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for Education

Safeguarding and radicalisation: learning from children's social care

Research report

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Executive Summary

Introduction

This report presents findings from exploratory research commissioned by the Department for Education (DfE) in order to update their understanding of how radicalisation is being addressed in children's social care¹. The research took place between September 2020 and March 2021. It draws together and builds on learning across the children's social care sector and key partners in relation to managing cases of radicalisation and extremism. It explores views on how cases, processes and practices have changed in the last three to four years (since previous DfE research took place¹); current approaches in children's social care to tackling radicalisation; examples of promising and potentially transferable practice; challenges encountered by children's social care and partners; and current and potential future sources of information, support and guidance. The focus is on children and young people aged 18 and under.

The research involved qualitative consultation with:

- Forty-two children's social care staff and 13 staff in Prevent and other local authority teams in 11 local authority case study areas – the areas were selected by DfE based on a mix of areas by Prevent-priority status², by levels of experience in dealing with cases of radicalisation and extremism, and by geographical location across England.
- Thirteen national and regional stakeholders – including representatives from counter-terrorism policing (CTP), the voluntary and community sector, Social Work England, Directors of Children's Services and Principal Social Workers.

Due to the focus on a relatively small number of local authority areas, findings may not be fully representative of the current situation across the whole children's social care sector. However, commonalities in views, practice and challenges were evident across the 11 local authority areas, which suggests that the findings may be a useful starting point to understand the national picture.

¹ Previous similar research was conducted in 2016, which this research aims to update. See [Chisholm, T & Coulter, A. \(Kantar Public\) Safeguarding and Radicalisation](#), for Department for Education (2017).

² If a local authority area has Prevent-priority status, this means they have received funding from the Home Office for Prevent activity, based upon risk assessments of their locality conducted by the police and government partners.

Key Findings

Prevalence, ideologies and influencers³

The number of radicalisation cases being referred to Prevent and/or children's social care in the last three to four years has generally either increased or remained static in the case study areas, with a sense that increased referrals relate predominantly to better awareness by referrers or more effective referral pathways rather than to any increase in the prevalence of (risk of) radicalisation locally. Most areas reported an increase in referrals relating to Extreme Right-Wing and/or mixed/unclear ideologies, though Islamist extremism remained the primary ideology in some areas even where referrals in relation to other ideologies had increased.

In cases related to mixed/unclear ideologies, the specific ideology itself was perceived to be of less importance to children and young people than their broader search for belonging, or explanations for their sense of not belonging; some continually switched between ideologies, and they did not always hold the views associated with it. This made it challenging to categorise the risk and develop an appropriate response to it.

Online influences and influencers are an increasing concern, exacerbated by children and young people spending even more time at home during the COVID-19 pandemic. This was particularly associated with radicalisation to Extreme Right-Wing and mixed/unclear ideologies.

Increased recognition of the need for safeguarding responses

There was evidence of increased understanding of radicalisation as a type of harm experienced by a young person (rather than, for example, primarily a behaviour presenting a risk to others) which requires a safeguarding response, and possible intervention by children's social care. This was so regardless of the type of ideology. In particular, children's social care professionals are beginning to draw closer links between vulnerability to radicalisation and vulnerability to other forms of exploitation which might involve grooming, such as child criminal exploitation (CCE) and child sexual exploitation (CSE). Common underlying vulnerabilities include social isolation, limited sense of

³ It was difficult for stakeholders to accurately report on the actual number of cases involving radicalisation or extremism, but they were able to discuss their sense of prevalence within their locality or area of insight. As stakeholders had some involvement in radicalisation cases, their perception of prevalence might not accurately reflect the true scale.

belonging, low confidence/self-esteem, mental health concerns, autism, other learning needs, neglect and past trauma.

Integration of radicalisation into existing processes, practices and partnership working

Linked to the wider recognition of a safeguarding role in cases involving (risk of) radicalisation, there is increasing understanding amongst children's social care staff that many existing social work frameworks and practices can be applied in response to radicalisation, in order to engage children, young people and families, assess risk and support needs, and address underlying vulnerabilities⁴. Indeed, most of children's social care's direct work with children, young people and families appears to draw primarily on the core skills, knowledge and approaches used by social workers in response to other forms of harm. There can, however, be additional challenges in engaging families in relation to radicalisation, both in cases where the influencers are within the family and in cases where they are extra-familial but where there is community mistrust of the Prevent programme or the radicalisation risk is not recognised by families.

This is complemented by multi-agency work with a range of key partners, either directly or in forums such as Channel⁵, the multi-agency safeguarding hub (MASH) and standard multi-agency strategy meetings. Children's social care staff particularly value partnership work with Counter-Terrorism Police (CTP) and Prevent teams to jointly screen and assess risk, and to identify, deliver or refer on to radicalisation-specific interventions. There was evidence that working relationships are improving between these key partners in responding to radicalisation, aided by agreed single points of contact in each organisation.

However challenges remain, such as information sharing, determining and using thresholds, developing a shared multi-agency understanding of risk and an appropriate response across local authority areas. This has resulted in inconsistent responses and approaches to radicalisation both within and across different local authority areas. These persistent challenges link back to those identified in [Safeguarding and Radicalisation](#), suggesting that further work needs to be done to address these issues.

⁴ Children's social care responses to radicalisation tend to focus primarily on addressing underlying vulnerabilities, rather than ideological concerns. Interventions addressing ideology are at present usually coordinated and delivered via Prevent teams and Channel.

⁵ Channel provides early support for anyone who is vulnerable to being drawn into any form of terrorism or supporting terrorist organisations. For more information see [Channel and Prevent Multi-Agency Panel \(PMAP\) guidance - GOV.UK \(www.gov.uk\)](#).

An emerging practice area with potential to apply to radicalisation is ‘contextual safeguarding’. This is an approach to understanding and responding to young people’s experiences of significant harm beyond their families.⁶ There is growing recognition of its potential amongst children’s social care staff and partners, as links are increasingly being drawn between radicalisation and other forms of exploitation. Indeed, a small number of the local authority areas in the study described how they have applied contextual safeguarding approaches to specific radicalisation concerns or have introduced radicalisation into multi-agency teams and meetings centred on contextual safeguarding.

Evidence of radicalisation-specific processes and responses by children’s social care

Although most elements of social care responses to radicalisation draw on core social work processes, skills and knowledge, there are examples of radicalisation-specific processes or responses which are used in some local authority areas.⁷ For instance, some areas have introduced radicalisation-specific referral, screening and assessment tools or have adapted their standard tools to incorporate explicit reference to radicalisation. There appears to be a wider range of these used than was identified through the previous research⁸ although this may be because different local authority areas were consulted. In a smaller number of areas, this includes adapted threshold documents and guidance which include radicalisation.

Some areas with Prevent-priority status (normally those with higher prevalence of radicalisation cases) also have specialist radicalisation/ extremism roles within children’s social care. Such practitioners increase the consistency and efficacy of responses within children’s social care, for example by screening referrals, advising and coaching allocated social workers, and coordinating partnership working. In some areas this role has evolved organically and informally, while in others it is formalised and/or funded. In areas where this role is formally funded it has often been difficult to fill, either initially or after the original post-holder has moved on. As such, there is a risk that knowledge and expertise may be lost if post-holders move on.

Variation in social workers’ confidence, knowledge and understanding

Recent learning and development seems to have resulted in an improved consistency of application of social care processes to radicalisation cases as reported by both Prevent-

⁶ More information about contextual safeguarding can be found at www.csnetwork.org.uk.

⁷ Radicalisation-specific interventions addressing ideology are at present usually coordinated and delivered via Prevent teams and Channel rather than children’s social care.

⁸ [Safeguarding and Radicalisation](#) op cit.

priority and non-priority local authority areas consulted. Having said this, multi-agency partners working across a range of local authority areas suggested this may not be the case across the country. Moreover, the consistency of work with young people and families where there are radicalisation concerns remains a challenge.

The primary reason for variation appears to be individual social workers' confidence and skills in working with radicalisation concerns which is mainly determined by their experience of cases, their wider-ranging social work experience, and their understanding of how to apply core processes and approaches in different contexts. (This was also identified in the previous research). As radicalisation cases generally make up a small percentage of social workers' overall caseload, their confidence in addressing these concerns is often lower than confidence in addressing other forms of harm.

Methods for information, advice and guidance

Mandatory Prevent training is offered across all local authority areas but there is evidence that it is not consistently accessed (possibly due to capacity restraints) resulting in gaps in knowledge. Increased monitoring of uptake may therefore be useful. In addition, introductory training could be adapted to make it more directly applicable to children's social care staff. For example, in one case study area the Prevent team deliver training in partnership with a senior practitioner in children's social care who specialises in radicalisation and safeguarding. The training is focused on framing the basic principles and approaches of the Prevent agenda in social care language and providing some practical guidance.

Beyond this introductory training, delivering further training as standard to all social workers is unlikely to be feasible or to represent the best use of time and resources given the relatively low prevalence of radicalisation in comparison to other forms of harm.⁹ Therefore other sources of information, advice and guidance may be more accessible and effective. Some local authority staff described support offered by managers and specialist staff at the point when social workers encounter or are allocated a case with radicalisation concerns, which could be a useful model. Another mechanism for increasing the information, advice and guidance available is developing 'radicalisation toolkits' or similar resources for social workers to access when they encounter radicalisation concerns.

⁹ This is based on local authority stakeholders' common understanding/knowledge that nationally the number of radicalisation cases is lower than the number of cases involving other forms of harm such as physical abuse, emotional abuse, neglect, sexual abuse or bullying.

Key changes since previous research

This research sought to update the findings from research carried out in 2016 ([Safeguarding and Radicalisation, DfE 2017](#)) though it should be noted that a different sample of local authority areas and stakeholders was consulted in each study. Findings which remain consistent with the previous research therefore provide useful confirmation of the earlier findings suggesting certain challenges persist and are also relatively widespread. However, differences in the findings may be indicative of recent changes but may also be the result of differences in practice and context in the samples of local authorities included in the two research projects or differences in the data generated by the research. Comparisons between the findings should be viewed in this context.

The findings from this research show some key changes over the last three to four years since the publication of [Safeguarding and Radicalisation \(2017\)](#)¹⁰, as well as some persistent challenges. Most notably, non-priority areas appear to have a better understanding of radicalisation as a form of harm requiring a safeguarding or child protection response than they may have had in 2016. However, this understanding remains inconsistent both within and across local authority areas, as does the extent to which it translates into a safeguarding response being implemented.

A key challenge identified by the previous research was a lack of internal direction and dedicated processes within local authority areas on responding to radicalisation risks, particularly in non-Prevent-priority areas. This updated research found that referral processes and planning procedures in response to radicalisation are broadly used consistently within both Prevent-priority and non-priority areas. Having said this, approaches to direct work with young people and their families varies considerably between social workers and may be more effective if a social worker has had previous experience of radicalisation cases.

Children's social care staff's experience of radicalisation cases also appears to be more important than previously reported in determining their confidence in responding to radicalisation concerns. In 2020/21 experience seems to be the key driver behind confidence, knowledge and skills in responding to radicalisation. Previously, staff's confidence was reported to be linked most closely to a local authority's recognition of

¹⁰

radicalisation as a safeguarding issue (although experience was an important contributing factor).

Other key challenges previously identified which seem to have persisted include: staff's understanding of the link between radicalisation and exploitation; difficulty engaging families and communities with Prevent; issues in partnership working (and in particular information-sharing from police); and multi-agency understanding of children's social care thresholds. This updated research has identified a number of possible solutions to these challenges, including the use of specialist roles to support effective practice.

Implications for policy and practice

The findings of this research have several implications for policy and practice, which are discussed in detail in Chapter 6: Implications for policy and practice. These relate predominantly to:

- Strengthening the increased recognition of radicalisation as a form of harm requiring standard safeguarding responses.
- Encouraging the inclusion of radicalisation in structures and approaches to addressing other forms of exploitation.
- Increasing social workers' confidence to apply their core skills and knowledge.
- Encouraging the use of radicalisation-specific approaches where required.
- Further investigating the inclusion of radicalisation in children's social care thresholds and related guidance.
- Promoting the routine attendance of children's social care at Channel.
- Cultivating more effective partnership working.
- Establishing specialist radicalisation/extremism roles within children's social care.
- Maximising the efficacy and uptake of Prevent training for children's social care.
- Sharing good practice regionally and nationally.
- Generating more proactive multi-agency responses.

Chapter 1: Background to the research

Aims of the research

This exploratory research project draws together and builds upon learning across the children's social care sector and key partners in relation to managing cases of radicalisation and extremism. It aims to provide timely and up-to-date insights into how children's social care services are responding to radicalisation and extremism. Specifically, it builds on the findings in [Safeguarding and Radicalisation](#) by confirming how views, practices, challenges and variation between local authority areas have changed or remained the same since 2016-17, and by identifying further specific good and transferable practice that could help address some of the more consistently-faced challenges. The focus was on children and young people aged 18 and under.

The research objectives, agreed with the DfE, are to get a clear and current understanding of:

- **Views amongst children's social care professionals on how processes and practices have recently developed** with regards to managing cases of radicalisation and extremism, and the types of cases emerging.
- **How children's social care staff are currently tackling issues** with a focus on learning from real-life cases (including interventions used, effectiveness of partnership working, challenges faced, and lessons learnt).
- **Good and promising practice** based on evidence of what has worked in which circumstances, which can be shared across the sector.
- **The different challenges posed by various types of radicalisation cases** (Islamist, Extreme Right-Wing, mixed/unclear/unstable ideologies), as well as from different harmful influencers (familial, extra-familial or primarily online).
- **What sources of information, advice and support social care staff use** (or would use) when radicalisation cases emerge, and how can social care staff best (reactively) obtain advice and guidance (on cases likely to be rare) as and when they are assigned them.

Context for the research

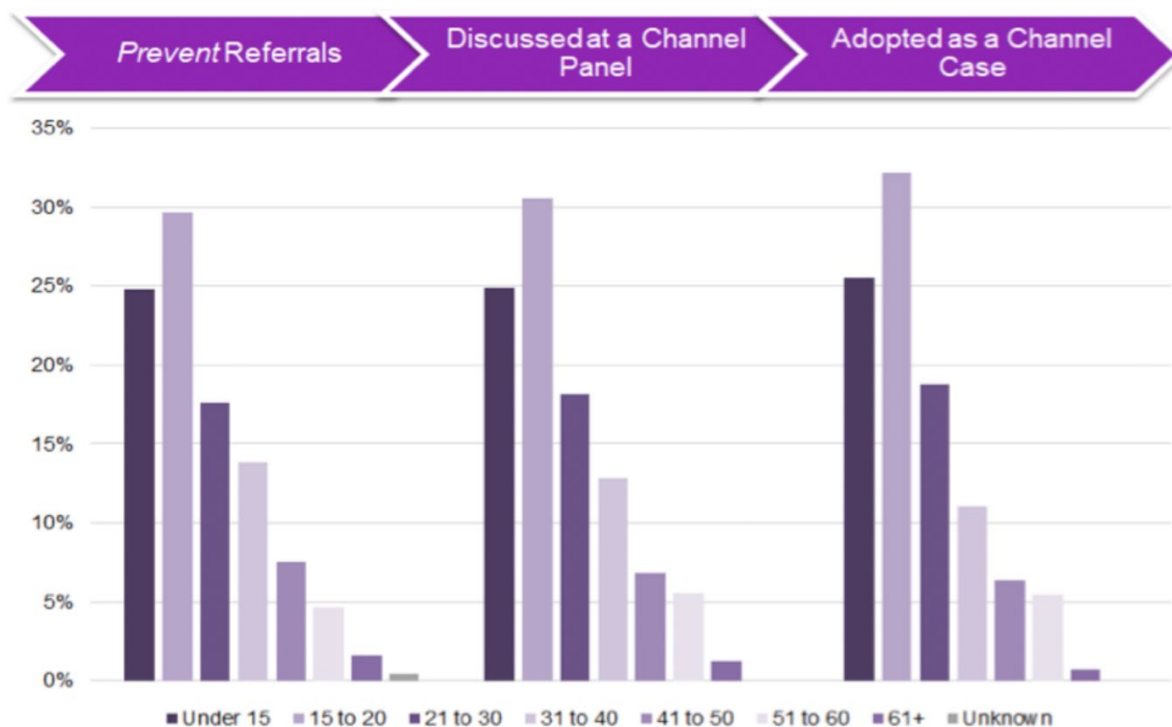
Updated research at this time is particularly important due to the emergence or recognition of newer forms of extremism to which children and young people might be radicalised. For example, see evidence from the first sitting on 25 June 2020 of the [Counter-Terrorism and Sentencing Bill](#), updates to the evidence base for what might be effective in preventing or disrupting radicalisation to extremism, the publication of updated [Channel Duty Guidance](#) in February 2021, and the likelihood that practice in identifying and working with children and young people has been necessarily altered over the last 12 months in light of COVID-19.

The integral role of children's social care in safeguarding children and young people from radicalisation and extremism is recognised within key statutory guidance such as [Working Together to Safeguard Children](#) and in the [Channel Duty Guidance](#). As with other types of harm, there is widespread recognition that early intervention can reduce the risks posed and that a range of partners (for example, children's social care, education, childcare, health, police, prisons and probation) must work in partnership to identify and safeguard children and young people. This research is also being shared with the current [Independent review of children's social care](#) focused on the needs, experiences and outcomes of the children supported by social care, and the [Independent review of Prevent](#) focused on the UK's strategy for protecting people vulnerable from being drawn into terrorism.

Data on referral rates into the Prevent programme shows that young people (aged 20 years and younger) have consistently made up the majority of referrals, discussions at panel and Channel cases.¹¹ In 2019/20, 54 per cent (3,423 out of 6,287) of referrals to Prevent were for under-20s (see Figure 1). The data for that year also shows that 88 per cent (5,514) were male.

¹¹ Individuals referred to and supported through the Prevent Programme [April 2019 to March 2020](#), [April 2018 to March 2019](#), and [April 2017 to March 2018](#)

Figure 1: Referrals made to and discussed at a Channel panel, and adopted as a Channel case, by age 2019/2020.



Source: Home Office, Individuals referred to and supported through the Prevent programme, England and Wales, April 2019 to March 2020. [Annex A, Table 4](#)

Although the proportion of cases made up by young people have remained relatively stable since 2017/18, the total number of cases have fluctuated. Data for all age groups shows that in 2017/18, 7,318 total referrals were made to the Prevent Programme. This declined to 5,738 in 2018/19, before rising again by around 10 per cent to 6,287 in 2019/20.

The data also shows that amongst all cases the proportion of referred cases being deemed suitable for discussion and for adoption at Channel in recent years have increased. In terms of cases discussed, the proportion rose from 18% in 2017/18 (1,314 out of 7,318) to 23% in 2019/20 (1,424 out of 6,287). Similarly, the proportion of cases adopted at Channel increased from 5% in 2017/18 (394 out of 7,318 individuals referred) to 11% in 2019/20 (697 out of 6,287).

The data also suggest that the proportion of referrals for concerns related to Islamist ideologies is generally decreasing, from 44% of referrals in 2017/18 (3,197 out of 7,318)

to 24% of referrals in 2019/20 (1,487 out of 6,287). Meanwhile referrals for individuals with a mixed/unclear ideologies have increased, from 38% in 2018/19 (2,169 out of 5,738) to 51% in 2019/20 (3,203 out of 6,287).¹² There has also been a smaller increase in the number of referrals for concerns related to Extreme Right-Wing ideologies, from 18% in 2017/18 (1,312 out of 7,318) to 22% in 2019/20 (1,387 out of 6,287). These trends have been generally reflected in the proportion of cases adopted at Channel panel.

