# Safeguarding and radicalisation

## Research report

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# Executive Summary

The Department for Education commissioned this study in the context of the new and emerging nature of this area of practice for safeguarding professionals. The aim of the research was to develop a deeper understanding of how Local Authorities were responding to radicalisation, and to begin to gather evidence of emerging practice about what works in social care interventions. Exploratory qualitative research was conducted with 10 local authorities between 7th March and 1st April 2016, in order to provide an overview of the range of existing practice in this area.

A key finding of this research is that participants were highly conscious of the on-going debates and contested terminology in this area – both within local communities and among staff in the authorities themselves. In particular, the research surfaced widely varying views about the extent to which radicalisation represents a safeguarding or child protection risk.

Although participants identified some parallels between radicalisation and other forms of harm (particularly Child Sexual Exploitation), it was felt that the greater difficulty of identifying 'vulnerable' individuals in radicalisation cases meant that this remained a distinctive and difficult issue for safeguarding professionals to grapple with. The sensitivities involved in determining an appropriate response to radicalisation can make this an uncomfortable area of practice for some staff, particularly for frontline staff who lack direct exposure to these types of cases (most frequently found outside of Prevent Priority areas).

One of the key factors driving staff confidence (or lack thereof) was the degree to which a local authority had arrived at an internal consensus (i.e. shared definitions and agreement at both a strategic and frontline level) about these key questions. This in turn was often influenced by the prevalence of cases of radicalisation within a local authority. Three key 'types' of local authorities therefore emerged across the case studies – with high prevalence and low prevalence areas having the most clearly defined differences.

1. **High prevalence:** typically located in Prevent priority areas, with a high volume of radicalisation cases, these authorities had a strong internal consensus that radicalisation presented either a safeguarding or child protection risk to children, and were committed to taking ownership of the issue, whether in early help or statutory social care.

2. **Low prevalence:** generally located outside of Prevent priority areas, with a much lower volume of radicalisation cases, these authorities had reached an internal consensus that the response to radicalisation cases was more appropriately provided by universal services, such as education in cases of low severity, or to the police in cases of high severity.

3. **Moderate prevalence:** areas with an ongoing internal debate about the nature of the safeguarding risk presented by radicalisation and the definition of the term itself, these authorities tended to respond to cases of radicalisation on a reactive, 'needs-driven' basis.

When discussing emerging practice in this area, as well as the key challenges that were being faced, four key themes emerged from discussions:

1. **The degree of internal consensus about how an authority should respond to radicalisation has an impact on staff confidence and capability to handle these cases:** Where there was no internal consensus within an authority about how the threat of radicalisation should be responded to, this led to a range of barriers and challenges for staff. Where there was not clear agreement about when radicalisation met safeguarding thresholds, and what the most appropriate interventions were, this resulted in low confidence among frontline staff.

   Where a local authority had reached consensus about the nature of the risk associated with radicalisation and the appropriate response, this gave confidence to staff. Local authorities were able to further build confidence of staff by strengthening internal knowledge about radicalisation, either through case reviews or by consulting relevant experts.

2. **Engaging with families and communities around this issue is a key challenge, with some indications of emerging good practice:** Staff reported different kinds of barriers that arose in relation to engaging with families and communities as part of the safeguarding response to radicalisation. Some staff had encountered direct barriers, where family members sought to directly restrict the access of safeguarding professionals to their children; for example, by refusing a safeguarding assessment. They noted particular challenges in obtaining access to home-schooled children. Others had experienced a broader reluctance and resistance from communities that felt they were being unfairly targeted by the 'Prevent agenda', which was perceived to have become a 'toxic brand' in some local authorities.

   Staff had begun to overcome these barriers by clearly explaining to families involved in these cases why their child was deemed to be at risk of radicalisation, and making clear what the potential impacts of the risks involved would be. By providing families with a clear explanation of what was being done and why, it was possible for staff to gain buy in and support with safeguarding children. At the same time, effective education and outreach programs were able to inform communities about the purpose and intention of the Prevent agenda, and begin to demystify and detoxify the brand.

3. **Working effectively with partner agencies, including the police, schools and healthcare professionals is central to the response to radicalisation across many local authorities – and a source of key challenges:** Further barriers arose in relation to partnership working. In particular, radicalisation cases often presented issues relating to information sharing with the police. Police were sometimes perceived to be limited in terms of the information they were able to share about ongoing criminal investigations, even if this was the cause of a referral to safeguarding professionals. Other challenges included partner agencies (often universal services) that were deemed to be overzealous in their referrals. Safeguarding and child protection thresholds were another key sticking point in relationships with partners, who sometimes lacked a clear understanding of which cases were appropriate for safeguarding or child protection intervention.

   Participants also reported areas in which partnerships were working more effectively. Often this was as a result of strong interpersonal relationships between key strategic staff across different agencies, as well as the development of tailored training materials and sharing of key procedural documents.

4. **Where the perceived legitimacy of interventions is questioned, this presents challenges to staff confidence:** Finally, barriers also arose where the legitimacy of safeguarding or child protection interventions was challenged. In some instances, this was external challenge (for instance a court refusing to grant permission to assess a child). Staff also reported internal anxieties about the appropriateness of interventions, with staff in areas with less experience of working on radicalisation cases often less confident about how they should best respond.

   Staff who had built up experience of working on these cases, and who were provided with clear guidance from their managers about the most appropriate interventions, were the most confident about the legitimacy of their work in this area.

Overall, staff were most confident responding to radicalisation in local authorities where safeguarding and child protection teams had arrived at a clear conclusion about who should take ownership of these cases, and developed guidance around assessment and handling of radicalisation cases. Where staff are confident in how they should handle radicalisation cases, they were also better able to engage effectively with families and children who are at risk. A number of key lessons emerged from the research about how some local authorities have addressed the challenges in this emerging practice area:

- Agree who is responsible for responding to radicalisation
- Recognise the need for local authorities to reach agreement about the most appropriate response for them
- Define a single referral process

- Build an evidence base in order to learn from previous practice
- Share learning about appropriate interventions
- Engage with communities to build awareness and understanding

This research suggests that there is an opportunity for the Department to increase the amount of knowledge sharing between local authorities in relation to this issue, in order to ensure that staff in areas that are less confident in their practice are able to draw from the experiences of those who have dealt with more radicalisation cases. Additionally, there is appetite for a central resource of information and guidance that could help build capacity and capability within the safeguarding and child protection system to respond to these cases.

# Background to the research

The Children Act 1989 outlines the duties local authorities have to support and protect children, including a duty to investigate any concerns or allegations that suggest a child is likely to suffer significant harm including physical, emotional or sexual abuse or neglect, and to take action to prevent this.[1]

Radicalisation[2] of children and young people is an area of growing concern within the UK. Yet (as with many other harms dealt with by safeguarding and child protection services) the issue is complicated, not least because individuals who become radicalised do not follow a single pathway. While there is broad agreement over the factors influencing people's vulnerability to radicalisation (holding a radical ideology; the involvement of an external influence encouraging radicalisation; the presence of vulnerabilities that make an individual more susceptible: such as a history of criminality, or unmet psychological needs for belonging or status), the relative influence of these factors and the way in which they interact are not clear cut.

Radicalisation can be seen as a two-stage process. The first stage encompasses an attitudinal journey, where a vulnerable individual begins to hold extremist views – vulnerabilities being influenced by background factors (e.g. criminality, troubled family background), experiences and influences (e.g. friends and family), and unmet psychological needs (e.g. for belonging and status). The second stage focuses on behaviours, where extremist views turn into violent actions influenced by social, emotional or experiential factors. Within both stages there are opportunities to proactively and reactively support individuals and families to protect them from the risks of radicalisation.

The Counter-Terrorism and Security Act 2015 gave local authorities a statutory duty to have 'due regard to the need to prevent people from being drawn into terrorism' (the 'Prevent duty')[3] and statutory guidance from the Department for Education recognises radicalisation as a safeguarding issue and requires the Local Safeguarding Children Board (LSCB)[4] to *'agree with the local authority and its partners the levels for the different types of assessment and services to be commissioned and delivered'*.[5] Existing regulation therefore provides a framework for children's services (covering both early

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[1] Sections 17 (definition of children in need) and 47 of the Children Act 1989 (child protection investigations or definitions)

[2] Definition - *"Radicalisation" refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups* - provided in the Prevent Duty Guidance, p.12

[3] Section 26 of the Counter-Terrorism and Security Act 2015  *https://www.gov.uk/government/publications/prevent-duty-guidance*

[4] Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB), which is required to develop local safeguarding policy and procedures and scrutinise local arrangements

[5] *Working Together to Safeguard Children*

help and preventative services alongside statutory children's social care services), in conjunction with adult social care and universal services (health, education and justice), to help identify and support vulnerable children, young people and families where radicalisation is a potential risk factor.

However, this is very much an evolving area for social care, one which has been a source of ongoing debate and uncertainty. Additionally, given the rapid development of this threat over a relatively short period, there is at present little available evidence about what works in social care interventions.

In this context, the Department commissioned this study to develop a deeper understanding of how local authorities are responding to radicalisation, and gather evidence of emerging practice about what works in social care interventions. Other organisations such as the Association of Directors of Children's Services have also been considering how to help social workers navigate this practice issue.

## Aims of the research

The overarching aim of this study was to provide a deep, nuanced understanding of the approaches being taken to supporting children (and families) vulnerable to radicalisation by children's social care services (and those services that they work alongside).

