

Drawing the Line

An examination of the boundary rules *Prevent* referral actors use to define who is extreme or non-extreme as part of their *Prevent* duty in London from 2015-2018.



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Cover photo: Police response to Parsons Green Bombing in September 2017. The bomber who carried out the failed attack, Ahmed Hassan, was enrolled in the Channel programme. This is part of the Prevent strategy which tries to de-radicalise individuals deemed to be on the path towards extremism. (Source and copyright: Reuters)

Abstract

The *Prevent* duty, part of the United Kingdom's counterterrorism strategy, is a legal obligation for anyone in a specified sector to have due regard to the need to prevent people from becoming involved in terrorism. This thesis examines the boundary rules used by frontline practitioners in the health and education sectors in the categorisation of extremism. It aims to answer the question "What boundary rules do *Prevent* referral actors use to define who is extreme or non-extreme in the *Prevent* programme in London from 2015-2018?" using Tajfel and Turner's Social Identity Theory (1979) as the analytical frame and Fearon and Laitin's definition of Social Categorisation (2000). Data was collected through in-depth interviews with individuals working in the health and education sectors, document analysis of government policies and examination of statistics. My research reveals that the lack of definitional clarity in the academic literature on terrorism, radicalisation and extremism is reflected in the implementation of the *Prevent* programme amongst the referral actors on the ground. It has shown that Tajfel and Turner's (1979) assumption of group boundaries is flawed when it comes to extremism, as they are fluid due to the subjective nature of the concept. It has indicated that there are not one set of shared norms amongst the population and content rules used can vary dramatically between categorising individuals. Finally, there are clear sector specific challenges when it comes to *Prevent* implementation, including information sharing in the health sector and the teaching of British values in the education sector.

The results of this thesis led to a number of possible recommendations including further academic research with a larger number of respondents, more communication between policy makers and implementers and a review of the policy to assess the impact of the legal aspect of the *Prevent* duty and the labelling of the outlined values as British.

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“we must now all come together and stand up for our values with confidence and pride”

David Cameron, Prime Minister, in July 2015 referring to the *Prevent* programme.

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1. Introduction

Prevent is part of the United Kingdom's counterterrorism strategy to disrupt terrorist threats to the UK (HM Government, 2018). It is a policy which has received high levels of attention from academics and the media alike. *Prevent* aims to stop people from becoming extreme through referral and intervention via the Channel programme. There are many referral actors involved which include local authority workers and those who work in the health and education sector. A change in policy in 2015 made it a legal duty for those in the specified sectors to refer anyone they deem at risk of becoming extreme. *Prevent* has been under public scrutiny since its inception and is a controversial policy with reports claiming it restricts freedom of speech and rights to privacy (OSJI, 2016).

My original research intended to look at the impact of wrong referral on individuals, but once in the field the aspect of wrong referral was not as clear on the ground as it is in the literature. The details of this will be outlined in my context chapter. I decided to take a step back and re-evaluate so as to find another approach focussing on *Prevent* and identity. I decided to invert my research and instead of speaking to people who are impacted by the policy, I would talk to those having to implement the policy. I spoke to frontline practitioners working in the health and education sectors about their role in implementing *Prevent*. This allowed me to look at how referral actors define the content and boundary rules surrounding who is perceived to be extreme and non-extreme.

My research aims to find out what social identity rules referral actors use to categorise, asking them about their thought processes, definitions of extremism and other factors that affect their categorisation. Applying the analytical frame of Social Identity Theory, I question Tajfel and Turner's assumption of group boundaries as this research will show that the boundaries are not easily defined and are constantly shifting.

1.1 The Puzzle

Prevent referral actors are defined in this thesis as anyone who is *Prevent* trained and working in one of the specified authorities. I have chosen to focus on the health and education sector as they are the sectors which have some of the highest referral rates. *Prevent* referral actors, referred to in my thesis as respondents, referral actors or frontline practitioners¹, are legally bound to categorise individuals they come across into the two groups of 'extreme' or 'non-extreme'. In other words they are identifying people who deviate from a particular norm of a specific identity. Those deemed extreme are referred to the local authority *Prevent* team.

¹ Specific actors are referred to by [FLPX] which corresponds to specific respondents as outlined in Appendix 1.

Whilst the policy has clearly outlined the definition of extremism, both my research and the academic literature indicate that the reality is not as clear. In literature on terrorism, radicalisation and extremism there is disagreement surrounding definitions of these terms. Whilst conducting my fieldwork in London from March to May 2018, I found that when speaking to frontline practitioners, there was a similar level of confusion. There is a gap between the policy on paper and in practice, as well as the explicit definitions that respondents mention and their actual thought process when deciding to refer.

There are two definitions of extremism which are applied in this research. Firstly, there is the government definition of extremism which is “active opposition to fundamental British values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs” (HM Government, 2015). Secondly, I look at a scientific definition of extremism, defined by Striegher as “a social label which describes an individual at the end point of radicalisation” (Striegher, 2015: 75). Whilst this is clear on paper, my research has shown that the applicability of this definition in practice for referral actors comes with many challenges. I am therefore asking referral actors what it means to be extreme or not, and who is extreme or not, to find out more about the rules of categorisation.

I settled on the following question for my research:

“What boundary rules do *Prevent* referral actors use to define who is extreme or non-extreme in the *Prevent* programme in London from 2015-2018?”

I will be using the analytical frame of social identity to look at the implementation of the *Prevent* policy. My framework is theoretically derived, from the findings in my literature review which showed that the definition of extreme is vague and describes actors as deviating from a particular norm of a specific identity. I then applied this to the case study of the *Prevent* policy which has at its core the aspect of categorising individuals appropriate or not for referral based on both individual and government norms.

My thesis aims to understand at the individual level what sorts of boundary and content rules frontline practitioners are applying when following their *Prevent* duty. However, I am also looking at the impact that the government definition is having on this. I am therefore researching from both the individual and structural ontological perspective, looking at the interplay between the two. As I spoke to individuals about their personal construction and understanding of the boundaries of extremism, I approach my research from the interpretivist epistemological stance.

Sub-Questions

I broke my main question down into the following sub-question, which I will answer in my analysis of responses, which I have broken down into the two different sectors: education and health.

What personal definitions of extremism do referral actors have (boundary rules)?

What personal definitions of British values do referral actors have (boundary rules)?

What characteristics are ascribed to those considered extreme (content rules)?

What steps do people go through when deciding who to refer?

How do referrals take place?

What was the form, impact and content of a *Prevent* training?

How do health practitioners balance their *Prevent* duty with patient confidentiality?

Do referral actors think their role is appropriate and are they comfortable with the responsibility?

What gap exists, if any, between the definitions of extremism in the policy and what is happening on the ground?

Is there a gap between what referral actors define as extremism and what they base a referral on?

What other factors impact referral actors in their decision to refer?

