trauma [5] 23/24 24/16 25/1 108/21 109/12 treated [6] 140/13 140/15 161/25 174/18	175/18 177/3 treatment [3] 24/22 24/23 178/10 treatments [2] 24/25 140/6 trend [1] 16/16 triage [12] 55/8 55/14 55/19 56/2 56/23 57/25 58/10 103/13 104/19 105/14 105/16 152/12 triaging [1] 103/7 triaging/screening [1] 103/7 tried [1] 28/8 trigger [1] 35/8 troubling [1] 110/19 true [5] 1/20 12/23 78/21 119/24 120/12 trust [3] 156/4 174/10 201/19 trusted [2] 109/1 202/3 trustee [1] 122/21 trusting [1] 64/3 truth [1] 28/2 try [8] 9/17 9/19 9/21 19/25 47/3 126/16 191/24 197/18 try-out [1] 19/25 trying [13] 45/21 54/17 58/13 62/5 72/3 84/24 87/16 94/24 157/10 166/5 177/16 179/16 190/10 turn [21] 5/15 8/15 26/2 36/1 44/9 51/15 62/21 72/18 92/6 102/8 118/19 126/16 127/6 130/22 143/6 144/25 153/17 161/10 166/9 168/25 169/4 turnaround [1] 133/11 turned [3] 5/14 50/8 126/3 turning [1] 96/23 twice [1] 34/7 two [24] 4/9 10/12 10/16 27/9 27/18 28/1 55/6 62/21 71/21 73/8 91/2 109/5 132/21 133/16 134/4 135/25 138/19 138/19 139/2 156/25 157/19 173/16 175/25 188/24 two months [1] 28/1 two years [1] 188/24 two-thirds [2] 91/2 109/5 twofold [1] 156/8 type [15] 20/10 22/1 37/20 63/20 64/5 77/4 106/7 128/19 128/20 145/25 150/15 163/12 172/9 173/1 199/1	types [4] 43/6 70/21 106/11 184/10 typical [3] 146/3 147/3 180/16 typically [2] 159/23 160/3 U UCL [2] 122/22 185/1 UK [10] 3/8 3/19 3/19 80/3 117/8 117/12 117/14 122/8 122/10 122/11 ultimately [2] 163/11 171/12 uncertainty [5] 142/11 146/2 164/15 166/25 176/7 unclear [1] 57/13 under [27] 5/13 26/25 34/5 43/9 57/23 58/13 60/16 66/15 67/8 67/10 67/21 71/18 71/20 72/13 76/10 76/13 90/5 92/1 92/24 95/4 126/13 127/10 131/12 156/19 163/15 178/19 194/21 under 16 [1] 71/18 under 16s [1] 72/13 under 18 [1] 43/9 under 18s [1] 67/10 under-18s [1] 58/13 under-estimating [1] 178/19 under-performing [1] 5/13 underestimation [1] 64/4 underlined [1] 100/9 underlying [4] 14/15 26/3 63/13 110/1 underneath [2] 28/10 125/22 understand [24] 3/13 3/16 8/24 24/1 25/15 29/25 41/6 41/13 59/4 74/17 109/25 129/8 134/21 146/22 161/3 169/21 176/22 177/1 177/15 177/18 186/17 186/18 190/9 202/13 understandable [2] 101/23 148/16 understandably [1] 137/17 understanding [25] 4/11 22/13 23/3 27/3 47/2 47/4 64/12 64/13 89/10 91/19 95/19 97/2 101/11 103/4 124/15 136/21 137/13 144/6 145/11 154/16 161/3 169/14 169/17 179/17 202/5 understands [2]	55/17 83/6 understated [1] 63/8 understood [12] 2/24 12/14 23/1 63/1 100/16 110/9 110/10 125/10 186/10 192/23 193/6 197/15 undertaken [1] 81/3 undertaking [1] 4/21 unfortunately [2] 13/24 157/24 unhappy [1] 114/20 unhelpful [1] 94/20 unintentionally [1] 107/15 union [18] 120/22 120/24 121/3 121/15 122/2 125/23 126/9 131/16 141/18 149/24 