The intention is for findings from this piece of research to inform the Department's thinking for further debates surrounding the appropriate counter radicalisation response by children's social care, ultimately helping to protect children at risk of, or from, radicalisation.

Specifically, the research sought to explore the following:

- The perceived similarities and differences between (i) vulnerabilities to radicalisation and other forms of abuse (such as Female Genital Mutilation and Child Sexual Exploitation) and (ii) the responses to managing these vulnerabilities

- Interventions being used to respond to radicalisation including early help, Channel referrals and statutory child protection interventions (including the perceived effectiveness of interventions), and how these interventions relate / respond to particular local circumstances

- The factors that influence the capacity for children's social care in tackling radicalisation (including awareness of thresholds, confidence in assessing vulnerabilities, confidence in practice or appropriate use of interventions, awareness of referral routes, multi-agency working and information sharing)

- Views on the potential effectiveness and most appropriate role for social care (in conjunction with other agencies) in responding to radicalisation, and associated needs in order to facilitate this (e.g. in relation to information, guidance, resources, tools, systems, processes, procedures and legislation)

- The identification of emerging practice in counter radicalisation responses by children's social care, including in effective multi-agency working.

# Overview of the research methodology

## Local Authority Case Studies

The primary data collection phase of the research involved qualitative case studies with 10 local authorities between 7th March and 1st April 2016. Each case study constituted a mixture of depth interviews and mini-group discussions with a range of frontline and strategic staff from within the local authority. By combining findings from across the individual discussions within each local authority, it was possible to build up an overall understanding of current practice in preventing and responding to radicalisation in the area.

The local authorities involved in the research were selected to provide a broad coverage across a number of factors that were expected to result in a range of different experiences and practices. This included a mix of Prevent priority and non-priority areas, Ofsted ratings of children's services, as well as whether or not the service had a Multi-Agency Safeguarding Hub (MASH)[6].

For the purposes of reporting, the identities of the local authorities involved in the research have been anonymised. The profile of each of the local authorities against the key quotas is shown in the following table.

| Local Authority | Prevent Priority Status | Current Ofsted Rating of Children's Services | MASH/No MASH |
|---|---|---|---|
| A | Priority | Good | MASH |
| B | Priority | Inadequate | MASH |
| C | Priority | Inadequate | MASH |
| D | Priority | Inadequate | No MASH |
| E | Priority | Good | MASH |

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[6] A MASH is a central hub of safeguarding agencies (often co-located) designed to facilitate real time information sharing, decision making and communication between these different agencies, and to avert the risks of poor communication between agencies

| | | | |
|---|---|---|---|
| **F** | Non-priority | Adequate | MASH |
| **G** | Non-priority | Requires improvement | MASH |
| **H** | Non-priority | Good | MASH |
| **I** | Priority | Good | MASH |
| **J** | Priority | Good | No MASH |

Each case study involved a mixture of interviews and mini-group discussions with staff with greater or lesser experience of working on radicalisation cases, as well as interviews with relevant partner bodies, such as police, schools and health teams.

In this report we have in some instances included written-up 'case examples', looking in detail at the experiences of a particular interviewee from within a local authority case study.

Throughout this research we took a responsive and open-minded approach when speaking with local authorities about how they responded to radicalisation, speaking to professionals using a variety of different approaches – including both safeguarding and child protection responses, as well as authorities placing an emphasis on universal community safety interventions.

In order to ensure that discussions were conducted with the most relevant members of staff, local authorities had flexibility to put people forward to take part in the research. Therefore the make-up of each case study varies (see Appendix for further details of the make-up of each case study).

All case study interviews and group discussions were structured using a topic guide. This is an aide memoire that indicates the range of topics and sub-topics to be covered in the interview. The topic guide was used flexibly, guiding discussions with participants so that they felt more like a conversation, but using probing techniques to elicit the required information, and heading off any tangential or irrelevant issues that arose.

Following the completion of the case study fieldwork, researchers conducted multi-stage, iterative analysis – beginning with individual-level analysis conducted by each researcher using a standardised analysis template (or pro-forma), followed by a whole-team research debrief to draw out findings against the research objectives.

During the analytical debrief session researchers explored initial hypotheses that emerged from the case studies that they had conducted, as well as questioning, interrogating and further developing these findings in light of the contributions of other researchers. Key themes were identified and explored in greater detail, informing a second wave of analysis of pro-formas, resulting in the case study summaries found in the Appendix.

## Stakeholder Workshop

Following the completion of the 10 case studies, a workshop and presentation of findings was held, attended by 19 representatives of national and regional bodies with expertise in this area. The aim of the workshop was to review initial findings and to help inform further reporting and develop recommendations in respect of how children's services and social care can best be supported going forward. The workshop took place at the Department for Education on 29th April 2016.

## Structure of the report

This report will begin by exploring the range of existing perceptions and definitions of radicalisation, including both the terminology itself, and how radicalisation is viewed and compared alongside other forms of harm and risk for children and young people. The different ways in which staff in local authorities perceived the nature of the radicalisation threat was often closely linked to the prevalence of cases within an authority. Together, these factors played an important role in informing how staff in local authorities responded to radicalisation – and the first section of the report concludes by drawing out three of the primary different 'types' of response to the issue.

The following sections of the report then explore the range of challenges that emerged from the research, and some of the initial steps that had been taken to try and address these.

# Perceptions and understanding of 'radicalisation'

One of the key findings of this research is that 'radicalisation' remains an area of on-going debate and contested terminology. In particular, there were widely varied views about the extent to which radicalisation represents a safeguarding or child protection risk. The degree to which staff handling these cases had reached a definitive conclusion about the nature of the risk involved had a substantial impact on how they perceived, assessed and responded to cases of radicalisation. All of these issues are explored in more detail below.

## Terminology

Participants in the research highlighted that the terms 'radicalisation' and 'extremism' are contested – both within local communities and among staff in the authorities themselves. A range of views were expressed about the appropriateness and applicability of these terms, with many participants themselves holding conflicted views. Some participants were very familiar with the Prevent definition of radicalisation and felt this was clear and sufficient. Typically, this was among participants with the greatest exposure to existing Prevent or Channel structures; for example, among people who attended Channel Panel meetings. These included Directors of Children's Services, Prevent Co-ordinators and Police Prevent leads.

> *"Radicalisation is a process which somebody goes through in order to become involved in extremist activities or terrorism, from a starting point of having no particular strong opinions or being a moderate person through to holding some extremist views, and it can be a process that happens online or in meeting people, and their conversations and their opinions are gradually changed over time."*
> [Police, Non-priority Area]

Among those who did not turn so instinctively to the Prevent definition, however, 'radicalisation' was felt to be a much more nebulous and undefined term that had many potential interpretations and nuances. This was not exclusive to frontline staff or those with limited exposure to radicalisation – staff at all levels expressed these views, including senior strategic staff and representatives of partner organisations. Some went so far as to see it as a problematic term; one with the potential to cause unnecessary suspicion and doubt against people holding legitimate views. Several participants felt that 'radical' was a broad term that could easily encompass strong but legitimate viewpoints (for example, 'radical feminism', 'radical animal rights supporter') that would not constitute a safeguarding or child protection issue.

> *"I understand that some children may be drawn into taking actions or be victims of actions that are detrimental to their wellbeing, but how do you distinguish between that and what often young people do in terms of exploring different ideological*

*viewpoints – sometimes quite extreme viewpoints – as part of actually growing up?"*
[Director of Children's Social Care, Non-priority Area]

Many participants also raised concerns or questions about the Prevent strategy's conception of 'British values', which (often more so than radicalisation) was felt to be a troublesome and ill-defined term. Although the values specified in the Prevent strategy (democracy, rule of law, individual liberty, mutual respect and tolerance of different faiths or beliefs) were felt to be clear and uncontroversial, there was a sense that defining them as British values was a contentious way of framing them. It was felt that this definition had the potential to lend credence to critical voices making claims that the Prevent agenda is designed to target ethnic minority groups.

*"Radicalisation and extremism isn't just about Britain… Other countries have also become targets and victims because of the religious element that's sometimes been manipulated in terms of what the Quran actually says."*
[Social Worker, Non-priority Area]

In terms of what the Prevent strategy is designed to achieve, most participants were quick to acknowledge (in line with the Prevent definition) that tackling the 'radicalisation threat' should not be specific to any particular ethnic/religious grouping. Indeed, there were examples across the sample of safeguarding and child protection teams dealing with cases of far-right extremism and radicalisation in a wide variety of contexts. Nonetheless, there was frequently an underlying assumption made that tackling radicalisation related primarily to the threat of Islamic extremism.

All of these sensitivities can make this an uncomfortable area of practice for some staff, particularly for frontline staff who lack direct exposure to these types of cases. 'Radicalisation' was acknowledged by many to be a 'political' subject – one where people are conscious of the need to watch their words. This resulted in a range of barriers to effective practice that will be covered in greater detail later in this section.

## Role of social care / perception of harm

The research also touched upon on-going, and in many instances unresolved, debates about the role of safeguarding and child protection in relation to radicalisation. Staff within some of the local authorities in Prevent priority areas had a very clear conception of radicalisation as either a safeguarding or child protection risk. Where there had been incidents that had resulted in severe consequences for children (in some authorities this included instances where children had travelled to Syria or otherwise become involved in extremist activity), this often had a strong impact on staff's perception of the harm associated with radicalisation. In these instances, staff at both a strategic and frontline level had a clearer conception of the potential psychological, emotional and physical

harms associated with radicalisation. This clarity facilitated staff's confidence in assessing and identifying the potential harm in these cases.