In order to answer these questions I gathered information from frontline practitioners through interview and extensive analysis of government policies and statistics. I also talked to two experts in the field who added further details about the policy which will be looked at in the context chapter.

I have structured this thesis to move from theory to practice. In this chapter I will go on to talk about the social and academic relevance of this research. After this there will be an explanation of my methodology, followed by a chapter that provides information about the *Prevent* policy and context which is important for understanding the analysis. I will then go on to analyse my data which I have organised by sector and theme, related to the sub-questions. Finally, my conclusion will reflect on my findings as well as recommendations for future research.

1.2 Social and Academic Relevance

Whilst there has been research into the impact of *Prevent*, the level of research on the actors involved in the implementation is limited. As well as this, a government study has stated the need for the definitions of extremism and British values to be addressed (Joint Committee on Human Rights, 2016) yet current research has not yet spoken to those “on the ground” about their interpretation of these values. This research is important as the referral actors I spoke to are defining the boundaries of the

Prevent policy and by looking at the implementation of the policy it may be possible to explain its impact. There is contemporary academic research into the complex nature of defining the terms terrorism, radicalisation and extremism but no consensus amongst the academic community about a definition for each. As well as this, Jason-Leigh Striegher's (2015) work on exploring the dilemma of defining violent extremism concludes that there is no universally accepted definition. By asking frontline practitioners about their personal interpretation of the definition for extremism, my empirical research is adding to the wider academic debate surrounding a definition for this term.

The role of social identity theory and categorisation has been looked at from the angle of policy impact but is under-studied when it comes to the implementation of the policy. My research questions the assumption of group boundaries within Tajfel and Turner's social identity theory by showing how they are unclear when it comes to extremism. This research also adds to the academic literature on the 'chain of security'. De Goede's work in this area looks at the way in which the lack of regulation of transactions of security knowledge mean that information is changed along the way and becomes "messy unpredictable security facts" (2017:30). Using *Prevent* as a case study when looking at the 'chain of security' has highlighted the complications when it comes to transferring knowledge amongst the various referral actors in *Prevent*.

Research has been carried out which talks to *Prevent* trained university professors about *Prevent* (Spiller, Awan and Whiting, 2018), but there hasn't been the same conducted with those who teach younger students. As of yet, there has also been no research that speaks to *Prevent* trained frontline practitioners working in the health sector to see what boundary rules they use to define who is extreme or not.

At the social level, this research is relevant as it comes at a time when counterterrorism is high on government agendas. The *Prevent* policy in particular is under scrutiny due to its recent association with the failed Parsons Green bombing in London. Ahmed Hassan, who tried to bomb a tube in September 2017, was enrolled in the Channel programme, the scheme that is attached to *Prevent* and aims to stop those on the path towards extremism (The Guardian, 2018). This clearly calls into question the effectiveness of the policy and my research intends to shed light on the everyday implementation.

2. Methodology

In the following chapter I will explain my choices in regards to my research design, data collection and analysis. I will also discuss the limitations of my research.

2.1 Research Design

The aim of this research is to find out more about the implementation of *Prevent* and the definitions that frontline practitioners use when defining who is extreme or not. Linking this to my analytical frame of social identity theory, I aim to find out what boundary and content rules *Prevent* trained frontline practitioners have by looking at their definitions of British values and extremism. Through an understanding of how they define these terms I aim to further understand their decision making process when it comes to referrals. I also wanted to find out more about the *Prevent* policy in practice and the potential gap between the policy on paper and in practice via asking those I interview about the process of referral and the *Prevent* duty and how comfortable people are with it. In order to try and answer these question I carried out qualitative research. I did this as it was most appropriate for looking at definitional differences between individuals. Qualitative research allows respondents to elaborate in-depth on their thought processes and understanding of *Prevent*. This research is highly subjective and would therefore not be suited to a quantitative collection of responses.

Epistemologically my research is interpretivist as I attempt to understand how people implement the policy through speaking to them about *Prevent* and how they come to their decision to refer and the definitions upon which this decision is based. The ontological perspective of my research is the interaction of agency and structure as I am looking at individual interpretations of the *Prevent* policy, as well as the structural influences on the individuals, such as their *Prevent* training and the media.

2.2 Data Collection

I collected data during my research using 3 main methods: in-depth interviews with experts and individuals in the field, analysis of government and policy documents and analysis of government statistics. In the following I explain the choices I made when it came to the respondents I spoke to.

In-depth interview sampling

In order to get respondents for my in-depth interviews I carried out purposive and snowball sampling. This involved finding and contacting those working in both the health and education sector through networks of contacts I already had in London and by asking those I interviewed and snowballing from

their suggestions and connections. I originally contacted organisations like doctor's surgeries, hospitals and schools but often received no response or was told that unless I contact individuals directly there was a strict protocol and I would have to apply for permission to carry out the research. Therefore, I turned to personal contacts I had and posted on social media pages, including Facebook and Twitter. I tried to get into contact with an equal number of respondents from both sectors and from a multiple parts of London.

Location

I chose London as the location for my research for two reasons. It has the highest percentage of referrals to *Prevent* at 25% (Home Office, 2018) which reflects the high level of engagement with the policy in the city. As well as this, compared to other regions in the UK it is a large and densely populated area so there would be several people in both sectors I could talk to, making it feasible to carry out the research. However, the choice of a large city meant that the number of respondents I got was affected. It was difficult to contact people as everyone seemed incredibly busy and the time frame people work on in London was longer than expected. I usually managed to conduct an interview 3-4 weeks after the initial contact and had to persist a great deal to get a response. This is also why I chose to use contacts I have in London to approach people for interview.

In total I spoke to 16 people, 15 of which were based in London, from ten different boroughs. I call my respondents frontline practitioners in their corresponding sectors as they are at the forefront of the everyday implementation of the policy. I talked to the individual from outside of London, on the outskirts of Plymouth, because I felt that she added an important voice to the discussion and the area people come from was not the focus of the study². Of my respondents, eight were from the education sector, four were from the health sector, and two straddled both sectors. The final two people I interviewed were experts in the field of *Prevent*.

Forms of interview

I conducted my interviews both in person and on the phone. I chose to do phone interviews as it allowed for more interviews to be conducted. Many people I approached for interview said that they would only be able to do a phone interview with me as they were too busy to see me in person. In the literature about potential bias, there is an assumption that face-to-face interviews are more fruitful in the gathering of data. However, as Novick's review of the literature on this topic concluded this is not necessarily the case with little evidence that distortion occurs (2008). Having conducted both in person and on the phone interviews, I felt that the interviews were unaffected as I managed to still ask in-depth questions and received rich data.

² I only included occupation and date of interview in my footnotes for this reason.