156/20 163/22 165/1 171/2 180/4 182/15 184/1 184/23 union's [7] 132/10 132/19 158/4 158/7 162/15 171/7 174/5 unions [3] 119/16 128/2 130/22 unique [1] 47/15 United [3] 3/8 3/9 121/4 United Kingdom [1] 3/8 units [2] 171/1 183/10 universal [1] 159/6 universally [2] 53/17 53/22 university [1] 185/2 unlawful [1] 67/1 unless [2] 130/19 179/23 unlike [1] 81/1 unlikely [1] 68/3 unmet [7] 51/2 100/18 100/19 101/15 101/25 108/23 175/2 unpack [3] 146/10 150/7 171/11 unpick [2] 146/15 176/13 unregulated [1] 160/21 unsafe [1] 114/19 until [4] 62/14 70/18 202/23 202/25 up [83] 4/9 5/9 12/21 12/22 13/21 13/25 15/15 16/4 16/17 17/3 17/17 17/19 18/14 18/15 19/8 20/2 21/17 25/20 26/2 26/7 27/24 31/18 35/17 35/18 37/19 37/25 39/2 41/22 46/11 46/24 47/14 50/2 51/22 54/5 54/21 57/2 58/23
----------	--	--	---	---

U up... [46] 58/24 61/19 65/1 67/22 69/11 75/10 76/24 80/17 92/13 94/18 95/21 96/23 98/12 101/5 105/1 108/14 112/17 115/20 120/19 121/12 122/11 125/2 126/3 126/16 127/6 127/21 135/9 138/16 142/3 143/8 153/17 157/2 161/10 164/12 168/25 169/4 170/14 171/25 175/21 180/8 180/17 180/19 181/20 182/12 186/15 202/13 up-resourced [1] 58/24 up-scaled [1] 58/23 up-surge [1] 17/3 upbringings [1] 27/21 update [1] 83/24 updated [2] 39/5 200/5 upgraded [1] 67/13 upgrading [1] 67/7 upon [2] 40/11 184/12 ups [1] 45/6 upward [1] 16/16 urge [1] 91/14 urgent [2] 22/13 23/3 us [51] 1/9 5/6 10/24 12/19 24/1 29/7 29/10 69/21 78/12 78/15 79/8 80/16 84/8 86/19 106/11 115/20 119/16 120/22 121/2 122/1 122/25 123/9 123/24 124/21 126/3 126/12 127/1 127/2 127/6 128/9 131/2 131/21 133/5 133/10 136/19 143/5 143/5 147/5 150/18 153/19 156/5 156/19 156/22 157/2 158/3 166/8 178/5 180/4 188/12 199/1 202/17 usage [2] 185/21 186/2 use [33] 4/18 4/25 5/21 7/11 9/18 14/23 33/20 37/4 37/10 39/25 75/14 84/15 85/23 88/1 89/11 94/10 94/16 105/14 110/12 112/13 114/12 114/13 115/22 124/9 125/6 128/14 141/9 141/15 165/3 166/6 188/8 196/24 200/11 used [31] 4/22 6/1	6/2 6/14 10/10 14/12 15/24 47/11 70/5 82/16 82/18 83/3 92/12 93/2 93/20 104/15 107/4 115/23 123/10 123/25 126/1 127/1 132/3 132/19 134/18 134/21 143/10 147/7 174/6 185/17 194/1 useful [10] 6/17 6/20 9/8 17/2 37/20 48/8 75/15 104/14 139/16 188/9 usefulness [1] 47/15 user's [2] 63/11 69/19 users [2] 17/15 186/2 uses [1] 115/25 using [9] 9/7 34/14 46/15 92/15 92/18 117/1 117/4 134/16 176/20 usually [2] 135/23 158/14 V value [2] 146/21 190/23 variable [2] 38/19 142/15 variables [1] 184/18 variation [5] 146/8 184/9 184/16 184/18 184/19 Variations [1] 167/9 variety [1] 121/20 various [4] 37/5 102/17 133/4 154/18 vast [2] 13/11 63/5 verbalise [1] 202/3 verification [1] 116/19 version [1] 37/20 very [102] 1/5 2/5 4/16 7/1 7/5 7/20 10/5 11/16 11/17 15/17 16/6 