Research methodology

The research involved four main strands of qualitative consultation, taking a semi-structured approach to focus on the specific knowledge and expertise of individual participants¹³. This was complemented by sharing and testing emerging findings with key stakeholders in order to use their feedback to increase accuracy, detail or nuance.

Strand 1: Initial workshop with Prevent Education Officer sub-group

An initial workshop was held with the Prevent Education Officers (PEOs) Children's Services Sub-group.¹⁴ This was attended by six PEOs, and an interview was conducted with an additional member of the sub-group who was unable to attend the workshop. Attendees provided a detailed account of research they had been conducting within their own local authority areas in the preceding months to better understand current approaches and challenges for children's social care in responding to radicalisation and extremism. Their knowledge and views also helped inform the selection of the sample of local authorities for inclusion in the research, shape the topics and questions on which to consult stakeholders, and begin to frame and contextualise later consultation responses.

Strand 2: Local authority area case studies

Online focus groups and 1-to-1 interviews were conducted with staff from 11 local authority areas between 2 November 2021 and 15 January 2021. Six of the 11 areas had Prevent-priority status. The sample of local authority areas was selected by the DfE based on a mix of areas by Prevent-priority status, by levels of experience in dealing with cases of radicalisation and extremism, and by geographical location.

¹² This category of concern was not included in the 2017/18 statistics.

¹³ Topic guides were agreed in advance with DfE (see copies in the appendices).

¹⁴ PEOs have responsibility for supporting schools and education personnel to deliver Prevent activity.

Each case study involved consultation with staff with greater or lesser experience of local structures and practice relating to children and young people at risk of radicalisation and extremism. In each area this included children’s social care staff working in strategic and senior operational roles. Where possible, it also included frontline social workers working directly with children, young people and families. Table 1 provides a detailed breakdown of the sample. For the purposes of reporting, the identities of the local authority areas involved in the research have been anonymised.

Table 1: Local authority (LA) case study profile

LA	Region	Strategic/ senior operational in children’s social care	Team managers in children’s social care	Frontline staff in children’s social care	Prevent/ Channel	Other¹⁵	Total
Areas with Prevent Priority Status							
A	South East	1	1	1	1	0	4
B	South East	1	1	1	0	0	3
C	London	0	3	3	4	0	10
D	Midlands	1	0	7	1	0	9
E	London	1	2	0	3	0	6
F	North West	1	1	1	1	0	4

¹⁵ This included two youth justice workers.

Areas without Prevent Priority Status							
G	North East	0	0	1	1	0	2
H	North East	5	0	0	0	1	6
I	South East	1	1	1	0	0	3
J	North West	0	0	4	0	1	5
K	South West	0	1	2	0	0	3
	Totals	11	10	21	11	2	55

All but one of the local authority areas with Prevent-priority status in the research were metropolitan districts or London Boroughs, whereas the local authority areas without Prevent-priority status were a mix of metropolitan districts and County Councils.

Strand 3: Consultation with national and regional stakeholders

Online focus groups and 1-to-1 interviews were also conducted with regional and national stakeholders between 2 November 2021 and 15 January 2021. Nineteen stakeholders were identified by DfE colleagues and colleagues from the PEO children's services group for their ability to provide useful insights into this topic. All stakeholders were contacted at least twice, and 13 agreed to be interviewed. This included stakeholders from the following agencies/roles¹⁶:

- Counter Terrorism Policing (CTP) (n=5)
- Director of Children's Services (DCS) (n=2)

¹⁶ The Directors of Children's Services and social workers who participated in Strand 3 were based outside of the 11 selected case study areas. The Principal Social Worker was recruited via the Principal Social Worker Network but was, by coincidence, also based in one of the 11 case studies.

- Social Workers (n=2)
- Principal Social Workers (n=1)¹⁷
- Voluntary/community organisations with national coverage (n=2)
- Social Work England (n=1)

Terminology

Throughout this report, if views are expressed by people from a cross-section of roles from local authorities (i.e. from children’s social care, Prevent and youth justice), then they are referred to as **‘local authority stakeholders’**.

The term **‘children’s social care stakeholders’** is used to refer to strategic leads, senior operational stakeholders, team managers and frontline social workers and practitioners in children’s social care. Where possible, roles are specified in more detail.

If views are expressed from a cross-section of national and regional stakeholders, then they are referred to as **‘national and regional stakeholders’**. Where possible, roles are specified in more detail.

Strand 4: Sense testing findings

Following the initial analysis of consultation responses, two workshops were conducted to seek feedback on emerging findings and add further detail and nuance where necessary. The first sense-testing workshop was with members of the DfE steering group for the research and the second was with national and regional stakeholders who had participated in the research.

A written overview of emerging findings was also shared with lead contacts across all local authority areas who participated in the case studies and any national and regional stakeholders who were unable to attend the workshop but wished to contribute to the sense-testing process. Again, their feedback was sought and used to inform additional analysis of the original consultation data or to add nuance and detail to the findings.

¹⁷ The Principal Social Worker Network also supported the research by circulating an invitation to participate to all network members. Two additional Principal Social Workers expressed interest, but they were unable to participate within the timescales for the research.

Limitations of the research

Due to the focus on a relatively small number of local authority areas, findings may not be representative of the current situation across the whole of the children's social care sector. However, commonalities in views, practice and challenges were evident across the 11 local authority areas, which suggests that the findings may be a useful starting point to understand the national picture.

The qualitative methodology allowed for more detailed exploration of the key topics with a small sample of children's social care staff and partners in each local authority area. Survey methodologies might be more suited to gathering additional evidence in relation to specific topics discussed in this report, such as the self-reported confidence and skills of a larger sample of social workers. Equally, collation and analysis of children's social care monitoring data on referrals and case outcomes could provide more accurate information about the scale of radicalisation concerns requiring or receiving a children's social care response.¹⁸

Structure of the report

This report is structured as follows:

- Chapter 2: Prevalence and types of cases. This chapter explores perceptions of the prevalence of radicalisation referrals and cases, ideologies, radicalising influences, and common underlying vulnerabilities of children and young people at risk of radicalisation and extremism.
- Chapter 3: Processes and practices. This chapter explains the pathways into children's social care, frameworks and approaches used by children's social care in response to radicalisation, and multi-agency working. It also outlines any changes to practices over the last three to four years.
- Chapter 4: Challenges to effective practice and potential solutions. This chapter outlines the key challenges to effective practice in responding to radicalisation that were identified through the research; information-sharing, determining and using thresholds, developing shared multi-agency understanding of risk and response, and engaging families.

¹⁸ Referral data by region are available here: [Individuals referred to and supported through the Prevent Programme, April 2019 to March 2020](#)

- Chapter 5: Social workers' confidence, experience and understanding. This chapter explores the current Prevent training offer, preferred training approaches in children's social care, the most common and preferred sources of advice, and additional advice, support and guidance that may be needed to increase social workers' confidence, skills and experience in responding to radicalisation.
- Chapter 6: Implications for policy and practice. This chapter outlines the implications for policy and practice identified through this research.
- Chapter 7: Appendices. The appendices include the topic guides used for research strands one to three – i.e. the initial workshop with Prevent Education Officers, local authority case studies, and consultation with national and regional stakeholders.

Throughout this report, we have included examples of good and promising practice in blue text boxes, looking in detail at one aspect of processes and practices from within a local authority case study area or identified by one or more national and regional stakeholders.

Chapter 2: Prevalence and types of cases

Chapter summary

Over the past three to four years, the number of children and young people being referred to Prevent and/or children's social care because of concerns about radicalisation has either increased or remained the same in most of the 11 local authority areas which are the focus of this research. Most of these local authority areas which have seen an increase in referrals were Prevent-priority areas, and the increase in these areas appears to reflect either a.) increased confidence and skills amongst referrers in identifying children and young people who might be at risk of radicalisation and/or b.) improved referral processes/better awareness of these processes. As such, it does not necessarily indicate that the prevalence of children and young people at risk of radicalisation has increased in these areas.

Within radicalisation referrals, stakeholders identified the following trends:¹⁹

- **Ideology.** Over the past three to four years there has been a reported increase in mixed/unclear ideologies and Extreme Right-Wing ideologies, although in many local authority areas Islamist extremism concerns remain the most prevalent or most frequently identified ideology in the area. In cases relating to mixed/unclear ideologies the specific ideology itself was perceived to be of less importance to children and young people than their broader search for belonging and/or explanations for their sense of not belonging; some continually switched between ideologies, and they did not always hold the views associated with it. This made it challenging to categorise the risk and develop an appropriate response to it.
- **Influencers.** Online influences are an increasing concern and are particularly associated with radicalisation to Extreme Right-Wing and mixed/unclear ideologies. They have been exacerbated by parents having an insufficient understanding of the risks and threats linked to online platforms, and by the COVID-19 pandemic resulting in children and young people spending more time online.
- **Underlying vulnerabilities.** Almost all children and young people referred as at risk of radicalisation are young men. Common underlying vulnerabilities in children and young people at risk of radicalisation include social isolation, limited sense of belonging, low confidence/self-esteem, mental health concerns, autism, other

¹⁹ These trends did not appear to vary based on whether a local authority has Prevent-priority status or not.

learning needs, neglect, and past trauma. These are similar to those outlined in the [Channel Duty Guidance](#).

- **Links with other forms of harm.** There was relatively wide recognition that children and young people at risk of radicalisation had similar underlying vulnerabilities to those at risk of being groomed into gangs. Views on whether the pattern of underlying vulnerabilities overlapped with other forms of harm were more mixed.

Perceptions of prevalence

Stakeholders were not in a position to comment on the number of referrals or cases involving radicalisation or extremism concerns as recorded by children's social care, Prevent or Channel due to the qualitative nature of the consultation and not having been asked to prepare data on this in advance. They were, however, able to discuss their sense of prevalence within their local authority areas or across the local authority areas about which they had insight. However, it should be noted that because all stakeholders had some involvement in radicalisation cases, their perception of prevalence might not accurately reflect the true scale.

Unsurprisingly, reported prevalence varied substantially between local areas, as did the extent to which prevalence has changed over the last three to four years. There were two main assessments of change in prevalence:

- The number of radicalisation cases being referred to Prevent and/or children's social care had not significantly changed over the past three to four years.
- The number of cases being referred had increased.

Some local authority areas experience 'peaks and troughs' in referrals, where they may see an increase in referrals at certain times (such as after specific terrorist incidents, or during periods where there are particular radicalising influencers in the area) and dips at other times (such as during school holidays when risks are not being picked up by school staff). These spikes were also identified by national/regional stakeholders. Other areas (non-priority areas) reported a consistently low number of referrals.

Where local authority areas in the study have seen an increase in referrals, this has not necessarily translated into a higher number of cases meeting the thresholds for either Prevent/Channel intervention or intervention from children's social care. Instead, the higher referral numbers appear to reflect increased confidence and skills amongst

referrers in identifying children and young people who might be at risk of radicalisation and/or improved referral processes (or better awareness of these processes by referrers).²⁰

Ideologies

The most prevalent ideologies varied by local authority area but most areas in the study reported an increase over the last three to four years in referrals involving Extreme Right-Wing ideologies and mixed/unclear ideologies. CTP stakeholders corroborated this viewpoint and suggested that these trends are seen both nationally and locally. As with overall prevalence, more referrals did not necessarily result in more cases meeting the threshold for children's social care or Prevent/Channel intervention. It was also not possible to establish whether increased numbers of referrals indicate that more children and young people are at risk of radicalisation to these ideologies or that referrers are more aware of these ideologies and the signs that a child or young person might be at risk of radicalisation to them.

In many of the local authority areas in the study these increased numbers of referrals for Extreme Right-Wing and mixed/unclear ideologies still constituted a smaller proportion of radicalisation referrals than those related to Islamist extremism concerns, which had historically been the most prevalent or most frequently identified ideology in the area.

For most local authority areas and national/regional stakeholders who took part in the research, mixed/unclear ideologies represented the newest types of ideologies identified. These referred to:

- Chaotic ideologies, where children and young people demonstrated conflicting viewpoints, such as a mixture of Extreme Right-Wing and Islamist extremism.
- Unclear ideologies, such as conspiracy theories, misogynistic viewpoints, a fixation on school shootings, or Q-Anon.²¹

In many of the example cases discussed by national, regional and local authority stakeholders, the specific ideology itself was not important to children and young people; some continually switched between ideologies, and they did not always hold the views associated with it. This made it challenging to categorise the risk and develop an appropriate response to it. In these cases especially, it made sense for professionals to

²⁰ For more information on referral rates to Prevent, please see: [Individuals referred to and supported through the Prevent Programme, April 2019 to March 2020](#)

²¹ Q-Anon is an American right wing extremist conspiracy theory around a global child sex-trafficking ring.

explore and address the underlying vulnerabilities of the child or young person, rather than the 'ideology' itself, especially as these vulnerabilities put them at risk of being radicalised into a single, more clearly-defined ideology. These underlying vulnerabilities are explored more in sub section: Common underlying vulnerabilities.

Radicalising influences

Online influences were an increasing concern in all local authority areas and for national/regional stakeholders. They were particularly associated with radicalisation to Extreme Right-Wing and mixed/unclear ideologies and were exacerbated by parents having an insufficient understanding of the risks and threats linked to online platforms. Online risks identified by consulted stakeholders included:

- Children and young people accessing radical or extremist content online (including through the dark web).
- Children and young people being groomed or radicalised through online discussion forums.
- Social media platforms or online games acting as introductory spaces.

There was also a sense that online influences had become more significant during the COVID-19 pandemic because children and young people were spending more time at home and online and because increased isolation exacerbated some of the underlying vulnerabilities that put children and young people at risk of radicalisation (discussed further in the next section: Common underlying vulnerabilities).²²

Having said this, local authorities and national/regional stakeholders in the study also widely recognised that face-to-face extra-familial influences in the community continue to act as radicalising influencers. This was particularly the case for Extreme Right-Wing ideologies (specifically in communities with histories of racism) and Islamist extremist ideologies. For example, in around half of the local authority areas consulted, increases in referrals relating to Extreme Right-Wing ideology coincided with international or local events, such as local activity by Extreme Right-Wing political parties, elections and referendums, and local immigration. National and regional CTP stakeholders also identified this trend.

²² The government posted advice about keeping children safe online during Covid. For more information, see [Coronavirus \(COVID-19\): keeping children safe online - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/coronavirus-covid-19-keeping-children-safe-online).

Equally, familial influences remained important in relation to Islamist extremist and Extreme Right-Wing ideologies. For instance, referrals for children and young people were sometimes triggered by the upcoming release of a family member convicted of a terrorism offence (which might result in multiple referrals for children and young people in the same family unit). In other cases, it became apparent during assessment or ongoing work with a young person that family members expressed views that were extremist or bordering on extremism.

Common underlying vulnerabilities

Most local authorities and national/regional stakeholders consulted highlighted that almost all children and young people referred as at risk of radicalisation are young men. There was also a strong consensus that underlying vulnerabilities placed referred children and young people at greater risk of radicalisation or extremism, by affecting their decision-making, consequential thinking, and ability to recognise exploitation and/or judge social situations. Although specific vulnerabilities varied for each young person, common underlying vulnerabilities were:

- Social isolation (i.e. looking for connection and struggling with social relationships).²³
- Limited sense of belonging (i.e. wanting to be needed, seeking a group. Distinct from, but often linked to, social isolation).
- Low confidence/self-esteem.
- Mental health concerns.
- Autism (manifesting itself here in children and young people being more vulnerable to developing fixations and finding it more difficult to shift their viewpoints).
- Other learning needs (such as communication and language difficulties, Attention Deficit Hyperactivity Disorder (ADHD), or Obsessive-compulsive Disorder (OCD)).
- Neglect.

²³ This was often a result of or linked to school exclusion or non-attendance, rurality, bullying, a lack of youth or mental health support, or a lack of friends. Local authority area stakeholders also suggested that the COVID-19 pandemic and subsequent lockdowns had increased social isolation.

- Past trauma (such as exposure to domestic abuse).

There was relatively wide recognition that children and young people at risk of radicalisation had similar underlying vulnerabilities to those at risk of being groomed into gangs, with one local authority area identifying a recent trend whereby people who have been groomed into gangs are moving into extremism or vice versa. Views on whether the pattern of underlying vulnerabilities overlapped with other forms of harm were more mixed.

Chapter 3: Processes and practice

Chapter summary

The case studies showed that there are two main pathways into children's social care for radicalisation referrals (with some variation within these):

- **Referral pathway 1:** radicalisation concerns are identified, a referral is made to children's social care, who automatically refer the case into the Prevent team or Channel panel. Alongside this, children's social care screen for other safeguarding concerns and respond accordingly.
- **Referral pathway 2:** radicalisation concerns are identified and a referral is made directly into the Prevent team/Channel panel. The Prevent team/Channel panel coordinate a multi-agency response to the referral, and if additional safeguarding concerns are identified will refer into children's social care.

This parallel response of children's social care and Prevent/Channel enables more holistic, consistent and long-term responses to be implemented. In contrast to findings from the previous research, the local authority and national/regional stakeholders consulted did not identify a need for a single referral pathway; there was generally a consensus that both these pathways can work well in a single local authority area.²⁴

In some areas, standard social care processes are used for referring, screening, and applying thresholds to radicalisation cases. If a case meets the threshold for children's social care intervention, standard social care frameworks and approaches are also usually applied to address underlying vulnerabilities, with additional support from key partner agencies.

Other areas, particularly those with higher prevalence of radicalisation/Prevent-priority areas, may use more radicalisation-specific approaches and reported that these are effective in enabling children's social care to implement appropriate safeguarding responses. These include:

- Radicalisation and extremism written into thresholds and assessment guidance.

²⁴ Please note that this research was not a follow-up study with the same local authorities included in the research conducted in 2016 ([Safeguarding and Radicalisation, 2017](#)), and different methods were used. As such any differences in findings *may* indicate changes which have occurred but may also be the result of different processes, practices or contexts in the local authorities included in each sample or differences in the nature of data generated by the two studies.

- Close partnership working between Prevent teams and children’s social care during screening, assessment and ongoing support for children, young people and families.
- Specialist radicalisation/extremism roles within children’s social care who may help with screening referrals, advising and coaching allocated social workers, and coordinating partnership working.

Areas also increasingly recognise that contextual safeguarding (which is an approach to understanding and responding to young people’s experiences of significant harm outside of the home) is likely to be an effective response to radicalisation involving extra-familial influencers.²⁵ There is emerging evidence of its application in some areas.

Multi-agency working between children’s social care and partner agencies is crucial to effective responses. There is some evidence that this is improving, although its efficacy varies across local authorities and it often relies on individual relationships.