However, many of the local authorities involved in the research had not yet had such direct experience of the consequences of radicalisation (as already noted, this was often related to the evolving nature of the threat in this area). In these areas, staff (including a mixture of both strategic and frontline staff) often expressed much greater uncertainty about the degree to which radicalisation posed a safeguarding or child protection risk. For example, staff within some of these authorities did not believe the psychological or emotional harms associated with radicalisation would merit a safeguarding or child protection response. Some suggested that the risk posed by cases of radicalisation would either be too low (i.e. holding 'extreme' views but without intent to cause violence/harm others) or too high (i.e. threatening to take violent extremist action) to come within the safeguarding or child protection remit.

## Comparison to other harms

Generally speaking, parallels are quickly drawn between radicalisation and other harms – particularly child sexual exploitation (CSE). There was recognition that radicalisation follows a similar kind of grooming process and that it may involve a vulnerable young person having their views and opinions influenced by other people, as well as being encouraged to undertake harmful actions. This has led to some learnings being taken from CSE interventions (for example, how to best engage with parents about dangerous external influences).

However, this was combined with an acknowledgement that radicalisation is different in important ways, primarily in relation to how the 'harm' manifests. In particular, participants acknowledged that the kind of 'harm' presented by radicalisation is harder to diagnose and assess than other forms of harm. Children who are at risk may be otherwise healthy, well-educated and well cared for. The young person may be at risk of radicalisation even if they do not have learning difficulties, mental illness, or any other more overt risk factors. Equally, the risk of radicalisation may not necessarily come from within the family, and is therefore different to other forms of familial abuse.

> *"We have this at almost every Channel meeting: should this be a Channel case or safeguarding? But actually, and this is the bit I probably don't fully understand, I'm also told then that [they wouldn't] hit the safeguarding thresholds, so it's Channel or nothing."*
> [Fire and Rescue Service Partner, Non-priority Area]

Some areas also drew a distinction about who was at risk of harm in cases of radicalisation. For example, in areas lacking a clear conception about the extent to which radicalisation presents a harm to young people, there was often a perception that the risk

of radicalisation appears to be 'to others' (i.e. victims of potential extremism crimes) rather than to the young person, and that therefore tackling and preventing these crimes is a task that falls within the remit of community safety, rather than safeguarding or child protection.

> *"[The police are] operating according to different rules or thresholds, so what might seem a concern to them, will not necessarily hit the Section 47 threshold, and that is an issue."*
> [Strategic Staff, Prevent Priority Area]

In both instances, most local authorities felt that radicalisation was sufficiently different from other safeguarding and child protection risks that they had needed to begin by *'feeling their way'* in this area. Case workers reported feeling that they were *'flying by the seat of their pants'* in some instances. Priority areas with comparatively less exposure to these kinds of cases were often reliant on Prevent teams (within Police) to lead the way; those outside of Priority areas sometimes questioned the need for safeguarding or child protection to get involved.

> *"In terms of radicalisation, you're either at risk or you're not, and I suppose it depends what behaviours you're displaying. … We support a number of people within the city that actually don't meet our criteria anywhere [for other harms] but actually because of their situation, you know, what they've been through, what they've experienced, they present a level of risk for themselves that actually we do support them. But, in terms of radicalisation and being quite a new phenomenon … what would our [social care's] role be?"*
> [Social Worker Manager, Non-priority Area]

> *"The debate is should Child Protection services be involved in this? I think that's the issue, and I personally don't think that statutory children's social workers are very helpful in this process. I think if you are going to support young people who have extreme views, we have to find an alternative. The Child Protection system is too clumsy, it's too process-driven, you know, this is about a set of beliefs that people have that make them quite dangerous, you have to be a lot more nimble to deal with that. And our Child Protection system is based on the assumption that the child or young person we're dealing with is being victimised and ill-treated within their family unit. This isn't the same. This is a completely different problem."*
> [Strategic Staff, Non-priority Area]

In summary, participants in the research drew mixed conclusions about the degree to which it was possible to compare radicalisation with other forms of harm. Although some areas had been able to draw learnings from their existing practice in relation to other harms that involve the 'grooming' of vulnerable children (such as CSE), there were key

differences which drove a perception that radicalisation did represent a distinctive and sometimes problematically different type of harm.

## Different 'types' of local authority responses

The debates about the definition of radicalisation and where it falls within the safeguarding or child protection remit (if it does at all) had a substantial impact on the way in which local authorities responded to cases of radicalisation. As indicated previously, one of the key factors driving staff confidence (or lack thereof) was the degree to which a local authority had reached an internal consensus (i.e. shared definitions and agreement at both a strategic and frontline level) about these key questions. This in turn was influenced by the prevalence of cases of radicalisation within a local authority.

The differing prevalence of cases of radicalisation resulted in three different 'types' of local authorities. For two of these 'types' (those with very high prevalence of cases and those with a very low prevalence of cases), their respective caseloads had helped them arrive at a position of strong internal consensus about the degree to which radicalisation presents a safeguarding or child protection risk. The third 'type' of local authorities contains a broader range of existing practice, and represents those with a moderate volume of radicalisation cases. Typically, this third group of authorities had not yet reached a developed understanding of whether radicalisation presents a safeguarding or child protection risk. Each of these three groups are outlined in more detail below.

> **High prevalence:** These authorities (such as Local Authority A and Local Authority I) were typically located in Prevent priority areas, and dealt with a high volume of radicalisation cases. Both Local Authority A and Local Authority I, had previous experience of cases of radicalisation with severe consequences for children (including flight to Syria). In both authorities, these cases had resulted in a 'moment of realisation' that triggered the development of an internal consensus about the severity of the radicalisation risk and dedicated processes to respond to this risk. These authorities had a strong internal consensus that radicalisation presented either a safeguarding or a child protection risk to children, and were committed to taking ownership of the issue within social care teams (whether in Early Help or statutory social care). These authorities had put in place structures and processes for responding to cases of radicalisation, including dedicated teams that were specifically allocated these cases.

> **Low prevalence:** These authorities (such as Local Authority G and Local Authority H) were generally located outside of Prevent priority areas, and dealt with a much lower volume of radicalisation cases. The fact that cases were much less frequent in these areas had helped contribute to an internal consensus that radicalisation was not an obvious child protection or safeguarding risk to children

(due to being either too low or too high to meet their thresholds) and that therefore the response to these cases was more appropriately provided by universal services, such as education in cases of low severity, or to the police in cases of high severity. Safeguarding and child protection staff in these authorities were sometimes reluctant to engage with the Channel panel, due either to reservations about the intention and motivation of the panel (for example where staff shared perceptions that the Prevent agenda was designed to target particular communities) or to uncertainty about the panel's remit and their own place in relation to it. In some instances, staff were extremely hesitant about becoming involved in radicalisation cases unless there was an additional safeguarding concern involved, such as physical harm or neglect.

**Moderate prevalence:** These authorities were found both in Prevent priority and non-priority areas, and with varying volumes of cases. What marked these areas out was the intensity of internal debate about the nature of the risk presented by radicalisation and the definition of the term itself. In some areas strategic staff had begun to arrive at a conclusion on these issues (generally in line with one of the two types previously outlined) but had not yet been able to spread this among frontline practitioners. As a result, these authorities would typically respond to cases of radicalisation on a reactive, 'needs-driven' basis – in some instances relying on overlaps between radicalisation and other harms in order to guide their practice. In these authorities, the uncertainty about the level of harm involved in a case of radicalisation meant that radicalisation cases would often be held by a range of different professionals – sometimes social workers, sometimes early help teams, and sometimes partner agencies. This resulted in a broad range of practice within these local authorities.

# Barriers to effective practice – and how these are overcome

A key focus of the research was to identify challenges affecting local authorities' ability to respond to radicalisation, as well as good practice examples. The range of issues that emerged (including those explicitly identified by participants, as well as issues that emerged from looking across the case studies) could be grouped into four broad categories:

- The degree of internal consensus about how an authority should respond to radicalisation;
- How authorities can engage with families and communities around this issue;
- How authorities can work effectively with partner agencies, including the police, schools and healthcare professionals; and,
- How authorities can address issues of legitimacy associated with interventions in this area.

Each of these categories is explored in more depth below, outlining the nature of the challenges, as well as some of the ways in which these have begun to be addressed.

## Internal consensus about radicalisation

As discussed in the previous section, the terminology and concepts surrounding radicalisation are highly contested. Debates around these issues, and the degree to which a local authority had established an internal consensus in relation to these, had a notable influence on the confidence of staff in responding to and dealing with radicalisation.

### Barriers to effective practice

In areas where internal consensus about the nature of the risk associated with radicalisation was lacking (as previously indicated, this was found most often in areas with moderate prevalence of radicalisation cases), staff reported comparatively lower confidence in grappling with the theoretical, political and sensitive issues involved. This had the potential to act as a barrier or challenge to effective practice in this area.

In particular, a lack of consensus about the degree of risk posed by radicalisation has the potential to act as a barrier to effective practice at the assessment stage, after a case has been referred into children's services or social care. Uncertainty around thresholds for intervention in a case of radicalisation meant that some professionals felt they could not rely on their 'professional instincts' to conduct an assessment of need in the same way they would with other cases.