16/10 16/25 17/2 17/14 24/15 27/14 27/21 28/3 30/20 43/21 45/4 45/25 49/10 51/17 52/13 52/19 59/21 60/4 63/13 64/4 72/21 75/22 76/4 76/22 77/1 77/20 77/21 77/23 78/1 78/8 82/1 83/15 84/11 84/25 85/6 88/8 89/2 89/10 89/14 89/21 100/12 100/25 105/6 106/13 110/19 114/2 117/20 118/22 118/23 119/8 119/10 130/3 130/10 130/13 133/11 133/13 133/22 135/16 135/18 136/17	138/8 144/9 148/6 148/13 152/16 154/19 155/24 157/17 159/4 172/8 172/18 173/7 176/18 176/21 176/23 177/16 178/8 179/14 181/17 181/23 182/7 182/10 184/7 184/20 186/13 191/24 193/5 202/16 202/18 202/18 202/22 VFI [25] 24/2 36/11 42/22 61/7 74/17 88/13 90/17 98/24 102/9 103/4 103/8 106/12 113/5 123/9 123/24 124/7 125/23 126/22 131/3 132/12 134/17 143/10 148/23 149/12 149/19 VFI's [11] 5/16 55/18 58/2 91/10 91/22 92/12 92/16 97/2 98/16 100/13 133/17 via [1] 74/21 vice [1] 122/5 vice-principals [1] 122/5 victim [2] 76/3 137/24 victim's [1] 75/24 victimisation [2] 108/22 109/12 victims [4] 35/6 36/19 107/21 136/24 victims/survivor [1] 107/21 videos [1] 185/19 view [19] 8/8 19/6 30/6 60/16 70/9 71/7 76/9 76/13 79/24 86/11 86/12 89/1 90/24 91/7 101/9 104/2 126/25 132/20 168/20 viewed [3] 109/8 109/22 176/3 viewing [2] 116/4 116/13 views [12] 3/11 8/6 37/1 59/17 63/11 69/3 69/20 82/9 93/22 114/4 114/7 131/7 Vincent [1] 27/16 violation [1] 198/12 violence [98] 5/20 7/11 11/8 17/18 18/7 24/10 33/8 33/13 34/20 38/12 39/20 40/5 40/17 40/21 40/23 40/25 41/3 42/7 42/13 51/9 51/9 52/5 52/7 55/10 56/15 56/16 63/24 64/5 65/8 66/20 73/22 74/13 75/6 81/3 81/4 83/10	83/12 84/15 85/14 85/23 86/16 87/18 88/1 93/3 93/20 98/3 99/8 99/9 104/16 106/20 106/20 110/3 110/18 110/20 112/3 112/22 118/5 124/2 124/5 124/12 124/19 126/22 127/25 128/14 128/20 129/15 131/9 136/2 140/22 142/10 143/16 145/16 145/22 146/7 155/11 159/3 160/25 161/22 162/18 167/17 168/13 171/7 171/25 172/9 174/11 174/14 174/17 174/18 176/11 176/14 177/8 189/10 189/13 189/17 189/21 194/20 200/5 200/19 Violence' [1] 82/15 violence-fixated [10] 11/8 33/8 33/13 34/20 42/7 66/20 124/19 126/22 131/9 142/10 violence-fixation [1] 112/3 violent [28] 6/7 8/3 8/4 8/8 22/20 63/20 64/19 64/23 66/21 66/25 67/7 67/20 83/15 86/1 86/5 86/9 90/13 91/3 91/9 100/1 101/7 113/13 143/17 157/12 162/2 170/25 183/7 189/19 violently [1] 161/12 visibility [3] 156/5 183/17 188/15 visible [3] 16/6 17/14 183/22 vision [1] 61/19 voice [2] 115/10 138/3 voiced [1] 144/16 volume [1] 40/12 voluntary [1] 161/9 VPN [2] 117/4 117/13 VPNs [9] 115/20 115/22 115/23 115/24 116/1 116/4 116/13 116/14 117/1 vulnerabilities [14] 24/8 37/19 37/24 81/23 82/23 83/8 95/19 95/24 99/16 109/10 110/1 146/5 158/22 189/24 vulnerability [5] 109/2 109/14 130/6 150/20 166/2 vulnerable [14] 8/7 22/24 44/19 46/6 