Pathways into children’s social care

Most common pathways

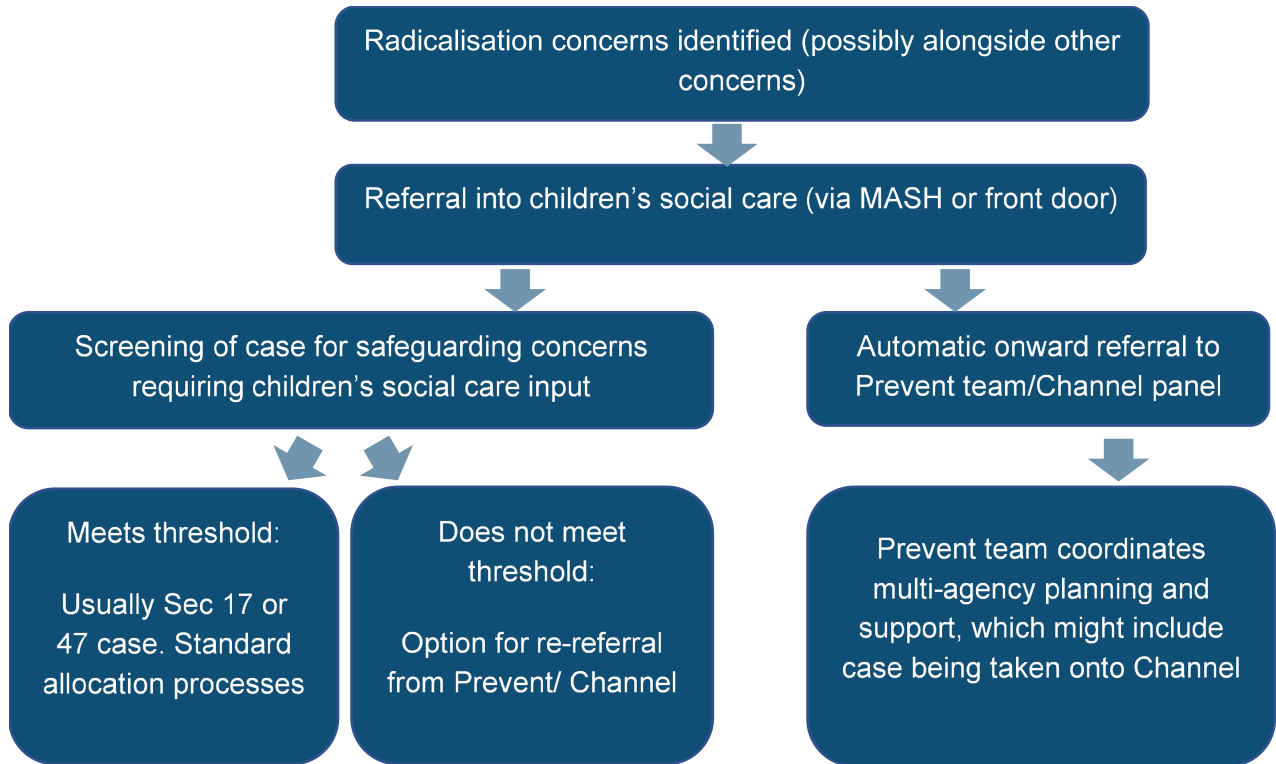
Local authorities consulted identified two main pathways into children’s social care (Figure 2 and Figure 3), although there was variation in the specific pathways used in different areas. Both referral pathways one and two (or variations thereof) were used in most areas, with a children’s social care and Prevent/Channel response running parallel to each other.

Please note that these example pathways seek to represent the main routes into children’s social care by amalgamating information from the 11 local authority areas which participated in this research. They therefore do not necessarily represent the detail or specifics of referral pathways in each of these individual local areas. They also do not outline additional work which might have been undertaken by key partners prior to referral to children’s social care, such as intelligence gathering by CTP or partnership working between Prevent teams and (potential) referrers.

²⁵ More information about contextual safeguarding can be found at www.csnetwork.org.uk.

In referral pathway 1, radicalisation concerns are identified, a referral is made to children’s social care via the multi-agency safeguarding hub (MASH) or ‘front door’ screening and assessment teams, who automatically refer the case into the Prevent team or Channel panel. Alongside this, children’s social care screen for other safeguarding concerns and respond accordingly (Figure 2).

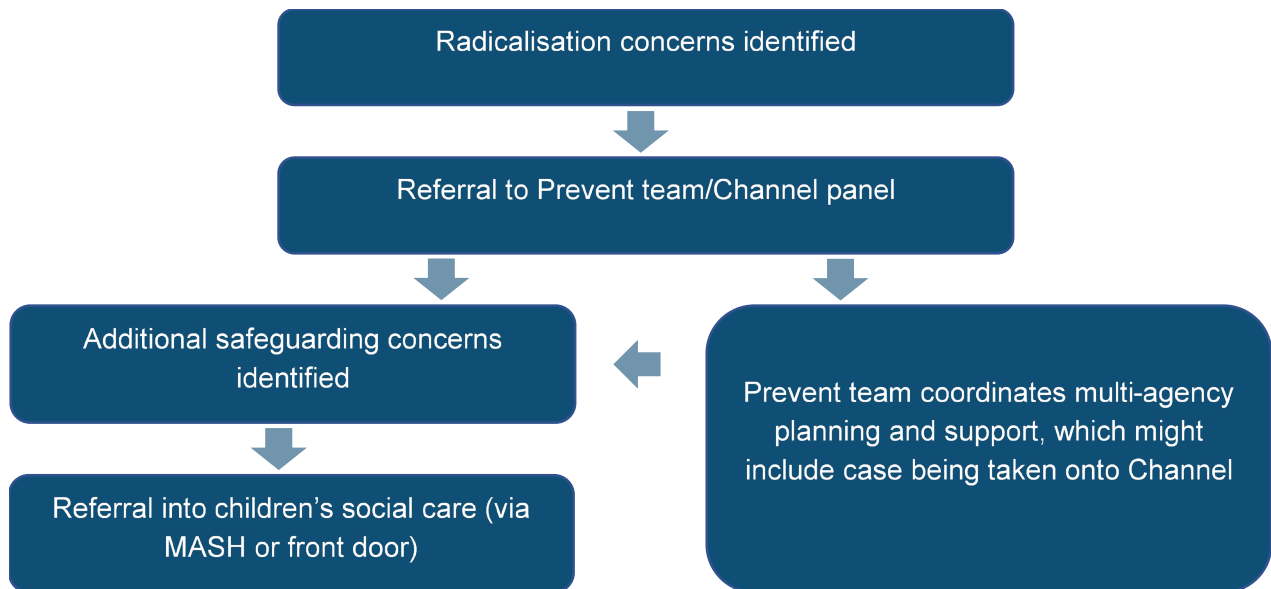
Figure 2: Referral pathway 1



In referral pathway 2, radicalisation concerns are identified and a referral is made directly into the Prevent team/Channel panel. The Prevent team/Channel panel coordinate a multi-agency response to the referral, and if additional safeguarding concerns are identified will refer into children’s social care. (Figure 3)

For both pathways, radicalisation concerns are identified by a range of multi-agency partners. These are outlined in the sub-section: Referral processes.

Figure 3: Referral pathway 2



Most local authority areas consulted reported that having referrals related to radicalisation concerns come into children's social care via the same entry point as all other referrals was an effective process because it helps to embed radicalisation responses into the main local safeguarding processes and structures. For example, one stakeholder reported:

Having a universal referral process is effective because it enables us to embed radicalisation responses into safeguarding and also to look at young people and families in the round – seeing radicalisation as one of a number of harms and vulnerabilities which might be happening or is at risk of happening. – *Strategic/operational social care leads.*

The parallel response of children's social care and Prevent/Channel was also viewed as beneficial, because it allows cases to be looked at more holistically, and for more consistent, longer-term responses to be implemented. It also ensures work from one agency is not held up due to waiting for responses from the other (although there were high levels of interaction and consultation between the two).

Referral processes

The case study areas reported that the majority of referrals into children's social care or the Prevent team/Channel panel come via schools and further education providers. Other referrers identified included:

- Police and/or CTP.
- Voluntary and community organisations.
- Youth Justice services.

Most areas use standard children's social care referral forms to receive referrals about radicalisation. Some areas, however, use more radicalisation-specific approaches. These are used in both Prevent-priority and non-priority areas. Examples of these include:

- Adapting universal referral forms to include specific reference to radicalisation. In some areas, this form includes a tick box or similar to indicate radicalisation concerns.
- Using radicalisation-specific referral forms, including the National Prevent Referral Form. In areas taking this approach, if a referral is received via a standard referral form and through screening it is clear that the primary form of risk is radicalisation, the referrer is asked to also complete the Prevent referral form.

Areas using these approaches suggested they were useful in supporting children's social care staff to screen for radicalisation risks, as it clearly indicates where radicalisation is a concern (see next section: Screening). It also helps to focus the referrer's mind on the reason and evidence for the referral, which can support the person screening the referral to pick up on the risks. One local authority area suggested that it had been particularly useful when referrals had not met the threshold for children's social care, as it clearly indicated that a referral still needed to be sent to Prevent or Channel.

Some local authority areas currently using universal referral forms also agreed that a more radicalisation-specific approach would be helpful in supporting the screening process. They suggested that in cases where referrals had been made directly into Prevent, a Prevent referral form can also help gather additional information which can be shared with children's social care. They also suggested that a Prevent referral form might reduce the number of unnecessary referrals by supporting the referrer to think in-depth about the risk. Other areas, however, did not identify any problems with using the standard children's social care referral form for radicalisation concerns.

Screening

In the areas consulted as part of this research screening of referrals for radicalisation concerns generally follows one of two processes:

- Standard children's social care screening process.
- Working closely with the Prevent team to screen referrals.

In both processes, screening also involves working closely with other multi-agency partners (such as the referrer and multi-agency structures such as a MASH) to share information and data to inform the process. CTP are also consulted as part of the joint screening process and in cases where they are the referring agency in the standard screening process, but are not always routinely included in the children's social care screening process.

Standard children's social care screening process

In some local authority areas consulted, all or a specific few staff working in screening and assessment teams have been trained in spotting indicators of radicalisation, and therefore standard processes apply, with these 'front door' staff referring into Prevent or Channel panel if a risk was identified.

Most case study areas using this approach reported that it worked well, with confidence that staff were skilled in screening for radicalisation risks. However, other areas expressed concern that if staff have not been sufficiently trained in spotting indicators of risk for radicalisation, the 'front door' screening and assessment team might miss the risk factors and not make a referral to Prevent. This was a particular concern for cases which do not otherwise meet the threshold for social care intervention, as the window of involvement with children's social care and therefore the window for risk identification by children's social care is smaller. Further research may be useful in determining the extent to which cases adopted by Channel have been previously referred into children's social care without an onward Prevent referral being made.

Joint screening with Prevent team

In other areas, the 'front door' screening and assessment teams in children's social care and the local Prevent team or coordinator work closely together to screen referrals where radicalisation has been identified as a concern. This joint working supports decisions to be taken against social care and Prevent thresholds, and is often facilitated by the use of radicalisation/extremism roles within children's social care or safeguarding points of contact within Prevent teams who work together to assess and manage cases where

radicalisation has been flagged as a concern (see sub-section: Specialist roles to support effective practice).

Areas using this approach tend to have a higher prevalence of cases and are Prevent-priority areas (as they are also those which tend to have Prevent teams or coordinators) although there are also some Prevent-priority areas with Prevent coordinators which do not use this joint screening process but provide advice once a case has been allocated.

Figure 4: Promising practice example - Prevent screening tool

One local authority area described how referrers are asked to complete a Prevent screening tool after making a referral where radicalisation is the primary concern. This helps inform the screening process undertaken by children's social care.

This tool was developed in line with screening for child sexual exploitation (CSE) and other vulnerabilities. It explores risk level (high/medium/low) and is designed to elicit an explanation of these ratings rather than tick box responses. It is accompanied by an information sheet for referring organisation to support the local Notice, Check and Share process, and help guide initial exploratory conversations with the child or young person.

Children's social care and Prevent stakeholders in this area reported that this is an effective way of gathering information on referrals, because it draws upon the existing relationships that referrers often already have with the children and young people, and provides referrers with the support and information to have those conversations.

Figure 5: Promising practice example - Recording radicalisation concerns on case management systems

In two case study areas, radicalisation risks had been added to the categories of need in case management systems to support the screening process by clearly highlighting where radicalisation concerns were present. In one of these areas, this coincided with the refresh and launch of a new threshold document in September 2020 which included new and emerging issues in relation to extra-familial harm, including child exploitation and extremism. In the other area, radicalisation risks had been represented in case management systems for a more prolonged period of time. In this area, there is also an option on the system to flag what type of ideology/extremism was a concern and identify possible support packages to be explored later on in the assessment stage.

Thresholds

This section focuses on the process of applying thresholds to radicalisation cases referred into children's social care. Additional challenges associated with determining and using thresholds are outlined in more detail in Chapter 4: Challenges to effective practice and potential solutions.

In most areas consulted, a multi-agency strategy meeting is usually convened to assess the risk against thresholds. In some areas this takes place after the initial screening, and in some local authority areas consulted it informs initial screening (see previous sub-section: Screening). If there are no other safeguarding concerns identified during the screening process, this sometimes involves the Channel panel only, but the case may be re-referred into children's social care if additional safeguarding concerns are identified.

In most areas consulted, standard children's social care threshold documents are used to look at the behaviours and risk factors reported on the referral form and assess the statutory responsibilities of children's social care. In other areas, radicalisation and extremism concerns have been written into thresholds and assessment guidance over the last three to four years in response to challenges encountered with applying these to radicalisation in the past. These challenges, as well as the merits of each approach, are discussed further in Chapter 4: Challenges to effective practice and potential solutions.

When cases do meet the threshold for children's social care intervention, the level of intervention tends to vary. In many of the local authority areas included in the study, a

case might not meet the threshold for statutory intervention but would be referred into family support or Early Help. Case allocation generally happens on a case-by-case basis and does not differ to case allocation procedures for other forms of harm. However, in some local authority areas specialist roles are used to support effective practice and work alongside the allocated social worker. This is discussed in more detail in sub-section: Specialist roles to support effective practice.

Consulted local authority stakeholders were generally confident that if a referral into children's social care did not meet the threshold for intervention following screening or assessment and had been referred into Prevent and/or Channel panel, it would be re-referred back into children's social care if any additional safeguarding concerns were identified later on. Similarly, they were confident that if cases are referred directly into Prevent or Channel panel, they would identify any additional safeguarding concerns and refer into children's social care if needed.

However, they also recognised the possibility that additional risks might not be picked up by Prevent or Channel. There may therefore be an argument for ensuring that a.) all Prevent referrals are screened by children's social care at the point of referral, even when they are initially referred into Prevent or Channel with no additional safeguarding concerns, and b.) children's social care representatives attend Channel panel as standard in all areas, in order to provide additional safeguarding expertise. To assess the benefit of this, further investigation would be needed to ascertain the extent to which additional safeguarding concerns are currently being picked up by Prevent or Channel. The impact these approaches might have on social care capacity and resources, and how dependent they would be on working relationships between social care and Prevent team/Channel, would also need consideration.

Relationship to Prevent/Channel

As previously discussed, in some of the local authority areas consulted there was a close relationship between the 'front door' screening and assessment teams in children's social care and the local Prevent team/Channel panel. This was supported by:

- Designated liaison roles within children's social care and Prevent/Channel panel (for more detail see Chapter 4: Challenges to effective practice and potential solutions).
- Channel or Prevent coordinators having a background in safeguarding, and therefore being skilled at identifying other vulnerabilities that might require intervention from children's social care.

- Clear and jointly agreed processes guiding partnership work between children’s social care and Prevent team/Channel panel.
- Co-location of children’s social care and Prevent team in the local authority (also known as Dovetail sites).
- Multi-agency strategy meetings.

The case study areas reported that this close partnership working was important in supporting children’s social care staff to make a decision on how best to proceed with referrals where radicalisation or extremism was a concern. They also reported that information-sharing processes and agreements between children’s social care and Prevent/Channel reduce delays, support all professionals working with the family to work to similar timescales, and can help inform and plan next steps.

Figure 6: Promising practice example - Locating Prevent and Channel within the local authority Chief Executive

In one case study area, the lead for Prevent and Channel is located within the office of the Chief Executive (CE), rather than in another directorate such as children’s social care, community safety or adult social care. Local stakeholders in Prevent/Channel and children’s social care reported that this was an increasing strength of the area’s response to radicalisation and extremism, as it allows more of a corporate focus on the radicalisation agenda and prevents it from becoming diluted within other priorities in individual directorates.

Local authority stakeholders also reported the effective use of an internal ‘need to know form’ which can be used to support information-sharing between the CE and service directors in children’s social care.

Frameworks and approaches used by children’s social care

Selecting approaches to suit individual cases

National, regional and local authority stakeholders widely agreed that the social care response to radicalisation and extremism varied greatly depending on the needs of the

individual child or young person, and the approach of the individual allocated social worker, as is the case with all children's social care cases. They also reported that responses do not tend to vary based on type of influencer ideology, or method of radicalisation.

Application of core social work frameworks and approaches

Across all consulted local authority areas and partner organisations, radicalisation was viewed as a risk and form of harm like any other, with ideology as a secondary factor to the underlying vulnerabilities that often accompany radicalisation cases. It is these underlying vulnerabilities that require a social care response, while responding to ideology is viewed as more within the remit of a Channel-mediated intervention. This suggests that there may have been an improvement in social care staff's understanding of radicalisation as a safeguarding issue over the last three to four years, as the previous research ([Safeguarding and Radicalisation](#)) found that this recognition was limited, particularly among non-priority areas.²⁶

This increasing focus on underlying vulnerabilities (which are not exclusive to radicalisation cases and are common across all forms of harm) means that in general social care practitioners draw on existing social work frameworks and approaches in response to concerns around radicalisation and extremism, with additional support from key partner agencies, such as CTP or Prevent. Existing information-sharing and data-collection processes apply, and work can be informed by existing approaches, such as family work, systemic work, or youth offending or desistance theory.^{27 28}

Most national, regional and local authority stakeholders reported that it was appropriate to apply core practices to cases involving risk of radicalisation. There was though also a sense that the reliance on more standard approaches and frameworks partly results from a lack of specialist interventions across the board in social care. In addition, a small number of stakeholders (including stakeholders from Prevent, children's social care 'front door' screening and assessment teams, and a DCS) questioned whether there was a

²⁶ Please note that this research was not a follow-up study with the same local authorities included in [Safeguarding and Radicalisation](#), and different methods were used. As such any differences in findings *may* indicate changes which have occurred but may also be the result of different processes, practices or contexts in the local authorities included in each sample or differences in the nature of data generated by the two studies.

²⁷ [Systemic work](#) looks at problems within the context of relationships and the wider family rather than as existing within an individual.

²⁸ [Desistance theory](#) looks at reducing recidivism and focuses on individual lives over time to understand all the different contributing factors that may lead to different outcomes.

robust evidence base in support of the efficacy of applying standard social care approaches to radicalisation and extremism cases (see Chapter 5: Social workers' confidence, experience and understanding).

Despite a good understanding of how core social work approaches apply to radicalisation cases, national, regional and local authority stakeholders (including social workers) reported that the extent to which social workers feel confident in putting this into practice varies considerably both across and within local authority areas and is largely determined by whether individual social workers have had experience of working with radicalisation cases previously. This is discussed in more detail in Chapter 5: Social workers' confidence, experience and understanding.

Specific approaches and interventions

For certain aspects of working with radicalisation, social care practitioners use radicalisation-specific approaches either in replacement or in addition to existing approaches. The extent to which social workers have the skills and confidence to apply these specific approaches is explored more in Chapter 5: Social workers' confidence, experience and understanding.

For example, when planning work, some areas use the specific assessments used for child criminal and/or sexual exploitation, as the risks are similar. Others use a radicalisation-specific assessment template, or a standard assessment template which includes a specific radicalisation section. These assessments might trigger a referral into Prevent if one has not been made already. Identification of these specific tools were less prominent among the stakeholders consulted in 2016 ([Safeguarding and Radicalisation](#)) which may suggest that they have become more commonly used since then. However, due to the different samples used in each of these studies, further investigation would be needed to confirm this.