> *"Just the fact that there's no information out there, you know, if you suspect who do you call? What do you do? What are the symptoms, because I wouldn't know the symptoms of radicalisation. And I think [this local authority] definitely needs even if it's just a one day training, we have training on all sorts of other subjects, I think it would make a good training subject, which we haven't had."*
> [Social Worker, Non-priority Area]

More broadly, some staff reported instances of anxiety and uncertainty about how best to manage a case of this nature, particularly in areas with comparatively less exposure to issues of radicalisation. These concerns sometimes delayed the progression of cases, or meant that staff felt uncomfortable about the appropriate way of engaging with the families and young people they were assigned to work with. Due to the limited number of cases these staff dealt with, there was generally little long-term planning around how to address these issues in the future.

> *"Communities think we are targeting one group which makes it hard to gain the trust of these communities"*
> [Strategic Staff, Prevent Priority Area]

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| ***Case Example from Non-priority Area*** |
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| A social worker received a referral from Channel to conduct an assessment on a young boy – an Afghan asylum seeker who had allegedly made reference to possessing weapons and having contacts with criminal organisations during a fight with a classmate. Channel were unable to provide much further information on the case, and the social worker was concerned that this child might have been singled out by Channel as a result of their ethnicity and religion, rather than being a genuine child protection concern. These uncertainties led to anxieties for the worker about the potential sensitivities of handling this case, and the danger of damaging relationships with a child – so the worker took a while to agree to attend the Channel Panel, delaying the process. The worker felt that some of their fears were justified when the Channel Panel ultimately decided the child was not a risk. However, this conclusion was only reached after an interview which the social worker believed was upsetting for the child. |

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In several areas that were using it, existing training packages (such as the WRAP training developed by the Home Office and delivered by local practitioners[7]) were

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[7] Workshop to Raise Awareness of Prevent: WRAP is a training program developed by the Home Office to provide an understanding of the Prevent strategy, as well as guidance on how to recognise individuals who

perceived by some to be unsatisfactory and out-of-date (for example, lacking sufficient detail about the online nature of the contemporary radicalisation threat, and how best to respond to this). In some instances it was felt that this contributed to uncertainty and lack of confidence among frontline practitioners. The areas with the highest prevalence of cases had generally developed their own internal training on these issues.

> *"Our WRAP training for schools is old and tired, past its sell-by date… It [radicalisation] doesn't always look like this."*
> [Strategic staff, Prevent Priority Area]

## Addressing these barriers

Workers who felt they had a good understanding of the issues surrounding radicalisation reported that this allowed them to be more confident in the way they were assessing and working with families. Some workers drew upon learnings from handling previous cases in this area, while others devoted time towards researching some of the key issues involved. In particular, when dealing with Islamic extremism, frontline staff valued being able to draw on existing knowledge about the differences between normal Islamic beliefs and 'extremist' views. It was also important that practitioners understood extremist narratives and how these appeal to people, in order to have an effective relationship with the young people in question.

> *"People's lives are enriched, communities and societies are enriched [by differences]. Differences should not be seen as being negative. It's only negative if it's going to have an impact on other people and of course in this case that's what it's ultimately about. It's about not allowing people to have their own viewpoints."*
> [Consultant Social Worker, Non-priority Area]

| *Case Example from Prevent Priority Area* |
| --- |
| In this local authority, social workers with experience of handling cases of radicalisation had conducted a thematic review of previous cases. This review identified primary sources of harm arising in their area, which informed how different interventions were used within the authority to respond to each of source of harm. Workers in this authority felt that they subsequently had a clearer understanding of the ways in which families may attempt to justify or cover-up their plans to travel to Syria, and the ways in which children can be exposed to radical material in the home. This knowledge has been used to facilitate both assessments and interventions within cases of radicalisation. For example, the |

may be in need of support. The Home Office have now produced an e-learning tool, which was launched on 23 March 2016. It draws on the key elements of WRAP and has been updated to reflect the evolving nature of the threat. Workshop to Raise Awareness of Prevent:

> case analysis they have conducted has allowed them to identify families and young people who are likely to respond better to mentoring and those who are in need of behavioural interventions or removal of passports.

Some local authorities were also able to bolster staff confidence by bringing in external experts on issues relating to radicalisation, such as academic and people with relevant practical experience. These experts were able to support with conducting assessments and providing guidance to staff about what constituted a risk or potential harm.

Ultimately, staff in local authorities that had arrived at an internal consensus about how best to respond to radicalisation cases, were more confident in handling these cases. This was irrespective of whether or not that internal consensus meant they accepted that radicalisation in itself constituted a safeguarding or child protection risk (see 'different types of local authority practice' in previous section). There was often a healthy level of internal debate to be found within these areas, but having a clear and defined explanation of the level of risk that should be associated with radicalisation (and therefore whose remit the response fell into) helped keep these debates and conversations grounded in day-to-day practice.

> *"We don't make the assumption that where [radicalisation] is the question… that the answer is always a social work intervention… We're either looking at family support, early help, or we're looking at working with the universal services, quite often schools, and considering whether or not a specific intervention, for example, a Channel intervention… is the best way forward. It's always about assessing the best way to make a relationship with the individual or the family, how you look at their own resilience and protective factors as well as areas of concern."*
> [Director of Children's Services, Prevent Priority Area]

## Engagement with families

There were also distinctive challenges that arose in relation to how safeguarding and child protection professionals needed to interact with the families and young people involved in radicalisation cases. Child protection and safeguarding professionals were conscious of the need to carefully manage engagement with families, and the benefits and drawbacks of how this had been handled in particular cases.

### Barriers to effective practice

Some of the key challenges that arose when dealing with potential cases of radicalisation emerged during the period of initial contact with a young person and their family. These challenges were especially evident in cases where the radicalisation risk came from within the household. For example, where the family involved were well-educated and

supportive of their children and radicalisation was the only 'harm' at play, this was seen to be a trickier situation to negotiate than one where harm is much more evident, such as in cases of neglect or abuse. Social workers reported that some children appeared to have been 'coached' in terms of how to present themselves to professionals in order to avoid suspicions and the triggering of further assessment or intervention.

> *"Some social workers find this quite difficult because we're actually saying we're going to intervene although there's no evidence of harm, because we think there's risk of harm under the Prevent agenda. … So, that's very difficult because it's not clear cut and there's ambiguity with some of the legislation."*
> [Strategic Staff, Prevent Priority Area]

In some instances, families themselves were seen to be actively obstructive of safeguarding and child protection professionals and others; for example, ensuring that their children are home-schooled and are not registered with a local GP in order to minimise the contact between the family and professionals. Home schooling in particular was felt to present a key challenge in this area, particularly in locations where illegitimate organisations are known to be operating clubs or educational establishments that are designed to avoid the scrutiny of external professionals.

> *"How can you have a proscribed organisation running their own schools, sending their own children there … and we have no power to do anything about it..."*
> [Social Work Manager, Prevent Priority Area]

Outside of these cases of active obstruction, barriers also arose where a family was mistrustful of the intentions and objectives of safeguarding and child protection professionals. This was often driven by perceptions of the 'Prevent agenda', which many professionals reported was seen by families as representing a 'toxic brand' that targeted Muslims in particular. Safeguarding and child protection professionals worried that families who are sceptical of their role in the Prevent agenda may begin to see them as an arm of the police, damaging relationships and trust that has in many cases been built up through long-term engagement.

> *"Communities think we are targeting one group which makes it hard to gain the trust of these communities."*
> [Social Worker, Prevent Priority Area]

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**Case Example from Non-priority Area**

A Channel referral was received from a Junior School after a child had told teachers they were going to Syria the next day with their family (who are otherwise well-educated with no clear challenges). A multi-agency Team Around the Child

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meeting was arranged, due to a high anxiety around these issues. The police conducted a visit and found that the family had return tickets to Damascus for a legitimate family holiday. There was deemed to be no cause for intervention and so the case was closed. However, the social worker involved in the TAC felt this process had created a problematic relationship with the family, and questioned the appropriateness of the original referral from the school.

## Addressing these barriers

Where safeguarding and child protection professionals had found a way to effectively engage with families, this was often perceived to be an important success and a breakthrough in working a case. By securing the engagement of families, it became much easier to develop an effective plan that could mitigate against the harm from radicalisation. For example, in cases where flight to Syria was identified as a risk and social workers had begun intervention, family consent for giving up passports was often reported as being a key measure. Staff reported that this was reliant on developing a strong personal relationship with family members, and providing a clear explanation to the family about why their child was deemed to be at risk of radicalisation, and what the risks associated with this were. By clearly explaining the purpose of the intervention being used, it was possible to bring families on board and gain their support in protecting their children.

> *"[For lower risk cases] we use the parental engagement team to work with parents by offering parenting groups and incorporating cyber safety and risks of radicalisation into that."*
> [Strategic Staff, Prevent Priority Area]

Where radicalisation risk arises from within the family, frontline practitioners reported that often the most effective response was to leverage and reinforce supportive factors found within the extended family. This involved utilizing existing protective factors and making other relatives, such as grandparents, aunts and uncles, take responsibility for protecting the child. In some areas, behavioural interventions were delivered which included involving parents or wider family members in the installation of internet restrictions or the voluntary removal of passports. Alternatively, some areas had had success in using family therapy methods in order to strengthen intra-family support networks where these were lacking.