65/1 86/4 86/8 99/17 99/19 99/20 99/20 99/25	129/23 147/8 W wait [1] 140/4 waiting [1] 171/5 Wales [49] 3/15 52/6 78/17 79/2 79/4 79/6 79/21 80/1 80/3 81/25 82/16 83/9 83/16 83/25 89/16 90/4 90/9 91/15 91/25 92/1 92/2 92/15 93/2 93/6 94/8 94/18 95/1 95/8 95/9 96/1 96/2 97/9 98/8 100/16 101/24 102/10 102/15 102/19 103/4 103/11 103/24 105/6 112/14 113/16 113/23 117/8 118/7 121/9 200/10 Wales' [1] 88/18 want [27] 4/9 5/15 17/19 33/1 40/7 40/18 44/9 51/15 54/21 55/6 55/16 57/10 58/15 60/9 67/12 79/7 99/5 103/6 108/12 114/11 153/3 153/5 160/2 183/12 196/1 196/22 200/25 wanted [15] 11/19 42/15 57/3 90/25 115/18 130/20 133/15 148/19 179/1 186/11 188/21 193/10 193/19 196/24 197/20 warning [1] 49/3 warrant [2] 29/14 104/23 was [146] 1/16 2/18 7/25 9/5 9/9 9/13 9/15 9/16 9/17 10/2 11/6 11/8 11/16 14/25 19/22 20/15 22/17 23/14 26/24 28/25 29/17 29/20 30/25 32/3 32/24 32/24 32/25 33/10 34/10 34/18 38/19 41/15 42/10 42/21 45/18 45/23 46/10 50/7 53/6 53/8 53/9 60/25 62/5 62/6 62/7 62/10 62/10 63/8 65/22 66/24 72/3 72/3 84/12 86/8 94/24 95/2 104/11 112/17 112/20 113/16 115/7 115/21 121/15 121/22 125/25 126/1 129/10 129/11 129/14 130/16 132/4 132/14 133/6 133/15 134/7 134/12 134/21 135/11 135/20 137/3 137/5 138/18 140/15 141/3 141/12 141/23 148/3 148/17
--	--	--	---	---

W	79/17	29/13 30/19 30/22	105/18 107/18 111/19	88/12 89/24 90/5 90/8
was... [58] 152/10	well [61] 7/4 11/3	32/15 34/14 35/17	112/10 114/13 125/7	93/7 93/10 95/4 95/8
152/12 153/15 155/24	14/3 14/22 14/25	37/21 38/7 38/14	126/25 135/12 136/7	95/20 96/5 98/15 99/2
156/1 156/3 157/5	15/13 16/25 20/15	38/14 40/3 43/8 46/11	137/6 137/13 137/19	99/21 100/9 100/14
157/6 157/7 157/9	24/14 27/21 27/22	48/14 54/14 54/16	137/20 139/10 139/11	100/24 102/22 103/1
157/11 157/15 157/17	34/24 40/19 44/4	55/7 56/25 60/5 61/6	140/2 144/16 146/3	103/15 104/11 104/15
157/23 159/11 161/12	45/17 45/20 47/9	62/24 63/18 64/22	146/20 154/21 154/22	104/18 105/7 105/7
161/17 161/25 162/2	57/12 61/21 62/7 62/8	66/16 66/21 68/5 68/9	162/5 164/9 176/7	106/9 107/2 107/5
165/19 165/19 165/20	64/17 70/21 71/16	69/21 71/7 72/3 72/9	where [84] 10/10	108/14 112/16 113/4
173/4 174/3 174/9	95/20 96/2 96/11	73/11 73/23 75/7	17/17 18/8 19/23	113/6 114/19 115/21
174/9 175/7 175/8	112/6 112/14 117/18	77/11 79/8 81/14	25/25 27/10 28/19	119/20 121/14 122/25
175/12 178/25 179/22	117/23 123/19 130/19	82/18 83/23 85/9	30/13 30/24 32/24	123/7 126/3 127/9
180/11 180/14 180/22	135/16 135/16 135/18	85/10 85/16 89/7	33/4 40/16 41/6 43/18	128/9 128/15 128/21
181/3 181/4 181/6	137/25 138/5 138/18	90/25 92/15 92/18	46/8 46/19 48/13	129/13 129/14 131/11
181/24 181/25 182/2	139/6 147/6 147/15	96/12 100/17 101/15	49/25 50/3 54/1 54/2	137/23 142/5 142/12
