Prevent: Public Knowledge and Interactions

A research report from ICM summarising key findings

August 2019

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Unlimited House, 10 Great Pulteney Street, London W1F 9NB
nquiries@icmunlimited.com | www.icmunlimited.com | +44 020 7845 8300

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1. EXECUTIVE SUMMARY

This report presents the findings from the baseline wave of the Prevent Attitudes Survey, 2019. The research was designed to look in detail at knowledge and understanding of Prevent among people who were already aware of the programme. Within this, there were five key groups: the general public, British Muslims, students, schoolteachers, and healthcare professionals. The purpose of the research was to listen to views towards the programme and explore differences between different demographics as well as to provide a baseline for future tracking.

1.1 Overview

The survey revealed that spreading awareness and increasing knowledge about Prevent will bring important benefits and should therefore be prioritised as a key objective. The benefits of increasing knowledge can be categorised into three simple areas: favourability, perceptions, and behaviour.

With regard to the first area, **favourability**, the research indicated that the most important driver of whether someone held a favourable opinion of Prevent was their level of knowledge of the programme. The greater the level of knowledge, the more likely it was that someone had a favourable view of Prevent. This is of particular note as it could in turn lead to greater participation in the programme. Among the general public, for instance, we saw a near linear relationship between level of knowledge and the proportion of people who were favourable: those who said they knew Prevent very well were nearly twice as likely as those who said they knew almost nothing to say they were favourable. There were also clear differences between those who knew nothing about Prevent and those who knew just a little, suggesting that even small increases in knowledge can bolster favourability. In short, educating people about the nature of Prevent is the best way to improve perceptions of the programme. In and of itself the programme is not inherently unpopular and, if understood by people, tends to be viewed positively.

Among those who had a favourable view of Prevent, the programme's **safeguarding** and **early intervention** aspects stood out as the key drivers for all groups. This was corroborated by the marginally less positive opinion of the 'rehabilitation' strand of Prevent in comparison to the 'tackling the causes of radicalisation' and 'early intervention' aspects. Even though these results are among people who already know at least something about Prevent, it is reasonable to assume the safeguarding and early intervention themes would also resonate with people who are not currently aware of Prevent.

With regards to **perceptions**, those people who had greater knowledge of Prevent were more likely to hold accurate views of the work that it does. For example, around half of those who knew Prevent 'very well' thought that 'Prevent deals with all forms of terrorism' compared to only a third who knew almost nothing about the programme, suggesting that misconceptions about Prevent could lead to poor perception of the programme.

The third area, **behaviours**, are also closely related to a greater knowledge of the programme. In terms of self-reported confidence, those in the general public with a greater knowledge of Prevent were more likely to agree that they were confident in spotting the signs of radicalisation and in sharing their concerns if they thought someone was at risk of being radicalised. They were also more likely to agree that they would know who to contact in the instance of the possible radicalisation of an individual. More concretely, their greater knowledge appears to bear fruit when it comes to the real-life scenario of someone they know being at risk of radicalisation. In this scenario, those in the general public with greater knowledge of Prevent were more likely than those with less knowledge to report that they would pursue 'advocated actions'[1], such as contacting their local authority safeguarding team.

While increasing knowledge about Prevent as a whole will bring benefits, there are specific areas that need to be tackled when educating people about the programme. Challenging such misconceptions as Prevent involves police surveillance, that it only targets certain communities, and that it is predominantly focused on Islamist terrorism will be one of the most important factors in securing the success of future activity.

In terms of what would be the most useful resource to help people learn about Prevent and debunk incorrect assumptions, there is a clear appetite among the general public for a website with useful information. This chimes with people's most frequently cited source for wanting to find out more about Prevent, indicating that when people turn to the Internet for information, there should be an official website that acts a reliable and up-to-date source of information. A website should cater to the public's appetite for practical advice such as 'examples of the signs of radicalisation' as well as an 'explanation of what happens after you make a referral.' Beyond this information, a website should also allow the public to make a referral online, as over a quarter say they would be more likely to make a referral if they could do so through an online channel.

[1] We use the term 'advocated actions' as short-hand for all the behaviours and actions that the Prevent programme recommends as courses of action and that increase the chances of the programme achieving its ultimate de-radicalisation and safeguarding purpose.

2. BACKGROUND

Prevent is part of the government's counter-terrorism strategy, CONTEST, to stop people becoming terrorists or supporting terrorism.

While there has been some research conducted by varying organisations around Counter-Terrorism, the Home Office has never conducted in-depth research among the general public and specific professional groups to understand how the public and Prevent sectors understand and interact with the Prevent programme. ICM Unlimited was commissioned to carry out the first wave of the Prevent Attitudes Survey in July 2019.

The evidence gained will be combined with other sources to help inform, direct and evaluate future activities. In addition, it provides a baseline from which any change can be observed in future surveys.

2.1 Methodology

Two separate surveys were conducted by ICM, one for the general public and one for professionals, although broadly similar questionnaires were employed for comparability.

For the general public survey, ICM interviewed a total of 1,464 adults aged 16+ in England and Wales who have heard of Prevent[2]. Interviews were carried out using an online quantitative methodology. A representative sample was interviewed with quotas set by age, gender, ethnicity and work status.

In addition to the main general public sample (n= 1,400), two 'booster' samples were conducted. The first was among British Muslim adults aged 16+ in England and Wales who have heard of Prevent (n= 64). The second was among students in England and Wales who have heard of Prevent (n= 501). These demographics were selected because the Home Office considered it important to engage with communities who have reported feeling more anxious about counter-terrorism policy, and to listen to their views and concerns.

Figures for the main general public sample (both percentages and base sizes) have been weighted to the profile adults aged 16+ in England and Wales who have heard of Prevent according to age, gender, work status and ethnicity. The profile of students in England and Wales who have heard of Prevent has not been weighted as this information is currently unknown.

Alongside the general public survey, ICM interviewed 502 teachers and 250 healthcare professionals aged 16+ in England and Wales who have heard of Prevent. Interviews were carried out using an online quantitative methodology. As the profile of teachers and healthcare professionals in England and Wales who have heard of Prevent is currently unknown, quotas were not set, and data remains unweighted.

[2] According to other research conducted by ICM for RICU, 14% of the UK population have heard of Prevent.

All fieldwork took place between 11th and 25th July 2019.

The questionnaire averaged 15 minutes in length for both the general public and professional groups. Toplines for both questionnaires can be found in the appendix of this report.

All aspects of the research were conducted in accordance with ISO 20252 and ISO 27001, the international standards for market research and information data security respectively.

2.2 Understanding the data

Unless otherwise stated, we have used 'general public' to refer to a person or people living in England and Wales who has heard of Prevent. Unless specifically mentioned, this does not imply anything about their nationality.

The report makes reference to results among British Muslim participants. 'British Muslims' are defined as people living in England and Wales who are Muslim, irrespective of whether they were born in the UK or overseas. This data is based on the total number of interviews with British Muslim participants, combining the 39 interviews conducted as part of the main sample with the 64 from the booster to make a total sample of 103. The data from the British Muslim participants was included in the general public data to ensure that our findings are representative of the general England and Wales population.

Throughout the report comparisons are made between the general public who live in Prevent priority areas and those who do not. Priority areas in London were not included in the priority area subgroup as only the first half of participant's postcode was captured due to sensitivity constraints. A total of 324 members of the public in priority areas were interviewed.

It should be remembered that while the general public data has been weighted to represent the population of England and Wales, a sample was interviewed and not the entire population. Consequently, all results are subject to sampling tolerances, meaning that not all differences are statistically significant.

The sample of healthcare professionals comprised predominantly general practitioners (73%, n=183). It is important to bear this in mind when analysing results as those in primary care roles, such as general practitioners, are not bound by the Prevent Duty. Overall, 85% of the sample was composed of those working in primary care roles.

Where percentages do not add up to 100, this may be due to computer rounding, the exclusion of "don't know" categories, or multiple answers. Throughout the report an asterisk (*) denotes any value of less than half of one per cent but greater than zero.

2.3 The structure of this report

This report lays out a thematic analysis of the findings, by theme rather than question by question. We have focused on analysis that we believe is the most informative for the Home Office, but please refer to the appendix in this report for the full results of both surveys.

The structure of the report is as follows:

- *Chapter 3: Understanding different groups* - an overview of knowledge and favourability towards the programme, setting the scene for the following chapters.
- *Chapter 4: Perceptions of Prevent* – summarises key perceptions of Prevent and its main strands of activity.
- *Chapter 5: Professionals and the role of training* – examines key trends among teachers and healthcare professionals.
- *Chapter 6: Prevent's focus and referral behaviour* – outlines perceptions around the forms of terrorism that Prevent tackles as well as different referral scenario behaviours.
- *Chapter 7: The impact of knowledge of Prevent* – explores the key important relation between greater knowledge and carrying out correct actions.

3. UNDERSTANDING DIFFERENT GROUPS

ICM surveyed five key groups: the general public, British Muslims, students, teachers, and healthcare professionals. The research was designed so that all respondents were *aware of Prevent* – something that should be borne in mind when analysing and interpreting the results. Within this, however, there were still varying degrees of knowledge about the programme.

While everyone involved in the research was aware of Prevent, this does not necessarily correlate to good levels of knowledge and positive perceptions towards the programme, so within this chapter we initially explore levels of knowledge and favourability and the profiles of those more likely to be knowledgeable and favourable.

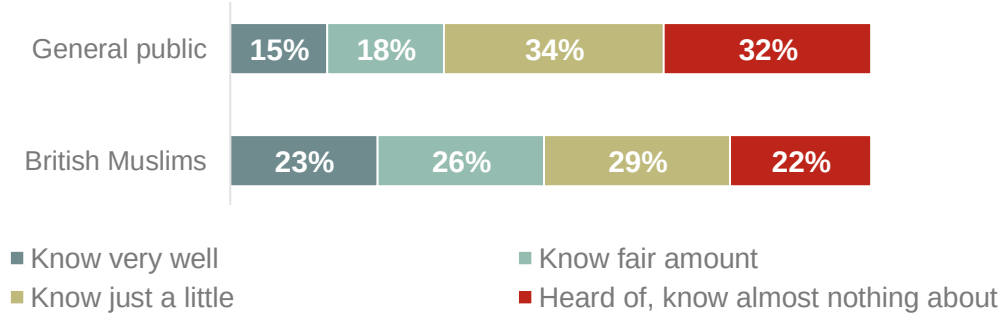
Key findings

- A third of the public (34%) reported having a 'fairly' or 'very good' knowledge of Prevent.
- Professionals were consistently more likely to be aware and informed of Prevent and what the programme involves compared to other groups.
- Three in five (58%) of the general public said that their overall impression or opinion of Prevent is favourable.
- The more knowledge someone had of Prevent, the more likely they were to hold a favourable view of the programme.

3.1 Perceived knowledge of Prevent

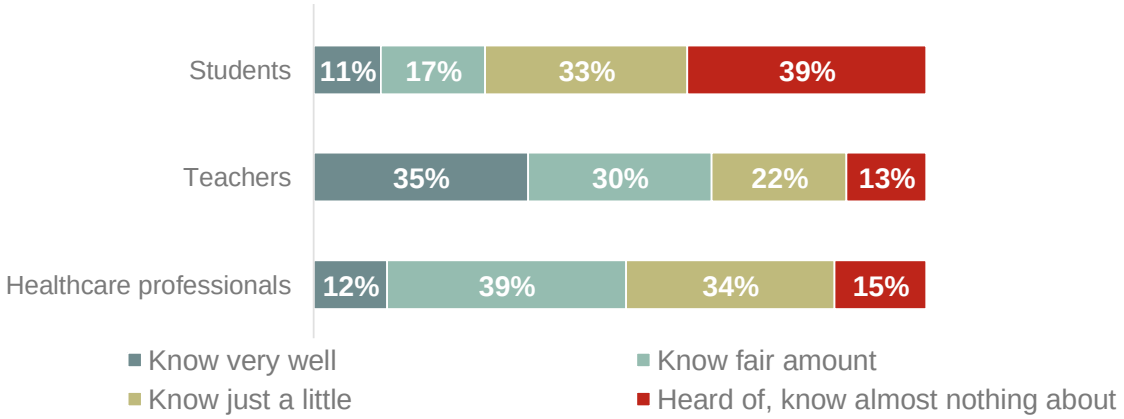
Among the general public, around two in three said they knew either a little (34%) or almost nothing (32%) about Prevent. One in five said that they knew 'a fair amount' about the programme (18%) while one in seven said that they knew it 'very well' (15%).

Q4. We would like to ask your opinion about several programmes and organisations in the UK. For each one, please tell us how well, if at all, you know each. Prevent.



Base: all respondents (general public 1,464, British Muslims)

Q4. We would like to ask your opinion about several programmes and organisations in the UK. For each one, please tell us how well, if at all, you know each. Prevent.



Base: all respondents (students 516, teachers 502, healthcare professionals 250)

Those aged 25-34, Muslim and in the AB socio-economic grade were more likely to say that they knew Prevent 'very well'. Furthermore, those who have achieved a higher level of education and live in a higher income household were also more likely to say that they knew the programme 'very well'. This pattern held when analysing combined know 'very well' and a 'fair amount' responses.

	Percentage who said that they knew Prevent 'very well' or 'a fair amount' %
Total sample	**34**
25-34-year-olds	43
Higher university degree or equivalent	47
British Muslims	49
AB socio-economic grade	39
Household income £41,001-£55,000	37
Household income £55,001+	48

It should be noted that knowledge of Prevent does not differ according to whether a person resides within or outside a Prevent priority area.

Across the other groups, we found that one in ten students said that they knew Prevent 'very well' (11%), while over seven in ten said that they knew 'just a little' (33%) or 'almost nothing' (39%).

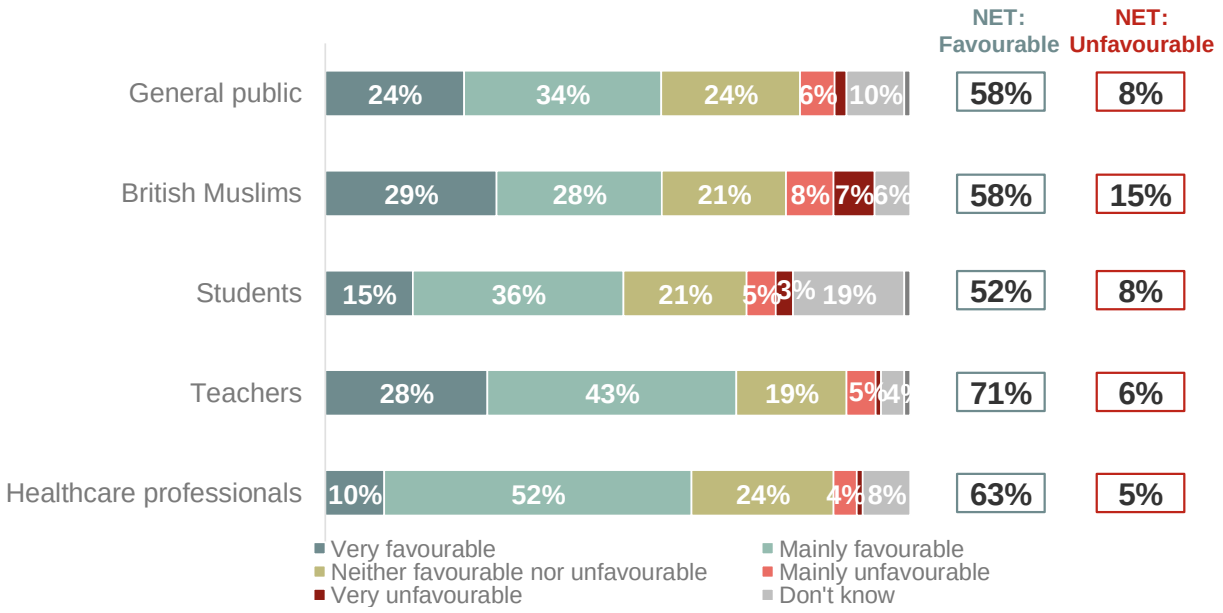
Among the professional cohorts, 65% of teachers and 51% of healthcare professionals felt that they were knowledgeable about Prevent (knew it very well or a fair amount). A relatively high proportion of teachers said that they knew Prevent 'very well' with over a third giving their assent (35%) compared to 12% of healthcare professionals. However, the proportion who said that they had heard of Prevent, but knew almost nothing about it, was similar for both groups (13% of teachers vs. 15% of healthcare professionals).