> *"A lot of our cases are cases where somebody is vulnerable or potentially being radicalised in a home that's stable, loving family, in education, etc., etc. That presents a different challenge for us to ensure that support that we give to that family and that individual is based on a need that isn't acknowledged as a safeguarding need."*

| Case Example from Prevent Priority Area |
| --- |
| A child was flagged by secondary school's computer software following an internet search for 'how much does it cost to travel to Syria'. A conversation between the child and a teacher suggested that the interest arose from media portrayals of people travelling to Syria. After engaging with early help services, the school brought in family members to tell them about the situation. By engaging early, and through the medium of early help services, family members bought-in to the necessary support, including behavioural interventions. The family agreed to monitor the child's internet history and removed the child's passport as a precaution. The child remains in contact with early help services. |

On a wider level, it was also helpful to develop a clear understanding among the public and local communities about Prevent and its objectives. In some local authorities this was driven by the work of universal services, with examples of successful practice including holding workshops in schools where the local community can voice their opinions and learn about Prevent. These activities were most successful in authorities with a strong internal consensus about the appropriate role for universal services in supporting safeguarding and child protection teams (in areas with a high prevalence of cases) or taking ownership of the response to issues of radicalisation (in areas with a low prevalence of cases).Where they had been successful, these outreach activities were reported to have brought families on board who were then able to support future engagement with children's services and social care.

> *"Increasingly in [our local authority] it's become widespread knowledge that our approach to Prevent is not about targeting a part of the community, or a group or faith, it's not about that. We're worried about vulnerable people who are at risk of this particular type of exploitation, which is one type, and we're all here to work together to safeguard and protect children from that, and that's what Prevent is all about."*
> [School Safeguarding Lead, Prevent Priority Area]

| Case Example from Prevent Priority Area |
| --- |
| As a result of successful mentoring work that was completed with one young person who was taken on as a Channel case, the father subsequently volunteered his time to get involved and support Prevent locally in his community. At first, the family had been very reluctant to engage and the father was vocal in his opposition to the strategy. However, following some intervention work with his son, he now |

views Prevent positively. His wife has also attended women's social and discussion groups that have been supported through Prevent funding.

# Partnership working

Partnership working was widely perceived as a key part of the response to radicalisation, and a source of some of the key tensions and challenges of handling these cases. Radicalisation cases were seen to require close liaison with schools and police in many instances. In particular, practitioners reported much more contact with the police than is usual. In part, this greater reliance on partnership working is driven by the fact that the existing Prevent and Channel panel structures are explicitly multi-agency.

## Barriers to effective practice

The relationship with the police was one of the key areas identified by participants (particularly from social care teams) as a challenging aspect of working on radicalisation cases. In particular, the way in which information is shared between police and children's services was sometimes seen as problematic. Where a referral was received from police during the course of a live criminal investigation, there were often limits on the information that could be shared with social care. This prompted a perception on the part of social care that they are expected to 'pick up the pieces' before they are able to conduct a full assessment or gain a full understanding of family circumstances. These issues were exacerbated in local authorities where cases relating to radicalisation were seen to be exceptional or unusual, and where there was limited experience of handling these cases.

> *"I know the police are unable to divulge certain information but I think there needs to be thinking and more joined up work in terms of what can they safely share. If there's things that they can't say, how can they go around it to insinuate that there is a risk, even if it's without directly saying 'you are at risk because of A, B, C'."*
> [Social worker, Non-priority Area]

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**Case Example from Prevent Priority Area**

The police brought a case to the local authority's Duty team, explaining that they believed a mother was planning to fly to a war zone with her young children the following day. Social workers felt they had only partial information, given to them at very short notice, and lacked the normal background information which would enable them to talk to the child and identify the appropriate intervention. The wider family had not been alerted about the police's suspicions, so the preferred course of action (placing the child with family members) was not initially an option. When the police intercepted the family at the point of departure, the case required the

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children to be kept in the unsuitable setting of an airport for some time. Social workers felt that the emotional impact on the children had not been considered and that this had the potential to jeopardise future engagement with the children.

Difficulties also arose in the relationship with universal services such as schools, particularly at the point of referral. Where universal services were perceived to be overzealous or oversensitive in their referrals, this was felt to be a potential stress on safeguarding and child protection resources. Frontline practitioners in several authorities spoke of receiving referrals from universal services that were ultimately found to be below safeguarding and child protection thresholds, which nevertheless resulted in time consuming assessments and problems in relationships with families and young people. There were also reports of instances in which universal services had brought wider integration issues (for instance, seeking guidance about school policy covering use of hijabs) to the Prevent panel.

> *"This particular issue seems to make schools behave in a way… that means they don't necessarily follow the normal procedures around talking to parents before making referrals and seeking their concerns. Quite clearly in neither of those cases [discussed during this interview] was there an immediate safeguarding risk… yet they acted as if there was at the highest level."*
> [Strategic Staff, Non-priority Area]

Additionally, there were instances in which individuals from partner agencies felt that safeguarding or child protection teams had been obstructive and insufficiently responsive. Just as social care and children's services practitioners did not always understand the intricacies of police procedures around information sharing, professionals from the police or education side did not always fully understand safeguarding and child protection thresholds. In some instances this led to situations where partner agencies felt that safeguarding and child protection teams were being obstructive or refusing to handle cases.

Where relationships between partner agencies were not working effectively, this was reported to result in duplication of work, miscommunications and other inefficiencies. Although it was acknowledged that problems with partnership working were not exclusive to cases of radicalisation, it was felt that the challenging nature of radicalisation cases meant that any existing partnership issues were exacerbated.

| *Case Example from Non-priority Area* |
| --- |
| Police had been monitoring and in contact with a young person who had been interested in Syria and Islamic State for a while, both online and through talking with a friend who had already travelled to Syria. The young person made their way |

to the airport with their passport and stolen money seeking to travel to Turkey. Police intervened at the airport and used their powers to remove the young person's passport. A referral was made to social care about the significant risk of harm. However, initial assessment conducted by the social worker did not judge the risk to be sufficient to meet child protection thresholds, and the social worker decided not to attend Channel Panel meetings as they did not consider it to be their case. Months later, family members asked for the young person's passport back. The police had on-going concerns about the case and were keen for social care involvement. The police ultimately emphasised their concerns about the young person being subject to a forced marriage in order to reinvigorate the interest of the social care team. With social care now on board, the case went through court and the local authority obtained a Wardship of Court due to the severity of the risk involved.

## Addressing these barriers

Information sharing with the police has been improved in areas with more experience of these cases. In some instances this required the police to 'bend the rules' around what they were able to share in order to give social care teams a fuller picture of the case and grounds for statutory interventions. These solutions arose due to the development of positive relationships between key individuals in both agencies, and often as a result of past experiences where information sharing had not worked effectively. In some local authorities, this has involved increased personal contact between strategic social care staff and their equivalents within the police. Other authorities have shared key protocol documents between partner agencies (for instance providing police colleagues with a detailed breakdown of social care thresholds).

| *Case Example from Prevent Priority Area* |
|---|
| A referral was received from Counter-Terrorism Police that a family had been turned back from Turkey, where it was believed they had been trying to access Syria. The police informed social workers that the family had left their UK property empty and sold their car, as well as providing some details about the parents' interview at the airport. When a social worker went to the airport to interview the family's children, their story did not tie in with the parents' version. Alongside other concerns under section 47, passports were taken and an assessment was conducted. A Child Protection Plan was introduced and intervention with a Channel intervention provider was put in place. |

Examples of good collaboration with schools were found in a wider variety of local authorities, including close co-operation around developing learning materials and training. Co-operation with schools was particularly important for authorities that dealt

with a high volume of cases but tended not to escalate these to a statutory level. In some areas people with teaching experience had helped to develop these materials.

> *"We've just had a launch this week where every single school in the borough has been given access to a wide range of materials, lessons, assemblies, workshops and so on. We are not saying that schools have got to run with these lessons, instead what we've said is 'this is a toolkit, you might want to use it, have a look at them, take from it what you will, change it how you like."*
> [Education Partner, Prevent Priority Area]

Effective partnerships among and between safeguarding and child protection professionals were also felt to be key. Frontline practitioners in several authorities explained how utilising the soft-touch approach of early help teams at the right moment could result in a breakthrough on a case. This was associated with these teams' earlier access to families, avoiding the need for Section 47 grounds.

| *Case Example from Prevent Priority Area* |
|---|
| This local authority welcomed the multi-agency nature of Prevent decision-making. It was felt that this allowed experts in a range of fields to come to a balanced decision about accepting cases after challenging each other. This process was felt to be particularly helpful given that not all agencies had the necessary confidence to turn down cases. Early help teams such as Education Safeguarding and Troubled Families teams, were seen to have expertise in building relationships with families in order to gain consent for involvement in Prevent, and were better placed to pick up signs of concern early on. For example, a family were stopped from travelling to Syria after a Troubled Families support worker conducting an unrelated monitoring visit to the family spotted that they had put all their furniture in storage before going on holiday to Turkey. It was felt that this might not have happened had the case been referred direct to child protection teams, who would be reliant upon meeting Section 47 thresholds before they could engage with the family. |

## Legitimacy of interventions

A recurrent theme raised by participants was the need for responsiveness and flexibility when handling cases associated with radicalisation. Key challenges arose where this flexibility was not possible because the legitimacy of interventions was questioned or left in doubt.

## Barriers to effective practice

Safeguarding and child protection professionals reported higher than usual concerns about 'getting things wrong' when handling a case related to radicalisation. Among frontline practitioners in particular there was a perception that both intervention and the failure to intervene had the potential for serious repercussions in the event of something going wrong – both professionally and politically, or ultimately to the point of risking the safety of others. Where staff were not provided with guidance or a framework for handling these cases, these anxieties were exacerbated.

> "There's high anxiety about getting these sorts of issues wrong and that goes right up to the top of this council."
> [Director of Children's Social Care, Non-priority Area]

A lack of clear guidance about how to handle these cases also had a knock-on effect on the ability of frontline staff to respond to a case flexibly and take 'risks' or unorthodox approaches. Where even basic interventions were felt to be potentially inappropriate or illegitimate, staff were hesitant about taking an alternative approach.