There was also recognition that compared to some other forms of harm (such as neglect or abuse), radicalisation cases (along with other forms of exploitation and types of harm that often include extra-familial influences) might require slightly more of a focus on making time to understand and unpick children and young people's backgrounds, experiences and views, on providing credible alternative viewpoints and on supporting caregivers to understand the risks of online activity, especially in the cases of Extreme Right-Wing or mixed/unclear ideologies.

Other examples of responses which were considered particularly effective in relation to radicalisation and extremism concerns included flexible and accessible parenting workshops and the use of family counsellors or therapy.

Specialist roles to support effective practice

As might be expected, local authority areas with Prevent-priority status were more likely to report the use of specialist radicalisation/extremism roles within children's social care. This took the form of specialist social workers, community coordinators around extremism, Prevent Champions spread across different teams, or Prevent team leads located within the local authority alongside children's social care (in Dovetail sites).

Responsibilities

In a small number of case study areas, these specialist social workers were automatically allocated to cases where radicalisation and extremism was the main concern. However, in the majority of areas they worked alongside the allocated social worker in a supportive role. This represents a change from the findings of [Safeguarding and Radicalisation](#), where specific teams within some managed radicalisation cases rather than supporting allocated social workers.

The main duties of these specialist social workers were:

- **Screening referrals:** helping to screen any new referrals into social care (or into Prevent if a Dovetail site) for radicalisation and other safeguarding concerns.
- **Advising and coaching allocated social workers:** supporting social workers who have cases where radicalisation is a concern. They provide advice (such as what work might be appropriate, organisations that could be worked with, and resources to draw upon) and may conduct joint visits or co-work the case. They may also deliver training.
- **Coordinating partnership working:** acting as a single point of contact, liaising and sharing information with local agencies, including police officers and the Prevent team. They often attend multi-agency meetings (including Channel panel) to support this partnership working (multi-agency working is discussed in more detail in sub-section: Multi-agency working).

The case study areas where these kinds of roles are in place suggested that they are effective in garnering buy-in from local partners and supporting multi-agency working and information sharing. They can also increase the likelihood that radicalisation and other

underlying vulnerabilities are picked up on during the screening process, as practitioners in the role are highly-skilled and experienced in identifying these. This can help inform decision-making about whether a case should be referred into Prevent/Channel/children's social care, and support work planning and responses.

Stakeholders from partner agencies with experience of working nationally also reported that specialist roles can provide some consistency of approach within individual local authority areas, as one person is providing the same advice and guidance to all social workers with radicalisation cases. It may also increase consistency *across* different local authority areas; CTP and Prevent stakeholders reported that responses to radicalisation and extremism in different areas is often heavily dependent on the curation of individual relationship between partner agencies and children's social care. If a specialist role was consistently used in children's social care and partner agencies across different local authorities, this consistency could be improved by reducing the reliance on informal, individual relationships and ensuring a consistent point of contact.

In some areas, the specialist role covers a wider range of complex safeguarding alongside radicalisation, such as grooming, exploitation and missing children. In areas where specialist roles do not currently exist, local authority stakeholders suggested that linking it to exploitation in this way could be an effective use of resource. This reflects the overlap between responding to radicalisation and exploitation; this is discussed further in Chapter 5: Social workers' confidence, experience and understanding.

Recruitment

In some consulted local authority areas, the specialist role had evolved organically, with a social worker who had experience and/or interest in radicalisation and extremism accessing additional training and information and evolving into a known person to go to for advice and support. The informality of this sort of role means there is a risk that the expertise is not replaced when social workers leave teams, and an inconsistent awareness across the local authority area of who social workers can go to for advice and support. This is discussed more in Chapter 5: Social workers' confidence, experience and understanding.

In contrast, in other local authority areas the role was formalised. For example, some social worker teams had more formal 'Prevent Champions' who would act as a point of contact for the rest of the team to seek advice and support from, and in a small number of areas, the role of a Prevent/radicalisation specialist social worker was advertised and hired for specifically.

This funded role allows a dedicated resource to focus on radicalisation and build relationships within and outside of children's social care. Local authority areas with such a role reported that it had helped improve partnership working and resulted in more consistent and effective support for children, young people and families. However, this role has often been difficult to fill, so there is a risk that knowledge and expertise may be lost if post-holders move on.

In local authority areas which didn't have a specific radicalisation expert or role within children's social care, children's social care stakeholders expressed mixed views on whether it would be helpful: some felt that it would be useful to have a point of contact to approach for advice and support, whereas some in non-priority areas with lower prevalence felt this was not necessary due to the low number of cases. Some areas also felt that advice and support from the Prevent team was sufficient.

Contextual safeguarding approaches

Across most of the local authority case studies there was a recognition that existing contextual safeguarding approaches could be used to plan or intervene in cases involving radicalisation, which often involve extra-familial harm or influences. For example, one strategic lead in children's social care suggested that learning from exploitation and grooming could be applied to radicalisation and could help inform work on behaviours and family relationships. This was also identified by the participants in the earlier research ([Safeguarding and Radicalisation, 2017](#))

Local authority area stakeholders and national and regional stakeholder suggested that learning from approaches to exploitation and grooming which could be applied to responding to radicalisation includes:

- Mechanisms to support multi-agency working, such as with schools and police, to identify and prevent radicalisation (including data sharing and raising awareness for children and young people and their families).
- Identification of the common vulnerability factors (these often overlap with exploitation).
- Using a relational way of thinking about risk to support young people, and understanding how identity, peer-groups, home life and previous experiences might lead to exploitation and/or radicalisation.
- Enforcement when criminal activity is taking place, in terms of targeting adults who might be involved in grooming/radicalisation.

However, as reported in 2017, there was limited evidence of this happening in practice. Some local authority case study areas did report having adolescent hubs or multi-agency teams (particularly teams which deal with missing young people or exploitation) in which contextual safeguarding in response to extra-familial risk and harm is more standard practice in response to other forms of exploitation and grooming. These teams involve a range of professionals and tend to look at certain at-risk groups, conducting mapping of contacts and sharing of intelligence. Radicalisation cases may fit well within these teams, although extra capacity or training may be needed.

Other case study areas reported instances where after one young person had been referred into children's social care or Prevent due to radicalisation concerns, further investigation revealed these views were more widespread in local education settings. Following this, children's social care or Prevent worked with schools and PEOs to engage a wider range of children and young people in discussion about extremist views and risks of radicalisation.

Figure 7: Promising practice example - Contextual safeguarding

In one case study area, multi-agency meetings are held under the Multi-Agency Child Exploitation (MACE) arrangements. These meetings are attended by 20-25 multi-agency partners and are split across seven districts to ensure that the detail of smaller areas is captured. When the arrangements were first introduced, the focus was on individual children and young people, their risks and behaviour. Since then, a contextual safeguarding approach has been added to complement the individual risk assessments and work.

The focus of the meetings is understanding locations where exploitation is taking place and any common themes. Mapping exercises are undertaken between the victim, offender and location. Through this, children and young people with specific radicalisation vulnerabilities have been identified and referred on to appropriate interventions. The MACE meetings have also supported staff to identify where there are issues in school settings (potentially affecting more than one child or young person) which has resulted in the implementation of universal and prevention interventions, such as Police Safeguarding Liaison Officers delivering universal workshops.

Multi-agency working

Multi-agency structures supporting the work

In each local authority area, Channel panel is the key multi-agency structure which supports partnership working in response to radicalisation and extremism. This offers access to interventions that specifically target ideology, either via Intervention Providers (IPs)²⁹ or via local community leaders and organisations. It also enables access to other interventions that children, young people and their families could access which complemented the work being done by social care, such as parenting programmes to raise awareness around the risk of online radicalisation and extremism.

²⁹ Intervention Providers (IPs) are Home Office-approved ideological and theological specialists who work with individuals to address extremist views. For more information, see: [Channel and Prevent Multi-Agency Panel \(PMAP\) guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance).

Figure 8: Promising practice example: Children’s social care routinely attending Channel panel

In some of the local authority areas consulted, children’s social care representatives routinely attend Channel panel meetings to share information about current social care involvement in cases and to help to identify cases with additional safeguarding concerns which should be referred into children’s social care. Where this happens, stakeholders recognised its value in increasing the coordination and consistency of social care input into cases, and providing reassurance that any additional safeguarding concerns will be quickly picked up and escalated to children’s social care if needed.

Police-led partnership panels sit alongside Channel panel in some areas, and can draw upon other agencies, such as children’s social care, to help mitigate risks of radicalisation. Stakeholders from the Prevent team in one local authority area reported that this is useful when a family or young person has not consented to intervention from Channel panel, but have still been identified as in need of wider support and signposting.

The case studies indicated that there was a range of other pre-existing multi-agency structures also support partnership working between key agencies involved in tackling radicalisation, although they are not radicalisation specific. They include:

- **Multi-agency Safeguarding Hubs (MASH).** Frontline workers, strategic and operational leads attend multi-agency panels such as MASH, alongside representatives from other partner agencies. In particular, CTP stakeholders reported that the police officer within the MASH acts as a useful bridge between them and children’s social care.
- **Multi-agency teams around complex and contextual safeguarding** (e.g., missing children, or CSE team – see previous sub-section: Frameworks and approaches used by children’s social care for more detail).
- **Standard multi-agency strategy meetings.** Strategy meetings take place within children’s social care to inform and plan the work with the child or young person as standard safeguarding practice. This meeting may form part of the process when assessing whether a case meets the threshold for intervention from children’s social care, or it might take place after a case has been assessed as suitable for

intervention. It may also help decide whether a case should be referred into Channel. Multi-agency representatives are invited to this meeting. In cases involving risk of radicalisation, common partners represented at this meeting include education, PEOs, Prevent, and police.

Figure 9 Promising practice example: Children’s social care attending MAPPAs meetings

In some of the local authority areas consulted, children’s social care representatives and allocated social workers are invited to attend Multi-agency Public Protection Arrangement (MAPPAs) meetings in cases where there has been a terror-related offence which the child has been associated with (for example, committed by an adult in the household). In these areas, stakeholders suggested that these meetings are useful in sharing information with children’s social care and can help provide social workers with more thorough understanding of the case and a much greater sense of the context in which social care interventions are being delivered.

In one area where children’s social care attended MAPPAs, Prevent partners are not invited to attend and therefore are not accessing the same information. Local authority stakeholders suggested that if the Prevent team were able to attend these meetings they could provide a wider perspective to support social workers’ decision-making.

Efficacy of key partnerships

Multi-agency partnership working was flagged as a strength by most consulted local authority area stakeholders. For example, one frontline social worker who identified radicalisation concerns with a young person they were already supporting said:

It all came as such a surprise, but everyone came together, especially school and the police. I am fairly new to the social work field, but it was perfect example of multi-agency working. I always felt that I could approach the police and school. - *Social worker*

In contrast, the participants in the previous research ([Safeguarding and Radicalisation](#)) flagged partnership as key challenge in handling radicalisation cases. This suggests that partnership working may have improved since then, although as this research used a different sample, further investigation would be needed to confirm this. Indeed, national

and regional stakeholders reported more of a mixed picture of partnership working that varied significantly across different local authority areas and relied heavily on individual relationships, suggesting that any improvements have not occurred consistently across local authority areas.

The most common and key partner organisations for children’s social care in responding to radicalisation and extremism identified through this research are outlined in Table 2.

Table 2: Common and key partner organisations

Organisation	Role and partnership efficacy
Prevent team	Most national, regional and local authority stakeholders reported good relationships between Prevent teams and children’s social care; social workers felt they could approach Prevent for advice and resources. This relationship is particularly strong within Dovetail sites where the Prevent team is located within children’s social care. Close joint working (including through joint visits) enables different perspectives to be gained, supports engagement with families and ensures risk-assessment and safeguarding procedures take place simultaneously to addressing a young person’s views and behaviours.
Police and court (including, CTP and Community Safety teams)	Children’s’ social care might work alongside the police during an investigation if they identified safeguarding concerns, and the police might attend children’s social care strategy meetings and share intelligence to support work within children’s social care and provide awareness of context (such as any recent critical incident or high risk around associates of the young person) Most local authority stakeholders identified partnerships with the police, and especially CTP, as particularly effective and useful. However, national and regional stakeholders reported substantial variation between local authority areas in the efficacy and maturity of these partnerships.
Education	Some local authority area stakeholders reported that education settings often provide a route through which other interventions could be delivered with the young person, and that these connections were supported by PEOs. However, many also reported limited understanding within education settings of their own potential

Organisation	Role and partnership efficacy
	role in addressing radicalisation concerns. This is discussed further in Chapter 4: Challenges to effective practice and potential solutions
Youth Justice services	Some local authority areas reported that Channel panel/Prevent might refer children and young people into voluntary engagement with youth justice services during criminal investigations, and vice versa. If a youth justice worker is already known to the child or young person, they may take the lead on a case and deliver a radicalisation-specific intervention, discussing the extremist views a young person may hold, providing challenge, and talking through risks and consequences.
Voluntary and community sector organisations	Community workers, such as local youth workers, can help provide diversionary activities for children and young people. They may have specific counter-narrative expertise or focus more on tackling underlying vulnerabilities. These tend to be identified on a case-by-case basis and relate closely to the young person's individual needs and interests. They also will often apply contextual safeguarding approaches, recognising peer influences and addressing them accordingly.
Religious leaders	These partners can provide a greater understanding of the young person's religion and support them to develop a healthier relationship with it, countering extremist narratives.
Youth Employability Services	These services can often help tackle some of the underlying vulnerabilities for children and young people at risk of radicalisation, such as building up their self-esteem. They can also divert children and young people away from extremism by providing them with a positive focus.
Probation	Probation officers may work alongside social care if the child or young person has previously offended or is coming out of custody, to provide some structure during transitional experiences.
Children and Adolescent Mental Health	For many children and young people for whom there were radicalisation and extremism concerns, mental health was an underlying vulnerability. This was particularly the case for mixed and

Organisation	Role and partnership efficacy
Services (CAMHS)	unclear ideologies. However, many stakeholders reported long waiting lists for CAMHS support, with children and young people either not receiving support or support being outsourced to private agencies.
Housing	Although many stakeholders reported that housing services were often required for children and young people, they said that accommodation was limited and that housing services often did not see these cases as within their remit.

Potential for more proactive multi-agency work

Strategic leads and frontline practitioners suggested that the majority of multi-agency working currently involves reactive response to risks but that it could also be used to generate more proactive responses to radicalisation and extremism. For example, intelligence could be better shared between partners about the vulnerabilities present in communities which might lead to radicalisation, and more time invested in children and young people through youth organisations and schools to address the underlying vulnerabilities (such as social isolation or a limited sense of belonging) that might lead to radicalisation. However, they reported that increased capacity and resource would be needed to enable children’s social care to effectively contribute to any joint proactive work.

Figure 10: Promising practice example: Proactive responses to radicalisation

One of the consulted national and regional stakeholders described a proactive approach taken in their local authority area in response to radicalisation.

Social care leads in the area identified that Islamist extremist groups had started using social media in a more sophisticated way to radicalise children and young people. They were using a mixture of pop videos, video gaming, and recruitment videos to trigger different responses, depending on whom they were targeting. In particular, they were focusing on targeting young women, encouraging them to travel to Syria.

Children's social care began working closely with schools in the area to develop a strategy of countering this grooming activity without frightening the young people to the point where they would feel unable to speak out about being in contact with these groups. They focused on encouraging and developing critical thinking skills in young people, working actively to create safe spaces for them to ask questions, and building on their existing relationships with social workers and school staff.

Due to this prevention work taking place, one young woman who was being groomed by someone in Syria, and who was being encouraged to travel to Syria and become his wife, disclosed this to her school without the fear of getting into trouble. The school flagged this to children's social care who were able to work with her parents and the local police to unpick the situation, maintain the girl's placement at school, and safeguard her without a great deal of state intervention. The parents engaged well due to the trusting relationship they already had with the school. Moreover, as a result of the relationships children's social care had built up through Channel panel, they were able to connect to the right people in the police who could support with the case.

Chapter 4: Challenges to effective practice and potential solutions

Chapter summary

Children’s social care practitioners encounter many of the same challenges when responding to radicalisation as they do when responding to other forms of harm. Examples include high levels of staff turnover affecting retention of knowledge, or high caseloads limiting the amount of time available for individual children and young people and their families. However, both local authority area stakeholders and national/regional stakeholders identified four key challenges that were specific to or exacerbated in cases where radicalisation was a concern:

- Information-sharing.
- Determining and using thresholds.
- Developing shared multi-agency understanding of risk and appropriate response.
- Engaging families.

These challenges have led to inconsistency in the application of agreed processes in response to radicalisation and extremism, both within and across different local authority areas. This inconsistency can be a barrier for national and regional stakeholders to work effectively across and within multiple local authority areas.

All of these challenges are common across different types of radicalisation, ideology and harmful influencer, and have remained consistent for a number of years; they were all highlighted in the previous research report [Safeguarding and Radicalisation, 2017](#). They were also common across Prevent-priority and non-priority areas.

However, one important change from the 2017 research report is that social care staff from local authorities consulted in this study reported that in general there is a better recognition of radicalisation as a form of harm requiring a safeguarding response.³⁰

³⁰ Please note that this research was not a follow-up study with the same local authorities included in [Safeguarding and Radicalisation](#), and different methods were used. As such any differences in findings may indicate changes which have occurred but may also be the result of different processes, practices or contexts in the local authorities included in each sample or differences in the nature of data generated by the two studies.

Moreover, stakeholders identified a range of possible solutions to these challenges, including new solutions which had not previously been identified in the previous study. Some of these solutions have already been implemented and have been reportedly successful in overcoming some of the common barriers social care practitioners face when responding to radicalisation.

The key challenges and potential solutions for information-sharing, using thresholds, developing shared multi-agency understanding of risk, and engaging families are set out in Table 3 - Table 6 below and are discussed in more detail in the rest of the chapter.

Please note that this chapter focuses mainly on outlining the key challenges in a social care response to radicalisation and the possible solutions identified. Some of these challenges may link to social workers' confidence, experience and understanding, and may be addressed through changes to the training and support offered to them. Where there is a link this has been highlighted, but a more detailed exploration of these themes is available in Chapter 5: Social workers' confidence, experience and understanding.

Information sharing

Table 3: Information sharing - challenges and potential solutions

Challenges	Potential solutions
Information-sharing between partners, and, in particular, from police to children's social care.	<ul style="list-style-type: none"> • Designated safeguarding roles in partner agencies. • Institutional and strategic buy-in to the Prevent agenda.

Challenges

A key barrier to effective responses to radicalisation, as experienced by children's social care practitioners, is information-sharing between partners and, in particular, from police to children's social care. This echoes the views of participants in the previous research [Safeguarding and Radicalisation \(2017\)](#). However, there was some evidence that information sharing has improved in recent years, and CTP stakeholders indicated that understanding has increased within the police of the ways in which sharing additional

information can be paramount to effective safeguarding responses by children's social care.

Having said this, children's social care stakeholders still reported that although some information is shared from police to inform risk assessment and safety planning, this information is not always received as early or in as much detail as required with regards to the nature of the concern. CTP stakeholders and children's social care stakeholders reported that this is usually because an investigation is ongoing, and so police may not be able to share information due to the risk of disruption to investigations or because children's social care staff do not meet the security clearance threshold required by police partners.