Throughout the research, we found that the professional cohorts were consistently more likely to be aware and informed about Prevent and what the programme involves. In the context of professional obligations and training opportunities that Prevent brings for teachers and healthcare professionals, this higher level of awareness and knowledge is perhaps to be expected.

3.2 Favourability towards Prevent

On the whole, most people hold a positive view towards Prevent. Almost three in five (58%) of the general public said that their overall opinion or impression was favourable, four times the proportion who described it as unfavourable (8%).

Q9/12. How favourable or unfavourable is your overall opinion or impression of each of the following organisations and programmes in the UK? Please take into account everything you think is important.



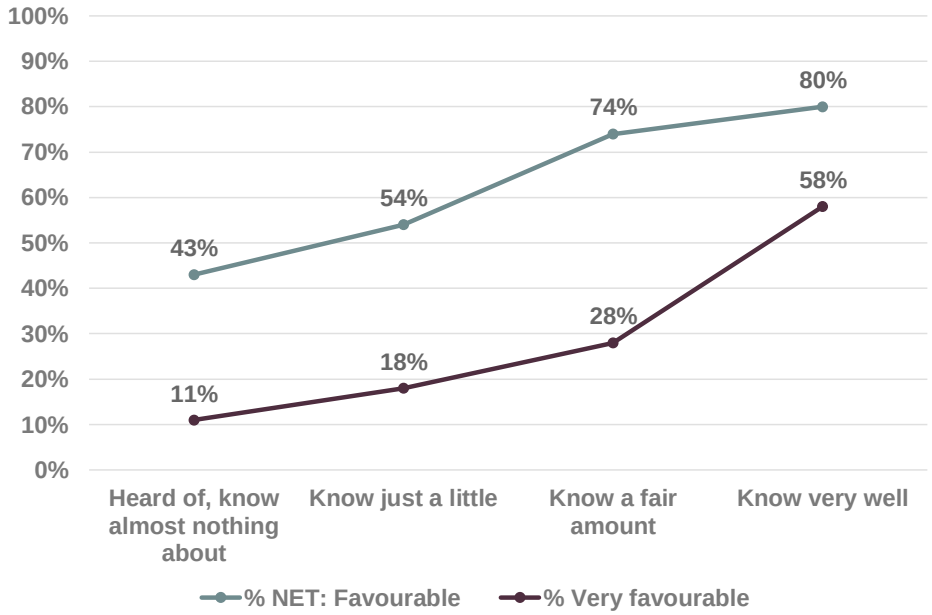
Base: all who have knowledge of Prevent when prompted at Q4. all respondents (general public 1464, British Muslims 103, students 516, teachers 502, healthcare professionals 250)

Looking across the demographics, in contrast to knowledge of Prevent, there were much fewer observable trends. For instance, with regard to favourability, there were no significant differences across the age groups, nor were British Muslims any more or less likely to be favourable than non-Muslims. Around six in ten British Muslims were favourable towards Prevent (58%), the same proportion who were favourable in the general public group at the overall level. However, one in seven British Muslims (15%) had an unfavourable opinion of Prevent– a proportion that, while still low, was higher than for any other demographic.

As observed in relation to knowledge, favourability of the programme did not differ significantly according to priority area. While over half (54%) of the public in priority areas had a favourable opinion, six in ten (59%) of those outside a priority area had a similar view.

The most important driver of whether someone held a favourable opinion of Prevent appears to be their level of knowledge of the programme. Put simply, the more knowledge someone had of Prevent, the more likely it was that they had a favourable view of the programme. The chart below illustrates that there was a near-linear relationship between level of knowledge and the percentage of people who were favourable.

Q9. How favourable or unfavourable is your overall opinion or impression of each of the following organisations and programmes in the UK? Prevent.



Base: all respondents (general public 1,464)

Among the professional cohorts, when 'mainly' and 'very favourable' are combined, a total of seven in ten teachers (71%) had a positive opinion of Prevent compared to just over six in ten healthcare professionals (63%). There was, however, no discernible difference between the proportion of teachers and healthcare professionals that held an unfavourable view – both of which were markedly small (6% teachers, and healthcare professionals, 5%).

As well as being more likely than healthcare professionals to say that they know Prevent 'very well', teachers were more likely to say that they are 'very favourable' towards Prevent. While three in ten teachers said they were very favourable (28%), only one in ten healthcare professionals (10%) felt the same way.

The message from this finding is clear: educating people about the nature of Prevent and what it involves is the most effective way to improve trust and perceptions of the programme. There is a positive relationship between knowledge and favourability. This should be reassuring for the Home Office as it suggests that the programme is not inherently mistrusted despite unevidenced

media reporting and claims that Prevent is a toxic brand. These findings corroborate with the Mayor of London's Countering Violent Extremism report which concluded that 'Prevent will only be successful if London's diverse array of communities have trust in it and view it as a strategy to safeguard them.'[3]

[3] https://www.london.gov.uk/what-we-do/mayors-office-policing-and-crime-mopac/countering-violent-extremism#acc-i-54639

4. PERCEPTIONS OF PREVENT

As we explored in the previous chapter, there are relatively low levels of knowledge about Prevent but high levels of favourability towards the programme. By exploring what drives this favourability we can better understand views towards different elements of Prevent.

Key findings

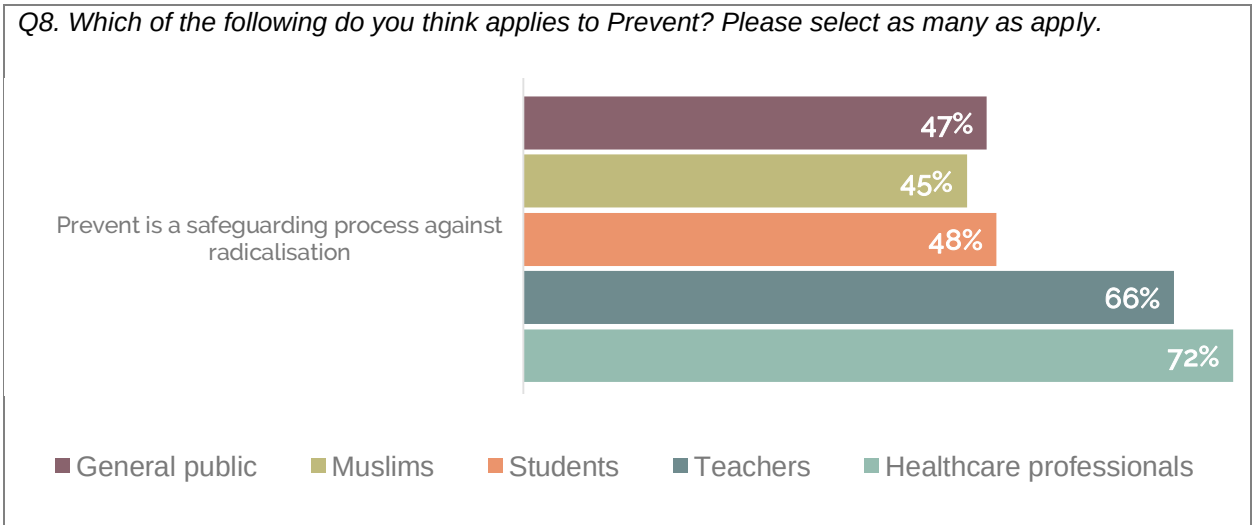
- Safeguarding and prevention were most frequently associated with the programme with four in ten of the general public believing that Prevent is a 'safeguarding process against radicalisation' (47%) and that it 'stops people becoming radicalised' (41%)
- While the safeguarding and the preventative role of Prevent were seen positively among each group, the rehabilitation work (through the Desistence and Disengagement Programme) was viewed less favourably although two thirds (66%) of the public still had a favourable opinion.

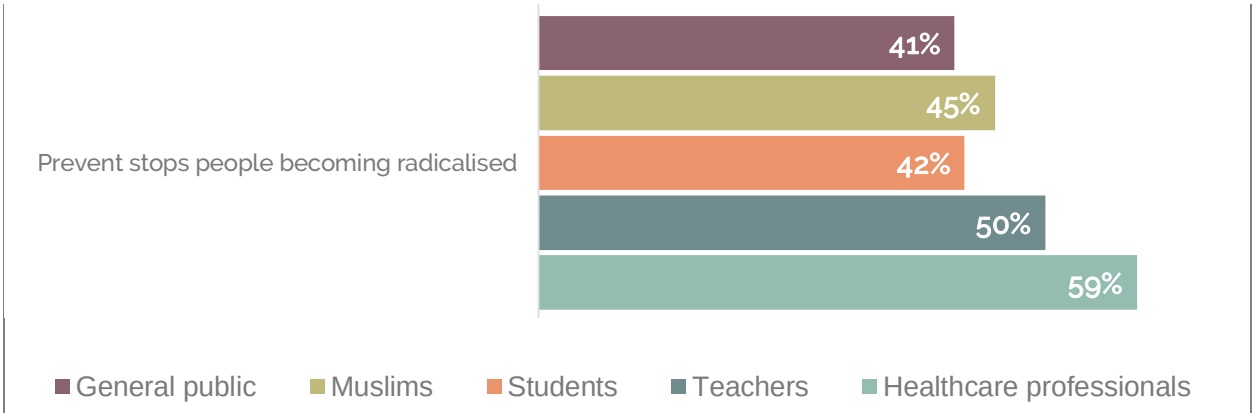
4.1 Perceptions of the programme

When asked to spontaneously describe what they know about Prevent in a couple of words, the general public were most likely to state that it 'prevents people becoming radicalised or becoming terrorists' (16%).

On further questioning, the theme of safeguarding and prevention was a constant throughout, both in terms of what groups associate with the programme and why they are likely to have a favourable view. Their perception that Prevent is a safeguarding programme was observed in response to their thoughts around the objectives of the programme. Between half and two in five of the general public, respectively, believed that Prevent is a 'safeguarding process against radicalisation' (47%) and that it 'stops people becoming radicalised' (41%), as per the chart below.

Q8. Which of the following do you think applies to Prevent? Please select as many as apply.





Base: all respondents (general public 1,464; all Muslim 103, all students 516, all teachers 502, all healthcare professionals 250)

Looking across the demographics of the general public, this perception was most pronounced among females and the older age groups, as outlined in the table below.

	Percentage who say Prevent's role is to safeguard against radicalisation %
Gender	
Female	53
Male	42
Age	
16 - 24	42
25 - 34	39
35 - 44	44
45 - 54	53
55+	60

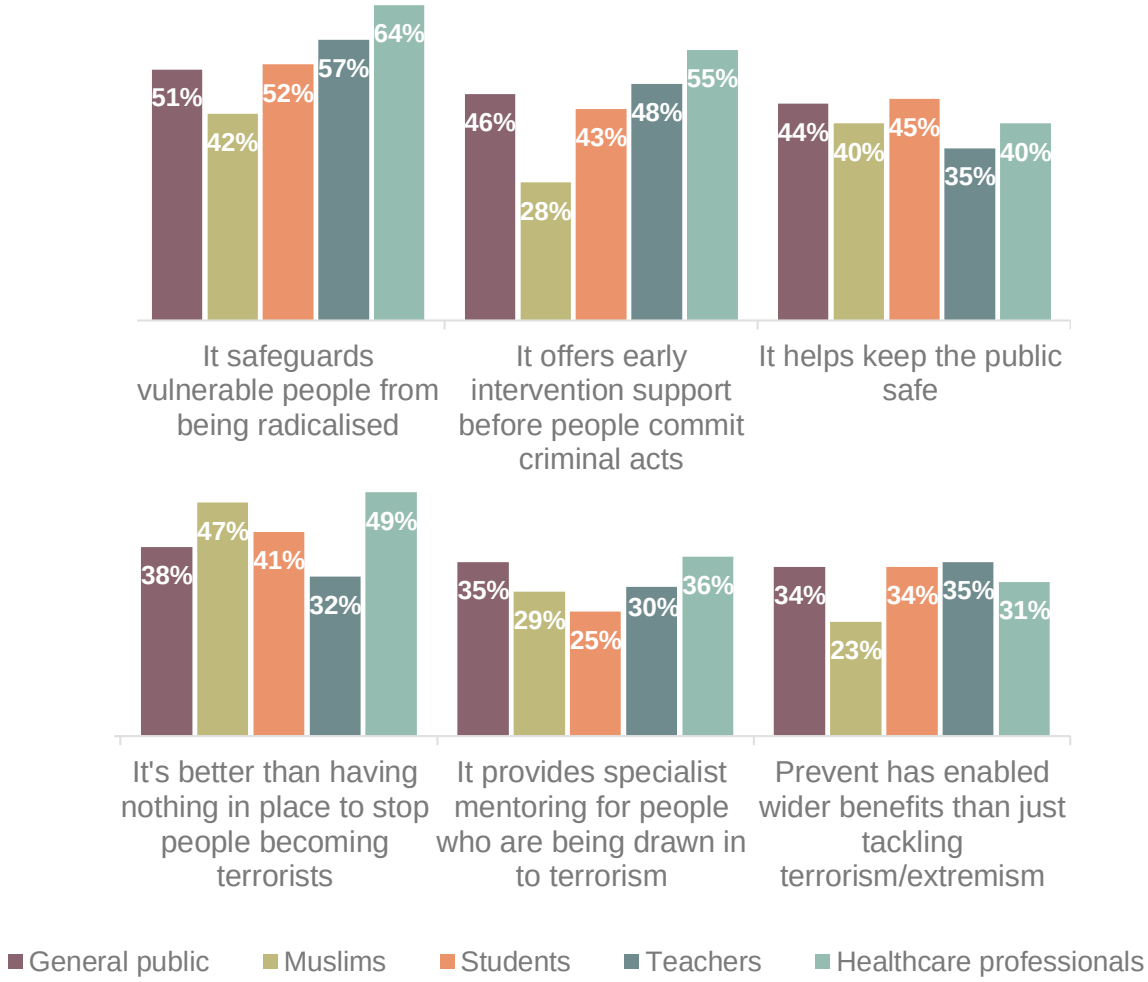
The safeguarding role of Prevent also resonated with the majority of professionals. Three in four teachers (74%) and two thirds of healthcare professionals (64%) agreed with the statement 'I see the Prevent Duty as part and parcel of the broad set of safeguarding duties that my profession is involved in (e.g. gangs, substance abuse, CSE)[4]'.

Furthermore, safeguarding was also one of the main reasons why people were favourable towards Prevent. Half (51%) of the general public who stated they have a favourable opinion of Prevent thought that 'it safeguards vulnerable people from being radicalised', and a similar

[4] It is important to note that the healthcare professional sample comprises predominately GPs (73%). Please see the appendices for further detail.

proportion (46%) believed that 'it offers early intervention support before people commit criminal acts' and that 'it helps keep the public safe' (44%).

Q10/13. Thinking about Prevent in particular, why do you have a favourable opinion of Prevent? Please select as many as apply.



Base: all respondents who have a favourable view of Prevent (general public 849, British Muslims 59, students 267, teachers 355, healthcare professionals 157)

Students also echoed this thinking around their favourability towards Prevent. However, there was a degree of variation when exploring British Muslim and professionals' perspectives.

British Muslims were most likely to have a favourable opinion about Prevent because 'it's better than having nothing in place to stop people becoming terrorists' (47%), ahead of any specific positive aspect of the programme.