> "The child protection structure is not built [to deal with the risk of radicalisation], it's absolutely not built for that, and we need to be really clear… social workers aren't trained for that. So, it's very easy for the Government to think you can shove it all in [to your workload], but you can't, you absolutely can't, and it will become more of a mess."
> [Social Worker, Non-priority Area]

Another key barrier arose where some procedures appeared to be cutting cases off before they had received sufficient attention. In particular, staff raised concerns about instances in which the legitimacy of intervention had received external challenge (for example when a case was referred to courts, or where family members or community organisations challenged the legitimacy of an intervention). In areas that dealt with cases of radicalisation primarily at a statutory level it was sometimes necessary to appeal to the courts for a Child Assessment Order. Where this application was denied, this contributed to the feeling that social workers are being stymied by the lack of clear guidelines on handling these cases. This issue was exacerbated by the fact that court decisions were perceived to be unpredictable and unreliable.

| *Case Example from Prevent Priority Area* |
|---|
| A family in the local authority were known to be members of a proscribed organisation, but it had not been possible for social care to access the children to conduct an assessment because the family had refused to allow this. An application for a Child Assessment Order was made, but despite evidence surrounding the activities of the parents, the court did not believe there was sufficient evidence of harm to allow this. This process caused confusion and frustration for social workers, who claimed that previous cases involving similar circumstances had resulted in a Child Assessment Order being issued. |

## Addressing these barriers

Areas where frontline staff were most confident in their response to radicalisation were those in which staff were given a clear (although not prescriptive) framework within which to work. In some areas this meant the creation of a dedicated team that managed and oversaw as many of the authority's radicalisation cases as possible. In the local authorities that had created a dedicated team, this had been combined with the development of clear guidance about the thresholds a case would need to meet in order to be referred to the team, which was seen as a useful tool for both those within and outside of the team. Additionally, having a dedicated team was also a way of recognising the sensitivity of radicalisation cases, and that not all frontline staff would feel comfortable holding these.

> "*Having a dedicated team is helpful as the workers holding these cases are confident and committed to the work*"
> [Prevent Education Officer, Prevent Priority Area]

Ultimately, workers who had previous experience of working on these cases were much more confident in conducting assessments and in identifying appropriate interventions. They were generally much more confident that the work being done with young people in this area was appropriate and necessary in order to safeguard them from potential harms. Where direct experience of cases is lacking, this can be supplemented by speaking to colleagues with expertise.

> "*I think mostly our response is to look to our colleagues in early help and in schools and in Youth Services to help us try and work with those young people in a more preventative way.*"
> [Area Service Manager, Non-priority Area]

| *Case Example from Prevent Priority Area* |
|---|
| One social worker was concerned about a young girl who was attending mosque daily and wearing a veil at home, and where there were minor concerns around parenting. The social worker's lack of experience in this area meant she was uncertain about how to proceed. She built up her confidence by talking to Muslim colleagues to better understand the boundaries between normal and extreme behaviours, as well as the child's mother, which revealed no cause for concern. |

In many areas, interventions that worked 'with' families and helped to foster critical thinking skills in young people were felt to be the most appropriate. In many cases, the young person was provided (often but not always via a Channel intervention provider) contact with a mentor figure, who may have experience of radicalisation themselves, who is able to provide a different worldview and openly discuss extreme viewpoints. Equally, some authorities had got young people involved in debating groups in order to encourage an expanded worldview and openness to other perspectives. In some areas these activities were delivered at a preventative, early help level of intervention – but this was not exclusively the case, and there were some areas in which these interventions were backed up through a Child Protection Plan.

# Conclusions

The findings from this research confirm that radicalisation presents substantial challenges for social care and safeguarding professionals. These include uneven distribution of cases across the UK (with varied opportunities for staff to develop understanding and expertise); on-going debate about where radicalisation sits in relation to existing thresholds for work done by safeguarding and child protection teams; unclear ownership of cases in some areas; and questions over the legitimacy of interventions.

Although a wide variety of existing practice emerged across the 10 case study authorities, a number of key lessons emerged from the research about how some local authorities have addressed the challenges in this emerging practice area.

- **Agree who is responsible for responding to radicalisation:**
  The question of who was responsible for responding to radicalisation was at the heart of debates across local authorities – whether this is an issue for social care, police, early help, or as part of a broader community safety/social inclusion agenda. In areas which had experienced serious consequences for children and young people as a result of radicalisation (for example, where children had travelled to Syria), there was often agreement that radicalisation (including the associated psychological and other harms involved with this) sat firmly within the child protection remit. Other local authorities (often those with a much lower prevalence of cases, and primarily with experience of cases that were assessed to be of lower risk) concluded that the harms associated with radicalisation did not meet the thresholds of child protection, and suggested that it should be treated either as a police issue or as one for community safety. Staff confidence was greatest in those authorities that had reached a clear conclusion on this central issue, and there is potential for national government to help facilitate and encourage these conversations.

- **Recognise the need for local authorities to reach agreement about the most appropriate response for them:**
  Local authorities held a diverse range of views about where the risks of radicalisation sit within the existing thresholds and frameworks for responding to harm. Particularly at a strategic level, interviewees emphasised that it was necessary for local authorities to reach their own conclusion as to the appropriate response within their area, based on the current legislative and statutory framework. This was supported in the stakeholder workshop, where participants spoke against the Department attempting to legislate about how areas ought to handle radicalisation.

- **Define a single referral process:**
  Although authorities wanted to determine the most appropriate response to radicalisation within their area, it was also clear that staff within authorities had an appetite for clearly delineated processes for referral and allocation of cases. Clearly defined and well understood procedures for referring and assessing these cases gave staff greater clarity and confidence about their role.

- **Build an evidence base:**
  Where local authorities had begun to build up their own evidence base by reviewing existing cases and researching issues surrounding radicalisation this directly contributed to growing staff confidence in these areas. This process was in some instances facilitated by the creation of a dedicated team of professionals who would hold all radicalisation cases within an authority. At the stakeholder workshop this was recognised as a useful way of building up a knowledge base within an authority when dealing with a new and emerging issue, even if in the long term a dedicated team or worker is not required depending on the volume of cases within a local authority.

- **Share learning about appropriate interventions:**
  Once the decision about who should take ownership of radicalisation cases has been made, staff sought clarity about the most appropriate interventions. In addition to reviewing previous practice, staff also spoke about the benefits of learning from colleagues with specific expertise, including those with experience of handling similar cases or cultural knowledge about certain communities. Sharing knowledge and experience was viewed as essential for developing confidence and skills, particularly in a relatively new and challenging practice area. Both frontline practitioners and strategic staff were eager for case studies and learnings that could be brought in from other local authorities. At the stakeholder workshop it was agreed that finding a way to encourage the sharing of these learnings between authorities would be extremely valuable. It was expected that this would be especially useful if authorities in comparable situations or who managed radicalisation cases in similar ways (i.e. at a child protection level; at an early help level; at a community safety level) could be strategically connected in order to share ideas.

- **Engage with communities to build awareness and understanding:**
  There were indications from some authorities that attempts to familiarise local communities with the Prevent agenda were resulting in positive developments. In some instances, families and communities had been engaged at the level of universal services (for example, holding meetings in conjunction with schools in

order to explain and demystify the objectives of the Prevent program). Equally, other authorities had engaged with families and communities at the point where an intervention is being delivered (for example, by involving families in behavioural interventions, educating parents about how to supervise their child's online activities). By engaging in this way, it is possible to improve relationships with communities and gain buy-in to the work being done to safeguard children and young people.

These findings lead us to two key practical recommendations for future actions for DfE:

- **Facilitate debate within local authorities about where responsibility for handling the risk of radicalisation sits:**
  The professionals and strategic staff involved in this research were keen for further debate to inform the safeguarding and child protection response to radicalisation. As has been demonstrated by the range of practice found in this research, local authorities have reached diverse conclusions about the most appropriate response, reflecting the contested nature of the issue. Some Authorities have concluded that the risk is best managed at a statutory child protection level; others have decided that is most appropriate to handle these risks as part of a broader social inclusion and community safety agenda. By reaching a conclusion on this key question, strategic staff can begin to set expectations and make clear what is required from their practitioners. Where there is a mutual understanding of which professionals have the remit to assess and to hold these cases, and what interventions are appropriate in order to respond, this provides the foundation for confident and high quality work – whatever form it is felt appropriate to take, be it statutory intervention, early help work, or educational or third sector work with communities. At the stakeholder workshop, it was proposed that DfE could take a lead in facilitating debates at a national level about which services are best placed to respond to radicalisation, and how to identify and define the harm associated with it.

- **Build capability and capacity within the safeguarding and child protection system:**
  Professionals were keen to have the opportunity to learn from the experience of others, and to have access to reliable sources of information about current practice in this area. There is appetite for national government to facilitate the sharing of expertise between local authorities; stakeholders at the concluding workshop suggested that government should find a way to 'pair up' more confident authorities with those who require additional guidance and support, in order to build productive learning relationships. Additionally, it was proposed that the Department for Education could potentially support the creation of a central

resource and point of contact for staff in local authorities who require advice and information about how to handle cases of radicalisation.

By taking these steps to clarify the appropriate response to radicalisation, and build capability within the safeguarding and child protection system to deliver appropriate interventions, the confidence of staff in assessing and responding to cases of radicalisation will be increased. In turn, where staff are comfortable and confident in handling these cases, they will be better able to engage effectively with the families and young people at the heart of these issues.