Anonymity

Everyone I interviewed was clear that they wanted to remain anonymous in my thesis as they feared professional repercussions for what they were saying. They allowed me to state the borough of the institution they were working in and for those that moved around, like one of the *Prevent* trainers, I chose the location they were based in most. The local authority *Prevent* officer is an exception and requested to remain both anonymous by name and by location.

Sectors

I chose to talk to people in education and health sectors as these are two sectors which have the highest number of referrals outside of the police and local authority. Education made up 32.43% of referrals and health made up for 7.62% of the referrals for the period 2016-2017 (Home Office, 2018). The rest of the referrals come from local authority, the police, the prison service, family and friends, other and unspecified. Within education there are primary, secondary and tertiary levels of education and I chose to focus on the former two as not as much research has been done which talks to those which teach students under-18. Those in the health sector have not been researched much either. Both are areas which are not immediately associated with counterterrorism (as the police and local authority are to more of an extent) and so I felt that talking to these individuals would yield interesting and enlightening opinions.

2.3 Data Analysis

As previously mentioned, I collected data in the form of interviews, policy analysis and statistics. My analysis chapter will examine my empirical data as broken down into the three actors involved in defining, frontline practitioners in the health, education and local authority sectors and the interplay between the three. In the following I will explain how I analysed the data and prepared for my analysis.

In-depth interviews

I conducted semi-structured interviews with 16 individuals and recorded 15 of them. I had two semi-structured scripts, one for education and one for health but I would adapt the questions in response to the type of person I was interviewing, for example whether or not they were a *Prevent* trainer. I use the terms 'Islamist extremism' and 'Far Right Wing' extremism when questioning individuals as those are the terms used in statistics and policy (Home Office, 2018). I then followed a systematic data analysis by first preparing my data, then transcribing it and finally coding all of the interviews. I used deductive analysis to look for common themes, correlations and patterns in the qualitative data related to definitions of British values, extremism and related to my analytical frame of identity. I also did a

secondary inductive analysis in which I looked for themes based on patterns in what the participants were saying, particularly when it came to opinions on *Prevent*. After this I compared and contrasted the responses to the specific questions about definitions and opinions of *Prevent* to look for correlations between their profile and their responses. I also made a table with profiles of the respondents found in Appendix 1 with all details that they allowed me to disclose.

Document Analysis

I analysed a number of policy documents released by the government. These included the *Prevent* policy outline, the *Prevent* Duty guidelines and the 2018 CONTEST strategy document. I did this for two reasons. Firstly, to get a further insight into the specifics of the policy and secondly, to inform myself in order to ask my participant specific questions related to the legal duty of *Prevent*. By doing this I could then compare how the policy was on paper and in real life as well as triangulate claims that participants made in interview about the policy.

Statistical Analysis

Similar to the document analysis, I looked at government released statistics about referrals. I organised the data and looked at the number of referrals by region and sector so as to inform myself before conducting my interviews in order to choose which sectors to talk to and to see where I should conduct my interviews. It was through this that I chose to talk to health and education sector frontline practitioners in London. The analysis was also useful when looking at the number of Muslim or far right individuals who were referred and the number of people referred by age group as when I was talking to teachers they often referred to this aspect in their responses. This information about the demographics of *Prevent* will add to my analysis of the in-depth interviews.

2.4 Limitations

There are a number of limitations due to the nature in which I collected my data. As I conducted purposive sampling and only did 16 interviews, I cannot generalise my findings. I also did not manage to interview people from every borough in London due to time and access constraints so my sample is not necessarily representative of the city as a whole. In the health sector in particular I struggled to find people to talk to and didn't manage to talk to any doctors but instead nurses and mental health practitioners. There are also many influences on these individuals which I didn't account for in my data gathering. Whilst some acknowledged that they had been influenced by the media, I didn't delve too deeply into where they got their definitions from and what made them think the way they did.

I am from London and have formed my own opinion about the *Prevent* policy due to my exposure to the high number of articles about the strategy in the media. I consciously put these to one

side but acknowledge that a personal bias could still have played into my findings. However, being from London also played to my advantage as people were very comfortable and willing to talk to me, I had no language barrier and I was able to relate to what they were saying through my local knowledge. The purpose of my research was to look at the policy in practice and talk to those who are implementing it and the content and boundary rules they use when deciding who is extreme or not. Therefore, whilst I did not talk to many frontline practitioners, the information I did gather helps to shed light on the thought making process, definitions, and policy practice of my sample group. As previously mentioned, little research has looked into this yet, especially amongst health sector professionals.

3. Review of the Literature

The academic debate surrounding terrorism, radicalisation and extremism is a highly complex and multifaceted one. There are countless theories and concepts within each body of literature and connected to each term. In the following, I will outline the debate surrounding terrorism, radicalisation and extremism relating to their definition and relation to each other. Whilst they are all separate bodies of academic literature, they are undoubtedly linked and have areas of overlap due to this. These theories are used by policy makers to inform counterterrorist policy. The analytical frame of identity provides a lens with which to look at the counterterrorist policy *Prevent*, and understand more about how individuals are categorising people in their communities as extreme or not. Whilst many academics (Choudhury and Fenwick, (2011); Awan (2012), Taylor (2018), Hickman et. al (2011), Pantazis and Pemberton (2009), and Ragazzi (2016)) have looked into the impact of the policy, only a few researchers have spoken to those given the legal duty to carry out the policy directives.

My research is looking at the implementation of the *Prevent* policy by frontline practitioners in the health and education sectors by answering my research question: “What boundary rules do *Prevent* referral actors use to define who is extreme or non-extreme in the *Prevent* programme in London from 2015-2018?” Using the analytical frame of Social Identity Theory (Tajfel and Turner, 1974) and Social Categorisation (Fearon and Laitin, 2000) I will look at the way in which the two different sectors, of health and education, categorise different actors as part of their *Prevent* duty to tackle extremism in the United Kingdom. In this way, I will add to the academic debate on social categorisation by looking at how a legal duty to categorise translates from policy into practice in the context of the *Prevent* duty and what boundary rules are applied in this. I will also add to the debate on a definition of extremism by asking frontline practitioners their interpretation of the concept. It is important to look first at the literature surrounding terrorism, radicalisation and extremism and the links between the three. This will inform my analysis and interpretation of the empirical data I have collected.

3.1 Terrorism

Terrorism research is an area which has been widely debated for years by countless academics. This is especially the case during the last 30 years with an increase in terrorism research post-Cold War and again with the War on terrorism post 9/11 (Franks, 2006: 1). There is contestation in regards to the multifaceted nature of terrorism. I will begin with looking at debate surrounding the definition of terrorism and move onto the theories. Due to the enormity of the terrorism field, I have chosen the theories that I believe to be most related to my research.