182/5 182/11 182/13	149/5 150/9 150/17	103/2 104/8 104/10	54/9 55/2 56/14 60/15	144/7 145/25 146/12
182/16 183/3 183/9	154/13 156/3 159/11	105/4 105/6 110/16	62/5 64/17 65/4 71/1	148/19 149/12 157/4
184/6 184/24 185/1	166/1 177/5 179/9	111/18 113/21 116/11	72/4 73/2 76/12 88/2	158/2 159/16 163/18
185/13 185/14 188/21	179/22 184/3 187/22	118/6 123/13 123/14	92/22 92/23 96/10	165/14 168/9 170/12
190/14 192/15 193/9	192/6 193/12 195/25	124/21 124/24 125/17	97/17 104/17 104/21	170/24 173/4 174/3
195/16 195/22 196/2	196/2 196/7 196/21	127/1 127/12 127/18	110/16 112/12 115/11	174/19 178/15 179/8
was 5 [1] 34/10	197/13	129/6 129/10 131/1	133/5 134/3 138/14	183/3 185/13 185/17
wasn't [5] 111/24	wellbeing [2] 92/3	132/14 136/9 136/9	139/21 141/11 142/16	185/24 186/3 186/9
126/23 131/5 157/12	123/17	136/15 136/17 136/22	143/3 143/6 145/18	187/20 193/6 193/23
183/3	Welsh [14] 79/15	138/2 139/3 139/5	145/22 147/2 148/1	196/11 196/25 198/13
way [40] 4/17 17/25	81/16 82/18 83/25	139/8 140/1 143/7	148/8 148/25 149/7	198/25 199/22
33/2 42/6 60/22 61/9	89/22 90/6 90/7 94/8	144/2 145/3 145/12	150/2 150/25 151/3	while [12] 13/8 46/20
61/23 65/11 70/23	94/13 94/25 95/5	146/23 147/3 147/5	155/11 155/14 155/17	51/22 89/19 91/6
71/4 72/11 72/13 77/8	102/19 103/14 178/14	147/16 148/21 148/21	155/23 156/24 157/20	109/23 115/19 118/1
84/10 93/11 94/12	Welsh-specific [2]	149/5 150/17 150/20	160/4 165/6 167/1	140/4 165/4 182/12
95/9 95/11 100/7	94/25 103/14	150/20 151/17 152/12	174/13 174/14 175/7	200/11
100/14 101/13 102/24	went [7] 9/10 111/19	153/1 153/9 158/4	176/12 177/19 179/16	whilst [3] 155/12
109/6 111/16 112/2	125/25 143/8 145/5	159/9 159/9 163/24	184/15 184/18 190/9	168/15 202/12
116/2 121/8 124/21	172/25 185/5	164/2 166/1 166/10	192/11 194/12 195/18	who [89] 8/7 11/4
125/2 131/6 132/16	were [77] 5/5 5/8	166/21 168/5 168/18	199/20 201/14 201/16	11/15 12/24 13/13
137/11 141/18 151/6	5/13 5/14 9/15 10/11	169/5 169/12 172/6	whereas [4] 65/24	13/20 13/21 14/8
156/1 167/22 179/19	10/21 11/5 15/24	172/16 174/14 175/25	81/6 130/11 181/10	16/17 19/16 23/24
186/7 188/6 193/6	15/25 16/20 19/16	177/14 177/20 179/13	whereby [1] 68/21	24/17 24/19 24/21
ways [5] 70/2 91/21	19/17 20/12 20/14	179/14 180/3 180/11	whether [40] 9/16	24/24 26/8 30/9 33/13
116/6 131/7 183/22	20/20 21/16 25/6 26/8	180/22 180/22 184/6	14/1 19/2 19/4 23/12	34/4 34/17 39/7 42/17
we [533]	26/21 29/19 30/15	184/22 186/15 187/12	23/12 28/18 28/23	42/23 43/11 43/11
weak [1] 174/10	31/5 31/7 32/1 32/1	188/10 188/16 189/3	35/7 37/2 42/12 58/7	44/19 45/21 47/6 50/4
weakness [1] 87/16	34/4 34/6 34/7 34/9	189/12 190/4 190/4	85/2 85/17 93/23	50/15 51/1 51/5 51/8
weapon [2] 143/18	40/11 40/16 40/16	190/5 190/8 190/18	97/13 97/14 97/15	51/10 51/24 52/11