# Appendix A – Profile of Local Authority Case Studies

| Local Authority | Strategic Staff | Frontline Staff | Partners | Total Interviewed |
|---|---|---|---|---|
| A | 4 | 3 | 3 | 10 |
| B | 3 | 6 | 1 | 10 |
| C | 3 | 4 | 3 | 10 |
| D | 3 | 2 | 1 | 6 |
| E | 4 | 12 | 2 | 18 |
| F | 2 | 6 | 1 | 9 |
| G | 2 | 7 | 2 | 11 |
| H | 2 | 1 | 2 | 5 |
| I | 4 | 1 | 2 | 7 |
| J | 1 | 6 | 1 | 8 |
| **Total** | **28** | **48** | **18** | **94** |

# Appendix B – Summary of Case Study Areas

# Local Authority A
*Prevent Status:* Priority
*Current Ofsted Rating:* Good

## Overview of distinctive information about this LA:

- High prevalence of cases has led to the development of a dedicated team of Social Workers who handle the majority of radicalisation cases and specialise in radicalisation

- Strong links with universal services (including schools), where teaching materials have been developed re: the purpose and role of Prevent and Channel

- Demographics of LA – large Muslim population – means that cases mainly around Islamic issues rather than right-wing issues

## Emerging themes in this LA:

| Working effectively: | Challenges: |
|---|---|
| ■ Staff have conducted background **research** regarding radicalisation, and **thematic review of existing cases** | ■ Initially, **tensions in relationship with Police** who were wary of sharing information – this has been overcome through improved relationships |
| ■ **Dedicated team** ensures that all staff working on these cases are 'bought in' and have done extensive background reading to spot early indicators | ■ Difficulty **identifying** cases – lack of clear presenting issues |
| ■ **Wide range of non-statutory interventions** – go further than the Home Office list | ■ Prevalence of **home education/special educational establishments** among at risk groups |
| ■ The **preventative work in schools** has had positive feedback on its effectiveness from teachers and from families | ■ Different **judges make different decisions** about what is appropriate for Social Care assessment/intervention |

Having a dedicated team is seen to be helpful, as it ensures that the workers holding these cases are confident and committed to the work with an up-to-date knowledge of the subject area

# Local Authority B

*Prevent Status:* Priority
*Current Ofsted Rating:* Inadequate

## Overview of distinctive information about this LA:

- MASH grades cases in three ways: **Red** cases are discussed immediately (within 4 hours) with the Police CTU and other partners; **Amber** are discussed within 24 hours; and **Green** are not discussed but are referred to Early Help for the family to be supported, with the MASH being involved again at the end of the process

- Appetite for strengthening the alternatives to the 'default option' of social care handling most of the workload (e.g. through drawing up Child Protection Plans, Child in Need Plans or Care Plans), such as **dealing with concerns at an earlier stage** through schools, families and the community more widely

## Emerging themes in this LA:

### Working effectively:

- Multi-disciplinary teams are **forums for discussion** – staff gain confidence and understanding
- **MASH integrated with Police** in same building to enable better decision-making around how to deal with referrals
- Strong Family Support orientation means that cases that don't meet the Channel or Social Care Safeguarding thresholds will still receive support, e.g. through **Universal Services** or **Early Help**

### Challenges:

- **Not all staff comfortable** with dealing with cases – concerns around being critical of a particular group (e.g. Muslims) and how to approach them (i.e. without standardised frameworks to work from)
- Lack of **information sharing**, particularly with Police, can hinder effective risk assessments
- Historical **statutory model based on 'rescue'** felt to be inappropriate for CSE and radicalisation

Wants to move away from an emphasis on individual psychology and 'child rescue' to wider solutions (e.g. through working more closely with schools, families and the community more widely)

# Local Authority C

*Prevent Status:* Priority
*Current Ofsted Rating:* Inadequate

## Overview of distinctive information about this LA:

- Huge accountability and responsibility lies with Early Help who deal with most cases (including those within Channel). This is felt to be appropriate as **Early Help have links into schools as well as the Troubled Families agenda**. Referral to statutory services is unlikely unless other vulnerabilities.

- Several **high profile cases** in recent years including instances of individuals/groups who have travelled to Syria. This has led to some self-examination in the area. In particular, schools pool their Direct Services grant to fund an **Education Safeguarding team** to work with schools.

## Emerging themes in this LA:

### Working effectively:

- **Multi-agency working** is felt to be effective in the Channel context – Channel Panel have links into Early Help and Social Care (amongst others)

- **Channel Panel Chair active** in ensuring that members attending participate actively

- **Health and Education professionals** on board and helpful in the context of many cases having mental health or learning difficulty aspects

- **Community involvement –** some Mosques' representatives attend Channel Panel

### Challenges:

- **Two-tier LA** has implications for power sharing and causes tensions between Prevent (district level funded) and Channel (county level funded)

- Some agreement that the **Police** aren't best placed to oversee Prevent

- **Lack of training**, particularly around initial assessment – which directly impacts upon practitioner confidence

- **Difficulty obtaining H.O. funding** for long-term/early interventions with individuals leads to crisis response model

Two-tier LA structure can make liaison more difficult, roles less clear and causes tensions between Prevent and Channel

# Local Authority D
*Prevent Status:* Priority
*Current Ofsted Rating:* Inadequate

## Overview of distinctive information about this LA:

- **No MASH** – the Police Prevent team currently lead on radicalisation referrals and escalation to Channel – however the introduction of one next year is perceived to be positive. It is felt that this will make liaison between the Police and LA easier as well as help with information sharing. There is a sense that at present **the Police make decisions about vulnerability without full knowledge** of a young person's background.

- **Designated Safeguarding Leads (DSLs) within schools are seen to be in a good position**, being able to judge whether an isolated incident involving a child or one of a series, or whether the parents' attitudes might add to the level of concern. There is a two-year cycle of training DSLs, unpicking local risks and threats and giving them insight into Islam.

## Emerging themes in this LA:

### Good Practice

- **Prevent provides an overview of local cases** to help assess whether one-offs or part of a pattern, and helps schools to gain confidence

- **Channel a powerful tool for dealing with lower tariff cases**; multi-agency model works well and buy-in by most partners at a senior level

- **Training for schools and frontline workers** (e.g. social and healthcare workers) to help them better understand when and how a referral should be made to Prevent

### Challenges

- Cases unlikely to meet Social Care Safeguarding Thresholds, and even in risk of flight cases **lack of Police information sharing** makes it difficult for statutory intervention

- When the LA takes over from the Police, unclear if **funding** will allow for the replacement of the existing 6-strong Police Prevent team with a similar number of LA staff

- **Families reluctant to work with Prevent** in fear of being stigmatised by the community

It is hoped that the future introduction of a MASH will facilitate better multi-agency working, particularly at the assessment stage

# Local Authority E

*Prevent Status:* Priority
*Current Ofsted Rating:* Good

## Overview of distinctive information about this LA:

- Focus within last two years has been on combating Islamist ideology and tackling IS change in strategy by **working more through social media**; far-right extremism within the Local Authority is seen much less of a threat and priority because the LA is very diverse and inter-community mixing is seen to be much stronger than in other LA's

- Councillor involvement and interest in these issues has strengthened the LA's response

- A particularly **high number of independent (faith) schools** where have no right of access and no input into what is on their curriculums – radicalisation concerns alone not sufficient for gaining access

## Emerging themes in this LA:

### Working effectively:

- Although the LA's focus on Islamist extremism, the **Prevent Coordinator emphasises other extremism** (e.g. far-right, animal rights)

- **Seen as a safeguarding issue** and usually one of several issues presenting in a young person – CSC sees its role in early intervention through referral to MASH/Channel and/or Child in Need Plans

- **Police take LA radicalisation panels seriously** and were praised for their attitude and knowledge of the issues in cases

### Challenges:

- **Some resistance and concern around Prevent** among frontline staff (e.g. rumours of a 'list' people are on for Prevent; concern of how cases will be dealt with)

- Concerns around **capacity** of teams, **relying on other agencies**, whether **intervening 'too late'**, and whether will be **considered as being 'racist'** for making a referral

- **Cross-borough school attendance** (e.g. for monitoring cases) as well as **Channel's lack of feedback** on outcomes

Recognition that a great deal of radicalisation occurs online and frontline practitioners and schools need to be better equipped to spot the signs of such

# Local Authority F

*Prevent Status:* Non-priority
*Current Ofsted Rating:* Adequate

## Overview of distinctive information about this LA:

- Very **large numbers of unaccompanied asylum seeking looked after children** (from predominately Muslim countries), and radicalisation cases mostly come from this population. This group were seen as being particularly susceptible to exploitation by extremist groups because they had been removed from their families and extremist groups could offer a sense of belonging.