While teachers and healthcare professionals, like the general public, were favourable towards Prevent because of its safeguarding role (57% and 64% respectively) and early intervention support (48% and 55% respectively), the lack of an alternative ('it's better than having nothing in

place') was a significantly greater factor for healthcare professionals than teachers (49% vs. 32%).

4.2 Support for the three strands of Prevent

To further explore perceptions of the different activities undertaken by Prevent, participants were asked their opinion about the three strands. Each aspect was presented with a description to ensure a clear understanding of the activity. The strands presented were:

- **Tackling the causes of radicalisation**: Prevent helps to build resilience in communities, for example by funding community-led projects as well as removing terrorist content from the internet.

- **Early intervention for those at risk of radicalisation (Channel)**: Prevent offers support to those considered to be at risk of radicalisation. This can include mentoring, theological guidance or career advice.

- **Rehabilitation (Desistence and Disengagement)**: Prevent offers an intensive intervention aimed at those who have already committed terrorism offences which enables them to move away from extremism and reintegrate into society.

Overall, the majority of participants were favourable towards all three strands of Prevent. Three quarters of the general public were positive about Prevent's activity around tackling the causes of radicalisation (75%) and early intervention activity for those at risk of radicalisation (74%).

The general public were marginally less positive about rehabilitation but, with two-thirds (66%) agreeing, the overall picture is still favourable. This finding is in keeping with the previous chapter on the positive perceptions of the safeguarding and early prevention role of Prevent.

Encouragingly, only around one in twenty were unfavourable towards each of the three strands of activity.

Q13/16. Prevent involves three strands of activity. How favourable or unfavourable is your overall opinion or impression of each of these.

		TOTAL: Favourable %	TOTAL: Unfavourable %
Tackling the causes of radicalisation: Prevent helps to build resilience in communities, for example by funding community-led projects as well as removing terrorist content from the internet	All public	75	4
	All British Muslims	75	5
	All students	78	6
	All teachers	82	2
	All healthcare professionals	68	6
Early intervention for those at risk of radicalisation (Channel): Prevent offers support to those considered to be at risk of radicalisation. This can include mentoring, theological guidance or career advice	All public	74	6
	All British Muslims	74	6
	All students	73	7
	All teachers	78	4
	All healthcare professionals	73	2
Rehabilitation (Desistence and Disengagement): Prevent offers an intensive intervention aimed at those who have already committed terrorism offences which enables them to move away from extremism and reintegrate into society	All public	66	8
	All British Muslims	68	5
	All students	65	10
	All teachers	70	6
	All healthcare professionals	58	7

Base: all respondents (general public 1,464, British Muslims 103, students 516, teachers 502, healthcare professionals 250).

The British Muslim and student samples showed similar views towards Prevent activity. Both were less likely to be favourable towards the rehabilitation strand of activity and contained a small minority who were unfavourable towards each strand. This is most likely linked to the high percentage of students within the Muslim sample.

Of note, teachers were the most favourable towards all three strands of activity across all groups. They did however follow the aforementioned pattern in that they were least favourable towards the rehabilitation strand. Healthcare professionals were the least favourable towards each activity although they were still overwhelmingly positive about the three strands of activity.

5. PROFESSIONALS AND THE ROLE OF TRAINING

As part of this research, we surveyed two professional cohorts working in sectors whereby institutions have an obligation to have 'due regard to the need to prevent people from being drawn into terrorism'[5]: schoolteachers and healthcare professionals. Given the importance of Prevent in their daily working lives, these results will provide a useful picture of how Prevent is viewed by these professionals and how well it has become embedded in their working practices. For healthcare professionals in particular, this will add further nuance to the Home Office's understanding of how this cohort view the Prevent programme.[6]

As previously stated, it is important to note that 85% of the healthcare professionals sample comprises those working in primary care who are not directly bound by the Prevent Duty and whose Prevent training is not mandatory. This should be noted when analysing healthcare professional responses to Prevent Duty related questions.

Key findings

- Over 60% of teachers felt confident and well supported in carrying out their duties related to Prevent, compared to less than 40% of healthcare respondents.
- Both teachers and healthcare professionals benefit significantly from training; confidence in spotting the signs of radicalisation and making a referral increased by 20-30% in those that had received training.
- Over half of the student and teacher samples (53% and 57% respectively) felt that Prevent has not negatively impacted freedom of speech. Only one in five or fewer explicitly agreed (students 12%, teacher, 23%).
- Four in ten teachers said they understood the Prevent Duty well (43%), a proportion which is lower among healthcare professionals (24%).
- A substantial minority of teachers and healthcare professionals said that they had not heard of the Prevent Duty.

[5] Revised Prevent Duty Guidance for England and Wales, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance__England_Wales_V2-Interactive.pdf

[6] https://spectrumhealth.org.uk/detecting-risk-of-radicalisation-a-gp-survey/

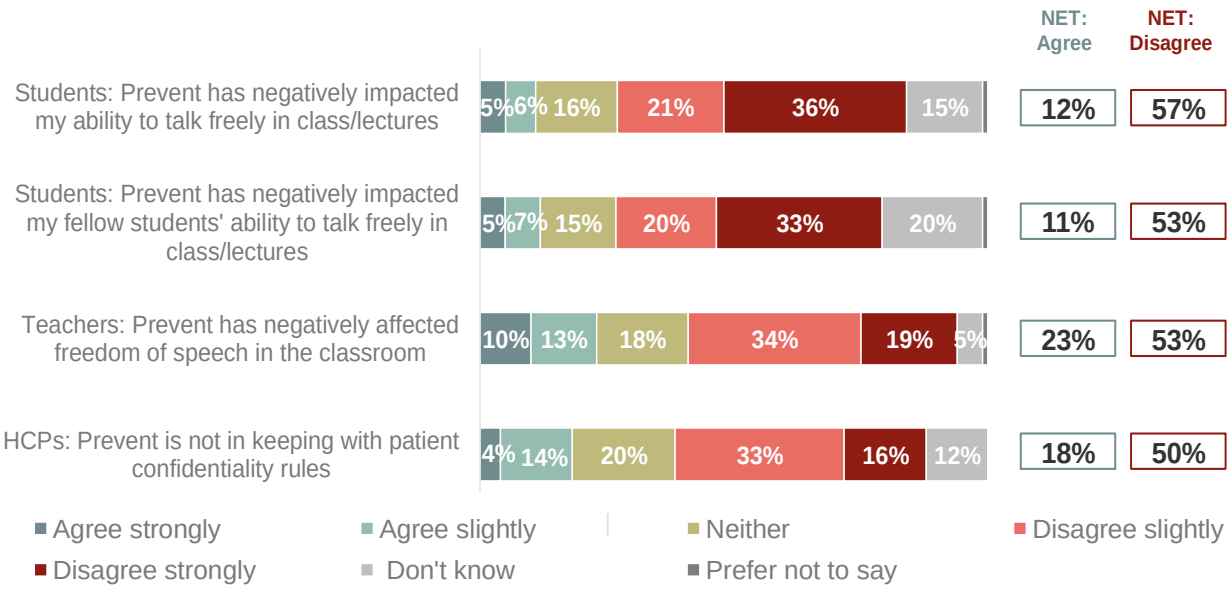
5.1 Perceptions of Prevent

One concern that has been raised by some organisations is that Prevent impacts freedom of speech and contradicts confidentiality rules. This issue was explored among the student, teacher and healthcare professional samples.

When examining the impact of Prevent in the classroom, over half of students and teachers felt that Prevent has not negatively impacted freedom of speech and ability to speak freely. This correlates with an independent study by Coventry University[7], which found that there was relatively little support for the idea that the duty has led to a 'chilling effect' on conversations with students in the classroom and beyond. It is important to note however, that British Muslim students[8] were significantly more likely than the overall student cohort to agree that Prevent has negatively impacted their ability to talk freely in class (Muslims: 19%, overall student cohort: 12%).

Half of teachers (53%) disagreed that 'Prevent has negatively impacted freedom of speech in the classroom', with two in ten strongly disagreeing (19%). However, nearly a quarter of teachers (23%) did feel that Prevent has negatively impacted freedom to talk in the classroom. It is interesting to note here that seniority plays a key role: while over half of headteachers (56%) agreed that Prevent has negatively impacted freedom of speech in the classroom, only one in five teachers in less senior roles felt the same way (deputy head / head of year: 20%, other teaching role, 20%).

Q14/17. Do you agree or disagree with the following statements



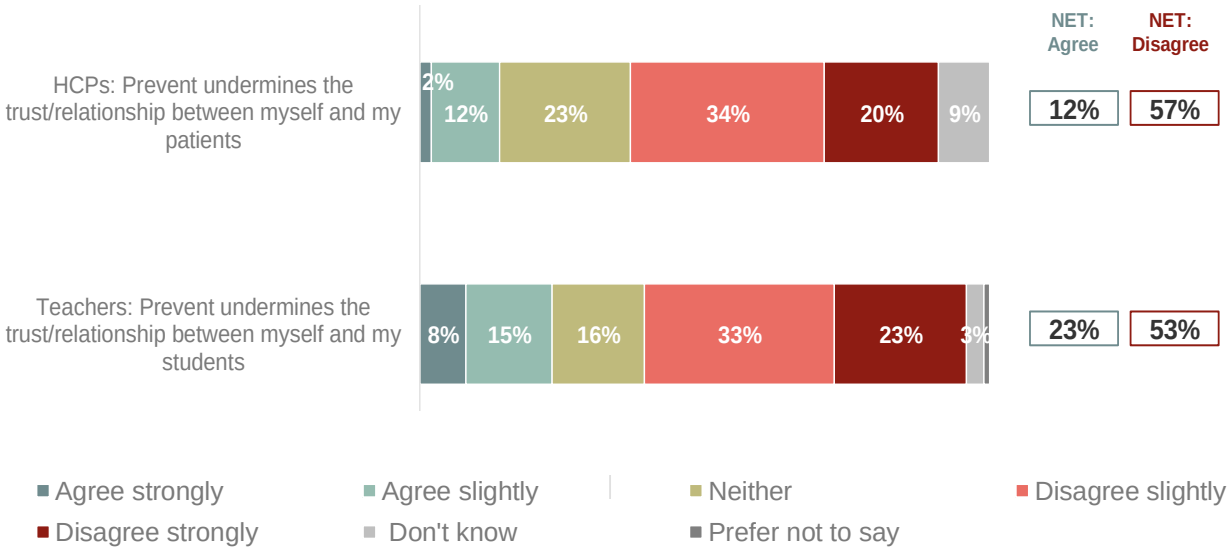
Base: all respondents (students 516, teachers 502, healthcare professionals 250)

[7] Busher, J., Choudhury, T., Thomas, P., & Harris, G. (2017). *What the Prevent duty means for schools and colleges in England: An analysis of educationalists' experiences*. Centre for Trust, Peace and Social Relations, Coventry University https://pureportal.coventry.ac.uk/en/publications/what-the-prevent-duty-means-for-schools-and-colleges-in-england-a

[8] Please note that the base size for this group is small (n= 58)

Among healthcare professionals only 18% felt that Prevent is not in keeping with patient confidentiality rules while 50% disagreed, mirroring a similar spread among teachers. Healthcare professionals showed slightly lower levels of agreement that 'Prevent undermines the trust/relationship between myself and my patient' at 12%. Interestingly, although still a minority, a greater proportion of teachers than healthcare professionals agreed that Prevent undermines teacher-student/patient trust (23% vs 12%).

Q17. Do you agree or disagree with the following statements?



Base: all respondents (teachers 502, healthcare professionals 250)

5.2 Understanding of what Prevent does

While the general public and professionals cohorts both have accurate perceptions of Prevent, professionals do so to a greater degree. For example, two thirds of teachers (66%) and around seven in ten healthcare professionals (72%) agreed that 'Prevent is a safeguarding process against radicalisation.' By contrast, less than half of the general public understood Prevent in this way (47%).

The same pattern was present for the statements in the table below, where teachers and healthcare professionals were consistently more likely to think that they applied to Prevent.

	General public %	Teachers %	Healthcare Professionals %
Prevent stops people being radicalised	41	50	59
Prevent deals with all forms of terrorism	39	52	50
Prevent relies on local community partnerships	34	41	56

5.3 The impact of training

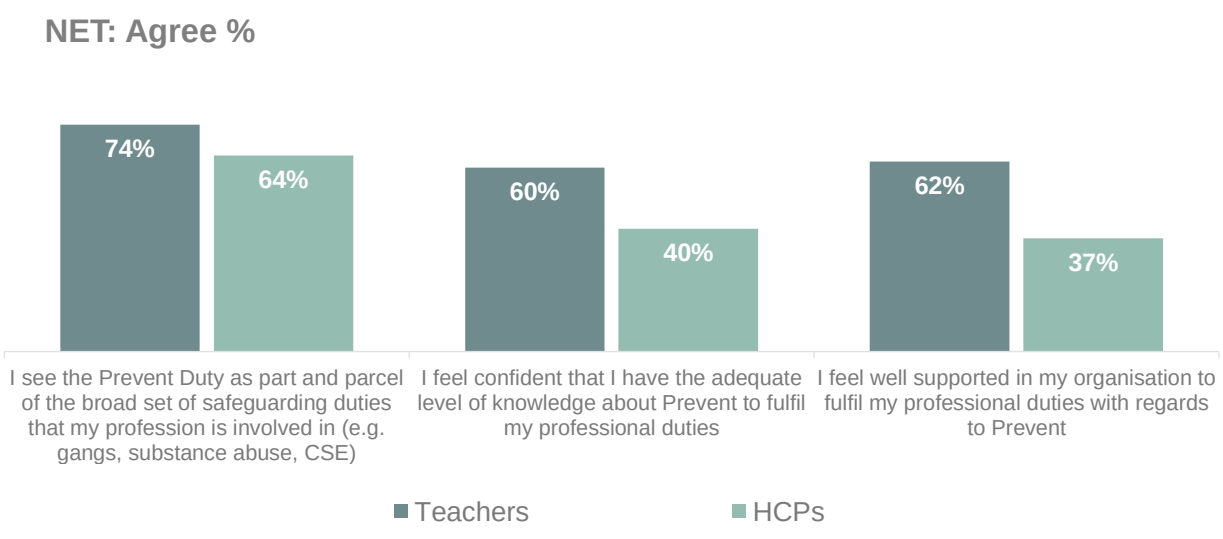
Given the official role that Prevent has in the working lives of professionals, it is perhaps not surprising that they demonstrated a higher level of understanding. However, even in the context of the obligations that Prevent demands, a sizeable proportion of teachers and healthcare professionals said that they had not heard of the Prevent Duty – a quarter of teachers (24%) and over a third of healthcare professionals (35%). Moreover, a further quarter of teachers (26%) and three in ten healthcare professionals (30%) said that there were aware of the Prevent Duty but didn't understand what it entailed. A possible reason for this is that Prevent training opportunities may be more frequently offered to designated safeguarding leads, rather than all professional sector staff.

	Teachers %	Healthcare Professionals %
I'm aware of it and I understand what it entails	43	24
I'm aware of it but I don't understand what it entails	26	30
I've never heard of it	24	35

We can see a clear difference between teachers and healthcare professionals when it comes to awareness and understanding of the Prevent Duty. While over four in ten teachers were aware of and understood the Prevent Duty (43%), this dropped to a quarter of healthcare professionals (24%). This pattern is something we also saw in regard to confidence in possessing an adequate level of knowledge about Prevent and feeling well-supported in their organisation to fulfil their professional duties with regard to Prevent. Again however, it is important to note that the healthcare professional sample was composed of 85% primary care workers who are not bound by the Prevent Duty.

While six in ten teachers agreed they 'felt confident that they have the adequate level of knowledge about Prevent to fulfil their professional duties' (60%), only four in ten healthcare professionals felt the same way (40%). The same pattern emerged for the statement 'I feel well supported in my organisation to fulfil my professional duties with regards to Prevent' – six in ten teachers agreed (62%) in contrast to four in ten healthcare professionals (37%).