Terrorism is a term which encapsulates many different concepts and is often used as an umbrella term. It is highly disputed, both historically and still today, with no universally accepted

definition in academic and governmental contexts. In the Routledge Handbook of Terrorism Research, A.P Schmid discusses the complex nature of trying to define the term terrorism. As the concept is broad and ever changing, Schmid has compiled 250 governmental, academic and intergovernmental definitions (2011: 99-148). He notes that the definition of terrorism will tend to reflect the political or moral needs of the definers. From his research into the different interpretations of terrorism, he created a definition which he names the “academic consensus definition of terrorism” and defined as:

Terrorism refers on the one hand to a **doctrine** about the presumed effectiveness of a special form or tactic of fear-generating, coercive political violence and, on the other hand, to a conspiratorial **practice** of calculated, demonstrative, direct violent action without legal or moral restraints, targeting mainly civilians and non-combatants, performed for its propagandistic and psychological effects on various audiences and conflict parties.

(Schmid, 2011: 86; emphasis in original quote)

This will be the definition of terrorism that I used as it is based upon Schmid’s extensive and comprehensive research on terrorism, whereas other definitions reflect the work of individual academics and research groups. It clearly shows the broad nature of terrorism and as I focus on policies and the interconnectedness of terrorism with radicalisation and extremism, which are seen as part of the process towards this. This will be further explored in my discussion of the academic debate surrounding radicalisations and extremism.

The challenges that come with defining terrorism are further complicated when looking at the theories in this field of study. Theories can range from psychologically, politically, historically, sociologically and/or anthropologically based. As PISOIU and HAIN acknowledge in their book on terrorist theory, the study of terrorism includes several differing theories “more or less covering the entire range of social science and humanities” (PISOIU and HAIN, 2017: 1). Terrorist theories cover all aspects of the act of terrorism including what happens before, during and after a terrorist act. There are a multitude of ways to categorise theories within terrorism, be it by structure or agency or by organising them by the field from which they originate, for example from a sociological or historical perspective. With this in mind, PISOIU and HAIN created their own categorisation of theories. They organised theories of terrorism into three approaches: deterministic, intentional and relational depending on their emphasis of structure or agency and the role of choice (PISOIU and HAIN, 2017: 3-4). The deterministic approach accentuates structure over agency and describes terrorists acts as reactive and without choice. The intentional approach is the antithesis of this, stressing agency over structure and the role of choice in the purposive act of terrorism (PISOIU and HAIN, 2017: 4). Finally, the relational approach is a combination of the two – it acknowledges the aspect of intentionality in acts of terrorism, but also that the choice is influenced by various contexts (PISOIU and HAIN, 2017: 4). I will use their structure to organise the theories of terrorism I deem relevant for my thesis.

Terrorist Theory: Deterministic Approach

Within the broader understanding of terrorism theory the aspect of individual vs the organisation is important. From their research, PISOIU and HAIN claim that academics in general tend to view individuals as being driven towards terrorist acts but organisations as making a calculated decision to carry out such action (2017: 4). Deterministic theories are linked to the study of root causes of terrorism, orthodox terrorist theories and psychological theories as they look at the personalities and contexts that lead to terrorism (2017: 50) (DOLLARD et. AL, 1939; VICTOROFF, 2005; MAYA et. AL; 2002; GURR and MOOR, 1997; and AGNEW, 2010). These theories are often used by governments when creating counterterrorist policies, as they focus on the period before the act and the factors that lead to a person committing terrorist atrocities. This ties in with the preventative aspects of counterterrorist policies and the aim at eradicating the ‘root causes’ of terrorism (PISOIU and HAIN, 2017: 42). Some scholars focus on social-psychological factors whilst others focus purely on psychological, criminological, or sociological factors. The main theories that approach terrorism from the determinist perspective at the individual level are the frustration-aggression theory, relative deprivation theory and strain theory (PISOIU and HAIN, 2017: 50). Whilst not explicitly referencing determinism, they are all situated within this approach.

The frustration-aggression theory was developed by John Dollard, Neal Miller, Leonard Doob, Orval Mowrer, and Robert Sears and rests on the tenet that frustration always leads to aggressive behaviour (Dollard et al. 1939:1 in Berkowitz, 1989:60). Applied to terrorism the resulting aggression would be in the form of a terrorist attack. Similar to this hypothesis is Gurr’s Relative Deprivation theory. This states that “rebellions come to be when people cannot bear the misery of their lot” (Victoroff 2005:19). In other words, it describes those who are living in poverty, with claims that, due to globalisation, there has been a shift in the comparison of one’s socioeconomic standing from the local to the international which has increased feelings of depravity (Maya, Lander, and Ungar, 2002 in Victoroff 2005:19). Therefore, the relative deprivation has moved into the global sphere and there is direct economic comparison which can trigger terrorist action. A third theory that can be categorised by the determinism group is the strain theory. It was first developed by Merton in the field of criminology and has been developed further by many academics (including Gurr and Moore, 1997; Victoroff, 2005; Rosenfeld 2004 and Blazak 2001 from Agnew, 2010:132). Strain theory states that ‘strains’ or grievances are one of the main reasons people turn to crime. This includes absolute and relative deprivation, anger at the West for their cultural and economic hegemony, and economic, political or racial discrimination (Agnew, 2010: 133). In the field of terrorism the crime committed would be a terrorist act. This theory therefore has clear parallels with the previous two theories – stating that it is a feeling of injustice that leads to violent action. This is highly relevant to the *Prevent* policy, as academics such as Awan (2012) and research by the Open Society Justice initiative, show that the

policy has caused feelings of anger and upset of various communities in the UK, as will be discussed later.

These theories all have limitations. Critics point out that there are many people around the world living in frustrating circumstances as well as poverty who are not turning to this kind of behaviour (Agnew, 2010; Victoroff, 2005:19). Frustration-aggression, Relative Deprivation Theory and Strain Theory do not account for individual or organisational level agency. These hypotheses are therefore useful as contributing factors and reasons why people turn to terrorism, but not as independent explanations (Victoroff, 2005:19). Those who commit terrorist acts often in a state of deprivation, but those who are in a state of deprivation do not necessarily turn to terrorism.

Terrorist Theory: Intentional Approach

The second approach that PISOIU and HAIN spoke about was intentional. This stipulates that those involved in terrorism want to fulfil a political goal, prioritising agency over structure (Crenshaw, 2008:1). The main theory that falls within this is the criminological perspective on Rational Choice Theory which has been looked at by academics Cornish and Clark (1987). In their work on crime displacement, they stated that those who commit criminal acts as doing so as a choice and decision (Cornish & Clarke, 1987). However, applied to terrorism a 'soft' or 'everyday' rationality is seen as the most appropriate (PISOIU and HAIN, 2017: 43). When looking at the gains of terrorism, it is clear that one does not have to be involved to reap benefits which bring in the question of incentive for such high risks acts (PISOIU and HAIN, 2017: 44). PISOIU and HAIN describe two possible explanations in their book on terrorist theory:

individual participation might appear necessary to the person, from a subjective point of view. If we look at the testimonies of current or former terrorists, we get the distinctive impression that they believe that their own action will have an effect, that this action is absolutely necessary for the success of the overall undertaking, and that there are no other alternatives. A second explanation [...] is that there *are* immediate gains from participation, but gains of an emotional nature or nonmaterial benefits, such as belonging or status, or for the case of organisations, the show of power or recruitment. (PISOIU and HAIN, 2017: 44; emphasis in original quote).