Children's social care stakeholders suggested that a lack of detailed information affects the quality and extent of risk assessment and planning, especially in cases where radicalisation is the only form of harm and social workers are unable to judge how to support the family in relation to their radicalisation-specific needs. In some instances, it also compromises social workers' abilities to be open and honest with families about the reason they have been referred to children's social care, which can have a negative impact on families' engagement.

Whilst children's social care stakeholders generally recognised the importance of not jeopardising active police investigations, a team manager explained that these information-sharing challenges can limit social workers' buy-in to the Prevent agenda because they feel that the (necessary) secrecy surrounding some Prevent cases goes against their code of conduct in terms of being open with the families. This is discussed further in sub-section: Engaging families.

Potential solutions

Safeguarding roles in police or CTP, and designated points of contact for radicalisation cases within children's social care, have been helpful in supporting information-sharing between police and children's social care. Local authority area stakeholders suggested that this is because police colleagues can share information with a single known and designated person on a need-to-know and small-scale basis, thus not compromising investigations to the same extent as might happen if information was shared more widely.

In some consulted local authority areas with a specialist radicalisation social worker or Dovetail Prevent coordinator, it was natural for them to take on this point of contact role. However, the role acting as designated point of contact does not necessarily have to be Prevent or radicalisation focused; the key is sharing information with designated people

in senior roles with decision-making power in their own organisation. For example, it was reported in some areas that police officers in the MASH often have contacts with managers in children's social care with whom they can share information during or prior to a referral.

In many instances, current solutions to information-sharing challenges rely heavily on relationships between individuals within children's social care and the police. This echoes the findings from [Safeguarding and Radicalisation](#). Local authority and national/regional stakeholders emphasised that this is a partial solution but one that becomes more sustainable if these relationships enable improved information-sharing channels and processes to become more embedded within both organisations. As a result, institutional and strategic buy in from senior local authority leadership into the Prevent agenda is considered to be critical in driving the necessary changes to processes and practice in relation to information sharing.

Figure 11: Promising practice example: Seconded social workers in CTP

In one case study area the police counter-terrorism unit is planning to second a social worker into the team. This social worker would continue to work in the local authority for four days a week but would work within the police team for one day a week. They would receive security clearance and therefore be able to receive and share information with the police, reducing the risk of information being shared more widely when this is inappropriate.

In addition to acting as a point of contact through whom police could share information with children's social care, the intention is that this social worker will inform police discussions about individual cases and shed light on the roles and responsibilities of children's social care, and the legislation and practices they use. This could help the counter-terrorism unit to calibrate how best to work with the local authority.

Determining and using thresholds

Table 4: Determining and using thresholds – challenges and potential solutions

Challenges	Potential solutions
Radicalisation and extremism does not easily fit into existing thresholds used by children’s social care.	<ul style="list-style-type: none"> • Formalising radicalisation within thresholds. • Further training on how radicalisation can fit into existing thresholds.
Different thresholds are used by different partnership organisations and local authority areas.	<ul style="list-style-type: none"> • Ensuring that any formalising of radicalisation within children’s social care thresholds aligns with thresholds used by partner organisations. • Sharing threshold documents across partner organisations. • Joint visits with partner organisations.

Radicalisation not sitting neatly within children’s social care thresholds or pathways

Challenges

A second key challenge for children’s social care responses to radicalisation is that it can be difficult to use existing social care thresholds to understand, assess, and respond to the risk of radicalisation and extremism. Linked to this, frontline social care staff reported that there is insufficient guidance or legislation to guide their practice in this area.

The difficulty in using thresholds in response to radicalisation cases was also identified in the previous research.. Previously though, this was linked to the fact that there was a lack of consensus about the degree of risk posed by radicalisation. This updated research found that although there is more of a consensus among local authority areas

that radicalisation is a safeguarding risk, this has not necessarily translated into changes in threshold documents, which is why this challenge has persisted.

Local authority area stakeholders we spoke to reported that existing thresholds focus on intra-familial harm whereas the risk of radicalisation is more likely to come from outside of the family. In addition, other significant forms of harm, such as abuse or neglect, may not be present in cases where radicalisation and extremism is the main concern. In these cases, it can be difficult to determine the most appropriate social care response and to maintain social care involvement in the case. CTP stakeholders reported that this is especially frustrating when a case meets their own internal safeguarding thresholds but does not qualify for intervention from children's social care.

Many local authority area stakeholders noted that there is now greater recognition among frontline social workers and managers that radicalisation requires a safeguarding response, and that existing structures and thresholds can and should be used flexibly to support children and young people at risk of radicalisation and address their underlying vulnerabilities. This represents a distinct change from the earlier research [Safeguarding and Radicalisation](#), which found that this recognition was particularly inconsistent in non-priority areas.

However, there was also wide recognition that the extent to which this currently happens is heavily dependent on individual social worker's confidence, experience and skills, and on the support available to them to use thresholds flexibly. For example, CTP stakeholders reported:

For identification and response, judgments are to some extent subjective and people are not confident to assess their view when they don't feel backed up by thresholds. – *CTP stakeholders*

This is discussed further in Chapter 5: Social workers' confidence, experience and understanding.

Potential solutions

A small number of local authority areas that took part in the study have written radicalisation into their thresholds and related guidance, or plan to do so in the future. In one area this change happened as part of a culture shift in recognising radicalisation and extremism as a child protection issue, and in another it happened in response to identifying that social care staff needed more guidance to help screen and assess referrals for radicalisation concerns.

There was no consensus amongst local authority area stakeholders in other areas on whether formalising radicalisation within social care thresholds would improve responses to radicalisation as a form of harm. Some suggested it would be helpful, but others saw it as unnecessary and pointed to the fact that children's social care has demonstrated its ability to address a range of extra-familial harms and risks (such as county lines and gangs) that do not sit neatly within the Children's Act or existing thresholds, which tend to focus on responding to parental capacity. Moreover, in some of the local authority areas where radicalisation had already been formalised into threshold documents, stakeholders reported that there remained a limited awareness among social workers of how to use this guidance in relation to radicalisation concerns, and in particular the indicators to look for. This is discussed further in Chapter 5: Social workers' confidence, experience and understanding.

Figure 12: Promising practice example: Including radicalisation in threshold documents

In one case study area, the children's social care threshold document was refreshed in September 2020 to include new and emerging issues in relation to extra-familial harm, including extremism concerns.

This refresh occurred in response to a recognition that children's social care needed to provide guidance for professionals who were worried about children, and a guide as to the level of service the child may need. Social care staff had also identified that triage workers assessing and reviewing referrals that come into children's social care where radicalisation and extremism is a concern would benefit from additional guidance around the right service for the whole family to move the referral into.

The new threshold document is also used to help guide the Channel Panel; if they identify that the risk level for a child or young person on their caseload is increasing, they can use the document to assess this risk and escalate to children's social care if needed.

An alternative option would be further training and guidance for social workers on how radicalisation can meet the threshold for intervention even when parental capacity is not compromised, in a similar way to contextual safeguarding approaches. This could include focusing on the emotional harm that exposure to extremist materials and views can

cause to help increase understanding of why a social care response is needed. This is discussed further in Chapter 5: Social workers' confidence, experience and understanding.

Differing thresholds across partner organisations and local authorities

Challenges

Different thresholds and tolerance of risk exist across different organisations, with key differences between police, Prevent and children's social care. This challenge is not necessarily specific to radicalisation cases but can be compounded if radicalisation is the main risk of harm to a young person. Differences likely result from different organisational purposes and priorities. For example, the police may have a lower threshold for intervention because they are focused primarily on eliminating the risk of terrorism involvement to a young person, or the risk they may pose to others through potential terrorist activity. On the other hand, the focus in children's social care is more around amplifying the interests of the whole individual, which may require a different response and tolerance of higher levels of managed risk. Both are trying to achieve positive outcomes for the individual, but there is a slightly different focus on the risk versus the individual.

National and regional stakeholders working across multiple local authority areas also suggested that thresholds and how they are applied to radicalisation vary significantly across different local authorities. This makes it difficult for partner organisations to implement a consistent approach to partnership working and safeguarding. This challenge relates to variations specifically in how thresholds are applied to radicalisation cases but is also part of a wider issues in consistently applying children's social care thresholds to extra-familial harm.

These differences in thresholds and risk tolerance lead to two specific challenges:

- **It is difficult to assess and agree risk, and decide on actions.** There may be disagreement about whether a case should be taken on by children's social care or other organisations, with police and education in particular often expecting a higher level of involvement from children's social care. For example, partner organisations often expect young people referred due to radicalisation concerns to be placed on Child in Need or Child Protection plans, but the case may not meet the social care threshold for this type of support. This challenge was also highlighted in the previous report ([Safeguarding and Radicalisation, 2017](#)), suggesting that it has not yet been successfully addressed.

- **It can lead to responses from some organisations which undermine or are incongruous with the priorities and actions of other organisations.** This was a common challenge highlighted across many of the local authority areas consulted. One example highlighted was schools assessing children and young people as not safe to attend school with the mainstream cohort, resulting in exclusion. Because a key underlying vulnerability for children and young people at risk of radicalisation is often social isolation or a limited sense of belonging, social care and youth justice staff felt that this exacerbates the risk of radicalisation. Another example was police taking away electronic devices to reduce the risk of children and young people accessing radicalising material, but which conversely increases their sense of social isolation and can negatively affect their mental health (and increase their vulnerability to radicalisation).

Potential solutions

If radicalisation is formalised with children's social care thresholds, ensuring this aligns with thresholds used by partner organisations and is consistent across different local authorities will help support understanding among partner organisations. For example, vulnerability to radicalisation as a form of safeguarding was adopted as a core discipline of public protection by the Metropolitan Police Service (MPS) Public Protection Board and CTP in October 2020 following recommendations from Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) report [Counter-terrorism policing: an inspection of the police's contribution to the government's Prevent Programme](#) in March 2020. The National Health Service also adopted it as part of contextual safeguarding. If children's social care were to also include this, it may improve the consistency and cohesiveness of response across partner organisations and across the country. Consideration would, however, be needed around how to implement this top-down across children's social care.

In some consulted local authority areas, sharing threshold documents and conducting joint visits with partner agencies (in particular with police and Prevent team colleagues) has also helped to increase understanding between partners of the different thresholds professionals are working towards, which has supported partnership working. Again, this may be helpful for partners who may work across multiple local authority areas to help them better understand any differences in approach.

Developing shared multi-agency understanding of risk and appropriate response

Table 5: Developing shared multi-agency understanding of risk and appropriate response – challenges and potential solutions

Challenges	Potential solutions
<p>Different views among partner organisations and children’s social care on who should lead on radicalisation cases.</p> <p>Less understanding in Prevent teams of how CSE and CCE link to radicalisation.</p> <p>Different timescales within police and social care.</p> <p>Limited understanding by some social workers of the role of social care in responding to radicalisation.</p> <p>Education professionals may skip the internal response phase to radicalisation concerns.³¹</p>	<ul style="list-style-type: none"> • Joint working with partner organisations. • Increased multi-agency training. • Closer communication between partners. • Sharing safeguarding strategies across partner organisations. • Dovetail sites. • Encouraging buy-in to the Prevent agenda from senior colleagues and frontline practitioners. • Increased training about how children’s social care can respond to radicalisation.

Challenges

Differences in perceptions of risk and the appropriate responses can lead to difficulties in determining a shared response to radicalisation and agreeing the lead organisation for cases. Partner organisations often believe that children’s social care is best placed to lead on cases because of social workers’ ability to build and maintain relationships with children, young people and families and because they can manage risk using a statutory framework. Stakeholders working in partner organisations reported that children’s social care practitioners across the country do not always perceive a role for children’s social care and that this relates to limited understanding of the ways in which radicalisation is a

³¹ The final three potential solutions presented in Table 5 do not apply to this challenge.

safeguarding risk. It should be noted that the consulted local authority stakeholders disagreed with this, suggesting that there may be a greater recognition among children's social care staff in their areas as opposed to others in the country that radicalisation requires a safeguarding response.

Conversely, children's social care stakeholders maintained that in many cases – and especially those in which radicalisation is the primary or only risk of harm – partners with an existing relationship with children, young people and families (such as education settings) or with specialism in radicalisation (such as Prevent teams) are in the best position to lead and social care involvement might not be necessary or appropriate. In particular, some local authority area stakeholders suggested that education partners should play a greater role in responding to radicalisation, in both cases which do not meet the threshold for social care intervention and cases which do. In many local authority areas, stakeholders reported that education partners are often reluctant to take on the lead professional role or to offer other supporting work with the child (for example, sessions on digital resilience), perceiving it as more within the remit of children's social care. This may be due to the perceived high risk that these children and young people pose to other children and young people under their care.

Further challenges related to differences in understanding and practice between partner organisations of how to respond to radicalisation include:

- Prevent teams potentially having less understanding of how CSE and CCE link to radicalisation, and especially the indicators of grooming which can also apply to radicalisation risk (see previous sub section: Contextual safeguarding approaches for more information).
- Police and children's social care sometimes working to different timescales, with social workers wishing to conduct home visits more quickly whilst police colleagues wish to gather more intelligence before making a home visit.
- Education professionals skipping the internal response phase to radicalisation concerns (such as speaking to the young person and/or their family), and referring straight into Prevent or children's social care for further investigation. This was also identified as a challenge in the previous research report, suggesting limited improvements in this area over the last three-four years.

Potential solutions

To develop a shared multi-agency understanding of radicalisation risks and the appropriate response, partner organisations need to have an increased understanding of each other's roles, responsibilities, priorities and viewpoints. Several methods were identified that could be used to achieve this that had not been previously identified in [Safeguarding and Radicalisation](#). These include:

- Joint working with partner agencies, such as children's social care conducting joint visits with police and/or Prevent team, the Prevent team and police sitting in on children's social care strategy meetings, or children's social care conducting school visits. This helps develop trust between organisations, a shared understanding of priorities and approaches, and a culture of learning from partners.
- Increased multi-agency training, such as Prevent teams conducting additional training with designated safeguarding leads (DSLs) in schools around the specific response they should take to concerns (rather than broader awareness-raising). This is discussed further in Chapter 5: Social workers' confidence, experience and understanding
- Closer communication between partners through multi-agency meetings and the use of specialist roles across partner organisations to act as points of contact and conduits for joint working (see Chapter 3: Processes and practice).
- Sharing safeguarding strategies across different partner organisations.

Although there was evidence that children's social care increasingly recognises radicalisation as a form of harm requiring a safeguarding response, many local authority and national/regional stakeholders suggested that social workers' understanding of their own role in responding to radicalisation could improve further. They suggested this can be achieved through:

- Dovetail sites, where Prevent sits within the local authority rather than the police. This helps to tackle the historical perception of the Prevent agenda as justice-focused rather than as a form of safeguarding.
- Encouraging buy-in to the Prevent agenda from senior colleagues and frontline practitioners in children's social care. This could help improve the consistency and efficacy of social workers' responses to radicalisation both within and across local authority areas. Buy-in could be encouraged through the use of specialist roles (see sub-section: Specialist roles to support effective practice), increased

information-sharing from partner organisations (see sub-section: Information sharing), community-engagement (see sub-section Engaging families), or Workshop to Raise Awareness of Prevent (WRAP) training (see sub-section Current training offer).

- Increased training for social workers (discussed further in Chapter 5: Social workers' confidence, experience and understanding).

Engaging families

Table 6: Engaging families – challenges and potential solutions

Challenges	Potential solutions
<p>Engaging families with professionals is a challenge for all types of harm, but it can be particularly difficult where there are concerns related to radicalisation.</p>	<ul style="list-style-type: none"> • Joint visits with partner organisations. • Having a wide range of multi-agency partners involved in Prevent work. • Consistency of worker. • Community engagement. • Community-based partners or police-led multi-agency panels.

Challenges

Engaging families with professionals is a challenge for all types of harm, but it can be particularly difficult where there are concerns related to radicalisation. Children's social care stakeholders suggested this was because the police are often involved with radicalisation cases, which can be concerning for families as they are worried about their child being arrested. This can result in difficulties obtaining consent.

Although engaging families was also identified as a barrier in responding to radicalisation cases in [Safeguarding and Radicalisation](#), the participants in that study linked this to a mistrust of child protection professionals rather than of the police. It is not possible to say, however whether this represents a change in community perception due to the different samples used in each study.

Our research found that families' reluctance to engage is compounded by the following factors:

- **Perception of radicalisation.** Radicalisation is an emotive topic that is often in the media, which makes it difficult for families to openly seek and engage with support. There is also a fear that their safety could be compromised if the community becomes aware that they are working with agencies because of a concern about radicalisation.
- **Voluntary nature of Channel.** As Channel intervention is voluntary, families' anxiety around police involvement can be a particular barrier to engagement. There then becomes a challenge around how partners can work with children and young people whose families have not consented to Channel.
- **Covid-19 pandemic.** Due to the Covid-19 pandemic and subsequent restrictions, direct work with families, children and young people has been limited or largely moved online. Generally, stakeholders reported that people are less likely to engage when it is not face-to-face.
- **Intra-familial radicalisation.** Families are less likely to engage with children's social care around radicalisation concerns if the risk has come from inside the family. This was also found to be a key barrier to family engagement in [Safeguarding and Radicalisation](#), suggesting it is a persistent challenge.
- **A lack of information-sharing from police to social care.** This limits the extent to which social workers can be open and honest with families (see sub section: Information sharing).

Stigma or misunderstanding around involvement with children's social care can also be a particular barrier to engagement for families from communities or demographic groups who are less accustomed to children's social care involvement, or where radicalisation is the only safeguarding concern. Again, this aligns with the findings of [Safeguarding and Radicalisation](#), suggesting that this challenge may have persisted over the last three-four years.

Potential solutions

There are five main solutions to addressing barriers to engagement with families, which are either already in use or are perceived by stakeholders to be important ways to boost engagement:

- **Joint visits with partner organisations.** In some consulted local authority areas, children's social care staff are approaching families alongside the Channel coordinator or the police. They reported that this has led to improved uptake of voluntary Channel support. This may be because it can help mitigate some of the anxiety families may have about engaging with police while still drawing on the expertise and skills of police to understand risks and threats. It can be particularly effective in cases where the family already have an allocated social worker, as families are more likely to engage with professionals with whom they already have a relationship.
- **Having a wide range of multi-agency partners involved in Prevent work.** A wide pool of professionals who are confident and skilled in addressing radicalisation means a higher chance of finding someone who is best placed to engage with the family as a key worker and build up trust. For example, a number of local authority stakeholders identified youth offending practitioners as being particularly skilled in engaging families in relation to Prevent work.
- **Consistency of worker.** Consistency of worker is important in building trust and engaging families with both Channel and social care work. A consistent worker is also better able to assess risk in the context of the family setting, to get to know the child or young person and to support them to share their views. They can then provide counter-viewpoints and start to address ideologies as well as underlying vulnerabilities.
- **Community-based partners or police-led multi-agency panels.** CTP stakeholders identified community-based partners and police-led multi-agency panels as important options in cases where children, young people and their families did not consent to Channel intervention but did not meet thresholds for statutory involvement from other organisations.
- **Community engagement.** Engaging with the community and ensuring that radicalisation concerns are framed as a risk posed to local communities rather than within local communities is important in tackling mistrust of children's social care and partner agencies responding to radicalisation.