144/13	41/22 46/6 48/4 49/2	190/20 190/22 191/3	97/16 98/5 98/6	52/12 52/14 52/19
weapon-related [2]	50/2 63/5 63/6 68/1	191/10 191/15 192/7	103/24 103/25 105/3	55/11 56/13 56/21
143/18 144/13	87/10 101/6 111/20	192/18 195/10 196/1	110/25 111/25 112/1	59/22 61/1 61/13 63/5
weapons [6] 109/22	114/5 121/19 126/13	197/1 198/13 200/25	114/6 116/1 116/8	64/3 64/25 65/2 68/2
110/2 112/5 140/22	126/18 127/25 132/25	201/4	124/18 138/22 138/22	68/23 71/21 75/5
181/9 200/6	133/2 135/18 135/22	what's [10] 43/7	140/20 144/3 144/7	83/10 83/17 86/4
Weatherby [6] 75/24	139/18 140/12 140/20	45/19 104/2 104/24	147/2 148/4 165/10	93/19 95/12 99/8
76/1 76/2 77/21	140/21 140/25 141/1	129/1 130/5 165/24	195/21	99/11 105/18 109/7
118/19 204/7	141/21 141/21 141/24	177/1 179/2 195/20	which [129] 4/24	114/17 114/22 119/15
web [3] 64/15 64/24	152/11 155/19 166/12	whatever [3] 35/9	7/12 9/1 10/13 16/15	125/19 129/9 129/14
65/3	170/20 170/25 171/1	59/5 61/8	17/2 19/24 21/7 21/23	132/25 133/2 133/9
websites [2] 114/12	175/18 178/21 181/1	when [59] 11/10	22/22 23/21 27/1	134/7 134/19 135/1
114/19	181/9 181/15 181/15	11/12 11/14 13/25	27/23 32/10 35/2 37/6	135/19 136/1 159/23
week [1] 147/21	181/15 181/18 189/11	14/5 16/20 18/13	39/7 44/14 48/23 52/2	160/5 161/12 161/14
weeks [1] 181/6	weren't [1] 157/13	18/14 23/12 27/7 29/5	52/6 53/7 54/8 55/9	161/18 162/17 169/9
weight [1] 141/10	western [1] 44/7	29/10 35/20 38/13	55/19 56/1 57/23 61/6	175/13 176/19 186/23
welcome [1] 96/19	what [168] 9/16	41/11 44/6 44/6 44/15	61/13 61/13 63/10	191/16 192/25 194/10
welcomed [1] 84/21	10/24 12/14 16/24	49/18 55/9 56/8 57/8	65/19 68/2 73/10	Who's [1] 61/17
welcomes [1] 2/12	17/2 22/15 23/6 23/7	57/16 58/1 58/22 61/1	74/16 75/14 75/14	whole [9] 14/15
welfare [5] 44/16	24/3 25/18 27/7 28/3	63/19 64/9 66/18	75/21 76/7 82/1 83/11	20/25 22/16 50/3
50/14 50/21 79/3	28/10 29/2 29/5 29/8	71/19 71/23 93/12	83/14 84/2 84/16 85/4	83/22 90/23 116/13
	29/9 29/11 29/12	97/3 100/11 103/6	85/8 85/14 87/25 88/9	160/21 201/6

W whole-page [1] 90/23 wholly [2] 197/19 198/5 whom [3] 11/5 49/21 60/6 whose [1] 91/25 why [17] 4/21 6/20 9/3 17/9 19/21 29/20 30/2 36/20 57/5 71/16 74/17 101/22 107/14 114/23 116/12 136/22 151/23 wide [4] 3/19 82/24 89/11 132/1 widely [1] 63/1 wider [8] 118/4 125/4 187/15 187/18 187/25 191/11 191/11 201/21 widespread [3] 64/5 160/19 160/20 will [82] 4/6 4/21 5/1 7/5 13/11 16/15 17/17 17/23 39/15 42/17 45/6 46/2 46/24 47/25 51/24 59/12 59/25 62/15 62/15 68/13 68/15 69/11 70/12 75/12 76/4 78/16 80/12 81/16 82/5 82/7 84/4 84/5 89/25 92/13 92/24 94/12 94/18 95/13 103/15 114/22 116/6 119/18 127/6 130/19 130/21 130/24 131/16 133/16 134/1 135/9 135/22 136/25 