Q17. Do you agree or disagree with the following statements?



Base: all respondents (all teachers 502, all healthcare professionals 250)

In a similar vein to awareness, a significant minority of teachers and healthcare professionals stated that they had not received Prevent training (33% of teachers; 41% of healthcare professionals).

Crucially those who said they had had training evidenced a significantly greater propensity to carry out the 'advocated actions'. For example, a greater proportion of professionals with Prevent training agreed that they 'could spot the signs of radicalisation in a student / patient' compared to those who had not received training (with training, 63%; without training, 37%). Those with training were also more likely to agree that they 'know which people or organisations to contact if someone in my care is at risk of being radicalised' (79% with training vs. 47% without) and to agree that they 'would feel confident in referring someone that they thought was at risk of being radicalised' (71% vs. 48%). These are quite dramatic differences and suggest that Prevent Duty training is proving effective and that the advocated actions are being internalised by those who have the training.

Differences between the type of training received, namely WRAP and e-learning, also point towards the efficacy of each method. When asked if they would feel confident in referring someone they thought was at risk of being radicalised, while four in five (81%) who had received WRAP training agreed, this fell to two in three (65%) among those who had taken part in e-learning. A similar difference was also observed in terms of knowing which people and

organisations to contact, where nearly nine in ten (86%) of WRAP trainees gave their assent compared to seven in ten (70%) of those who had undergone e-learning.

These findings indicate that the bigger problem is not the content or quality of the training but the fact that training has not been experienced across the education and healthcare sectors. Given the differences observed between those who have had training and those who haven't, the fact a substantial minority of teachers and healthcare professionals had received no such training is a potential cause for concern although since the introduction of the Prevent Duty, training has been prioritised towards safeguarding leads within institutions. There are, then, two conclusions to draw about the training: firstly, it appears to be effective and, secondly, its coverage is currently far from comprehensive. The focus should be on ensuring that the proportion of teachers and healthcare professionals who have not received Prevent training declines.

6. PREVENT'S FOCUS AND REFERRAL BEHAVIOUR

Prevent deals with all forms of terrorism, and in 2017/18, Far Right and Islamist Channel cases were roughly evenly split. In the research, we asked specific questions around perceptions of the forms of terrorism Prevent addresses. While these are potentially challenging questions for people to consider, they give an overall depiction of perceptions and understanding, which will be informative for the Home Office to monitor over time. This section also looks at confidence in, likelihood and preferred methods for making referrals should respondents be worried about someone becoming radicalised.

Key findings

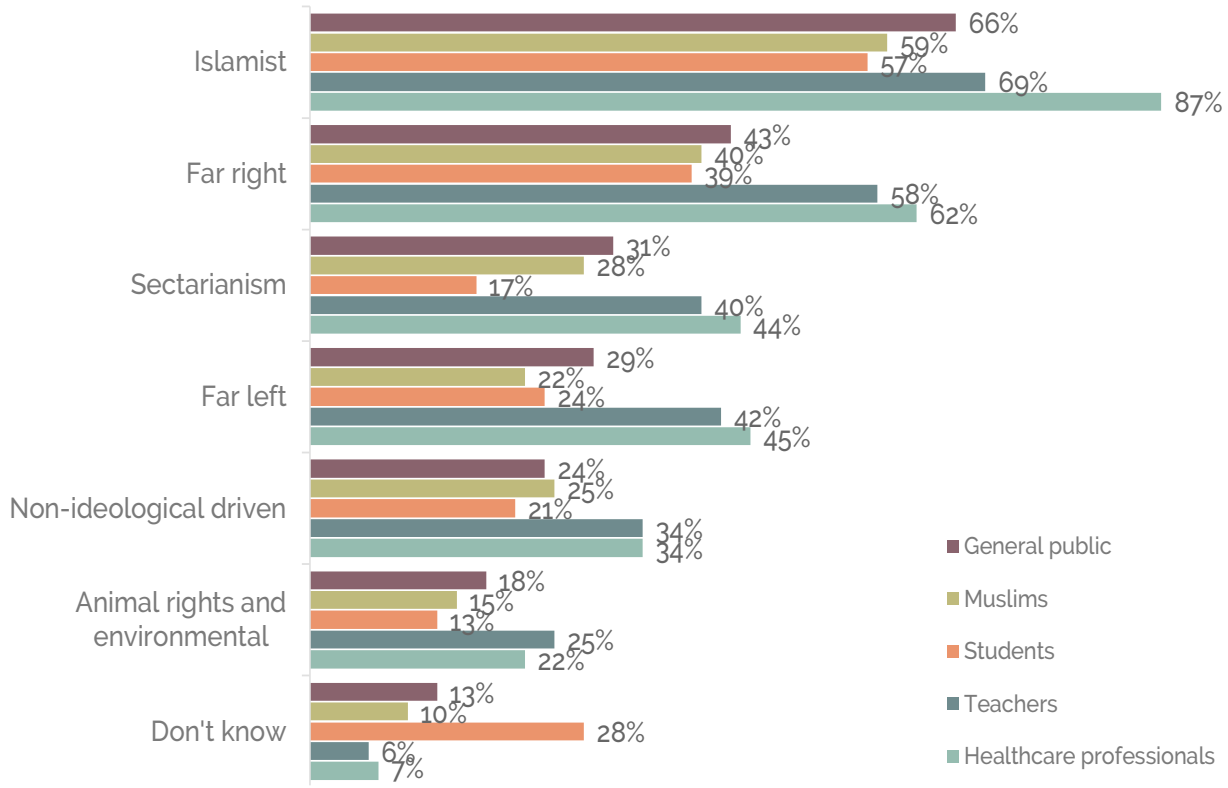
- The majority in each of five groups thought that Prevent tackles Islamist terrorism. However, fewer acknowledged that the programme addresses Far Right terrorism.
- The general public were most likely to believe that those receiving Channel support have been referred due to concerns over Islamist and Far Right terrorism in equal measure (44%).
- Women, those favourable to Prevent, and those more confident in making a referral were more predisposed to make a referral compared to their counterparts.
- A third of the public (35%) stated that better knowledge of the signs of radicalisation would encourage them to make a referral.

6.1 Understanding of the forms of terrorism that Prevent addresses

The majority (66%) of the general public thought that Prevent addresses Islamist terrorism while only two in five (43%) cited Far Right terrorism as a target of Prevent. This pattern is present across all groups. We do not believe this is based on factual evidence but instead highlights general perceptions of the programme from what they have heard in the news, social media or other non-official sources.

Only around one in ten said they do not know which forms of terrorism Prevent addresses, so the majority do *feel* that they have a good understanding, or at least a good enough understanding, to make an educated guess. Among those who did not select Islamist terrorism as a target of Prevent, two in five (38%) selected 'don't know,' followed by one in five (23%) who mentioned Far Right terrorism.

Q15/18. Which forms of terrorism do you think Prevent addresses?



Base: all respondents (general public 1,464, British Muslims 103, students 516, teachers 502, healthcare professionals 250)

Compared to the general public, British Muslims and students were less likely to believe that Prevent tackles Islamist terrorism (59% and 57% respectively). A similar proportion of each of these two groups thought that the programme addresses Far Right terrorism (British Muslims 40%; students 39%).

Conversely, a greater proportion of professionals cited Islamist and Far Right terrorism as part and parcel of Prevent's remit compared to the general public. This mirrors the general trend throughout, that the professional group feel more knowledgeable about the programme. Of note, while both teachers and healthcare professionals referenced Far Right terrorism in roughly equal proportions (62% and 58% respectively), healthcare professionals were much more inclined than teachers to believe Prevent addresses Islamist terrorism (87% compared with 69% of teachers). Healthcare professionals were also significantly more likely to believe that Prevent tackles Islamist terrorism if they are based in the South or North of England compared to those in the Midlands (90%, 88% vs 70% respectively).

Looking at the demographics of the general public, we find several differences in relation to those who believe that Islamist terrorism is part of Prevent's remit.

More likely to see Islamist terrorism as part of Prevent's remit	**Less** likely to see Islamist terrorism as part of Prevent's remit
Gender	
Male: 68%	Female: 63%
Age	
45+: 75%	16 – 44: 58%
Ethnicity	
White: 66%	Non-white: 59%
Socio-economic grade	
ABC1: 67%	C2DE: 61%

Among students, similar demographic differences exist. Students who mentioned Islamist terrorism were more likely to be male, over 35 years of age and from an ABC1 background. Those who cited Islamist terrorism felt that they know Prevent 'very well' (71%).

Fewer subgroup differences exist among members of the public who believed that Prevent addresses Far Right terrorism. However, it is important to note that a greater proportion of those who felt they know Prevent well saw this form of terrorism as part of Prevent's remit compared to those who had a weaker knowledge of the programme (knowledgeable, 50%; heard of but know nothing, 38%).

Teachers and healthcare professionals were also more likely to cite Far Right terrorism if they reported having a good knowledge of Prevent.

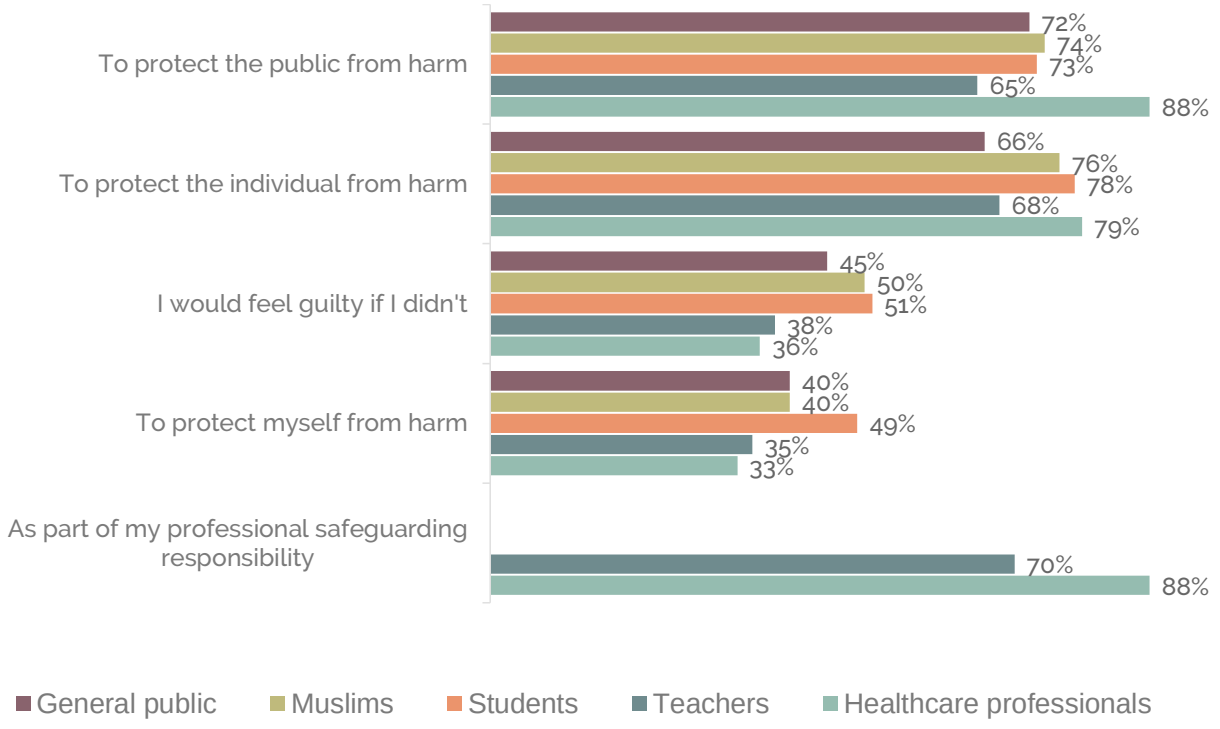
6.2 Attitudes towards making a referral

An overall trend, found across the five groups, is that the idea of protecting other people – whether that be the public or the individual in question – is a more powerful motive for referring an individual than the protecting themselves from potential harm.

The most frequently cited motive for making a referral among the general public was 'to protect the public from harm' to which seven in ten (72%) gave their assent. Slightly fewer, two thirds, said they would refer someone to protect that individual from harm (66%), whereas their own guilt or to protect themselves from harm was a driver for around four in ten (45% and 40% respectively).

In a similar manner to the general public, both teachers and healthcare professionals were more liable to see the act of making a referral as part of their professional safeguarding responsibility (70% and 88% respectively), illustrating how Prevent is embedded in existing safeguarding practices. Believing that making a referral was part of their professional responsibility and protecting others from harm were bigger drivers for healthcare professionals than teachers.

Q20/23. Any why would you make a referral if you were worried about someone being radicalised? Beyond the legal requirement as part of the Prevent Duty, why would you make a referral if you were worried about someone at risk of being radicalised?

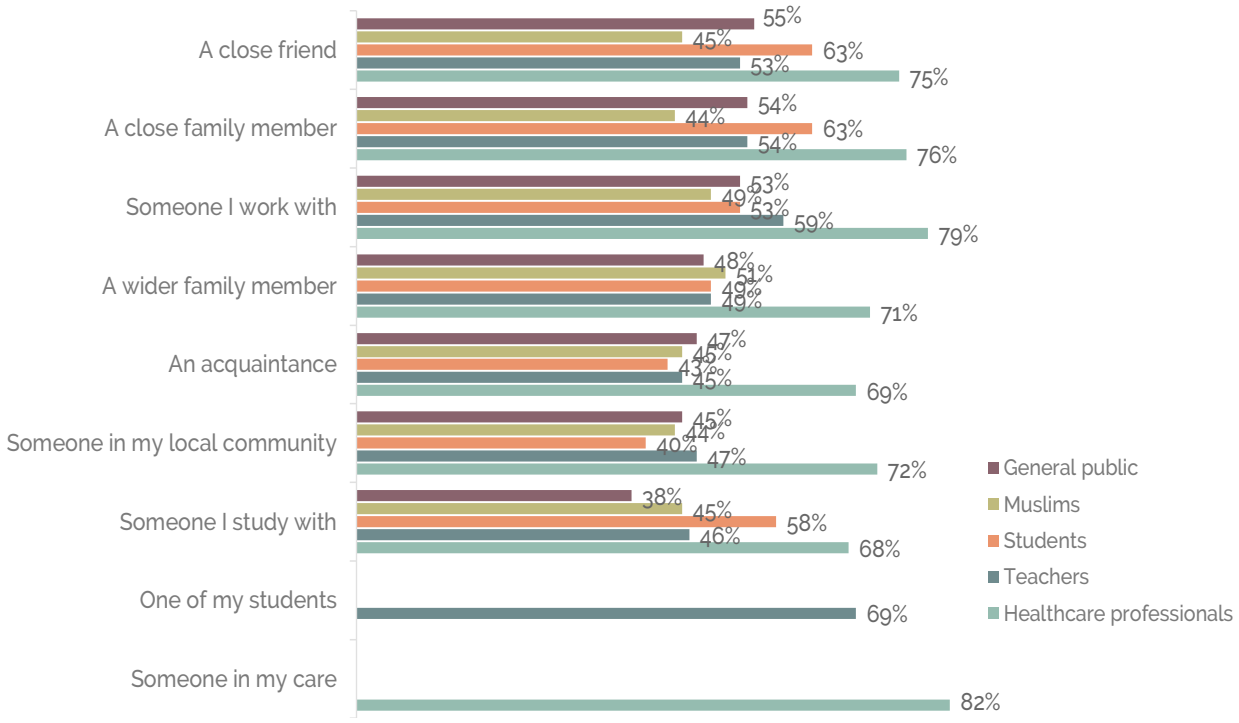


Base: all respondents who would take action (general public 1,243, British Muslims 87, students 432, teachers 451, healthcare professionals 234))

Participants were also asked if certain 'scenarios' would make them more or less inclined to make a referral if they believed that someone was at risk of being radicalised. These 'scenarios' involved a variety of different types of relationships ranging from people they were close to, to those they knew less well, such as an acquaintance.