This clearly explains that whilst terrorist acts often seem irrational, the benefits are in the eyes of the individual. As a result, the limitations of rational choice in terrorism tie into this, with the subjective nature of the theory, focussing on the individual, challenging its applicability and reliability as an explanation of terrorism.

Terrorist Theory: Relational Approach

The third approach is looks at relational theories which evaluate the relation between agency and structure. This approach focusses mainly on social movements and their links to terrorism from a historical perspective (Pisoiu and Hain, 2017: 45). Critical literature also falls within this theoretical group. Social movement theory is a broad area but new social movement theory in particular has been utilised by scholars in terrorism. This focusses on identity and culture and looks at how the states reaction to a social movement affects the behaviour and framing of those taking part (Gunning, 2009:158). Instead of focussing on cause and effect like the previous two areas of theory – relational approaches look at the processes and see terrorism as emerging during various types of interaction between the structure and agency (Pisoiu and Hain, 2017: 47). These interactions include looking at the context specific factors of an individual who commits a terrorist act and how the structure is influencing them and vice versa. Critical theory is part of this, as it questions the root causes approach and sees agency as imbedded in the structure (Pisoiu and Hain, 2017: 46). Critical scholars look at the cause of terrorism from the viewpoint of those who carry it out but also at a more theoretical level (Pisoiu and Hain, 2017: 48).

From the discussion above it is apparent that the field of terrorism is an extensive one with disagreement between scholars about both the definition and the theories associated with the act of terrorism. It is clear from this debate that the approach of determinism is the most saturated area and one in which most terrorist scholars have traditionally created theories. By focussing on the causes of terrorism and understanding how people get involved, it is possible to use these theories and information in counterterrorist policy.

There are countless policies that are written by governments to try and stop terrorism via the mitigation of what they identify as root causes that potentially lead to a terrorist act. This includes CONTEST, the United Kingdom's counterterrorist policy. *Prevent* is part of CONTEST and is devoted to mitigating future acts of terrorism through identifying those who are at risk of radicalisation and extremism. Therefore, both extremism and radicalisation are seen as contributing to terrorism, with the idea that stopping these processes will hinder terrorist acts. These are both concepts with their own theories and literature which I will now go onto discuss.

3.2 Radicalisation

Radicalisation is a multifaceted and highly complex concept. Similar to terrorism there is disagreement over the definition of radicalisation in both the academic and governmental spheres. As the concept is utilised by governments and academics alike, there is often an assumption by those using the term that there is a clear definition for it when this is not the case (Schmid, 2013: 5). Simply put, radicalisation has been used in many different contexts as a way to describe 'what goes on before the bomb goes off'

and has been demarcated by counter-terrorism policy makers (Sedgwick, 2010: 479). However, in reality, whilst not quite as disputed as terrorism, there are countless definitions. The term 'radical' has a long history and has been around for centuries. It is often linked to the French Revolution but over the years has changed in its meaning (Schmid, 2013: 5). The term used to be seen in a similar light to the term 'liberal' and had fairly positive connotations (Schmid, 2013: 6). One definition, clearly shows that radicalisation cannot be defined without reference to other terms. Sinai defines radicalisation as 'the process by which individuals – on their own or as part of a group – begin to be exposed to, and then accept, extremist ideologies' (2012). This explanation shows the link to extremism that radicalisation has and therefore the difficulty in defining it without reference to other concepts. However, definitions with loaded concepts such as this do not simplify the definitions as they rely on other concepts, in this case extremism, which are equally as contested in their definition. Academics, including Schmid and Sedgwick, have attempted to untangle and simplify these definitions in order to come to a re-conceptualisation of the term radicalisation through a review of the existing literature. Through this Schmid compiled his own definition of radicalisation as:

an individual or collective (group) process whereby, usually in a situation of political polarisation, normal practices of dialogue, compromise and tolerance between political actors and groups with diverging interests are abandoned by one or both sides in a conflict dyad in favour of a growing commitment to engage in confrontational tactics of conflict-waging (Schmid, 2013: 18).

This definition elaborates more than many others and does not focus on Islamist radicalisation as alternative descriptions do (Schmid, 2013: iv). However, he acknowledges that it is difficult to define the term due to its politicisation and data availability which are both obstacles in further empirical research into the area of radicalisation (Schmid, 2013: 55). Outside of the academic sphere, the term 'radicalisation' has been used, since 2004, by governments in response to the rise in 'home-grown terrorism', first in the Netherlands and later in the United Kingdom and United States (Kundani 2012:6). The government in the UK uses the term radicalisation but has not clearly defined it in their most recent CONTEST publication in 2018. However it is clear from the document that they see it as the process towards becoming or committing terrorist actions (HM Government, 2018:10). This will be further explored when looking at *Prevent* specific literature.

Radicalisation is not a fixed concept but rather a process. Theories in this field attempt to explain the factors which influence the process of radicalisation. There are three main strands of radicalisation theory: the cultural-psychological disposition model, the theological model and the combined models, including the 'bunch of guys' theory. In relation to previously discussed terrorist theories, most radicalisation theories fit naturally within the deterministic approach as they examine the

factors that are part of radicalisation as a pre-cursor to terrorism. Despite supporting different thoughts on the process of radicalisation, theorists agree that it is not political and socioeconomic factors alone that can lead to acts of terrorism (Kundani 2012:8). Within radicalisation theory there are underpinning ideological assumptions as to what is defined as legitimate and illegitimate action and other biases that are reflected in the theories. I will acknowledge these potential limitations as I explain the various theories.