Figure 13: Promising practice example: Use of Youth Justice Service workers

In one area, a young person who had been identified as at risk of radicalisation as a result of online activity was subject to an ongoing police investigation and was being managed via the Channel panel. The young person came from a family in which there were no other forms of abuse or neglect. The family had previously declined to engage with Early Help services and the young person was then allocated a lead worker from the youth offending service (YOS) with the offer of engaging on a voluntary basis. This support option is offered more widely to young people who are under investigation for other types of offence, so offering it to this young person was an extension of a process already in use in the area. The YOS worker was able to engage and build trust with the young person and family via consistent weekly visits. This meant that they were able to assess ongoing risks within the family context, create opportunities to discuss and challenge the young person's views, and build the family's understanding of the risks represented by online influencers. Updates on risk and engagement were shared with partners via Channel, which enabled them to assess any risk posed to or by the young person and prevented the need for the case to be escalated to children's social care.

Figure 14: Promising practice example: Community engagement

In one area, mistrust of the Prevent agenda in the community was a key issue. In response, a community engagement officer role and a Prevent Advisory Group (PAG) were created to enable joined up working and build up trust between the Prevent agenda, children's social care and the community.

The community engagement officer was employed as part of the Prevent team and was an officer seconded from the police. They linked with mosques, churches and charitable organisations to build up trust between the Prevent team and the community, and to monitor any tensions in the area. They attended Channel panel, sharing community-level feedback with partner organisations. The community engagement officer also trained community-members around processes for responding to radicalisation, including information about referral processes and the role of children's social care. They worked alongside the local authority's Prevent senior social worker who fed a social care perspective into this training.

The PAG is attended and led by community members. They discuss radicalisation and extremism issues within the community, any incidents of hate crime, and any emerging concerns. The group has become a forum for sharing knowledge about the kinds of cases coming through children's social care and social care's processes and priorities in responding to radicalisation. The PAG has reportedly been successful in raising community awareness of Prevent, increasing understanding of the referral process to follow if safeguarding and/or radicalisation concerns are identified in the community, and increasing local buy-in to the Prevent agenda.

Chapter 5: Social workers' confidence, experience and understanding

Chapter Summary

Social workers have access to a range of mandatory and optional training opportunities. However, the preferred way to access support, advice and guidance is to learn from those with more experience of working in radicalisation cases. This learning can happen through a range of formats, such as colleagues in specialist roles disseminating wider training and advice, or multi-agency partners sharing good practice at a regional or national level.

Individual social workers' confidence and skills in addressing radicalisation concerns varies substantially. It appears to be mostly determined by their experience of cases, their wider-ranging social work experience, and their understanding of how to apply core processes and approaches in different contexts. This corroborates with the findings from [Safeguarding and Radicalisation](#), which also highlighted experience as a key driver for social workers' confidence and skills. As radicalisation cases generally make up a small percentage of social workers' overall caseload, their confidence in addressing these concerns is often lower than confidence in addressing other forms of harm.

Additional support, advice and guidance could help increase social workers confidence, understanding and skills in the following key areas:

- Identification of radicalisation.
- Understanding and confidence to address radicalisation (including awareness and availability of evidence-based tools and interventions).
- Type of ideology or harmful influencer.
- Taking a contextual safeguarding approach in response to radicalisation.
- Understanding how radicalisation links to other types of exploitation.

Please note that some of the challenges identified in relation to social workers' confidence, experience and understanding link to wider challenges to effective practice. Some of the suggestions for additional training explored in this chapter may also address some of these wider challenges. Where there is a link this has been highlighted, but a more detailed exploration of challenges and possible solutions is available in Chapter 4: Challenges to effective practice and potential solutions

Point of interest

Social workers' confidence, experience and understanding of responding to radicalisation is also greatly impacted by the wider conditions of children's social care, such as high staff turnover and increasing caseloads. These external factors may restrict social workers' capacity to access and take on board new learning, and also mean that more detailed knowledge or confidence gained by individual social workers is lost from teams if they leave. As this is not an issue specific to radicalisation cases, it has not been addressed in detail in this report. However, it should be kept in mind when reviewing the findings.

Training

Current training offer

All local authority areas offer mandatory Prevent training. There was consensus that this training had improved over recent years; social workers suggested that it previously focused more on Islamist extremism, and could therefore be perceived as unfairly targeting people from minority ethnic backgrounds. Now though, they reported it is more balanced across a range of different ideologies and radicalising influencers, and is helpful in supporting new staff to:

- Identify radicalisation indicators.
- Understand the processes to follow if radicalisation concerns are identified and who to go to for support.
- Understand the importance of responding as early as possible.

Although this training is offered across all local authority areas, it is not consistently accessed, resulting in some gaps in knowledge. Increased monitoring of uptake may therefore be useful in ensuring that all social workers are trained in Prevent.

Social care practitioners do not widely access ‘top-up’ or additional Prevent training. However, in many areas designated colleagues with specialist Prevent or radicalisation roles or more senior managers access this training and disseminate any learning to the rest of the team as and when cases arise. There was a general consensus that this is an effective use of limited time and resource in children’s social care and is a favoured way to provide support and information. This is discussed more in sub-section: Common and preferred sources of advice, support and guidance.

Having said this, in some local authority areas consulted, WRAP training has been more widely accessed by social workers.³² One national stakeholder reported that this training has resulted in an improvement in social workers’ awareness of Prevent, police thresholds, the threat picture locally, policies, practices, vulnerabilities to radicalisation, and different ideologies. It can also increase buy-in to Prevent by framing it as a non-judgmental, safeguarding response. However, the previous research [Safeguarding and Radicalisation](#) reported that some participants perceived WRAP as unsatisfactory and out of date. Further investigation would therefore be needed to ascertain the extent to which social workers find this training useful.

Some local authority areas also offer newly qualified social workers the opportunity to shadow the children’s social care representative who attends Channel panel. Local authority stakeholders reported that this has given these social workers a better understanding of the social worker role in Channel, increased their knowledge of how to respond to radicalisation cases, and enabled them to begin to build relationships with partner organisations.

Preferred training approaches

The format of mandatory and optional Prevent training varied across different local authority areas but there was agreement that the following approaches are most effective in teaching social workers about radicalisation:

³² WRAP training is part of the Home Office training offer. It aims to give participants an understanding of the Prevent strategy and their role within it, the ability to use expertise and professional judgement to recognise vulnerable individuals who may support, and information about local safeguarding and referral mechanisms and people to contact for further help and advice.

- **Multi-professional training.** Training is best delivered and accessed across multiple professions, because it enables relationship-building and supports partner organisations to understand each other's thresholds and approaches (see Chapter 4: Challenges to effective practice and potential solutions). However, this needs to be balanced with a focus on how the training can be applied to social care practice specifically, particularly around risk factors and how radicalisation is a form of harm. It is most effective if this relates closely to the most common radicalisation influencers and ideologies in the local authority area.
- **Real-life examples.** Children's social care stakeholders agreed that the best training uses real-life, local examples. This increases understanding that radicalisation can and does occur locally, and supports social workers to apply their learning in practice. For example, one social worker said:

Prevent training last year was very effective because it was real life examples and real evidence of real people...That makes you more aware...It tends to stick with you more when you relate to what's being said. – *Social worker*
- **Face-to-face training.** It is important to include face-to-face training in combination with e-learning modules. Social workers are generally less confident in working with radicalisation than with other forms of harm, and they therefore need to ask more questions, challenge each other's views, and explore things in more depth. This is easier to do in a face-to-face context. The provision of face-to-face Prevent training alongside e-learning is an optional recommendation in the updated [Channel Duty Guidance](#).

Figure 15: Promising practice example: Joint Prevent and social care training

At Channel panel in one local authority area, partners identified that social workers who attended Channel panel did not feel confident around partners or sure of the knowledge and expertise they could contribute to radicalisation cases. In response, the Prevent team decided to deliver additional training in partnership with a senior practitioner in children's social care who specialised in radicalisation and safeguarding.

The training focused on framing the basic principles and approaches of the Prevent agenda in social care language. For example, they explained how the Prevent team is similar to an Early Help pathfinder, and Channel panel is similar to a Child in Need strategy meeting. It also gave social workers advice and guidance around practical direct work they could do with children and young people at risk of radicalisation, including examples of questions to ask them and their families.

The purpose of this training was to improve partnership working and enable social workers to begin building professional relationships with the Prevent team. It also aimed to increase social workers' confidence in addressing radicalisation by explaining how it links to existing work and processes and providing some practical guidance. Stakeholders reported that as a result of the training they started to see better attendance at Channel panel from social workers and managers.

Common and preferred sources of advice, support and guidance

As previously mentioned, most social care practitioners prefer to access advice, support and guidance related to radicalisation on a need-to-know basis, as and when cases arise. This is because it is not perceived to be an efficient use of social workers' time to access in-depth guidance on radicalisation when this forms such a small part of their workload, especially in the context of ongoing capacity and workload issues.

Many social workers prefer to access this support through a designated point of contact (see Chapter 4: Challenges to effective practice and potential solutions). These professionals often access additional Prevent training to provide advice and guidance to their colleagues. This approach reduces reliance on colleagues who may simply have worked on radicalisation cases previously, and therefore mitigates the risk of such knowledge being lost as a result of high staff turnover or staff moving teams. It also can help support a consistent approach within local authority areas.

However, some national and regional stakeholders reported that advice and guidance from designated points of contact do not always reach all social workers with radicalisation cases, particularly in non-priority areas with lower prevalence of cases. This suggests that in areas which have adopted this model, more work may be needed to signpost social workers to the designated point of contact for radicalisation.

Other sources of advice, support and guidance accessed by social workers include:

- **Prevent team.** Social workers contact the Prevent team when radicalisation cases arise to ask for their advice and support in addressing the concerns. The Prevent team will also often signpost to other resources that might inform the work. This was more likely to happen in Prevent-priority areas, which may be due to the fact that these areas are more likely to have a funded Prevent team or coordinator.
- **Channel panel:** In some of the local authority areas that took part in the study, allocated social workers attend the Channel panel (as opposed or in addition to more senior children's social care representatives). These areas report that attendance helps social workers to gain a more in-depth understanding of the radicalisation elements of the case and the key processes involved in Prevent and Channel.
- **Internal websites and resources.** Many local authority stakeholders reported using internal local authority websites for signposting to referral pathways to Prevent/Channel, Prevent coordinators/leads, or local resources. This was common practice in addressing all forms of harm, not just radicalisation, and was seen as an appropriate and effective way of accessing support when needed. There was less awareness among frontline social workers of national resources they could access for support with radicalisation cases, suggested further signposting to these may be needed.
- **Group supervision/reflective practice.** In some local authority areas, group supervision or reflective practice approaches are used on a consistent basis to provide ongoing learning across all cases. This can be particularly helpful for radicalisation cases as they are relatively rare, especially in non-priority areas where there is a low prevalence of radicalisation. In other areas, more informal conversations between social workers around how they have applied core social work approaches to a radicalisation cases were also identified as effective in providing guidance.

- **Multi-agency learning forums, debriefs or learning circles.** In some of the consulted local authority areas, these are taking place after a case has closed to share experience and learning from all partners involved in the case. Although not specific to radicalisation, these forums can provide a useful platform to share radicalisation-specific learning. In areas where these forums are not taking place formally, stakeholders suggested they would be helpful in improving social worker's confidence and skills in safeguarding against radicalisation and extremism.
- [Research in Practice publication](#). Some social workers reported that this publication was useful in providing easy-to-access information around radicalisation and other forms of harm that they can access in their own time.

Figure 16: Promising practice example: Resource hub

One non-priority local authority area has developed a 'Be Aware' knowledge hub. It is not radicalisation-specific but includes radicalisation resources. It covers information on how to spot the signs of the different forms of exploitation (including radicalisation), what a social worker should do if they are concerned about a child, and a range of other resources to use with children and young people, families and professionals. It sits alongside a strategy which is designed to strengthen the partnership's response and engage with children and young people, their families and professional agencies to help prevent children and young people from falling victim to exploitation. This includes finding children and young people the support they need as well as targeting the perpetrators of radicalisation and exploitation.

Strategic and operational leads in children's social care suggested that this was an effective way for practitioners to access advice about radicalisation in an area where there is generally a low level of prevalence. It allows practitioners to research different risks and harms when cases emerge, rather than sharing a lot of detailed information in advance for all types of harm. This was considered the most useful and effective way to share information with social workers as it avoids overwhelming them with information they do not need. There are also plans to expand the resource hub to parents and carers.

Appetite to share good practice across local authority areas

Although these sources of advice and guidance are useful in providing support at a local level, there was also consensus that increased sharing of good practice between local authority areas would be helpful in improving social workers' confidence and skills in safeguarding and radicalisation, and providing greater consistency in responding to radicalisation across different local authority areas. In particular, national, regional and local authority stakeholders reported that it would be helpful for:

1. Areas with more experience in radicalisation to share knowledge with areas with less experience. This could include indicators of radicalisation, approaches to discussing radicalisation concerns with people from different cultures or religions, place-based information and data sharing, assessments and processes.
2. Areas could share learning around specific challenges, such as how children's social care might work with partner agencies when children and young people have returned from the Middle East after being radicalised and leaving the UK.³³

A few local authority areas in the study have already introduced some knowledge-sharing platforms to support information-sharing at a national or regional level. These include:

- A regional children's social care panel or learning event which can be used to share knowledge, learning and information across multiple local authority areas. Prevent or radicalisation can be a focus within these.
- A regional Prevent training event led by CTP for all local authorities in a region, which focuses on using case studies to raise awareness of radicalisation and extremism.
- Meetings of the Association of Directors of Adult Social Services (ADASS) and Association of Directors of Children's Services (ADCS). These meetings can act as a way to align strategic approaches across different local authority areas.

Levels and consistency of confidence, experience and understanding

As a result of the training, advice, support and guidance discussed in the previous section, social workers generally feel confident in their knowledge of the identification,

³³ One such event has taken place since this research was conducted, organised by DfE and the Association of Directors of Children's Services (ADCS).

referral and assessment processes involved with radicalisation cases (i.e., who to go to for advice, how to report and escalate concerns). These processes are broadly used consistently within individual local authority areas to respond to radicalisation as a safeguarding concern. This represents a change from the findings of [Safeguarding and Radicalisation reported](#) in 2017, which suggested there was a lack of internal consensus about the nature of the risk of radicalisation.³⁴

However, social workers are generally less confident in directly working with children and young people at risk of radicalisation and their families. There was wide agreement that this is because most social workers have limited real-life experience of working on radicalisation cases. This means that the approach to direct work continues to vary considerably between different social workers in and across local authority areas, and may be more effective if a social worker has had previous experience of radicalisation cases.

Gaining experience is a particular challenge for radicalisation cases. Even in Prevent-priority areas with high prevalence, individual social workers' involvement in cases is relatively infrequent, and certainly less frequent than involvement in cases of other forms of harm. As such, the majority of social workers do not have high levels of confidence in responding to radicalisation. This disparity in confidence can lead to many of the challenges explored in the previous chapter, such as using thresholds and engaging families (for more detail, see Chapter 4: Challenges to effective practice and potential solutions). CTP and Prevent stakeholders also reported that it leads to an inconsistent approach both across and within local authority areas in responding to radicalisation and applying agreed processes and practices.

The lack of confidence can be linked to a few key aspects of radicalisation cases:

- Identification.
- Understanding and confidence to address radicalisation (including awareness and availability of evidence-based tools and interventions).
- Type of ideology or harmful influencer.

³⁴ Please note that this research was not a follow-up study with the same local authorities included in the previous research conducted in 2016 ([Safeguarding and Radicalisation](#), 2017) and different methods were used. As such any differences in findings *may* indicate changes which have occurred but may also be the result of different processes, practices or contexts in the local authorities included in each sample or differences in the nature of data generated by the two studies.

- Taking a contextual safeguarding approach.
- Understanding how radicalisation links to other types of exploitation.

Each of these will be discussed in turn, along with additional advice, support and guidance that may be required to increase social workers' skills and confidence in each area.

Identification

Reasons for low confidence

Spotting indicators of radicalisation in children and young people (both those with whom social workers already work, and those for whom they conduct a home visit or assessment after receiving a radicalisation-related referral) is a challenge for social workers, as they are less familiar with potential indicators due to the relatively low prevalence compared to other forms of harm. It is also made more difficult by the influencers and specific indicators of radicalisation constantly changing, making it hard for social workers to get ahead of the curve.

An improved understanding of the vulnerability factors and indicators of radicalisation could improve social workers' confidence and skills in identifying radicalisation. This kind of training on indicators was also flagged by participants in the 2017 study [Safeguarding and Radicalisation](#) as something that would be useful, suggesting that there is a continued consensus and appetite for this kind of guidance.

Additional advice, support and guidance required

Additional training around different indicators (such as language, identifying online peer networks, and logos representing different ideologies) would increase social workers' skills in identifying radicalisation risks and assessing the scale of them. Due to the changing landscape of radicalisation and its associated risks, any training would need close monitoring and regular updates to ensure it includes the most relevant information.

Understanding and confidence to address radicalisation

Reasons for low confidence

Some local authority stakeholders reported that social workers lack confidence to address radicalisation because they have few tools available to support them with direct

work and the evidence base for what works is limited. This correlates with the findings from [Safeguarding and Radicalisation](#).

However, some of the local authority area stakeholders consulted in this updated research suggested that the evidence base has in fact grown, but social workers are not always aware of the resources which *are* available. Such resources included the [Act Early website](#) (which includes advice on spotting the signs of radicalisation, approaching conversations with people about concerns, how to make a referral to Prevent, and links to other organisations that can offer advice and support), internal specialist Prevent resources guidance for social workers around radicalisation and extremism which have been developed by local authorities and children's social care newsletters.

Social workers also reported different levels of understanding of the specific local interventions and organisations which could support children, young people and families, such as specific parenting programmes or local youth mentoring schemes. Levels of awareness of these interventions varied both within and across local authority areas, resulting in an inconsistent response. Social workers with experience of working on radicalisation cases generally had a greater awareness of what services may be available. Their awareness of services may also be linked to availability of services in different areas, which in turn may be linked to prevalence and demand. However, further investigation of a wider range of areas would be needed to make a judgement on this.

Some social workers also said they lack confidence in addressing radicalisation due to anxiety that they could be held responsible for not mitigating the risk of radicalisation that may lead a criminal offence or act of terrorism effectively. Although this is equally true for all forms of harm, the risk was perceived as higher for radicalisation cases.

Additional advice, support and guidance required

Additional practical guidance on how to address radicalisation would be useful to social workers in increasing their skills, confidence, and knowledge in this area. Many children's social care stakeholders also suggested that the use of a toolkit, similar to those already used in some areas for children and young people at risk of exploitation, would be particularly helpful. This might include guidance on what should be written into Prevent reports, or a rating scale of risk with suggestions of responses. This could help reduce some of the anxiety surrounding risk management.

Practical guidance may also include further training around the extent to which existing social work skills are directly transferable to radicalisation cases. This might include guidance around how exposure to extremist views or materials can cause emotional

harm, and how core social work processes in response to emotional harm can therefore be transferred to radicalisation cases.

Children's social care stakeholders also suggested that more guidance around when and where different approaches might be required for radicalisation cases would also be helpful. For example, one social work practitioner suggested that a radicalisation-specific assessment had been useful in providing guidance around how safeguarding against radicalisation might be different from usual safeguarding procedures, but does not require a specialist approach in most cases.