Among the general public, believing that a close friend is being radicalised would cause over half of participants to make a referral (55%). Similar proportions said they would also refer a close family member (54%) and a work colleague (53%). For less intimate persons, the proportion who say they would refer drops below half.

Q19/22. Which of the following scenarios would cause you to make a Prevent referral [if you were worried about them being radicalised]? Please select as many as apply



Base: all respondents (general public 1,464, British Muslims 103, students 516, teachers 502, healthcare professionals 250)

This trend to refer intimate ahead of non-intimate people corroborates with findings from Huddersfield University that suggest the public are more likely to refer an 'intimate' rather than a bystander:[9]

However, a small minority (5%) did say that they would not refer any of the people presented in the scenarios while one in ten said they that they were unsure or did not know.

British Muslims however do not follow this general pattern. While half (51%) of this group said they would be willing to refer a wider family member or work colleague, a smaller proportion said they would refer a close friend (45%) or family member (44%). However, these differences are negligible.

For both teachers and healthcare professionals, the belief that one of their students or patients was being radicalised is the most powerful motive for making a referral. Four in five healthcare professionals (82%) said they would refer someone in their care if they thought they were being

[9] Source: 'Community Reporting Thresholds: A UK Replication Study' (2017), Huddersfield University. The study looked at the reporting of potential violent extremism and terrorism, focusing on identifying triggers, thresholds and barriers which may stop someone from reporting. The research was based on qualitative in-depth interviews with 66 community and government stakeholders.
https://crestresearch.ac.uk/resources/community-reporting-thresholds-full-report

radicalised, while seven in ten teachers (69%) would take the same course of action if they had concerns over one of their students.

When sub-group differences among the general public were analysed, women, those favourable to Prevent, and those with more confidence displayed a greater tendency than other members of the public to refer a close friend. This pattern was also present among those who said that they would be willing to refer a close family member, a work colleague and/or a wider family member.

More likely to refer a close friend %	**Less likely to refer a close friend %**
Gender	
Female: 61%	Male: 50%
Favourability of Prevent	
Favourable: 62%	Unfavourable: 35%
Confident in spotting the signs of radicalisation in someone I know well	
Agree: 60%	Disagree: 54%
Confident in sharing concerns if I thought someone was at risk of being radicalised	
Agree: 63%	Disagree: 49%

One of the few instances where a difference emerged based on whether a participant lived in or outside a priority area is around referring a close friend. More people living in priority than non-priority areas would take this action (58% in priority areas vs 49% in non-priority areas).

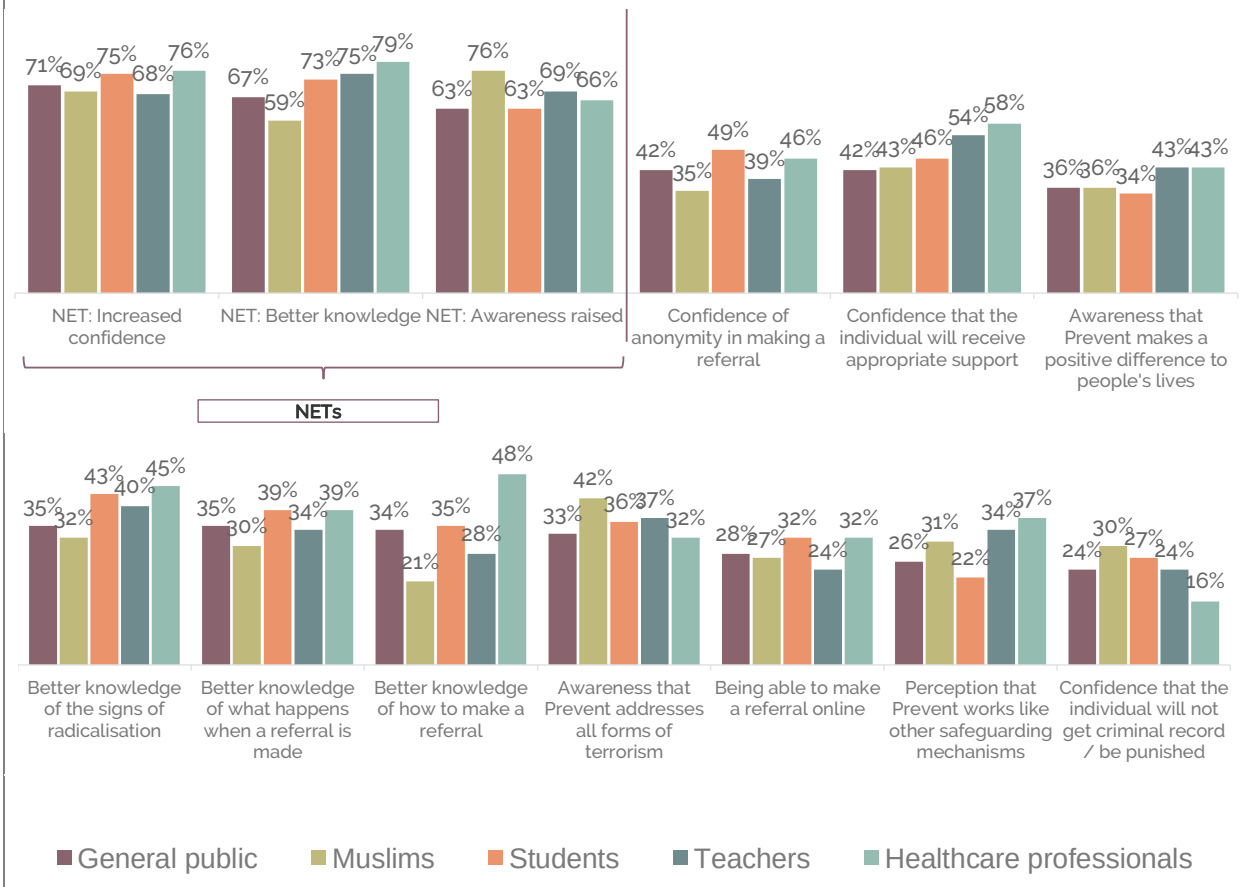
While a greater knowledge of Prevent is closely associated with greater favourability, a good knowledge of Prevent does not necessarily correlate to a greater likelihood to refer a close friend or family member. However, when the person is a wider family member or someone whom they are not particularly familiar with, knowledge of Prevent does have a positive correlation on likelihood to refer. For example, while nearly six in ten (57%) of people who say they know Prevent 'very well' would refer a work colleague if they believed them to be at risk of being radicalised, only half (49%) of those who have heard of but know nothing about the programme would do the same. A similar trend was present among students.

6.3 Supporting with referrals

Feedback from all groups stressed the importance of continuing to develop understanding and knowledge to grow confidence in making a referral.

Specifically, providing reassurance around anonymity when making a referral (42%), providing information about the signs of radicalisation (35%) and ensuring that there will be appropriate support for the individual being referred (42%) were all emphasised. In addition, highlighting that Prevent will make a positive difference to lives also resonated positively with all groups.

Q21/24. Which of the following would make you more likely to make a referral if you were worried about someone being radicalised? Please select a maximum five answers and rank in order of importance.



Base: all respondents (general public 1,464, British Muslims 103, students 516, teachers 502, healthcare professionals 250). The top ten responses have been shown.

When asked what they would do if they were worried about someone they know being radicalised, the general public were most likely talk to the police (44%). A local authority safeguarding team

was also selected by a third (35%) and, while this source was selected from a prompted list and may not have been previously known to this group, it is still a source that resonates and makes sense to them. As such, we would recommend that there is clear signposting around formal channels of support.

For British Muslims and students, contacting the police and a local authority safeguarding team were the most frequently cited responses if they were worried about someone being radicalised. However, friends and family were also a key source of support with four in ten students saying they would talk to family (43%) and just over a third of Muslim participants stating they would talk to friends (36%). Thus, while professional channels should be mobilised, a broader awareness and education campaign is also important to ensure that friends and family (and the various forms these take) are aware and able to speak knowledgeably about what to do if someone has concerns about another person being radicalised.

For the professional cohorts, there is a slightly different picture that reinforces the earlier findings that fostering knowledge and training among the professional network will develop knowledge and 'advocated actions.' For teachers, it is clear that their main sources of information were their institution's safeguarding lead (67%), followed by their local Prevent Education Officer (38%) or another colleague (32%). Meanwhile for healthcare professionals, talking to their safeguarding lead (61%), another colleague (58%) and their local Prevent Health Coordinator (46%) were the most frequently mentioned sources.

Regardless of these nuances among the professional cohort, all said that they would talk to someone from their own profession (22% for teachers, 23% for healthcare professionals) before talking to the police, reinforcing the importance of training more widely.

While over a third of the public (35%) stated that a better knowledge of the signs of radicalisation would make them more likely to refer to Prevent, this differs significantly depending on where they live. There is a higher demand for increased knowledge of the signs of radicalisation among those in non-priority areas (37% compared to 30% in priority areas). Juxtaposing this with the absence of a similar priority area-based difference between those who said they were confident in spotting the signs in someone they know well, this suggests not that people outside priority areas have a more comprehensive knowledge of the signs of radicalisation but that those in priority areas are less interested in learning these signs. Among the student population, those in priority areas were also less interested in gaining a better knowledge of the signs of radicalisation compared to those outside these areas (35% and 46% respectively).

It is important to place these results in the context of other data sources. Research conducted on behalf of the Mayor of London among Londoners found that nearly two-thirds of Londoners would not know how to seek support from the authorities if they were worried about an individual who seemed vulnerable to being drawn to terrorism. While this does not quite tally with our findings, and we should note that these are different groups to compare, what should not be lost is that most want more support and advice about Prevent as well as the whole process of making a referral.

7. THE IMPACT OF KNOWLEDGE OF PREVENT

In this section, we look at whether the knowledge that the general public has about Prevent is linked to more accurate perceptions of the programme and to carrying out the 'advocated actions.'[10]

Positively, the results indicate that those in the general public who feel they have greater knowledge of Prevent do indeed hold more accurate views of Prevent's work and are more informed on how to interact with the programme. They also evidence a greater aptitude for spotting the signs of radicalisation and for knowing how to deal with such signs. That is, those with greater knowledge of Prevent were less likely than those with little knowledge to have misperceptions of the programme as well as more likely to say that they would carry out the 'advocated actions' in the relevant contexts.

Key findings

- Among those who said that they know Prevent very well, around eight in ten agreed that they would feel confident that they could spot the signs of radicalisation in someone they knew well (81%) and in a colleague (76%).
- Those who said they know Prevent very well also stated that they would know who to contact if they thought someone was at risk of being radicalised (77%) and that they would feel confident in sharing their concerns (79%).
- While just under half (49%) of those who had heard of Prevent but know almost nothing said they would refer a work colleague if they were worried about them becoming radicalised, this proportion rose significantly among those who felt they have a good knowledge of the programme (57%).
- Over four in ten of those who knew Prevent 'very well' said that they would contact their 'local authority safeguarding team' (43%) if they were worried about someone being radicalised compared to three in ten (30%) of those who knew almost nothing about the programme.

7.1 Impact of knowledge perceptions and attitudes towards terrorism

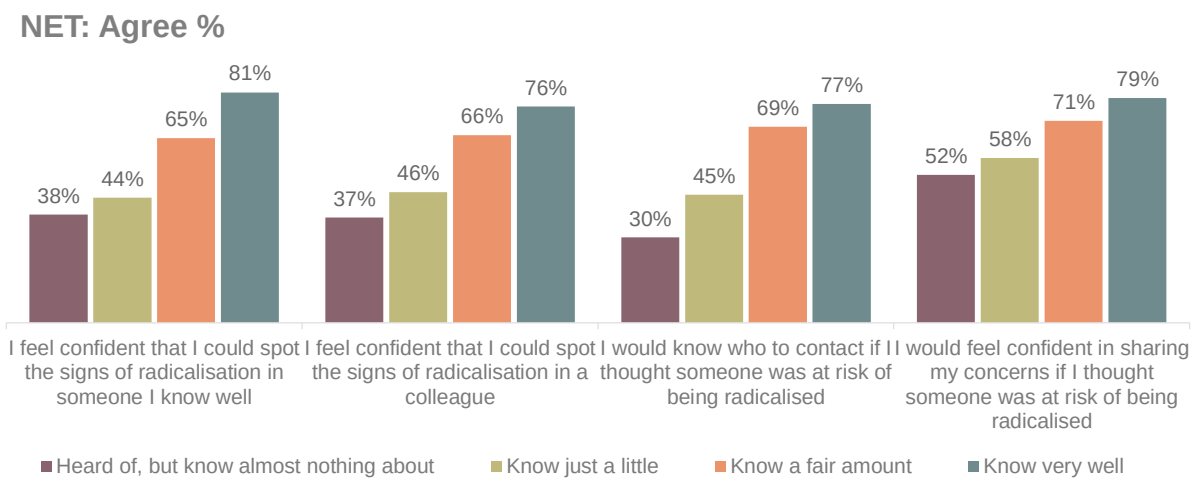
With regard to perceptions, those in the general public who said they knew Prevent 'very well' were more likely than those who knew almost nothing to believe that 'Prevent deals with all forms

[10] We use the term 'advocated actions' as short-hand for all the behaviours and actions that the Prevent programme recommends as courses of action and that increase the chances of the programme achieving its ultimate early intervention and safeguarding purpose.

of terrorism'. Around half of those who knew Prevent 'very well' thought that this statement applied to Prevent (48%), compared to a third of those who knew almost nothing about the programme (33%).

Beyond perceptions of the programme, those in the general public with a greater knowledge of Prevent were more likely than those without to agree that they were confident in spotting the signs of radicalisation. Those with all levels of knowledge expressed more confidence in spotting the signs of radicalisation than those surveyed as part of the Mayor of London's 'Countering Violent Extremism' report, in which only 24% felt confident. This tallies with the fact that all respondents in this survey were already aware of Prevent, and therefore likely a more informed group. Those with greater knowledge were also more confident in sharing their concerns if they thought someone was at risk of being radicalised, and more inclined to agree that they would know who to contact in the instance of the possible radicalisation of an individual. For each of the below statements, we can see an almost linear relationship between knowledge and agreement.

Q17. To what extent do you agree or disagree with the following statements?



Base: all respondents (general public 1,464, those in general public who know Prevent very well (225), those in the general public who know a fair amount (269), those who know just a little (505), those in the general public who have heard of, but know almost nothing (465)

Of those people who said that they said they knew Prevent very well, around eight in ten agreed that they would feel confident that they could spot the signs of radicalisation in someone they knew well (81%)[11] and in a colleague (76%), that they would know who to contact if they thought someone was at risk of being radicalised (77%), and that they would feel confident in sharing their concerns (79%).

[11] In the CT Public Attitudes Survey 2018, we found that just under four in ten members of the public agreed that they could spot the signs of radicalisation in someone they know well (37%). This suggests that those members of the public who knew Prevent 'very well' were twice as likely as the members of the general public as a whole to think that they could spot the signs of radicalisation in someone they know well.

In addition to a greater sense of confidence, a greater knowledge of Prevent also leads to a greater likelihood to refer. While half (49%) of those who had heard of Prevent but know almost nothing said they would refer a work colleague, this proportion rose significantly among those who believe they have a good knowledge of the programme (57%). A similar trend was observed when the person being referred is an acquaintance but neither a close friend nor family member.

7.2 Impact of knowledge on potential reported action

Looking at where people would turn if they were worried about someone at risk of being radicalised we find further key differences according to level of knowledge.

For example, while over four in ten of those who knew Prevent 'very well' said that they would contact their 'local authority safeguarding team' (43%), this dropped to three in ten of those who knew almost nothing about the programme (30%).