138/23 139/22 141/19 144/9 146/12 155/8 156/24 158/1 159/15 160/8 161/17 162/9 167/6 168/23 169/2 170/6 173/10 173/17 184/8 184/13 184/14 185/6 186/7 188/24 189/2 189/6 192/22 198/25 202/16 202/23 willing [1] 160/5 wing [1] 18/20 wish [4] 69/12 71/1 195/10 202/13 withdrawal [2] 171/10 172/16 withdrawn [1] 155/15 withheld [1] 156/21 withhold [2] 50/18 155/15 within [31] 26/24 35/2 35/21 50/4 59/20 77/17 83/9 88/3 107/8 108/12 125/4 128/21 133/6 138/7 149/3 149/16 151/24 152/7 154/19 162/24 180/23	181/19 187/1 190/14 191/16 191/21 193/25 194/5 200/14 201/19 201/21 without [19] 4/14 7/9 16/13 26/19 27/2 28/14 33/18 36/15 66/9 67/21 74/13 76/8 76/8 86/9 91/5 115/12 142/19 162/3 162/18 witness [4] 78/2 78/4 81/1 195/11 witnesses [20] 2/1 6/16 8/5 10/6 18/10 36/25 38/6 40/2 40/10 46/25 58/22 74/15 86/2 90/6 92/13 99/5 101/3 114/22 128/18 183/14 witnesses' [1] 8/6 won't [13] 28/7 28/9 67/24 69/10 73/25 87/12 88/10 117/12 139/12 157/2 161/8 161/10 186/17 wondering [1] 97/13 wording [1] 40/4 words [3] 85/12 127/18 178/18 work [51] 4/5 7/9 9/12 17/9 23/20 28/23 32/24 33/1 33/19 41/9 43/2 43/18 44/4 44/5 44/14 44/23 47/13 48/20 52/7 52/19 59/11 60/1 60/23 68/12 70/3 70/3 71/14 74/25 81/3 83/18 94/16 96/8 98/4 107/8 108/24 111/11 117/23 118/1 118/12 118/13 118/16 127/10 129/19 129/19 130/23 131/12 131/23 152/21 155/12 180/5 202/16 worked [8] 27/25 48/5 48/6 48/8 75/15 124/23 155/22 202/6 worker [1] 155/25 workers [1] 169/19 working [29] 7/8 7/16 8/2 8/13 9/9 9/16 11/2 28/16 29/7 37/8 37/11 39/17 51/18 94/9 95/10 96/21 104/5 111/13 116/19 121/7 133/2 136/20 139/9 155/24 165/3 179/14 198/20 199/8 199/17 workload [1] 41/7 works [3] 3/20 17/25 153/9 world [12] 17/15 17/15 42/3 44/7 62/25 63/1 63/7 82/22 83/9 188/11 188/13 188/13	worried [4] 9/15 13/13 55/10 140/21 worry [5] 12/3 31/21 60/25 76/20 88/15 worrying [1] 9/13 worth [1] 155/5 would [159] 1/10 1/23 6/17 7/2 7/18 7/21 8/10 8/23 9/8 12/8 16/16 19/7 19/9 24/3 24/6 24/24 28/23 28/23 29/14 31/1 32/12 32/20 33/5 35/8 35/12 37/1 37/2 37/14 37/18 37/25 40/15 44/8 53/5 53/7 55/3 55/12 55/23 56/1 57/6 57/10 57/20 58/8 58/11 58/12 58/15 59/8 60/16 60/17 60/23 60/23 60/23 60/24 61/10 61/13 61/14 61/22 61/24 61/25 62/24 63/14 64/2 67/4 67/6 67/12 67/22 72/18 74/23 77/5 77/6 77/13 77/17 78/13 82/2 82/2 85/9 85/13 85/22 86/13 86/15 89/8 89/14 91/5 91/11 91/11 91/21 92/1 93/22 94/7 94/13 94/15 97/8 100/24 102/1 103/3 104/1 104/4 104/14 104/15 105/1 105/14 105/15 105/23 105/24 106/13 107/7 107/8 107/9 107/23 111/11 112/19 112/22 113/11 114/6 114/7 116/4 122/12 125/12 129/6 129/16 131/5 139/3 139/8 146/18 146/21 147/19 150/22 151/6 151/23 151/24 152/9 152/14 156/12 156/13 159/21 161/2 161/5 168/6 169/12 171/22 171/24 171/25 