Cultural-Psychological Model

The cultural-psychological model, developed by Walter Laqueur, looks at how the founding of terrorist group Al Qaeda was not due to poverty, national or territorial disputes that led to terrorism but instead fanatical religious commandment, jihad and the establishment of Sharia (Laquer, 2004: 51). He claims that the growth of Muslim communities in Europe and the tension between them and the native European population led to radicalisation of second generation immigrants (Laquer, 2004: 51). This early work has been used by many academics later on to establish subsequent models of the process of radicalisation. However, there are a number of problems with his research which highlight the complexity of studying radicalisation in general. Firstly, he conflates different terms and concepts as being a part of radicalisation, including “disaffection, youth alienation, radical dissent, religious fundamentalism, propensity to violence”, all of which need to be addressed separately (Kundani, 2012:9). Secondly, his theories assume that radical religious thinking has a causal relationship with acts of violent terrorism, when there has been no empirical evidence to support such a claim. As a report by Open Society Justice Initiative states: “the claim that non-violent extremism – including “radical” or religious ideology – is the precursor to terrorism has been widely discredited by the British government itself, as well as numerous reputable scholars”(Bjørger and Horgan, 2009; Sageman, 2004 in Open Society Justice Initiative (OSJI), 2016:3). However, when looking at the literature this sort of statement is difficult to make as for some scholars, like Sageman and Wiktorowicz, rest on assumption of radicalisation leading to terrorism which means that they don’t question the nomenclature but instead address the factors that lead to extremism and label that radicalisation. It is also important to note that Laqueur himself is Jewish and worked with the American government as the Israeli representative so this could bias his claims of Islamic terrorism. Critique of his theories also say that he focusses too much on individuals and not enough on other external factors (Kundani, 2012:9). Finally, he focusses entirely on Islamist radicalisation, when there are other forms of radicalisation such as extreme Far right.

Theological Model

The theological model states that sets of religious beliefs shared by terrorists, but not by more moderate followers of religion, can be used as an indicator of radicalisation (Laquer, 2004:51). This was

developed as a follow up of Laqueur's work and was subsequently adopted by Gartenstein-Ross and Grossman. They conducted an empirical study of terrorists from the US and the UK. Using court transcripts and interviews with terrorist, they compiled a list of 'concrete manifestation of radicalisation' and common behavioural changes that home-grown terrorists went through as they radicalised (Gartenstein-Ross and Grossman, 2009:13). These were: adopting a legalistic interpretation of Islam, trusting only select religious authorities, perceived schism between Islam and the west, low tolerance for perceived theological deviance, attempts to impose religious beliefs on others and political radicalization (Gartenstein-Ross and Grossman, 2009:13). Running through all of this is the common thread of religion, however they wrote that whilst religious understanding was important in the process of radicalisation, it was not the only factor.

In her work, "Radicalisation: the journey of a concept", Kundnani reflected on Laqueur's work and stated how one could focus on the individual and group dynamics to develop the psychological approach to radicalisation. This looks at the way in which group relations or struggles with identity can lead to the acquiring of extremist theology (Kundani, 2012: 10). In other words, if an individual feels alienated or conflicted about their social identity then this will be a factor in the process of radicalisation. An assumption of this approach is that terrorist no longer act in formalised hierarchies but instead work within social networks. This aspect of social networks is something that the combined model also looks at.

Combined Models

Marc Sageman and Quintan Wiktorowicz are both advocates of the combined theological and social-psychological model of radicalisation. This model assumes that radicalisation leads to terrorism, but what the process of radicalisation means, differs to previously mentioned theories. The 'bunch of guys' theory, developed by Sageman, looks at how friendship is central to the process of radicalisation. He states that by focussing only on the theology of terrorists, it implies that they are passive actors when in reality they actively take steps towards radicalisation, thus disagreeing with Gartenstein-Ross and Grossman (Kundani, 2012: 14). He states that the two main paths to terrorism are the collectively joining a terrorist organisation by a 'bunch of guys' or joining a childhood friend who is already a terrorist (Sageman, 2004; 2008). He also established 4 "prongs in the process of radicalisation" which include the moral outrage of a perceived injustice in the world; an enabling interpretation, such as war on Islam; personal experiences of discrimination; and mobilising networks (Sageman, 2004 :75-81). He concludes that it is group dynamic combined with theological radicalism that leads to radicalisation (Kundani, 2009: 9). Wiktorowicz researched Muslim extremism in the West and how the shaking of previously accepted beliefs can cause 'cognitive opening' and identity confusion. In response to this, religious seeking takes place, which in turn exposes vulnerable individuals to a 'network of radicals' (Wiktorowicz, 2005: 6). This implies that he defines radicalisation as the process towards extremism. The link between the group dynamic and individual psychological processes is in line with Sageman's

theory but instead of just joining due to friendship, Wiktorowicz implies that those who feel their identity is threatened seek out new networks to help them, rather than just relying on old friends. O'Brien also looked at the effect of identity crisis in terrorism, by looking at the profiles of various individuals involved in terrorist acts, using Eriksonian Identity Theory (O'Brien, 2010). She reflected on the histories of Sayyid Qutb and Usama Bin Laden, amongst other case studies and saw how they were all exposed to Western cultures which caused them to question their beliefs. This stage in identity formation is called "Identity Moratorium" in Eriksonian Identity theory and is defined as "the state of the individual in crisis" (O'Brien, 2010:28). Identity is a common thread within radicalisation which will be looked at later on.

As well as theories there is a trend in both academic and non-academic contexts to look for potential foundations of radicalisation. Wilner and Dubouloz outline three precursors of home-grown radicalisation – socio-political alienation; religiosity and globalisation; and reaction to foreign policy (2011). These are often the aspects of radicalisation theory that are taken on by governments in their counterterrorist policies as will be discussed subsequently. Whilst all of the theories of radicalisation discussed share similar traits, they also fundamentally disagree on the process of radicalisation and what influences it. Sageman's model focusses on social networks and Wiktorowicz on identity confusion as necessary in the process of radicalisation. Meanwhile, Gartenstein-Ross and Grossman look at behavioural changes as factors in a person becoming radical and Laquer links theology to radicalisation. All of these theories assume the link between terrorism and radicalisation, an assumption that, as previously mentioned, has been debated.

Again, the problem of defining a term is present in radicalisation. Some theories rest on the assumption that radicalisation leads to terrorism and its definition is fluid. Therefore, academics look at the processes they believe lead to terrorism and label that as radicalisation. On the other hand, some academics take the definition of radicalisation as rigid and then dispute whether or not it leads to acts of terrorism. Therefore, nomenclature is as much of an issue as the content when it comes to defining radicalisation and its causes and consequences. Implicit in the *Prevent* policy documentation is that radicalisation leads to extremism and in turn a terrorist act, so an understanding of debate surrounding terrorism is important when looking at the policy. The concept of extremism is interwoven with the discussion on radicalisation and is included in many of the previously presented explanations. For example, in Wiktorowicz work on radicalisation he looked at Muslim extremism in the West, with the assumption that radicalisation was the process that result in their extremism. This leads us onto the academic debate around the definition of extremism and its related theories.

3.3 Extremism

The body of literature on extremism is relatively small in comparison to that of terrorism and radicalisation. Theories of extremism primarily involves a discussion of the definition of extremism, as

the factors that lead to extremism are described through theories of radicalisation. There are however different forms of extremism as will be discussed in this next section. It is important to note that I am looking at extremism in the context of its relation to radicalisation and terrorism rather than extremism in general which would involve talking about all forms of extremists view, from fascism to communist to religious extremism. Instead I am looking at how a definition of extremism can inform and help further understand radicalisation and terrorism – a body of literature which is fairly small in comparison to the previous two terms.