Figure 17: Promising practice example: Radicalisation and extremism toolkit

A local toolkit has been devised in one area to support social care practitioners to work with children and young people at risk of radicalisation and their families. It includes written and online resources from charities, specialist organisations, and the Home Office to help provide some context and general approaches to addressing radicalisation concerns.

The Prevent team reported that social workers have found it useful to be able to pick up the toolkit and take it into the family home to help guide conversations and work with the young person and their family. However, they reported that it could be even more useful if specific tools and activities were added that social workers could use with the young person and their family.

Figure 18: Promising practice example: Assessment questions and guidance

In one case study area, the Prevent team provided practitioners working with children and young people with an explorative set of questions to assess the nature of radicalisation and extremism concerns being presented by a child or young person and their family.

This consists of a series of questions that social workers and other practitioners can explore with the family to assess the nature of radicalisation concerns. These are divided into four themes: relationships and networks; views and behaviour; wellbeing, mental health and substance misuse; and history of extremism concerns. Social workers can use these questions to explore radicalisation with the young person and the family in a sensitive and respectful way.

The guidance also provides signposting to government advice on international travel and terrorist groups or organisations, and outlines the contact details for designated points of contact within the Prevent team and children's social care for queries about extremism.

Type of ideology or harmful influencer

Reasons for low confidence

Experience of cases seems to be the determining factor as to whether a social worker is confident in working with certain types of ideology. For example, some local authority area stakeholders reported that social workers feel less confident in addressing Islamist extremism concerns due to their limited understanding of Islam. This anxiety is exacerbated in cases where intra-familial radicalisation is suspected; there is a professional anxiety around ensuring that faith-based discrimination does not come into play when addressing these concerns. It may also be linked to a historic mistrust of the Prevent agenda as anti-Islam within children's social care, which has reduced in more recent years. Conversely, some local authority area stakeholders reported that social workers with existing experience of Islamist extremism cases feel more confident to address this type of radicalisation than Extreme Right-Wing cases. Other social workers are less confident in addressing mixed/unclear ideologies as often this type of extremism is not driven by ideological viewpoints, and it can therefore be difficult to challenge unclear views and work to de-escalate the risk.

The type of harmful influencer also impacts upon social worker confidence in this area. For instance, some local authority and national/regional stakeholders suggested that social care practitioners tend to have a limited understanding of online radicalisation and how to respond to it. This is becoming more of a challenge as radicalisation increasingly occurs online. Social workers also expressed concern that both online and intra-familial radicalisation can be intensive and that they are not able to give enough time to the young person in order to counteract the harmful influence and challenge people's views.

Additional advice, support and guidance required

Practical guidance on how to approach radicalisation concerns with children, young people and families in a respectful and safe way with people from different cultures or religions would increase social workers' confidence in addressing different ideological perspectives and promote a more consistent approach both within and across different local authority areas. This could include role modelling professional curiosity, or guidance on how to focus on the consequences of extremist actions, such as employability and relationships.

Additional information about ideologies that are particularly prevalent in the local area (as indicated by CTP local profiles or risk assessments) may also increase social workers' understanding of local challenges and improve their skills and confidence in addressing these challenges. This might be particularly useful for areas seeing a rise in radicalisation cases or an increase in less familiar ideologies. It could include specific indicators for different ideologies prevalent in a specific area and wider information about these ideologies (such as the messages being spread and the beliefs underpinning these).

This information could also include more specific detail about the international and national context of the radicalising influencers and ideologies that are prevalent (or increasing in prevalence) in their local area to help social workers better understand the context of extremist views in the children and young people they might be supporting. For example, social workers in some areas where Islamist extremism was a concern said they would like more information around Islamic State activity in other countries. Multi-agency forums may be helpful for sharing this knowledge (see Chapter 3: Processes and practice) or it could be held by specialist Prevent or radicalisation roles and disseminated to the wider team (see sub section: Common and preferred sources of advice, support and guidance).

Guidance for social workers on training parents in monitoring online activity was also identified as something that could help tackle online radicalisation, as parents are in a better position than social workers to monitor this activity.

Contextual safeguarding approach

Reasons for low confidence

As previously discussed, there are close links between contextual safeguarding and radicalisation, particularly in terms of providing an approach to how children's social care can respond to extra-familial risk of harm (see sub-section: Contextual safeguarding approaches for more information). However, some social workers lack confidence to work in this way because contextual safeguarding is a relatively new approach. They are more confident in focusing on individual children, young people and families rather than looking at the wider context.

Additional advice, support and guidance required

Further training and practical guidance on how a contextual safeguarding approach can be used in the context of radicalisation cases may increase social workers' confidence in this area.

Links to other types of exploitation

Reasons for low confidence

As previously discussed, social care professionals in more strategic and senior operational roles often recognised similarities between the grooming processes involved in radicalisation and those involved in other types of exploitation, such as gangs, CSE and CCE. One area in particular is beginning to see a clear duality between children and young people being groomed into gangs and then subsequently being groomed into radicalisation or extremism, and vice versa.

However, despite this link being previously identified in the 2017 report³⁵ this understanding has not yet been translated into practice; local authority, national and regional stakeholders suggested that frontline social workers do not yet fully understand the parallel underlying vulnerabilities between those at risk of radicalisation and those at risk of other types of exploitation, nor how the approaches they use to address exploitation risks could be applied to radicalisation cases.

Additional advice, support and guidance required

Providing national and regional training and resources on grooming as a process that can branch into radicalisation as well as other forms of exploitation could help improve social

³⁵ [Safeguarding and Radicalisation](#) op cit.

workers' confidence and skills in responding to radicalisation and give them the confidence to apply the work they do to address other types of exploitation to radicalisation cases. Such guidance might include additional information on the shared underlying vulnerabilities and 'push and pull' factors that put children and young people at risk of exploitation and radicalisation.

Key learning could also be shared across local areas between teams that have experience addressing other types of exploitation and those working with children and young people at risk of radicalisation. For example, many stakeholders suggested that key lessons learned from mapping processes and identification of CSE and CCE could be applied to radicalisation, and toolkits used to address exploitation concerns with families could also be adapted for radicalisation.

Chapter 6: Implications for policy and practice

The findings from this report have 11 main implications for policy and practice. The majority of these implications fall under the responsibility of the DfE and local authority areas, with some applying to stakeholders from partner agencies as well. Table 7 outlines each of the implications and who they mainly apply to (although this list is not exhaustive and there is likely to be some cross-over of responsibility for these recommendations for all organisations involved in safeguarding children and young people). These implications are then discussed in more detail below the table.

Table 7: Summary of implications for policy and practice

Implication	For consideration of...
1. Strengthening the increased recognition of radicalisation as a form of harm requiring standard safeguarding responses.	DfE, local authority areas
2. Encouraging the inclusion of radicalisation in structures and approaches to addressing other forms of exploitation.	Local authority areas
3. Increasing social workers' confidence to apply their core skills and knowledge.	Local authority areas
4. Encouraging the use of radicalisation-specific approaches where required.	DfE, local authority areas
5. Investigating further the inclusion of radicalisation in children's social care thresholds and related guidance.	DfE, local authority areas
6. Promoting the routine attendance of children's social care at Channel.	DfE, local authority areas
7. Cultivating more effective partnership working.	DfE, local authority areas, partner organisations (particularly CTP and Prevent)
8. Establishing specialist radicalisation/extremism roles within children's social care.	DfE, local authority areas
9. Maximising the efficacy and uptake of Prevent training for children's social care.	DfE, local authority areas

Implication	For consideration of...
10. Sharing good practice regionally and nationally.	DfE, local authority areas, partner organisations
11. Generating more proactive multi-agency responses.	DfE, local authority areas, partner organisations

- 1. Strengthening the increased recognition of radicalisation as a form of harm requiring standard safeguarding responses.** Radicalisation is increasingly recognised within children’s social care as a form of harm requiring a safeguarding response. It is generally accepted that many existing social work frameworks and practices can be applied in response to radicalisation, in order to engage children and young people and families, assess risk and support needs, and address underlying vulnerabilities³⁶. Policy and guidance which reinforces the appropriateness of existing social work frameworks and practices for radicalisation may encourage their application, particularly if it is able to illustrate specific ways in which they apply.
- 2. Encouraging the inclusion of radicalisation in structures and approaches to addressing other forms of exploitation.** There is increasing recognition of the links between recruitment and grooming processes involved in other forms of exploitation and those involved in radicalisation. Introducing radicalisation cases into the remit or adolescent hubs or multi-agency teams/meetings using contextual safeguarding approaches in response to other types of exploitation may therefore be effective, and there is emerging evidence that some local areas are taking this approach. National and regional training and resources on the links between radicalisation and other forms of exploitation could also increase social workers’ confidence to apply contextual safeguarding approaches to radicalisation cases.
- 3. Increasing social workers’ confidence to apply their core skills and knowledge.** The extent to which existing social care approaches are applied effectively to radicalisation cases is heavily dependent on the experience, skills and confidence of social care staff. However, because of the relatively low prevalence of radicalisation in comparison to other forms of harm, delivering more specialist training as standard to

³⁶ Radicalisation-specific interventions may also be required, for example in relation to ideology. At present these are usually coordinated and delivered via Prevent teams and Channel rather than children’s social care.

all social workers is unlikely to be feasible or to represent the best use of time and resources. As such, confidence may be boosted by including more material in existing Prevent training for social workers which makes it clear that radicalisation is a form of harm like other more frequently occurring forms of harm, and that social workers can apply their core skills and experience in cases involving (risk of) radicalisation. Equally, coaching and support from managers and staff in specialist children's social care roles could contribute to increased confidence.

4. Encouraging the use of radicalisation-specific approaches where required.

Although core children's social care skills and practices can generally be used in cases involving radicalisation, radicalisation-specific processes and practices by children's social care are sometimes appropriate (see sub-section: Specific approaches and interventions). In particular, specific screening and assessment processes which involve joint work with Prevent or Channel representatives appear to increase the likelihood of a multi-agency response which identifies and addresses radicalisation and wider risks and harm. These might involve the use of standard screening and assessment tools or the use of radicalisation-specific tools. For example, the National Prevent Referral form can support children's social care staff to screen for radicalisation risks.³⁷ In standard tools, it is useful to include explicit references to radicalisation in order that those referring, screening or assessing cases are prompted to identify and articulate any radicalisation concerns as part of a more holistic approach.

Practical guidance and resources on radicalisation which social workers can access as and when needed could also be useful. This might include the information provided in introductory and enhanced training, as well as signposting to additional resources and good practice examples. In addition, it should include: detail on local processes and referral pathways; links to key referral and case work documentation; and contact details for people in specialist roles and teams who could provide further advice, coaching and support. It is possible that the core elements of such a toolkit could be developed centrally or regionally – perhaps drawing on existing examples from individual local areas – and then localised as needed.

5. Investigating further the inclusion of radicalisation in children's social care thresholds and related guidance. Some local areas have written radicalisation into their children's social care thresholds and guidance and others reported their intention to do so in the future. Most national and regional stakeholders suggested that this would help clarify and standardise judgements and practice about whether social care

³⁷ Use of the National Prevent Referral Form is recommended in the updated [Channel Duty Guidance](#).

input is required and at what level. However, some local areas also reported that it is more important to encourage children's social care professionals to work flexibly with existing thresholds in order to apply them to cases of harm which fall outside of the more frequently encountered forms of harm, and especially to cases involving extra-familial harm. As there was no definitive shared view on this, further research may be required to explore existing practice across a wider range of local authority areas and the benefits of inclusion or non-inclusion in thresholds. If it proves desirable to include radicalisation within the thresholds, it will be important to ensure that this is rolled out to all areas and incorporated in ways that promotes consistent and effective responses.

6. **Promoting the routine attendance of children's social care at Channel.** Channel is one of the key multi-agency structures to support partnership working in relation to radicalisation. In some areas, senior children's social care representatives routinely attend Channel panel, even for cases in which there is no current children's social care involvement. This helps increase the coordination and consistency of social care input into cases and can provide a useful route via which to escalate cases where safeguarding concerns are subsequently identified. Policy and guidance which mandates the attendance of senior children's social care representatives at Channel might further encourage and improve social care input into radicalisation cases..
7. **Cultivating more effective partnership working.** Several challenges were identified in relation to partnership working. These included information-sharing, partners using different thresholds, developing a shared understanding of risk and response, and engaging families. Close liaison and joint visits between children's social care and partner organisations (especially CTP and Prevent teams), multi-agency training for all partners on their different roles in responding to radicalisation, and developing designated points of contact across all organisations can help address these. Seconding social workers in CTP is also a way to receive and share information with the police.
8. **Establishing specialist radicalisation/extremism roles within children's social care.** Some areas have designated children's social care posts with a specialism in radicalisation/extremism (either as their sole specialism or combined with other related specialisms). This person can act as a designated point of contact for partner agencies, thus supporting information-sharing and partnership working. They also provide a single point of advice, guidance and coaching for social workers assigned to radicalisation cases, helping to develop a consistent and effective approach to supporting children and young people and their families. In areas with lower

prevalence, a formalised post may not be necessary, but a more informal role (such as a Prevent Champion or a social worker with experience and/or interest in radicalisation and extremism) could be a useful source of advice and support.

9. **Maximising the efficacy and uptake of Prevent training for children's social care.** Stakeholders reported that radicalisation training is most effective when it includes face-to-face training in combination with e-learning modules, when it uses real-life examples, and when it is delivered to multi-agency groups. As already discussed, there are challenges in creating time and space for all social workers to complete in-depth training and this may not be the most effective use of resource, particularly in non-priority areas with lower prevalence. As a consequence, tiered training may be a more pragmatic approach and could include:

- Introductory training for all social workers, which includes (as a minimum) an introduction to Prevent, radicalisation and the role of children's social care within this; reinforcing that (risk of) radicalisation requires a safeguarding response; an outline of key local processes, structures and partners involved in tackling radicalisation; information on indicators and how to identify them; and emphasis on applying core social work skills and knowledge in cases involving radicalisation.
- An enhanced offer for a selection of social workers and managers who can then disseminate this knowledge within teams. This might include more specific information about ideologies and influencers (ideally localised to the area), as well as further detail on radicalisation-specific interventions and approaches to tackle these.

Increased monitoring of training uptake is also needed to ensure all social workers receive introductory Prevent training as intended and to help gauge the proportion of children's social care staff who have received enhanced training.

10. **Sharing good practice regionally and nationally.** At present there were limited examples of promising practice being shared across children's social care teams in different local areas. However, there was appetite to share knowledge and learning regionally and nationally, including suggestions that:

- Areas with more experience in radicalisation share knowledge with areas with less experience. This could include indicators of radicalisation, approaches to discussing radicalisation concerns with people from different cultures or

religions, place-based information and data sharing, assessments and processes.

- Areas share learning around specific challenges, such as how children's social care might work with partner agencies when children and young people have returned from the Middle East after being radicalised and leaving the UK.

This might also be a useful route to increase consistency of practice within and between regions.

11. Generating more proactive multi-agency responses. Strategic leads and frontline practitioners suggested that multi-agency working could be used to generate more proactive responses to radicalisation and extremism. For example, intelligence could be better shared between partners about the vulnerabilities present in communities which might lead to radicalisation, and more time could be invested in children and young people through youth organisations and schools to address the underlying vulnerabilities that might lead to radicalisation. Increased capacity and resource would be needed to enable children's social care to effectively contribute to any joint proactive work.

Appendices

Appendix 1: Topic guide for initial workshop with PEO sub-group

Introduction

Thank you very much for agreeing to talk to us today. We work for Cordis Bright, an independent research organisation. We have been commissioned by the Department for Education to investigate and update their understanding of how children's social care services in England are managing cases of radicalisation or extremism amongst children and young people aged under 18.

We understand that the PEO sub-group has already done a lot of work on current practice in relation to safeguarding against radicalisation and extremism in children's social care. We would therefore like to speak to you to gain a greater understanding of current practice and views of children's social care staff in this area. This will:

- a. Provide useful context for the research and help to generate early findings.
- b. Help us understand whether the topics we are intending to investigate as part of the research are correct, and whether we are missing any important lines of inquiry.
- c. Help us shape the questions we will ask local authority staff and national/regional stakeholders later on in the research.

We will not share any individual views or experiences you discuss here outside of the Cordis Bright research team. We will not attribute any comments to you or to the PEO group specifically in any report we produce for this research. The only exception to this is if you mention something which raises safeguarding concerns, in which case we would have to pass this information on to the relevant authorities. However, we would make every attempt to discuss this with you first.

If we discuss specific local authority areas or anonymised cases during this meeting, we may ask your permission to discuss this information with colleagues at the DfE and/or with other research participants in order to design and deliver the research.

If you have any questions as we go through the call, please just let us know. The call should take between one and a half and two hours.

Introductions

1. Please could we go around, and everyone say their name, which LA they work in, and how long they have been a PEO.
2. Please could you tell us a little bit about the background of the PEO group and what its purpose is? *[prompts: how long has the group been running, how does it operate, who is in the group, how/why were group members selected?]*
3. We are aiming to finish at about *[insert time here]* – does anyone have to leave early?

Questions

The objectives for this research are to get a clear and current understanding of the following areas:

- a. Views amongst children's social care professionals on how process and practices have developed in recent years with regards to managing cases of radicalisation and extremism.
- b. How staff in children's social care and other professionals or agencies are currently tackling issues.
- c. Good and promising practice in this area.
- d. The different types of challenges posed by various types of radicalisation cases.
- e. Sources of information, advice and support used by children's social care staff.

We would now like to discuss each of these topics in turn, to gain an understanding of current practice. We will then talk about any other lines of inquiry that we may be missing.

Before we begin, we understand from Tim that you may have already pulled together some common threads/findings from recent months. Would you prefer to share these now, or to discuss these as we go through the questions we had in mind?

Current practice and how it has changed

4. What can you tell us about how children's social care are currently tackling radicalisation and extremism?

Prompts:

- a. *Do you have an understanding of the specific approaches and interventions that children's social care staff are using to manage or input into these cases? (If so, move to prompts b-f)*

- b. *What are these approaches and interventions?*
 - c. *Do approaches differ in different local authority areas and what might explain these differences?*
 - d. *Have approaches changed in recent years?*
 - e. *Are approaches specific to cases of radicalisation and extremism or do they overlap with other types of harm to under '18's?*
 - f. *How (if at all) has COVID-19 affected process and practices? What has changed and what has been the impact of this change?*
 - g. *How confident do you think children's social care staff are in their ability to manage or input cases of radicalisation/extremism?*
 - h. *How involved are children's social care staff as a partner in interventions addressing radicalisation? How confident are children's social care staff in their ability to work with other local partners? What approaches to partnership working are being used? Have these changed in recent years?*
 - i. *Do you think there is enough specific training available for this sector base on their experience?*
 - j. *What kinds of questions do children's social care staff ask in training?*
5. What (if any) types of radicalisation and extremism cases are emerging in different local authority areas?

Good and promising practice

6. Can you think of any examples of particular approaches and interventions that have worked well in delivering positive outcomes for children and young people? *[Prompts: particularly in relation to engagement with services; safeguarding and reduced influence of negative influences, and; diversion from further involvement in extremism? What are these approaches and what is the evidence to their efficacy?*
7. Do these approaches and interventions vary in different circumstances or context? Could they be transferable across the sector?
- e.g. variance in:*
- a. *LAs/local prevalence of radicalisation/extremism?*
 - b. *Partnership working arrangements?*
 - c. *Methods of radicalisation*
 - d. *Types of extremism?*
 - e. *Ages of CYP?*
 - f. *Settings for identification of radicalisation and extremism?*
 - g. *Family or community contexts?*

Different challenges posed by various types of radicalisation cases

8. What do you think are the main challenges posed by radicalisation cases?
Specifically, are there different challenges relating to:
 - a. *Identification of cases*
 - b. *Development and agreement of processes, partnership working approaches and interventions*
 - c. *Delivery of these approaches*
9. Have these challenges changed in the last three years or so?
10. Do the challenges vary across local authorities or types of partnership? If so, what might explain this variation?
11. Do these challenges vary in cases of radicalisation to different types of extremism/types of harmful influence?