172/22 173/1 177/20 178/21 179/2 182/9 182/10 184/15 185/6 188/8 194/15 198/4 198/15 200/8 200/15 200/23 201/3 201/16 wouldn't [5] 58/5 58/10 117/17 130/13 134/18 writing [1] 202/17 written [6] 1/24 95/18 132/8 174/25 195/23 196/3 wrong [8] 32/22 33/11 47/12 95/6 105/7 111/20 116/22	137/20 wrote [1] 140/6 WSPs [1] 90/4 X x axis [1] 30/12 Y y axis [2] 30/22 30/22 year [29] 1/17 2/24 10/20 11/22 17/4 17/5 17/7 21/12 21/12 21/24 21/25 25/6 34/9 75/20 78/20 115/7 115/14 132/4 132/15 132/21 134/8 154/1 154/10 154/10 180/4 180/12 180/14 181/16 197/17 year's [1] 42/17 year-on-year [1] 154/10 years [9] 5/6 16/12 34/5 80/20 121/8 135/6 148/13 172/24 188/24 years 2016/2017 [1] 16/12 yellow [1] 17/4 yes [248] yesterday [3] 90/6 156/23 178/14 yet [5] 89/12 97/16 165/21 192/16 196/3 you [808] you' [2] 115/9 185/23 you'll [1] 73/25 you've [2] 28/2 180/6 young [55] 17/16 24/21 28/24 43/9 58/4 63/3 64/10 64/10 64/25 79/4 79/21 80/20 80/22 81/22 82/17 82/22 83/10 87/5 87/17 93/9 93/19 96/22 97/4 98/6 98/10 105/10 113/23 114/3 116/5 129/8 144/2 146/14 147/23 149/6 153/8 167/20 176/19 177/18 179/8 179/10 185/4 185/16 185/19 186/21 187/8 187/13 187/15 188/1 188/5 188/16 189/18 191/2 192/3 192/7 193/4 your [202] 1/9 1/13 1/20 1/25 2/2 2/2 2/18 4/5 4/14 5/2 5/3 5/4 5/4 5/7 5/17 5/23 7/15 8/19 8/22 9/22 10/10 10/19 14/1 14/13 15/14 17/5 17/9 18/23 26/1 28/2 29/23 33/20 33/25 34/14 35/7 35/10 35/25 36/2 37/1	37/6 38/9 39/10 40/4 40/7 40/20 43/7 44/11 44/23 44/24 45/17 47/19 48/4 51/17 51/19 52/17 54/5 55/1 62/22 62/24 63/14 63/16 65/11 68/5 69/2 70/15 71/25 75/17 76/9 76/13 77/23 77/24 78/12 78/16 78/22 79/2 79/5 79/10 80/17 81/11 82/9 84/19 86/7 87/21 90/1 91/13 92/8 93/15 93/22 93/24 95/25 97/12 98/4 102/11 103/4 103/18 104/2 105/12 108/15 110/7 110/8 112/17 113/4 113/10 113/24 114/9 115/17 117/18 117/21 118/6 119/20 119/25 120/2 120/6 120/9 120/12 120/21 121/13 123/1 125/20 126/5 126/9 126/25 127/2 127/7 127/12 128/2 129/1 130/22 130/25 131/4 131/9 131/22 131/25 132/15 132/19 132/25 133/18 133/25 134/17 135/25 136/15 137/8 137/25 141/25 142/4 142/5 142/5 142/21 143/8 143/11 143/14 143/25 147/6 147/11 149/24 150/7 153/16 153/18 154/16 155/8 155/20 156/13 156/23 158/2 158/4 158/13 159/14 164/12 165/1 165/7 166/8 166/22 167/7 168/4 168/18 168/18 168/24 170/15 172/7 172/12 173/17 173/22 174/20 174/22 176/1 176/15 177/10 178/22 180/2 180/4 180/10 182/12 183/18 183/18 184/23 189/9 189/14 190/2 193/14 195/11 197/4 201/16 yours [1] 130/24 yourself [2] 5/21 121/11 youth [17] 8/12 42/24 52/4 74/10 74/18 74/23 80/6 80/22 93/7 93/8 108/24 117/23 118/1 118/12 118/13 118/16 187/1 YouTube [4] 115/2 180/13 181/25 187/21 Ysgol [1] 156/24
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