Extremism is a social label which describes an individual at the end point of radicalisation (Striegher, 2015: 75). It is a viewpoint or an ideology that may or may not “reach the threshold for an act of terrorism” (Mahan & Griset, 2013; Southers, 2013:4). However, as mentioned before, this sort of viewpoint depends on the context it is placed in. In his work on the ‘Definitional Dilemma of Violent-Extremism’, Striegher defines violent extremism as “purely the ideology that accepts and justifies the use of violence to reach a particular ideological goal” (2012:76). This is similar to definitions of terrorism that were previously discussed. Applying this definition, the difference between the concepts is that terrorism is the act whilst extremism is the ideology. However, the limitations of this is that, if purely an ideology and not an act, then what is the difference between non-violent and violent extremism? Applying this definition would imply that non-violent extremism is an ideology that justifies non-violence. “So are non-violent extremists harmful in democracies?” (Schmid, 2013: 10) The academic, Schmid, explores this aspect of extremism, choosing to define extremism as people who “strive to create a homogeneous society based on rigid, dogmatic ideological tenets; they seek to make society conformist by suppressing all opposition and subjugating minorities” (2013:10). He states that there are four aspects that extremists display:

1. Use of force/violence over persuasion;
2. Uniformity over diversity;
3. Collective goals over individual freedom;
4. Giving orders over dialogue. (2013:9).

He concludes that if a non-violent extremist adhere to these 4 signs then they are harmful to society. He gives the example of non-violent extremist who have not themselves been involved in violence but have been involved in campaigns that lead to terrorism (Schmid, 2013:9). This implies that non-violent extremism is merely violent-extremism but that the individual is not directly involved with violence.

Like terrorism and radicalisation, extremism has no universally accepted definition, but there is more agreement between scholars (Striegher, 2015: 75). Whilst the definition of extremism often includes the concept of radicalisation, such as in Striegher’s above, there are important distinctions

between the two terms as well. The body of literature on extremism is closely interwoven with radicalisation and terrorism with academics acknowledging the interchangeability between the three terms (Striegher, 2015:75). This is reflected in the way that extremism is defined, often using the concepts of terrorism and radicalisation within the explanation of extremism. However, it is important to distinguish between them as they are often used separately so an understanding of extremism independent from the terms of radicalisation and terrorism is important. Both radicalism and extremism can be described as deviating from the 'norm', and can be "characterised as political actors who tend to disregard the rule of law" (Schmid, 2013:8). However, this sort of explanation is problematic because it implies a benchmark of what is ordinary, with no description of what this norm is (Schmid, 2014: 11). Thus, this definition of extremism is difficult as it relies on the definition of other vague terms and can change given different contexts. Extremism is also a term that is used in conjunction with other terms such as 'political', 'violent' and 'non-violent' all of which imply different influences on the term and further complications in defining it. The following will address these differing forms of extremism.

Non-violent and violent extremism

This line between non-violent and violent extremism was the subject of a further academic research paper by Schmid, published in 2014. In order to unpack this concept, it is important to briefly look at what is meant by non-violence. Here Schmid introduces the difference between non-violent and not-violent. He defines the former as a conscious decision to engage in political activism that uses other forms of resistance outside of violence (Schmid, 2014:13). He relates this to the Gandhian principle of pacifism which "refers to an activist and at times even militant mode of conflict waging, based on sanctions other than (the threat of) violence even in the face of violence by the opposing party" (Schmid 2014:13) which he sees as radical but not extreme. Not-violent on the other hand is described more at "not (yet) violent" (Schmid,2014:1). To further complicate this he claims that many non-violent extremists are not non-violent by principle but instead fall into the category of "not (yet) violent" which bases the decision of violence on pragmatism rather than morals (Schmid, 2014:13). Thus, the definition of non-violent extremism is unclear. There is little academic research into non-violent extremism as most chooses to focus on violent extremism instead. This may be due to the fact that the line between non-violent extremism and what is an unpopular opinion with no desire for violence is difficult to differentiate between and is hard to generalise into a clear definition. As can be seen, non-violent extremism is often defined in terms of what it is not rather than what it is.

Political Extremism

A final area of extremism it is necessary to address is that of 'political extremism'. In his work on extremism and its origins, Midlarsky mentions four types of political extremism: communism, Islamic radicalism, fascism and extreme nationalism (Midlarsky 2011 in Weitz, 2014:150). Here is a clear

example of ‘radicalism’ and ‘extremism’ being used interchangeably, when applied to Islamist extremism. He understands political extremism as anti-pluralist and ideologically grounded, with those of extremist tendencies having clear enemies they wish to remove (Midlarsky 2011 in Weitz, 2014:150). This definition is fairly vague and could cover individuals from all sorts of backgrounds who may not typically be considered extreme. The wish to remove enemies is an aspect that not all extremism encompasses – many who campaign for a political goal want to include others and rally support for this goal rather than extinguish them. Midlarsky approaches the discussion of political extremism from a historical perspective but also brings in a geopolitical viewpoint into the discussion of the potential causes of extremism. He explains that countries who have had loss of land become “fertile soil for the nurturing of extremists” which is historically something that ties into Islamist extremism when looking at how the West has behaved in the Middle East historically (Weitz, 2014:150).

Extremism is difficult to define and under-researched by academics when compared to radicalisation and terrorism. The three types of extremism discussed, violent, non-violent and political, all have limitations in their application and are often used by governments to label various groups and individuals without due regard to the complex nature of their definition. In general, as extremism is often explained in terms of what it is not, as a deviation from the norm, this makes the dilemma of using the term difficult. There is no global definition of normal so extremism alters its meaning depending on the context it is in. Thus its use in literature is also affected by this subjective nature, and the background of the academic that is using it. An understanding of this is important when looking at the *Prevent* policy. It closely links to the implementation of *Prevent*, as frontline practitioners are tasked with defining and categorising those who are vulnerable to extremism and report them. When there is a lack of definitional clarity by experts in terrorism studies, having teachers and doctors involved in this sort of categorisation could be challenging.

3.4 Conclusions on Terrorism, Radicalisation and Extremism

The concepts of terrorism, radicalisation and extremism all have problems and a lack of clarity when it comes to their meaning. Theories surrounding these concepts cover a broad range of issues but are overshadowed by this ambiguity over clear definitions for each. All three terms are interdependent and it is hard to talk about one without mentioning the other two. However, there is a hierarchy with terrorism clearly being the most contested, most independent and broadest term. Radicalisation and extremism are undeniably linked which is shown in the following definition provided by the Expert Group on Violent Radicalisation. They define radicalisation as “socialisation to extremism which manifests itself in terrorism” (Expert Group in Schmid, 2013:5). Thus, radicalisation is a process, extremism is a point at the end of this process and terrorism is an act that is potentially committed by individuals or groups at the end of this.