- **High levels of conflation and confusion in relation to Prevent and Channel** and more generally differing recommendations for how to make a referral (e.g. contact 101, local Police, the MASH, make a direct referral to Channel, or speak with manager)

## Emerging themes in this LA:

### Working effectively:

- Frontline practitioners generally saw **radicalisation as a significant risk of harm** and wanted to be involved in discussions, meetings, risk assessments and interventions
- **MASH** seen (from those aware of it) to have representation from all agencies involved in safeguarding and able to draw on various databases and resources before making an appropriate decision
- **Partnership working** believed to have improved significantly within the last 18 months

### Challenges:

- **Frontline practitioners not equipped** to distinguish between factors in assessing when radicalisation has become a safeguarding issue
- **Senior management** believe frontline to have received far more training than they report
- **Police** lack of information sharing and Officers have a confrontational and accusatory style of working
- **Schools refer too hastily** (e.g. 9 out of 10 school referrals didn't require any escalation or intervention)

Key takeout from DCSC is that need more guidance on what the role of social care should be; currently trying to deal with things in a proportionate way but need more dialogue with DfE/OFSTED

# Local Authority G

*Prevent Status:* Non-priority
*Current Ofsted Rating:* Requires Improvement

## Overview of distinctive information about this LA:

- Clear contrast of opinion where some felt radicalisation/extremism belonged in the realms of child protection and others felt that it didn't. Regardless, there was general consensus that the Police should be leading on this issue (as is currently the case) – the **debate was whether CSC should have *any* involvement** alongside the Police and Channel.

- **Police have felt very frustrated from wondering where CSC's thresholds lie** (e.g. a girl was stopped from travelling to Syria and CSC did an assessment afterwards and deemed there to be no significant risk of harm – so Channel solely responsible for putting an intervention in place).

## Emerging themes in this LA:

### Good Practice

- Local Authority is giving 900 staff one-day **Prevent training**
- **Community engagement work** a priority (e.g. Police have links with mosques, a Somali Forum, and charities who do preventative work).
- A **board/programme** for cascading information, problem-solving and making key decisions around Prevent – all statutory agencies involved
- Channel Chair trying to come up with an **easy flowchart** for everyone to understand the LA's referral procedures

### Challenges

- **Difficulty identifying** – lack of clear presenting issues
- Cases don't meet **Social Care thresholds** – how can be creative to look at resources that have got to safeguard which isn't statutory
- **Don't currently have examples** of LA's where has worked to prevent young people going to Syria, e.g.
- Some argue that **Child Protection** not fit for purpose in this particular area, social workers also aren't trained or have the right mind-set

An outlier in that the majority of staff thought that the Police should be leading on this issue – this was largely down to a belief that they have been given the appropriate resources

# Local Authority H

*Prevent Status:* Non-Priority
*Current Ofsted Rating:* Good

## Overview of distinctive information about this LA:

- Radicalisation overwhelmingly seen as **a safeguarding issue** and the benefit of such being that it **'gave it a home'**, which was seen as particularly helpful because it made it 'less scary' and also encouraged referral via the conventional safeguarding referral routes

- A further factor at play a **high-profile incident** which was seen as a helpful lever in raising the consciousness of safeguarding and concerns about missing safeguarding risks

- Although clear arguments that radicalisation is a safeguarding issue, there was consensus that if a referral was made solely because of radicalisation concerns, that it would be **unlikely that Social Care safeguarding thresholds would be met**

## Emerging themes in this LA:

### Good Practice

- **WRAP training** across the LA, including within Social Care

- **Drive to engage with schools** more widely around Prevent and safeguarding (e.g. have a website for schools that provides template policies and information; forums for all DSLs within the LA)

- Trying to get **community on board** with safeguarding agenda

- **Early Intervention Hubs** for children presenting difficulties that don't reach Social Care thresholds

- **A 'model' to look at cases as systemic issues to do with the community** rather than an individual

### Challenges

- **Community engagement**, particularly with Mosques and independent schools, also don't want to cause unnecessary anxiety in a low-risk area

- **Lack of time/money/ resources** to embed Prevent into existing policies/procedures

- Some argue there isn't a lot of **early intervention** available; Early Intervention Hubs more limited in offer with budget cuts

- One of the negatives about working in a LA is that **people are often resistant** to anything that's outside of their core role and responsibilities

Safeguarding is paramount within this LA, particularly after a high-profile incident that uncovered a lack of it – this is a major influence on seeing radicalisation as a safeguarding issue

# Local Authority I

*Prevent Status:* Priority
*Current Ofsted Rating:* Good

## Overview of distinctive information about this LA:

- **Huge emphasis placed on building cohesive communities**. This is central to the way Prevent has been operationalized and is reflected in the way the service is delivered. It has a **dedicated team** that sits within community cohesion. The dedicated team mean that there is a consistent lead for the range of partners and stakeholders.

- The Local Authority is highly ethnically and culturally diverse and the **English Defence League** is known to be active in parts. The LA has also **lost young people to terrorism**. Some parts of the area, as a direct result, have experienced a high degree of Counter Terrorism Unit attention.

## Emerging themes in this LA:

### Good Practice

- Open dialogue encouraged and facilitated through **debating groups** on 'difficult to talk about' issues, themes and ideas and supporting people to become critical thinkers and challengers
- Cases taken on through Channel are allocated to a **Prevent Young People's Engagement Worker**
- **Interventions available are vast** and go further than the Home Office list. They include: local football sessions, one-to-one mentoring, various programmes to tackle and challenge extremist views, women's group, Young Leaders residential programme, debating groups within schools

### Challenges

- Not understanding enough about the **ideology/ theology** that is drawing some people in. Fundamental challenge when working in a preventative space.
- **Prevent** has a reputation problem - people fear being labelled a terrorist and there are concerns around free speech
- **Consent**: Participation is voluntary and 16+ often refuse the support.
- **Lack of local providers** – have to bring in outside approved suppliers who don't understand the local issues and the communities

If success were to be defined in terms of community engagement, the LA has taken great strides towards this – it is more difficult to know the impacts from casework

# Local Authority J

*Prevent Status:* Priority
*Current Ofsted Rating:* Good

## Overview of distinctive information about this LA:

- There are two formal Prevent staff roles, a coordinator and a support worker. These roles don't hold cases.
- Interventions are made by agencies deemed to be best placed in terms of the relationship with the child/ young person/ family.
- Channel Panel made up of multi-agency partners and chaired by Adult Social Services. Used to be chaired by Police.
- Significant emphasis is placed on tackling inequalities and vulnerabilities and therefore on community based activity. Case work is only one dimension of Prevent work.

## Emerging themes in this LA:

### Good Practice

- Rather than training lots of trainers, training is delivered by a few who are conversant with the subject. This reduces the risk of inappropriate referrals.

- Situating Prevent in Citizens and Communities directorate which reflects emphasis on tackling inequalities and vulnerabilities.

- Actively and openly tackling far right extremism

- Requirement on Channel Panel members on timeliness of information sharing to expedite appropriate intervention work

### Challenges

- Negative coverage of Prevent in national media impacts on community engagement locally. Contributes to view that Prevent is limiting freedom of speech

- Ambiguity around when radicalisation presents a serious risk of harm and therefore requires social work involvement

- Keeping up with demand for Prevent training given statutory duty on schools without compromising quality

In this Local Authority the emphasis is on the Channel Panel to deal with most cases – Prevent Co-ordinator is a key driver of practice and training in this area

# Appendix C – Outline of Topic Guide

## Introduction

**Section aim:** *To set the tone of the interview, provide clarity on what is expected of the participant, offer reassurances to minimise concerns and encourage an open and honest discussion, and offer participant a chance to ask questions before the interview starts.*

## Background and Context

**Section aim:** *Establish the participants' role and remit, in order to inform understanding of their perceptions of safeguarding/ child protection response to radicalisation*

- Day-to-day activities: participant's roles and responsibilities (capture current role and any secondary roles), previous roles

- Professional background: time in current role; previous roles

## Context – Principles of Safeguarding response to radicalisation

**Section aim:** *To understand the participants' perceptions of the relationship between safeguarding/child protection and radicalisation – to discuss definitions of radicalisation and the appropriate level of safeguarding/ child protection response.*

- Definition of radicalisation:

- Extent to which individuals think that radicalisation presents risk of harm to a child

- Extent to which there is a role for safeguarding/ child protection in responding to radicalisation:

- Understanding of Prevent and Channel

## Current practice in relation to radicalisation

**Section aim:** *To understand the LA's current practice for responding to radicalisation through safeguarding/ child protection and children's social care services – this section should be used flexibly and responsively to reflect the service in which the interviewee works – as far as possible, keep the discussion grounded through use of concrete examples of practice in cases where radicalisation has been assessed as the risk factor in the child; majority of time should be devoted to the case study*

- Top-level overview of radicalisation cases in LA

- Top-level overview of how LA currently assesses, allocates and responds to cases where radicalisation or extremism is a factor

- Deciding when radicalisation presents a risk to a child

- Case study: Participant to talk through an example (*or give a hypothetical example if interviewee has no direct experience*) of how LA has handled a case of radicalisation

- Familiarity with approaches not previously mentioned

- Barriers to effectively responding to radicalisation in their LA

- Facilitators to effectively responding to radicalisation in their LA

# Partnership working and radicalisation

**Section aim:** *To understand how different agencies work together within the LA in order to provide a response to radicalisation – to understand how effectively these partnerships are working and the barriers and facilitators to effective partnership working*

- Experience of partnership working in response to radicalisation

- Effective partnership working

- Experience of partners working well/poorly to combat radicalisation

- Any particular partners who are well placed to respond to radicalisation (and how well they are currently doing)

- Comparative experience of working within Prevent structure and outside of Prevent structure

# Concluding the interview

**Section aim:** *Wind down the interview, provide the opportunity for participants to share anything they have yet to, capture any messages for DfE and/or other LAs, and express gratitude and complete remaining housekeeping tasks.*

- Key lessons learned in relation to the handling of radicalisation within their LA

- Suggestions for learning that could apply to other local authorities

- Any further comments or reflections?

- Thanks, and final housekeeping (reminder of confidentiality and anonymity)

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

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