Sources of information, advice and support for social care staff

12. What sources of information, advice and support do social care staff use when radicalisation cases emerge? [Prompts: including local, regional, national resources? Is this consistent within and across LAs? Has it changed over the last three years?]
13. What type of information, advice and support do you think is most helpful?

Other areas of investigation

14. Do you think the topics we've discussed so far are the most useful ones to cover with LA staff and other stakeholders in this research? Are there any other key lines of inquiry we may be missing?
15. Do you have any advice on the framing and language of questions that we ask LA staff and national/regional stakeholders? [*e.g. have we been using the correct terminology, are there any names of specific interventions/processes it would be useful for us to know and use?*]
16. Do you have a view on whether hypothetical scenarios drawing on examples of real-life anonymous cases may be useful to incorporate into consultation with local authority staff? Do you think they will be able to comment in-depth on the areas we have covered without the use of hypothetical scenarios? If you think hypothetical scenarios *would* be useful, do you have any examples of real-life anonymous cases related to the areas we have covered? [*i.e. related to a) process and practices b) how*]

children's social care staff are tackling issues c) good and promising practice d) challenges posed by various types of radicalisation cases e) sources of information/advice?]

17. Is there anything else that you would like to say that we have not already covered that you think it would be useful for us to know?

Thank you very much for your time today.

Appendix 2: Topic guide for local authority area case studies

Introduction

Thank you very much for agreeing to talk to us today. Cordis Bright has been commissioned by the Department for Education (DfE) to investigate and update their understanding of how Children's Social Care services in England are managing cases of radicalisation or extremism amongst young people aged under 18. We would like to talk to you because the DfE have identified [insert name of LA area] as a local authority that they think could provide key insights to include in this research.

The research seeks to engage with practitioners from a diverse range of local authorities to gather views from a variety of different contexts and levels of experience in responding to cases. The study aims to collect examples of good practice and solutions as well as better understand the challenges faced. The interview will focus on:

- How processes and practices have recently developed.
- How Children's Social Care staff are currently tackling issues or would expect to do so where cases emerge.
- Examples of good and promising practice.
- The different challenges posed by various types of radicalisation cases or risks.
- The sources of information, advice and support that social care staff use.

There are no right or wrong answers – we are just interested in hearing your thoughts and experiences. Your participation in this research is entirely voluntary and you are free to withdraw at any point. All discussions will be anonymised before they are shared beyond the Cordis Bright Research team, unless you are entirely comfortable with this. For example, to recognise and share examples of good practice with DfE and potentially other LAs. This will not be done without your express consent. If you are at all uncomfortable with this, we will not identify your area to the DfE in this way.

If you have any questions as we go through please just let me know. You do not have to answer any questions you do not want to and we can stop the session at any time. The discussion should take around an hour.

Questions

Introductions

1. What is your role and how does it relate to safeguarding children and young people?

2. Have you had any direct involvement in cases where children and young people have been radicalised or were at risk of being radicalised? If so, roughly how many cases have you been involved with and how were you involved? [Note for researcher: reassure those with less direct experience that their views are also very still valuable to the research]

Prevalence and types of cases emerging?

3. Do you have a sense of how common radicalisation and extremism cases are in your local authority area? [What are the rates at which cases are emerging? Have rates changed in recent years? How do you measure prevalence locally? E.g. Are there specific flags on case recording systems for radicalisation/extremism?]
4. What kinds of cases (if any) are emerging? Specifically:
 - a. What ideologies are people being radicalised to and has this changed in recent years?
 - b. What (or who) are the main radicalising influences/mechanisms and has this changed in recent years? [*Intra-/extra-familial, online/face-to-face*]
 - c. Are there any common characteristics or circumstances of young people who have been radicalised or are at risk of radicalisation and have these changed in recent years? [*overlapping vulnerabilities, prevalence of SEN, engagement/absence from education, family circumstances, limited sense of belonging*]

Current practice

5. What (if any) safeguarding structures and processes are in place in your local area to plan and deliver interventions with children and young people who have been radicalised or are at risk of radicalisation? [*E.g. multi-agency panels, referral pathways into Children's Social Care or other agencies, recognition of radicalisation within thresholds*]. And have these structures and processes changed in recent years? Specifically:
 - a. By what processes are children and young people being identified as at risk [*e.g. looking at specific risk factors, referrals from others – who makes these referrals?*].
 - b. To what extent are processes reactive (to respond to cases) vs. proactive (to prevent cases)?
 - c. Do 'processes' include data collection and information sharing locally?
 - d. Do these differ from structure and processes to safeguard children and young people from other types of harm? How do they relate to local Channel panels and processes?
 - e. If the area was non-priority and became a priority area, did structures and processes change as a result? Do you think these will/have become embedded?

6. Which (if any) aspects of these processes and structures do you think are working particularly well? Which (if any) could be improved? Why do you say this? In what ways do the more successful components support your practice?
7. Within Children's Social Care, who is the strategic lead for responding to radicalisation and extremism? Has the strategic lead changed in recent years?
8. Within Children's Social Care are there any practitioners with specific roles in relation to radicalisation and extremism? *[E.g. designated social worker, senior practitioner, Prevent Champion. If so, how long have these roles been in operation and what impact do you think these roles have?]*
9. When working on cases or risks of radicalisation involving children and young people are there specific approaches or frameworks that you use or would expect to use more than others? *[E.g. specific tools or interventions by social workers, contextual safeguarding approaches. If so, how effective do you think these are in engaging young people and families and addressing radicalisation and extremism? Do these approaches differ to those you would use in relation to other types of harm?]*
10. Do approaches and interventions vary in different circumstances or contexts? [If yes] Why is that? Why do some things work better for particular contexts?

E.g. variance in:
 - a. *Methods of radicalisation?*
 - b. *Ages of children and young people?*
 - c. *Settings for identification of radicalisation and extremism?*
 - d. *Family or community contexts?*
 - e. *Different types of radicalisation [Islamist, right-wing, mixed/clear/unstable ideologies]?*
 - f. *Different types of harmful influencers [familial, extra-familial, or primarily online]?*
11. Are there any other roles, local or national agencies or interventions in your local area that you would expect to work in partnership with, or refer children and young people to? *[E.g. specialist roles in other agencies, specific interventions to build resilience to radicalisation or other harmful influences; VCS organisations perceived as legitimate by children, young people and families. If so, how effective do you think these are in addressing radicalisation and extremism?]*
12. To what extent do you think that local multi-agency working between Children's Social Care and other local partners to address radicalisation and extremism is effective?

Which partner agencies are Children's Social Care working with and which are not involved? How (if at all) could multi-agency working be improved?

13. How consistent is Children's Social Care practice across the local authority area in relation to radicalisation or risk of it? *[Variation by different districts/teams, importance of particular personalities or relationships]*
14. Other than any good practice we have discussed so far, is there any other good practice in your local area that you would like to highlight? *[Particularly in relation to positive outcomes in engagement with services; safeguarding and reduced influence of negative influences, and diversion from further involvement in extremism]*
15. Do you think that good practice is very specific to the local area or do you think it could be transferred from one local authority area to another? Why do you say this?

Challenges

16. How confident do you feel in your ability and that of colleagues in Children's Social Care to input into cases of radicalisation and extremism? *[Which aspects gave you most confident – training or personal experience (or something else)? Is there anything that could give you more confidence?]*
17. Have you come across any challenges posed by radicalisation cases? If so, what are the main challenges?

E.g. challenges related to:

- a. *Identification of cases.*
 - b. *Development and agreement of processes, partnership working approaches and interventions.*
 - c. *Delivery of these approaches.*
 - d. *Involving families and communities in discussing children and young people at risk.*
 - e. *Limited awareness by professionals of the approaches available to prevent or tackle radicalisation.*
 - f. *Limited evidence relating to the efficacy of different interventions to safeguard and promote resilience.*
 - g. *Developing credible counter-messaging from voices which children, young people and families view as legitimate.*
18. Do these challenges vary depending on the types of radicalisation [Islamist, right-wing, mixed/clear/unstable ideologies] or harmful influencers [familial, extra-familial, or primarily online]?

19. Have these challenges changed in recent years? If so, how?

Training and Continuous Professional Development

20. What (if any) Prevent and radicalisation training is delivered to Children's Social Care staff in your local area? How would you rate this training? Are there ways in which training could be improved? *[E.g. additional topics covered, frequency of training, roles targeted]*

21. What format of training would you find most useful? *[E.g. e-learning/face-to-face/self-directed study, multi-agency/single agency, single session/longer programme]*

Other sources of information, advice and support

22. What sources of information, advice and support are available for you and other Children's Social Care staff when radicalisation cases arise (if any)? *[Including local, regional, national resources? How would you rate these resources? [Have these changed over the last three years?]*

23. Is there any additional information, advice or support that you think would be helpful in supporting you with radicalisation cases? *[How best can social care staff obtain guidance and advice in areas where cases are likely to be rare?]*

24. How would you most like to engage with information, advice and support on these cases? *[E.g. designated person to ask for support such as PEO/Prevent Champion/Senior Practitioner, provision of support materials, learning/good practice network]*

Other areas of investigation

25. Is there anything else that we have not already covered that you think it would be useful for us to know?

26. Do you have any local protocols, guidance or other documentation that it may be useful for us to review to learn more about process and practices in relation to safeguarding against radicalisation and extremism? If so, would you please be able to share this with us?

Thank you very much for your time today.

Appendix 3: Topic guide for consultation with national and regional stakeholders

Introduction

Thank you very much for agreeing to talk to us today. Cordis Bright has been commissioned by the Department for Education (DfE) to investigate and update their understanding of how Children's Social Care services in England are managing cases of radicalisation or extremism amongst young people aged under 18. We would like to talk to you because the DfE have identified you as someone they are extremely interested in hearing from, who could offer useful and valuable insights to include in this research.

The research seeks to engage with practitioners from a diverse range of local authorities to gather views from a variety of different contexts and levels of experience in responding to cases. The study aims to collect examples of good practice and solutions as well as better understand the challenges faced. The interview will focus on:

- How processes and practices have recently developed.
- How Children's Social Care staff are currently tackling issues or would expect to do so where cases emerge.
- Examples of good and promising practice.
- The different challenges posed by various types of radicalisation cases or risks.
- The sources of information, advice and support that social care staff use.

There are no right or wrong answers – we are just interested in hearing your thoughts and experiences. Your participation in this research is entirely voluntary and you are free to withdraw at any point. All discussions will be anonymised before they are shared beyond the Cordis Bright Research team, unless you are entirely comfortable with this. For example, to recognise and share examples of good practice with DfE and potentially other LAs. This will not be done without your express consent. If you are at all uncomfortable with this, we will not identify your area to the DfE in this way.

If you have any questions as we go through please just let me know. You do not have to answer any questions you do not want to and we can stop the session at any time. The discussion should take around an hour.

Questions

Introductions

1. What is your role and how does it relate to safeguarding children and young people?
2. Are there particular elements of your role which relate to radicalisation and extremism, or which give you insight into these issues?

Prevalence and types of case emerging

3. Do you have a sense of how common radicalisation and extremism cases are, either nationally or in the local authority area(s) you know about? [*What are the rates at which cases are emerging? Have rates changed in recent years? How is prevalence measured?*]
4. What kinds of cases (if any) are emerging? Specifically:
5. What ideologies are people being radicalised to and has this changed in recent years?
6. What (or who) are the main radicalising influences/mechanisms and has this changed in recent years? [*Intra-/extra-familial, online/face-to-face*]
7. Are there any common characteristics or circumstances of young people who have been radicalised or are at risk of radicalisation and have these changed in recent years? [*overlapping vulnerabilities, prevalence of SEN, engagement/absence from education, family circumstances, limited sense of belonging*]

Current and good practice

8. What safeguarding structures, processes and approaches are in place to plan and deliver interventions with children and young people who have been radicalised or are at risk of radicalisation? And have these changed in recent years?
9. [*Note to researcher: if participant has insight into one local authority area, ask them to describe practice in this area. If they have insight into more than one area, ask if they are able to discuss the most common practice across areas and the extent to which this varies*].
10. Specifically, do you have information about:

- a. Multi-agency panels, referral pathways into Children's Social Care or other agencies, recognition of radicalisation within thresholds (and how these relate to local Channel panels and processes).
 - b. Processes by which children and young people are being identified as at risk [*e.g. looking at specific risk factors, referrals from others – who makes these referrals?*].
 - c. To what extent processes are reactive (to respond to cases) vs. proactive (to prevent cases).
 - d. Whether processes include data collection and information sharing locally.
 - e. The allocation of the strategic lead within Children's Social Care.
 - f. Whether there tend to be Children's Social Care practitioners with specific roles in relation to radicalisation and extremism [*E.g. designated social worker, senior practitioner, Prevent Champion*].
 - g. Approaches or frameworks that Children's Social Care practitioners use more than others? [*E.g. specific tools or interventions by social workers, contextual safeguarding approaches.*]
 - h. Other roles, agencies or interventions that Children's Social Care would expect to work in partnership with or refer children and young people to? [*E.g. specialist roles in other agencies, specific interventions to build resilience to radicalisation or other harmful influences; VCS organisations perceived as legitimate by children, young people and families*]
11. Which (if any) aspects of these processes and structures do you think are working particularly well? Which (if any) could be improved? Why do you say this? In what ways do the more successful components support effective practice and successful engagement of young people and families?
12. Do approaches and interventions by Children's Social Care (and relevant partners) vary in different circumstances or contexts? [If yes] Why is that? Why do some things work better for particular contexts?
- E.g. variance in:*
- a. *Methods of radicalisation?*
 - b. *Ages of children and young people?*
 - c. *Settings for identification of radicalisation and extremism?*
 - d. *Family or community contexts?*
 - e. *Different types of radicalisation? [Islamist, right-wing, mixed/clear/unstable ideologies]?*
 - f. *Different types of harmful influencers [familial, extra-familial, or primarily online]?*
13. How much do you think that approaches by Children's Social Care – and their effectiveness – vary across different local authority areas? What might explain any variation? [*Consider priority vs non-priority areas and differences in partnership working arrangements*]

14. How consistent is Children's Social Care practice *within individual* local authority area in relation to radicalisation or risk of it? [*Variation by different districts/teams, importance of particular personalities or relationships*]
15. From your experience, how confident do you think Children's Social Care staff feel in their ability to manage or input into cases of radicalisation/extremism? Does this vary within and between local authority areas?
16. Are there particular local authority areas (including those you work in) in which you feel structures, processes or practice in relation to safeguarding and radicalisation are particularly strong? If so, please could you describe practice in this area?
17. Other than any good practice we have discussed so far, is there any other good practice in Children's Social Care's responses to radicalisation and extremism that you would like to highlight? [*Particularly in relation to positive outcomes in engagement with services; safeguarding and reduced influence of negative influences, and diversion from further involvement in extremism?*]
18. Do you think that good practice is very specific to local areas or do you think it could be transferred from one local authority area to another? Why do you say this?

Challenges

19. What (if any) do you think are the core strategic and systemic challenges to Children's Social Care staff in delivering effective safeguarding and support to young people who have been radicalised or are at risk of radicalisation?

E.g. challenges relating to:

- a. *Identification of cases.*
- b. *Development and agreement of processes, partnership working approaches and interventions.*
- c. *Delivery of these approaches.*
- d. *Involving families and communities in discussing children and young people at risk.*
- e. *Limited awareness by professionals of the approaches available to prevent or tackle radicalisation.*
- f. *Limited evidence relating to the efficacy of different interventions to safeguard and promote resilience.*
- g. *Developing credible counter-messaging from voices which children and young people view as legitimate.*

20. Do these challenges vary depending on the types of radicalisation [Islamist, right-wing, mixed/clear/unstable ideologies] or harmful influencers [familial, extra-familial, or primarily online]?
21. Have these challenges changed in recent years? If so, how?
22. Do you know whether challenges vary across local authorities or types of partnership? If so, what might explain this variation?

Training, information, advice and support for Children's Social Care staff

23. How widespread, consistent and effective do you think current Prevent and radicalisation training is for Children's Social Care staff? Are there ways in which it could be improved? *[E.g. additional topics covered, frequency of training, roles targeted, delivery mechanism. Have you experienced any helpful training that you think it would be helpful for Children's Social Care staff to have access to?]*
24. Are you aware of any sources of information, advice and support that are available for Children's Social Care staff when radicalisation cases arise? How would you rate these resources? *[Including local, regional, national resources. Have these changed over the last three years?]*
25. Is there any additional information, advice or support that you think would be helpful in supporting Children's Social Care staff with radicalisation cases? *[How best can social care staff obtain guidance and advice in areas where cases are likely to be rare?]*
26. What do you think are the most effective ways to offer information, advice and support on these cases? *[E.g. designated person to ask for support such as PEO/Prevent Champion/Senior Practitioner, provision of support materials, learning/good practice network]*

Other areas of investigation

27. Is there anything else that we have not already covered that you think it would be useful for us to know?
28. Do you have any protocols, guidance or other documentation that it may be useful for us to review to learn more about process and practices in relation to safeguarding against radicalisation and extremism? If so, would you please be able to share this with us?

Thank you very much for your time today.

References

Act Early website. Accessible at: <https://actearly.uk/>. Accessed 31/03/21.

Centre for Systemic Social Work website. Accessible at: <https://www.cfssw.org/welcome> . Accessed 31/03/21.

Chisholm, T & Coulter, A. (Kantar Public) (2017) *Safeguarding and radicalisation* Department for Education.

Contextual Safeguarding Network (2020) *What is Contextual Safeguarding*. Accessible at: <https://www.csnetwork.org.uk/en/about/what-is-contextual-safeguarding#:~:text=Contextual%20Safeguarding%20is%20an%20approach,can%20feature%20violence%20and%20abuse>. Accessed 31/03/21.

Department for Education, Department for Digital, Culture, Media & Sport, Home Office (2021) *Coronavirus (COVID-19): support for parents and carers to keep children safe online*.

Frontline (202) *Systemic practice model: in theory* Accessible at: <https://thefrontline.org.uk/systemic-practice-model-theory/> . Accessed 31/03/21.

HM Government (July 2018) *Working Together to Safeguard Children*.

HM Government (2020) *Channel Duty Guidance: Protecting people vulnerable to being drawn into terrorism*. Home Office Press.

House of Commons Public Bill Committee (First sitting 25 June 2020) *Counter-terrorism and Sentencing Bill*.

HM Government (2020) *Individuals referred to and supported through the Prevent Programme, April 2019 to March 2020*.

HM Government (2019) *Individuals referred to and supported through the Prevent Programme, April 2018 to March 2019*.

HM Government (2018) *Individuals referred to and supported through the Prevent Programme, April 2017 to March 2018*.

HM Inspectorate of Probation (2016) *Desistance and young people: An inspection by HM inspectorate of Probation*. HM Inspectorate of Probation: Manchester. HM Prison and Probation Service (2019) *Guidance: Desistance*.



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