Overall, 98% of those in the general public who knew Prevent 'very well' would take some form of action, a proportion that is eleven percentage points greater than the figure for those who knew almost nothing about Prevent (87%). The only action which those who knew 'almost nothing' about Prevent were more likely to do than those who knew Prevent 'very well' was to 'search the internet (e.g. Google)' (23% vs. 16%). Once again, this underlines that the extra knowledge that people have about Prevent appears to have equipped them to be better able to deal with instances of potential radicalisation in their daily life – as well as the value that an official source of information about Prevent online would offer in increasing understanding among those least familiar with the policy

We also saw this pattern among the teachers where knowledge directly correlated to likelihood to refer one of their students if they were concerned that they were being radicalised (61% of those who knew Prevent 'very well' vs. 44% of those who had heard of Prevent but knew almost nothing about it).

In sum, the results suggest that the knowledge which people have about Prevent is accurate on the grounds that if they report having a close familiarity with programme, they are more inclined to engage in the 'advocated actions' if they are concerned about the radicalisation of someone around them. This lends support to the argument that the Prevent programme is effective at communicating its purpose and its recommendations about what people should do should they have concerns that somebody they know is at risk of radicalisation. Given the apparent benefit of being knowledgeable about Prevent and the positive implications this has for the programme's broader de-radicalisation and safeguarding goal, the focus should be on ensuring that people are exposed to the official communications, information, and messaging of the programme.

8. APPENDICES

This appendix contains the following information:

- Sample profile
- Guide to socio-economic definitions
- Guide to statistical reliability
- Topline results

8.1 Sample profile

Figure 8.1, unweighted sample profile:

Sample profile (unweighted)		Public sample (incl. British Muslims)	Student sample	Professional sample
TOTAL		*1,464*	*516*	*752*
Gender	Male	*728*	*172*	*340*
	Female	*732*	*342*	*412*
Age	16-24	*132*	*470*	*36*
	25-34	*426*	*32*	*172*
	35-44	*304*	*11*	*239*
	45-54	*345*	*2*	*179*
	55-64	*225*	*1*	*112*
	65-74	*17*	-	*14*
	75+	*15*	-	-
Prevent Priority Area*	Yes	*324*	*128*	*138*
	No	*960*	*328*	*520*
Ethnicity	White	*1284*	*380*	*587*
	Non-white	*180*	*135*	*159*
Religion	No religion	*568*	*257*	-
	Christian	*700*	*155*	-
	Muslim	*103*	*58*	-
Socio-economic grade	ABC1	*1061*	*373*	-
	C2DE	*398*	*142*	-

*Due to the sensitivity of the topic, only the first one to two characters (e.g. PL1 or N8) of the respondent's postcode were collected. As a result, respondents based in London were not able to be segmented according to borough and their Prevent Priority location could not be wholly determined.

Job titles

Among the schoolteachers interviewed as part of the professional sample, job titles included headteachers, heads of year and supply teachers at both primary and secondary schools.

The healthcare professionals consisted of primarily general practitioners (n= 183) in additional to dentists, hospital nurses, hospital administration staff, optometrists, paediatricians, pharmacists, physicians and surgeons.

Subgroup analysis

For the purposes of this report, healthcare professionals and teachers have been reported on as separate groups. However, due to the low total base size for the healthcare professionals (n= 250), all subgroup analysis has been carried out on the combined teacher and healthcare professional base (n= 752).

Due to low base size for the British Muslims sample (n=103), no subgroup analysis was carried out and data was added into the all public sample and weighted according to the profile of adults in England and Wales who have heard of Prevent.

British Muslim 'booster' survey

The 64 interviews that comprise the British Muslim booster survey were primarily sourced from ICM's own online panel NewVista. An incentive of 1000 points was issued (£10). In addition to the panel survey, the sample was topped-up by re-contacting British Muslims in England and Wales who had heard of Prevent from the CT Public Attitudes Baseline Survey 2018.

8.2 Guide to socio-economic definitions

The grades detailed below are the socio-economic definitions as used by the Institute of Practitioners in Advertising and are standard on all surveys carried out by ICM.

Figure 8.2, socio-economic grade classifications:

Social class		Occupation of Chief Income Earner
A	**Upper Middle Class**	Professionals such as doctors, surgeons, solicitors or dentists; chartered people like architects; fully qualified people with a large degree of responsibility such as senior editors, senior civil servants, town clerks, senior business executives and managers, and high-ranking grades of the Services.
B	**Middle Class**	People with very responsible jobs such as university lecturers, hospital matrons, heads of local government departments, middle management in business, qualified scientists, bank managers, police inspectors, and upper grades of the Services.
C1	**Lower Middle Class**	All others doing non-manual jobs; nurses, technicians, pharmacists, salesmen, publicans, people in clerical positions, police sergeants/constables, and middle ranks of the Services.
C2	**Skilled Working Class**	Skilled manual workers/craftsmen who have served apprenticeships; foremen, manual workers with special qualifications such as long-distance lorry drivers, security officers, and lower grades of Services.
D	**Working Class**	Semi-skilled and unskilled manual workers, including labourers and mates of occupations in the C2 grade and people serving apprenticeships; machine minders, farm labourers, bus and railway conductors, laboratory assistants, postmen, door-to-door and van salesmen.
E	**Lowest levels of subsistence**	Those on lowest levels of subsistence including pensioners, casual workers, and others with minimum levels of income

8.3 Guide to statistical reliability

Overall sample

The respondents in each survey are only a sample of the those in England and Wales who have heard of Prevent. We cannot, therefore, be certain that the figures obtained are exactly those we would have if everybody in England and Wales who have heard of Prevent had been interviewed (the 'true' values). We can, however, predict the variation between the sample results and the 'true' value from knowledge of the size of the samples on which the results are based and the number of times that a particular answer is given.

The confidence with which we can make this prediction is usually chosen to be 95% – that is, the chances are 19 in 20 that the 'true' value will fall within a specified range. The table below illustrates the predicted ranges for different sample sizes and percentage results at the '95% confidence interval', assuming an infinite population.[12]

Figure 8.3, statistical reliability:

Statistical reliability 95% confidence			
Size of sample on which survey result is based	**Approximate sampling tolerances applicable to percentages at or near these levels**		
	10%/90%	**30%/70%**	**50%/50%**
50 interviews	8.4	12.8	14.0
100 interviews	5.9	9.0	9.8
250 interviews	3.7	5.7	6.2
500 interviews	2.6	4.0	4.4
1,464 interviews *(e.g. Public sample)*	1.5	2.3	2.6
516 interviews (*e.g. Student sample)*	2.6	4.0	4.3
752 interviews (*e.g. Professional sample)*	2.1	3.3	3.6

For example, on a question where 70% of the people in a sample of 1,464 respond with a particular answer, the chances are 95 in 100 that this result would not vary by more than plus or minus 3.3 percentage points from a complete coverage of the entire population using the same procedures. However, while it is true to conclude that the "actual" result (95 times out of 100) lies anywhere between 68% and 72%, it is proportionately more likely to be closer to the centre of this band (i.e. at 70%).

[12] In the CT Public Attitudes Survey 2018, we found that just under four in ten members of the public agreed that they could spot the signs of radicalisation in someone they know well (37%). This suggests that those members of the public who knew Prevent 'very well' were twice as likely as the members of the general public as a whole to think that they could spot the signs of radicalisation in someone they know well.

Comparing percentages between subgroups

When results are compared between separate groups within a sample, different results may be obtained. The difference may be "real", or it may occur by chance (because not everyone in the population has been interviewed).

To test if the difference is a real one - i.e. if it is "statistically significant", we again have to know the size of the samples, the percentage giving a certain answer and the degree of confidence chosen. If we assume the "95% confidence interval", the differences between the two sample results must be greater than the values given in the table overleaf.

Figure 8.4, statistical reliability when comparing subgroups:

Statistical reliability when comparing subgroups 95% confidence			
Size of samples compared	**Differences required for significance at or near these percentages**		
	10%/90%	**30%/70%**	**50%/50%**
100 and 50	10.3	15.7	17.1
100 and 100	8.4	12.8	13.9
250 and 250	5.3	8.0	8.8
500 and 100	6.5	9.9	10.8
500 and 250	4.6	7.0	7.6
500 and 500	3.7	5.7	6.2
1,000 and 250	4.2	6.4	6.9
1,000 and 500	3.2	4.9	5.4
1,000 and 1,000	2.6	4.0	4.4
2,000 and 100	6.1	9.2	10.1
2,000 and 250	4.0	6.0	6.6
2,000 and 500	2.9	4.5	4.9
1,464 and 516 *(e.g. Comparing the main sample with the student sample)*	3.0	4.6	5.0

For example, when comparing the results between the public sample and the student sample where 30% give a particular answer, a difference of approximately 4.6 percentage points is required for it to be considered statistically significant.

8.4 Topline: General public

Q1) How significant or insignificant do you think the terrorist threat is to the UK at the moment? SINGLE CODE

Base: all respondents (all public (1,464); all Muslim (103); all students (516)).

	%		
	All public	All British Muslims	All students
TOTAL: Significant	**85**	**81**	**73**
TOTAL: Insignificant	**13**	**18**	**24**
Very significant	32	31	17
Quite significant	52	51	55
Not very significant	12	14	23
Not at all significant	1	3	2
Don't know	2	1	3
Prefer not to say	*	-	*

Q2) In the UK, are you aware of any specific programmes which aim to stop people engaging in terrorism? SINGLE CODE

Base: all respondents (all public (1,464); all Muslim (103); all students (516)).

	%		
	All public	All British Muslims	All students
Yes	52	59	44
No	24	21	28
Not sure / Don't know	24	19	28
Prefer not to say	*	-	*

Q3) Please tell us the names of any specific programmes you have heard of in the UK. OPEN TEXT

Base: all who are aware of anti-radicalisation programmes (all public (761); all Muslim (57); all students (226)). Responses <2% not shown.

	%		
	All public	All British Muslims	All students
Prevent	28	27	32

Q4) We would like to ask your opinion about several programmes and organisations in the UK. For each one please tell us how well, if at all, you know each.

SINGLE CODE

Base: all respondents (all public (1,464); all Muslim (103); all students (516)).

		Know very well	Know fair amount	Know just a little	Heard of, know almost nothing about	Never heard of	**TOTAL: Know-ledgeable**
Channel	All public %	9	10	14	14	44	**47**
	All British Muslims %	22	14	18	13	26	**68**
	All students %	4	4	10	17	49	**36**
Contest	All public %	7	8	14	14	47	**44**
	All British Muslims %	14	13	22	14	29	**63**
	All students %	3	5	9	14	55	**31**
Prevent	All public %	15	18	34	32	-	**100**
	All British Muslims %	23	26	29	22	-	**100**
	All students %	11	17	33	39	-	**100**
Educate Against Hate	All public %	10	11	24	20	31	**64**
	All British Muslims %	21	12	28	13	21	**74**
	All students %	7	11	22	26	27	**66**
Desistance and Disengagement	All public %	6	9	15	15	47	**45**
	All British Muslims %	11	16	12	18	35	**57**
	All students %	3	4	10	18	52	**36**
Let's Talk About it	All public %	9	11	19	19	36	**57**
	All British Muslims %	19	15	16	13	27	**63**
	All students %	5	8	14	22	40	**50**

Q5) Could you tell us what you know about Prevent in a few words. OPEN TEXT.
Base: all respondents (all public (1,464); all Muslim (103); all students (516)). Responses <1% not shown,

	%		
	All public	All British Muslims	All students
Prevents people becoming radicalised / terrorists	16	14	19
Prevents terrorism / anti-terror	9	11	12
How to identify radicalisation	6	5	3
Report crime / issues / suspicious activity	5	7	4
Helps / safeguards / supports people (from terrorism)	4	5	3
Educates people (about terrorism / extremism)	4	4	4
It runs in Schools, Colleges and Universities	3	2	7
Prevents (non-specific)	3	2	3
It's good / like it	3	3	1
Heard of it / just heard the name	3	2	3
Nothing	2	1	2
Don't know	32	20	34
Prefer not to say	2	4	6

Q6) Where have you seen or heard anything about Prevent? Please select as many as apply. MULTICODE.
Base: all respondents (all public (1,464); all Muslim (103); all students (516)).

	%		
	All public	All British Muslims	All students
TOTAL: News	**45**	**47**	**30**
TV news	31	30	21
Via my work/ in a professional capacity	16	15	8
On social media e.g. Twitter, Instagram, Facebook	15	23	18
Online news website	14	25	11
Radio	13	12	7
Newspaper	12	18	6
From family and/or friends	10	14	10
From an education or healthcare worker	8	18	18
From my Local Authority/council	8	9	5
Via my local police	7	11	4
Through a charity	6	11	5
From a poster/leaflet in my local area	5	11	6
At a community event I attended	5	8	5
From a community leader	5	11	2
Other	3	1	7
Can’t remember	15	12	17
Prefer not to say	*	-	1

Q7) And please could you tell us exactly what you heard and/or saw? Please provide as much detail as possible. MULTICODE.
Base: all who remember Prevent being mentioned (all public 1,241, all British Muslims 90, all students 425). Top 3 responses for each NET shown.

	%		
	All public	All British Muslims	All students
TOTAL: Description	**36**	**37**	**35**
Training / staff training / course	10	9	5
General info / what they do	6	13	6
Used in schools / colleges / universities	4	5	10
TOTAL: Purposes	**20**	**36**	**16**
They prevent people from being radicalised	9	16	8
Identifying signs of radicalisation / terrorism	4	5	3
How to report suspicious activity	3	7	4
TOTAL: Media	**9**	**5**	**8**
The news / news report / article	5	2	3
BBC	1	2	1
Facebook	1	3	1
TOTAL: Problems	**5**	**7**	**4**
That it doesn't (always) work	3	3	1
It targets / stereotypes / alienates innocent people	1	4	2
Other problems	1	1	2

Q8) Which of the following do you think applies to Prevent? Please select as many as apply. MULTICODE.
Base: all respondents (all public (1,464); all Muslim (103); all students (516)).

	%		
	All public	All British Muslims	All students
Prevent is a safeguarding process against radicalisation	47	45	48
Prevent stops people becoming radicalised	41	45	42
Prevent deals with all forms of terrorism	39	46	34
Prevent relies on local community partnerships	34	39	22
Receiving support through the early intervention element of Prevent is mandatory	21	24	16
Prevent is driven by local councils working with local partners including charities	20	24	16
Prevent involves police surveillance	19	28	13
Prevent stores and manages data in a proportional and responsible manner	17	15	12
Prevent only targets certain communities	11	21	9
Prevent is led exclusively by the police	11	15	6
Prevent funds civil society organisations	10	5	5
A Prevent referral automatically gives an individual a criminal record.	7	8	2
None of the above	1	1	2
Don't know	10	4	15
Prefer not to say	*	2	*

Q9) How favourable or unfavourable is your overall opinion or impression of each of the following organisations and programmes in the UK? Please take into account anything you think is important? SINGLE CODE.

Base: all who have knowledge of this programme when prompted at Q4

All public: Channel, 695; Contest, 652; Prevent, 1464; Educate against Hate, 933; Desistance and Disengagement, 660; Let's Talk About It, 839.

All British Muslims: Channel, 66; Contest, 60; Prevent, 103; Educate against Hate, 72; Desistance and Disengagement, 55; Let's Talk About It, 63.

All students: Channel, 184; Contest, 160; Prevent, 516; Educate against Hate, 339; Desistance and Disengagement, 185; Let's Talk About It, 257.

		Very favourable	Mainly favourable	Neither favourable nor unfavourable	Mainly unfavourable	Very unfavourable	DK	**TOTAL: Favourable**	**TOTAL: Unfavourable**
Channel	All public %	23	28	29	5	2	12	**51**	**7**
	All British Muslims %	24	35	25	4	7	3	**58**	**11**
	All students %	10	21	32	7	1	29	**30**	**8**
Contest	All public %	21	28	30	6	2	12	**49**	**8**
	All British Muslims %	25	29	27	12	1	1	**53**	**14**
	All students %	9	21	31	9	3	26	30	12
Prevent	All public %	24	34	24	6	2	10	**58**	**8**
	All British Muslims %	29	28	21	8	7	6	**58**	**15**
	All students %	15	36	21	5	3	19	**52**	**8**
Educate Against Hate	All public %	23	35	25	4	2	10	**58**	**6**
	All British Muslims %	26	38	23	5	1	6	**64**	**7**
	All students %	19	29	21	4	2	24	**48**	**6**
Desistance & Disengagement	All public %	22	31	32	5	2	8	**53**	**7**
	All British Muslims %	16	40	27	10	-	6	**56**	**10**
	All students %	11	25	28	5	3	27	**37**	**8**
Let's Talk About it	All public %	21	31	28	5	2	12	**51**	**8**
	All British Muslims %	31	38	20	7	2	3	**69**	**9**
	All students %	12	31	22	7	3	25	**43**	**10**

Q10) Thinking about Prevent in particular, why do you have a favourable opinion of Prevent? Please select as many as apply. MULTICODE

Base: all respondents who have a favourable view of Prevent (all public (849); all Muslim (59); all students (267)).

	%		
	All public	All British Muslims	All students
It safeguards vulnerable people from being radicalised	51	42	52
It offers early intervention support before people commit criminal acts	46	28	43
It helps keep the public safe	44	40	45
It's better than having nothing in place to stop people becoming terrorists	38	47	41
It provides specialist mentoring for people who are being drawn into terrorism	35	29	25
Prevent has enabled wider benefits than just tackling terrorism/extremism (e.g. encouraging debate, safeguarding the wider community)	34	23	34
It makes use of existing safeguarding practices in education and healthcare	33	32	28
It's the type of policy the government should have in place	33	29	26
It enables local communities to develop local solutions to terrorism	31	30	32
It's a proportionate programme for the level of terrorist threat	24	31	20
It encourages debate	23	34	15
Other	*	-	*
Don't know	2	-	2
Prefer not to say	*	-	*

Q11) Why do you have an unfavourable opinion of Prevent? Please select as many as apply? MULTICODE

Base: all respondents who have an unfavourable view of Prevent (all public (114). Muslim and student data no shown due to low base sizes,

	All public %
It's being applied poorly	34
It changes the role of education and healthcare workers	31
It's not effective	30
It targets certain communities	24
It impinges on free speech	23
There isn't enough information available about it	21
It's not transparent	17
It shouldn't be run by the government	12
It isn't clear where to refer concerns about radicalised individuals	11
It's a government spy programme	10
Other	4
Don't know	6
Prefer not to say	2

Q12) And what would it take to change your opinion of Prevent?

Base: all respondents who have an unfavourable view of Prevent (all public (114). Muslim and student data no shown due to low base sizes. Responses <2% not shown.

	All public %
Show where it has worked	6
More training / info	5
Make it better (nonspecific)	4
More transparency	4
Stop targeting / stereotyping British Muslims	3
Abolish it	3
More publicity	3
Other	13
Nothing	7
Don't know	46
Prefer not to say	6

Q13) Prevent involves three strands of activity. How favourable or unfavourable is your overall opinion or impression of each of these? SINGLE CODE

Base: all respondents (all public (1,464); all Muslim (103); all students (516)).

		Very favourable	Mainly favourable	Neither favourable nor unfavourable	Mainly unfavourable	Very unfavourable	DK	**TOTAL: Favourable**	**TOTAL: Unfavourable**
Tackling the causes of radicalisation	All public %	36	39	15	3	1	4	**75**	**4**
	All British Muslims %	40	36	15	4	2	4	**75**	**5**
	All students %	42	35	11	5	1	5	**78**	**6**
Early intervention for those at risk of radicalisation (Channel)	All public %	35	38	15	5	2	4	**74**	**6**
	All British Muslims %	35	39	16	6	-	4	**74**	**6**
	All students %	39	34	14	5	1	6	**73**	**7**
Rehabilitation (Desistence and Disengagement)	All public %	30	36	20	5	3	6	**66**	**8**
	All British Muslims %	38	29	22	5	-	4	**68**	**5**
	All students %	32	33	17	8	3	8	**65**	**10**

Q14) Do you agree or disagree with the following statement? SINGLE CODE

Base: all students (516).

		Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	DK	**TOTAL: Agree**	**TOTAL: Disagree**
Prevent has negatively impacted *my* ability to talk freely in class/lectures	All students %	5	6	16	21	36	15	**12**	**57**
Prevent has negatively impacted *my fellow students'* ability to talk freely in class/lectures	All students %	5	7	15	20	33	20	**11**	**53**

Q15) Which forms of terrorism do you think Prevent addresses?
MULTI CODE.

Base: all respondents (all public (1,464); all Muslim (103); all students (516)).

	%		
	All public	All British Muslims	All students
Islamist	66	59	57
Far Right	43	40	39
Sectarianism	31	28	17
Far left	29	22	24
Non-ideological driven	24	25	21
Animal rights and environmental	18	15	13
Other	1	1	2
None of these	3	3	1
Don't know	13	10	28

Q16) Prevent offers early intervention support such as mentoring, theological guidance and career advice to those assessed as being at risk of radicalisation. This element of Prevent is known as Channel.

Using the sliding scale below, please indicate what proportion of those who are being supported through Channel you believe are likely to be… SINGLE CODE
Base: all respondents (all public (1,464); all Muslim (103); all students (516)).

	%		
	All public	All British Muslims	All students
Referred due to concerns over Islamist radicalisation - 1	13	7	11
2	10	11	15
Referred due to concerns over Islamist and Far Right radicalisation in equal measure - 3	44	37	38
4	10	16	7
Referred due to concerns over Far Right radicalisation - 5	7	16	6
Don't know	15	11	21
Prefer not to say	1	3	1

Q17) To what extent do you agree or disagree with the following statements:
SINGLE CODE
Base: all respondents (all public (1,464); all Muslim (103); all students (516)).

		Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	DK	**TOTAL: Agree**	**TOTAL: Disagree**
I feel confident that I could spot the signs of radicalisation in someone I know well	All public %	16	35	21	16	5	6	**52**	**21**
	All British Muslims %	27	36	14	13	2	7	**63**	**14**
	All students %	15	40	21	14	6	5	**54**	**19**
I feel confident that I could spot the signs of radicalisation in a colleague	All public %	14	38	21	16	6	6	**51**	**22**
	All British Muslims %	16	41	19	11	7	5	**58**	**18**
	All students %	9	35	26	17	5	8	**44**	**22**
I would know who to contact if I thought someone was at risk of being radicalised	All public %	17	32	19	16	9	5	**49**	**25**
	All British Muslims %	25	34	21	8	4	8	**59**	**12**
	All students %	12	32	17	20	9	9	**44**	**29**
I would feel confident in sharing my concerns if I thought someone was at risk of being radicalised	All public %	23	39	19	10	4	4	**62**	**15**
	All British Muslims %	27	40	22	4	1	5	**67**	**5**
	All students %	19	30	22	17	5	7	**49**	**22**

Q18) Which of the following, if any, would you do if you were worried about someone you know being radicalised? Please select as many as apply. MULTICODE.

Base: all respondents (all public (1,464); all Muslim (103); all students (516)).

	%		
	All public	All British Muslims	All students
Talk to the police	44	43	39
Contact my local authority safeguarding team	35	28	35
Talk to family	27	30	43
Talk to friends	26	36	37
Call a counter terrorist helpline	23	27	21
I would talk to them	21	34	31
Search the internet (e.g. Google)	21	23	31
Talk to someone at my work	18	18	16
Tell a charity/ civil society organisation	15	11	21
Talk to a teacher/ other education worker	12	16	30
Talk to a faith leader	10	20	8
Tell my GP/other healthcare worker	7	10	5
Other	1	-	-
I would do nothing	2	1	1
Don’t know/not sure	5	2	3
Prefer not to say	1	2	*

Q19) Which of the following scenarios would cause you to make a Prevent referral? Please select as many as apply. MULTICODE.

Base: all respondents (all public (1,464); all Muslim (103); all students (516)).

	%		
	All public	All British Muslims	All students
Believing that a close friend was being radicalised	55	45	63
Believing that a close family member was being radicalised	54	44	63
Believing that someone I work with was being radicalised	53	49	58
Believing that a wider family member was being radicalised	48	51	49
Believing that an acquaintance was being radicalised	47	44	43
Believing that someone in my local community being radicalised	45	45	40
Believing that someone I study with was being radicalised	38	45	58
None of the above	5	9	4
Don't know	10	6	11
Prefer not to say	*	1	*

Q20) And why would you make a referral if you were worried about someone being radicalised? Please select as many as apply. MULTICODE.

Base: all respondents who would take action (all public (1,243); all Muslim (87); all students (432)).

	%		
	All public	All British Muslims	All students
To protect the public from harm	72	74	73
To protect the individual from harm	66	76	78
I would feel guilty if I didn't	45	50	51
To protect myself from harm	40	40	49
Other	*	-	*
None of these	*	-	1
Don't know	*	-	-
Prefer not to say	*	-	-

Q21) Which of the following would make you more likely to make a referral if you were worried about someone being radicalised? Please select a maximum five answers and rank in order of importance. MULTICODE. RANKED IN TOP 5

Base: all respondents (all public (1,464); all Muslim (103); all students (516)).

	%		
	All public	All British Muslims	All students
TOTAL: Increased confidence	**71**	**69**	**75**
TOTAL: Better knowledge	**67**	**59**	**73**
TOTAL: Awareness related	**63**	**76**	**63**
Confidence of anonymity in making referral	42	35	49
Better knowledge of the signs of radicalisation	35	32	43
Better knowledge of how to make a referral	34	21	35
Confidence that individual will receive appropriate support	42	43	46
Awareness that Prevent addresses all forms of terrorism	33	33	36
Awareness that Prevent makes a positive difference to people's lives	36	36	34
Being able to make a referral online	28	27	32
Better knowledge of what happens when a referral is made	35	30	39
Perception that Prevent works like other safeguarding mechanisms	26	31	22
Confidence that individual will not get criminal record/ be punished	24	30	27
Perception that Prevent is police-led	21	19	13
Perception that Prevent is Government led	17	20	11
Perception that Prevent is locally led	16	19	9
Awareness of the role of charities and community organisations in protecting people	17	26	18
Other	*	-	1
None of the above – I am already confident in making a referral	3	4	3
Don't know	6	4	5
Prefer not to say	*	1	1

Q22) If you wanted to find out more about Prevent and the work it does, how would you go about it? Please select as many as apply. MULTICODE.

Base: all respondents (all public (1,464); all Muslim (103); all students (516)).

	%		
	All public	All British Muslims	All students
TOTAL: Internet	**82**	**77**	**83**
Google, Wikipedia etc.	45	39	56
Government website	44	34	32
Speaking to the police in person	17	19	9
A dedicated hotline	17	18	11
Social media	16	24	23
Other public body website	16	10	14
Civil society organisation/ charity website	15	16	13
Through the local council	15	24	9
From a colleague	9	9	7
From my institution's safeguarding lead	-	-	13
My institution's intranet site	-	-	6
Other	1	-	*
I don't want to find out anything more about Prevent	3	2	2
Don't know	5	6	5
Prefer not to say	*	1	*

Q23) Which of the following, if any, would you find useful to help you learn more about spotting the signs of radicalisation and making a Prevent referral? Please select as many as apply. MULTI CODE.
Base: all respondents (all public (1,464); all Muslim (103); all students (516)).

	%		
	All public	All British Muslims	All students
A website with useful information	49	49	50
Examples of the signs of radicalisation	46	36	52
Explanation of what happens after you make a referral	37	40	42
Explanation of how to make a referral	35	28	40
Contact details for advice	33	33	26
Video content explaining Prevent	28	19	33
Case studies of individuals who have received support through Channel	28	25	31
Case studies/media of individuals and organisations working with Prevent	25	27	29
Courses or workshops to learn more about the signs of radicalisation	23	29	25
Other	*	-	*
I don't need to find out anything more	5	-	3
Don't know	7	4	6
Prefer not to say	*	1	*

8.5 Topline: professional cohorts

Q1) How significant or insignificant do you think the terrorist threat is to the UK at the moment? SINGLE CODE
Base: all respondents (all teachers (502); all healthcare professionals (HCPs) (250)).

	%	
	Teachers	HCPs
TOTAL: Significant	**78**	**83**
TOTAL: Insignificant	**20**	**14**
Very significant	23	23
Quite significant	55	60
Not very significant	18	12
Not at all significant	2	2
Don't know	2	3
Prefer not to say	*	*

Q2) In the UK, are you aware of any specific programmes which aim to stop people engaging in terrorism? SINGLE CODE
Base: all respondents (all teachers (502); all healthcare professionals (250)).

	%	
	Teachers	HCPs
Yes	75	80
No	13	8
Not sure / Don't know	13	12

Q3) Please tell us the names of any specific programmes you have heard of in the UK. OPEN TEXT
Base: all who are aware of anti-radicalisation programmes (all teachers (375); all healthcare professionals (201)). Only responses that were mentioned by at least 1% of the total sample are shown.

	%	
	Teachers	HCPs
Prevent	49	69
Contest	1	4
Channel	2	1
ACT	-	1
Don't know / can't remember	19	13
Prefer not to say	6	1

Q4) We would like to ask your opinion about several programmes and organisations in the UK. For each one please tell us how well, if at all, you know each. SINGLE CODE

Base: all respondents (all teachers (502); all healthcare professionals (250)).

		Know very well	Know a fair amount	Know just a little	Heard of, know almost nothing about	Never heard of	DK	**TOTAL: Know-ledgeable**
Channel	Teachers %	11	12	17	13	40	7	**53**
	HCPs %	2	4	14	11	54	15	**30**
Contest	Teachers %	7	10	12	16	47	8	**44**
	HCPs %	1	3	10	6	63	16	**21**
Prevent	Teachers %	35	30	22	13	-	-	**100**
	HCPs %	12	39	34	15	-	-	**100**
Educate Against Hate	Teachers %	10	15	29	14	27	5	**68**
	HCPs %	2	3	11	17	51	16	**33**
Desistance and Disengagement	Teachers %	8	10	16	15	44	7	**48**
	HCPs %	1	2	6	14	59	18	**22**
Let's Talk About it	Teachers %	11	12	23	18	31	5	**64**
	HCPs %	2	4	12	17	50	15	**36**

Q5) Could you tell us what you know about Prevent in a few words.
Base: all respondents (all teachers (502); all healthcare professionals (250)). Only responses that were mentioned by at least 1% of the total sample are shown.

	%	
	Teachers	HCPs
Prevents people becoming radicalised / terrorists	25	29
How to identify radicalisation	17	22
Helps / safeguards / supports people (from terrorism)	7	10
Prevents terrorism / anti-terror	8	9
Report crime / issues / suspicious activity	6	11
Provides training / I've done the course / training (at work)	6	12
Educates people (about terrorism / extremism)	5	7
It's a government programme	4	8
For professionals	3	6
It runs in Schools, Colleges and Universities	4	2
Advice / info / raise awareness	2	3
Prevents (non-specific)	3	*
Heard of it / just heard the name	1	2
It's good / like it	3	-
Deradicalize	-	4
Prevents crime (knife crime)	1	-
Don’t know	17	6
Prefer not to say	4	1

Q6) Where have you seen or heard anything about Prevent? Please select as many as apply. MULTICODE
Base: all respondents (all teachers (502); all healthcare professionals (250)).

	%	
	Teachers	HCPs
TOTAL: News	**24**	**27**
Via my work / in a professional capacity	49	52
TV news	19	23
From my Local Authority/council	19	6
From an education or healthcare worker	17	11
Online (not social media)	12	11
Through a professional membership body / publication	12	11
Newspaper	12	8
On social media e.g. Twitter, Instagram, Facebook	10	7
Via my local police	11	5
Radio	7	11
From family and/or friends	9	4
At a community event I attended	7	3
From a poster/leaflet in my local area	7	4
Through a charity	6	2
From a community leader	5	2
Can’t remember	5	6
Prefer not to say	-	-

Q7) And please could you tell us exactly what you heard and/or saw? Please provide as much detail as possible. MULTICODE.
Base: all who remember Prevent being mentioned (teachers, healthcare professionals). Top 3 responses for each NET shown.

	%	
	Teachers	HCPs
TOTAL: Description	**22**	**26**
Used in schools / colleges / universities	8	7
Mentioned during terrorist attacks	5	5
Training / staff training	4	4
TOTAL: Purposes	**7**	**11**
Raising awareness	2	4
Preventing crime	1	3
Educating people	1	1
TOTAL: Media	**2**	**4**
The news / news report / article	1	3
TV documentary	*	1
On Hollyoaks	*	-
TOTAL: Problems	**4**	**2**
It targets innocent British Muslims	3	2
It's controversial	1	-
That it doesn't (always) work	-	-

Q8) Which of the following do you think applies to Prevent? Please select as many as apply. MULTICODE
Base: all respondents (all teachers (502); all healthcare professionals (250)).

	%	
	Teachers	HCPs
Prevent is a safeguarding process against radicalisation	66	72
Prevent stops people becoming radicalised	50	59
Prevent deals with all forms of terrorism	52	50
Prevent relies on local community partnerships	41	56
Prevent is driven by local councils working with local partners including charities	29	29
Receiving support through the early intervention element of Prevent is mandatory	25	20
Prevent involves police surveillance	15	6
Prevent only targets certain communities	9	5
Prevent funds civil society organisations	10	2
Prevent is led exclusively by the police	7	2
A Prevent referral automatically gives an individual a criminal record	6	2
None of the above	1	*
Don't know	4	6
Prefer not to say	1	-

Q9) Are you aware of the Prevent Duty? SINGLE CODE
Base: all respondents (all teachers (502); all healthcare professionals (250)).

	%	
	Teachers	HCPs
I'm aware of it but don't understand what it entails	26	30
I'm aware of it and I understand what it entails	43	24
I've never heard of it	24	35
Don't know	7	11
Prefer not to say	1	-

Q10) Have you ever received Prevent training? MULTICODE
Base: all respondents (all teachers (502); all healthcare professionals (250)).

	%	
	Teachers	HCPs
TOTAL: Yes	**63**	**56**
Yes – WRAP	29	17
Informal training	25	13
Yes – e-Learning	14	26
Other	3	5
No	33	41
Don't know	2	2
Prefer not to say	1	-

Q11) Do you agree or disagree with the following statements? SINGLE CODE

Base: all respondents (all teachers (502); all healthcare professionals (250)).

		Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	DK	**TOTAL: Agree**	**TOTAL: Disagree**
I see the Prevent Duty as part and parcel of the broad set of safeguarding duties that my profession is involved in (e.g. gangs, substance abuse, CSE)	Teachers %	32	42	13	8	1	4	**74**	**9**
	HCPs %	16	48	11	8	5	11	**64**	**14**
I feel confident that I have the adequate level of knowledge about Prevent to fulfil my professional duties	Teachers %	18	43	18	14	5	3	**60**	**19**
	HCPs %	8	32	23	18	14	5	**40**	**32**
I feel well supported in my organisation to fulfil my professional duties with regards to Prevent	Teachers %	23	39	18	12	5	3	**62**	**17**
	HCPs %	9	28	24	19	14	6	**37**	**34**

Q12) How favourable or unfavourable is your overall opinion or impression of each of the following organisations and programmes in the UK? Please take into account anything you think is important. SINGLE CODE FOR EACH

Base: all who have knowledge of this programme when prompted at Q4

All teachers: Channel, 267; Contest, 222; Prevent, 502; Educate against Hate, 341; Desistance and Disengagement, 243; Let's Talk About It, 320.

All healthcare professionals: Channel, 76; Contest, 52; Prevent, 250; Educate against Hate, 82; Desistance and Disengagement, 56; Let's Talk About It, 89.

		Very favourable	Mainly favourable	Neither favourable nor unfavourable	Mainly un-favourable	Very un-favourable	DK	**TOTAL: Favour-able**	**TOTAL: Un-favour-able**
Channel	Teachers %	19	40	27	3	1	10	**59**	**4**
	HCPs %	13	25	20	-	-	42	**38**	**-**
Contest	Teachers %	18	39	27	6	1	8	**57**	**7**
	HCPs %	8	38	19	4	-	31	**46**	**4**
Prevent	Teachers %	28	43	19	5	1	5	**71**	**6**
	HCPs %	10	52	24	4	1	8	**63**	**5**
Educate Against Hate	Teachers %	25	38	19	4	*	11	**64**	**5**
	HCPs %	7	38	24	-	-	29	**45**	**-**
Desistance & Disengage ment	Teachers %	19	35	30	4	2	9	**53**	**5**
	HCPs %	7	36	29	2	-	27	**43**	**2**
Let's Talk About It	Teachers %	23	40	24	2	1	9	**64**	**3**
	HCPs %	8	29	24	1	-	38	**37**	**1**

Q13) Thinking about Prevent in particular, why do you have a favourable opinion of Prevent? Please select as many as apply. MULTICODE

Base: all respondents who have a favourable view of Prevent (all teachers (355); all healthcare professionals (157)).

	%	
	Teachers	HCPs
It safeguards vulnerable people from being radicalised	57	64
It offers early intervention support before people commit criminal acts	48	55
It makes use of existing safeguarding practices in education and healthcare	45	41
It's better than having nothing in place to stop people becoming terrorists	32	49
It helps keep the public safe	35	40
Prevent has enabled wider benefits than just tackling terrorism/extremism (e.g. encouraging debate, safeguarding the wider community)	35	31
It enables local communities to develop local solutions to terrorism	30	41
It provides specialist mentoring for people who are being drawn into terrorism	30	36
It's the type of policy the government should have in place	28	25
It encourages debate	23	27
It's a proportionate programme for the level of terrorist threat	24	20
I have seen the positive impact Prevent can have on those in my care	12	8
Other	*	-
Don't know	1	2
Prefer not to say	*	1

Q14) Why do you have an unfavourable opinion of Prevent? Please select as many as apply? MULTICODE

Base: all respondents who have an unfavourable view of Prevent (all teachers (28); all healthcare professionals (13)). Due to low base sizes for this question, the number of respondents who gave each of the answers, rather than the percentage of respondents, is shown.

	n	
	Teachers	HCPs
It's being applied poorly	11	6
Professionals in my sector lack the knowledge to spot radicalisation	14	3
It targets certain communities	11	5
Prevent undermines the trust/relationship between myself and my students/patients	9	6
I am being asked to do something I am uncomfortable with	8	3
It impinges on free speech	8	1
It's not effective	6	3
It isn't the role of professionals in my sector to refer radicalisation concerns	7	2
It's a government spy programme	7	1
It's not transparent	6	1
It shouldn't be run by the government	3	2
Other	1	-
Don't know	-	-
Prefer not to say	-	-

Q15) And what would it take to change your opinion of Prevent?
Base: all respondents who have an unfavourable view of Prevent (all teachers (28); all healthcare professionals (13)). Due to low base sizes for this question, the number of respondents who gave each of the answers, rather than the percentage of respondents, is shown.

	n	
	Teachers	HCPs
Proof of its effectiveness	1	3
More education	-	2
Don't unfairly target British Muslims	1	1
Scrap it / completely change it	1	1
Make it available to everyone	2	-
Training to be provided by fully trained experts	2	-
More resources	-	1
More regular training	1	-
Less bias	-	1
More implementation in schools	1	-
Other	3	2
Nothing	-	-
Don't know	12	3
Prefer not to say	4	-

Q16) Prevent involves three strands of activity. How favourable or unfavourable is your overall opinion or impression of each of these? SINGLE CODE FOR EACH
Base: all respondents (all teachers (502); all healthcare professionals (250)).

		Very favourable	Mainly favourable	Neither favourable nor unfavourable	Mainly unfavourable	Very unfavourable	DK	**TOTAL: Favourable**	**TOTAL: Unfavourable**
Tackling the causes of radicalisation	Teachers %	31	51	12	2	1	3	**82**	**2**
	HCPs %	22	46	16	6	*	10	**68**	**6**
Early intervention for those at risk of radicalisation (Channel)	Teachers %	33	45	14	3	1	3	**78**	**4**
	HCPs %	26	46	14	2	*	11	**73**	**2**
Rehabilitation (Desistence and Dis-engagement)	Teachers %	27	43	19	5	1	4	**70**	**6**
	HCPs %	17	41	21	6	2	14	**58**	**7**

Q17) Do you agree or disagree with the following statements? SINGLE CODE
Base: all respondents (all teachers (502); all healthcare professionals (250)).

		Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	DK	**TOTAL: Agree**	**TOTAL: Disagree**
Prevent has negatively impacted freedom of speech in the classroom	Teachers %	10	13	18	34	19	5	**23**	**53**
Prevent is not in keeping with patient confidentiality rules	HCPs %	4	14	20	33	16	12	**18**	**50**

Prevent undermines the trust/ relationship between myself and my students/ patients	Teachers %	8	15	16	33	23	3	**23**	**56**
	HCPs %	2	12	23	34	20	9	**14**	**54**

Q18) Which forms of terrorism do you think Prevent addresses?
MULTICODE

Base: all respondents (all teachers (502); all healthcare professionals (250)).

	%	
	Teachers	HCPs
Islamist	69	87
Far Right	58	62
Far left	42	45
Sectarianism	40	44
Non-ideological driven	34	34
Animal rights and environmental	25	22
Other	2	2
None of these	2	-
Don't know / not sure	6	7
Prefer not to say	1	-

Q19) Prevent offers early intervention support such as mentoring, theological guidance and career advice to those assessed as being at risk of radicalisation. This element of Prevent is known as Channel. Using the sliding scale below, please indicate what proportion of those who are being supported through Channel you believe are likely to be… SINGLE CODE

Base: all respondents (all teachers (502); all healthcare professionals (250)).

	%	
	Teachers	HCPs
1 – Referred due to concerns over Islamist radicalisation	10	22
2	12	18
3 – Referred due to concerns over Islamist and Far Right radicalisation in equal measure	44	29
4	8	4
5 – Referred due to concerns over Far Right radicalisation	9	3
Don't know	17	23
Prefer not to say	2	1

Q20) To what extent do you agree or disagree with the following statements:

SINGLE CODE PER STATEMENT

Base: all respondents (all teachers (502); all healthcare professionals (250)).

		Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	DK	**TOTAL: Agree**	**TOTAL: Disagree**
I could spot the signs of radicalisation in a patient [SHOW HCP] a student [SHOW TEACHER]	Teachers %	11	47	23	10	1	7	**58**	**11**
	HCPs %	6	34	22	24	7	7	**40**	**31**
I know which people or organisations to contact if someone in my care is at risk of being radicalised	Teachers %	24	48	15	8	2	2	**73**	**10**
	HCPs %	8	48	16	16	8	4	**56**	**25**
I would feel confident in referring someone that I thought was at risk of being radicalised	Teachers %	24	44	18	10	2	2	**68**	**12**
	HCPs %	9	40	18	20	10	3	**49**	**30**

Q21) Which of the following, if any, would you do if you were worried about someone you know being radicalised? Please select as many as apply. ROTATE. MULTICODE.

Base: all respondents (all teachers (502); all healthcare professionals (250)).

	%	
	Teachers	HCPs
Talk my institution's safeguarding lead	67	61
Talk to another colleague	32	58
Contact my local Prevent Education Officer/ regional Prevent Health Coordinator	38	46
Contact my local authority safeguarding team	32	55
I would talk to them	22	23
Talk to the police	19	22
Call a counter terrorist helpline	6	18
Search the internet (e.g. Google)	7	12
Tell a charity / civil society organisation	7	3
Other	1	*
I would do nothing	-	-
Don't know / not sure	1	-
Prefer not to say	1	-

Q22) Which of the following scenarios would cause you to make a Prevent referral? Please select as many as apply. MULTICODE

Base: all respondents (all teachers (502); all healthcare professionals (250)).

	%	
	Teachers	HCPs
Believing that one of my students was being radicalised	69	
Believing that someone in my care was being radicalised		82
Believing that someone I work with was being radicalised	59	79
Believing that a close family member was being radicalised	54	76
Believing that a close friend was being radicalised	53	75
Believing that a wider family member was being radicalised	49	71
Believing that someone in my local community being radicalised	47	72
Believing that an acquaintance was being radicalised	46	68
Believing that someone I study with was being radicalised	45	69
Don't know	6	5
None of the above	3	2
Prefer not to say	2	-

Q23) Beyond the legal requirement as part of the Prevent Duty, why would you make a referral if you were worried about someone at risk of being radicalised? Please select as many as apply. MULTICODE

Base: all respondents who would take action (all teachers (451); all healthcare professionals (234)).

	%	
	Teachers	HCPs
As part of my professional safeguarding responsibility	70	88
To protect the public from harm	65	88
To protect the individual from harm	68	79
I would feel guilty if I didn't	38	36
To protect myself from harm	35	33
Other	-	-
None of these	-	-
Don't know	-	-
Prefer not to say	-	-

Q24) Which of the following would make you more likely to make a referral if you were worried about someone being radicalised? Please select a maximum five answers and rank in order of importance. MULTICODE. TOP 5 RANKED

Base: all respondents (all teachers (502); all healthcare professionals (250)).

	%	
	Teachers	HCPs
TOTAL: Better knowledge	**68**	**76**
TOTAL: Increased confidence	**75**	**79**
TOTAL: Awareness related	**69**	**66**
Confidence that individual will receive appropriate support	54	58
Awareness that Prevent makes a positive difference to people's lives	43	43
Better knowledge of the signs of radicalisation	40	45
Confidence of anonymity in making referral	39	46
Better knowledge of what happens when a referral is made	34	39
Awareness that Prevent addresses all forms of terrorism	37	32
Perception that Prevent works like other safeguarding mechanisms	34	37
Better knowledge of how to make a referral	28	48
Being able to make a referral online	24	32
Confidence that individual will not get criminal record / be punished	24	16
Awareness of the role of charities and community organisations in protecting people	20	15
Perception that Prevent is locally led	16	9
Perception that Prevent is police-led	13	8
Perception that Prevent is Government led	14	6
Other	*	*
None of the above – I am already confident in making a referral	5	1
Don't know	2	2
Prefer not to say	1	-

Q25) If you wanted to find out more about Prevent and the work it does, how would you go about it? Please select as many as apply. MULTICODE

Base: all respondents (all teachers (502); all healthcare professionals (250)).

	%	
	Teachers	HCPs
TOTAL: Internet	**72**	**86**
From my institution's safeguarding lead	51	41
Government website	43	48
Google, Wikipedia etc.	25	42
From a colleague	17	13
My institution's intranet site	13	17
Other public body website	14	14
Through the local council	15	10
A dedicated hotline	13	9
Speaking to the police in person	13	8
Civil society organisation/ charity website	11	5
Social media	9	5
Other	*	-
I don't want to find out anything more about Prevent	1	-
Don't know	3	1
Prefer not to say	1	*

Q26) Which of the following, if any, would you find useful to help you learn more about spotting the signs of radicalisation and making a Prevent referral? Please select as many as apply. MULTICODE

Base: all respondents (all teachers (502); all healthcare professionals (250)).

	%	
	Teachers	HCPs
TOTAL: Case studies	**47**	**50**
A website with useful information	41	60
Examples of the signs of radicalisation	45	48
Explanation of what happens after you make a referral	36	50
Courses or workshops to learn more about the signs of radicalisation	40	37
Explanation of how to make a referral	33	48
Case studies of individuals who have received support through Channel	33	35
Case studies/media of individuals and organisations working with Prevent	33	36
Contact details for advice	23	42
Video content explaining Prevent	27	27
Other	*	*
I don't need to find out anything more	6	4
Don't know	4	1
Prefer not to say	1	-