Many counterterrorism policies around the world use these concepts which is problematic when they are vague and there is no definitional consensus in both academic research and amongst governmental organisations. When there is a lack of clarity over their meaning it is hard to know where to draw the line between those who are categorised as extreme, radical or potential terrorists. Counterterrorism policies around the world are trying to mitigate future terrorism through targeting individuals who are defined as being at risk of becoming extreme through the process of radicalisation. Underlying these policies is the assumption that Islamic theology inspires and leads to terrorism, the entry into a group of terrorists can be predicted and that knowledge of the process of radicalisation can be used in policies that mitigate the threat of terrorism (Kundani, 2012: 5). De Goede and Simon's work on "Governing of Future Radicals in Europe" argues that counter radicalisation is an assemblage of governing through heterogeneous elements such as the police, government and civil society workers and how they 'jostle, co-exist and interrupt one another' (Allen and Cochrane 2010:1078 in De Goede and Simon, 2012:331). They call for further critical analysis of the constellations and particularly around the "contestable political articulations of a European 'way of life'" (De Goede and Simon, 2012: 332). One policy that is using this idea of preventing radicalisation and extremism is the UK *Prevent* strategy which is part of the broader counterterrorism policy, CONTEST. In this policy, there are various actors who are meant to be defining the concept 'extremism' on a daily basis. By looking at this counter-extremism scheme, I will address De Goede and Simon's call for further research in the British context. I want to look at how people are defining these terms in practice, given the vagueness in the literature over their meaning.

3.5 Counter-Radicalisation and Counter-Extremism Policy and *Prevent*

There is a lot of non-academic empirical research on counter-terrorist, counter-radicalisation and counter-extremism policies. However, whilst there have been countless reports by think tanks and governmental organisations on *Prevent* there has been a limited amount of academic research on this policy in particular. As will be discussed, the majority of both academic and non-academic research that has been done has focussed on the impact of the *Prevent* programme. There has also been a large amount of media coverage on the policy which has been very critical of the policy. The following will look at the current academic literature and think tank reports on *Prevent* and counterterrorism in the UK context.

The *Prevent* programme is based upon the assumption that those who are non-violent extremists will potentially commit terrorist acts in the future. Through a referral mechanism those who are labelled by *Prevent* trained individuals as vulnerable to radicalisation or extremism are de-radicalised via the Channel programme. The details of this will be discussed further in the context chapter. As a policy, it is reflective of the assumptions that there are clear indicators of terrorism, when through the previous discussion, it is apparent that the concept of terrorism itself is highly contested. There is little

academically focussed research, and the majority of academics look at the impact of *Prevent* on higher education and Muslim communities. Whilst the policy itself is meant to tackle all forms of extremism, there is no academic literature on Far Right extremism and the *Prevent* policy. Reports have also been produced by think tanks such as the Open Society Justice Initiative (2016), CAGE and The Henry Jackson Society (2015) which use case study analysis to look at the policy. Finally, there have been reviews of the policy by the House of Lords and House of Commons Joint Committee on Human Rights (2016). In general, both academic and non-academic research is fairly critical and negative about the *Prevent* policy and the assumptions upon which it is based. There is very little research into the implementation of the policy, with a recent study conducted by Spiller et. Al (2018) being one of the few articles that look at *Prevent* from this aspect. My empirical research on *Prevent* will look at the categorisation rules and definitions that frontline practitioners apply when deciding who is extreme or not, adding to the academic debate on the complication in defining the terms of extremism, radicalisation and terrorism and categorisation in practice. It will also add to the literature in regards to on-the-ground policy implementation.

Suspect Community Thesis

The impact of *Prevent* and counterterrorism policies has been explored by academics with a particular focus being on the Muslim community in the UK and how the policy has affected them. In their work on this, Choudhury and Fenwick conclude that aspects of counter terrorism policy may “themselves feed and sustain terrorism” (2011:155). In recent literature, Hillyard’s suspect community thesis and its application to *Prevent* has been explored by academics, including Awan (2012), Taylor (2018), Hickman et. al (2011), Pantazis and Pemberton (2009), and Ragazzi (2016). The suspect community is defined at “a sub-group of the population that is singled out for state attention as being ‘problematic’” (Ragazzi, 2016: 726) and applied to *Prevent*, is the idea that the policy has led to feelings of alienation of the Muslim community in the UK via the categorisation of these individuals into ‘risky’ and ‘trusted’ categories (Taylor, 2018:2).

Hickman et. al compare the construction of Muslims as a suspect community via the *Prevent* policy with the UK counterterrorism policies and the Irish communities in the UK. They approach this from a historical perspective, comparing the two groups treatment from 1974-2007, and conclude that the policy impact on the Irish set a precedent for the current treatment of Muslims (Hickman et. Al., 2011:5). Pantazis and Pemberton also conduct this comparison, labelling the Irish the “old suspect community” and the Muslim population the “new suspect community” (2009: 646). Awan looks at how the construction of Muslims as a ‘suspect community’ may actually hinder the policy aims of counter-radicalisation due to its alienating effect (Awan, 2012:1158). In his recent critical assessment of *Prevent*, Taylor looks at this as well, concluding that the policy is a prime example of how UK counterterrorism strategies “mobilise ‘imagination’ in pre-emptive counter-terrorism policy” (Taylor,

2018:18). He expands upon Ragazzi's work in this area, by looking more at the effect of the 'softer' approaches of the policy, the so called 'community-oriented approaches' and their effect (Ragazzi, 2016). He concludes that the categorisations involved in *Prevent* are based upon "flawed logic" and "vague profiles" that many Muslims disagree with, which he sees as contributing to the feelings of alienation of Muslims in Britain (2018:17-18). Finally, Taylor mentions how *Prevent* as a policy is contributing to the construction of Muslim identity in the UK even though many Muslims disagree with the assumptions and basis of the constructed categories (2018:17).

Other work on the impact of *Prevent* have looked further at the aspect of categorisation. Brown and Saeed (2015) look at how the binary of radical and moderate affect students at university. Through interviewing students they found that Muslim undergraduates feel that their life at university has been stigmatised via the policy and the focus on what is radical has "securitised their student life" (2015:1963). Choudhury and Fenwick's (2011) work on the impact of British counterterrorism measures concluded that these policies may in and of themselves sustain terrorism through the creation of suspect communities and feelings of alienation and discrimination.

Civil Society Reports on Prevent

In a report by the Open Society Justice Initiative (OSJI, 2016), various case studies of people who had been referred to the Channel programme under the *Prevent* indicators were examined. The aspect of a wrong referral was looked at with examples including referrals of Muslim individuals who refused to let their children participate in Christian worship at school and a student becoming more religious (Open Society Justice Initiative 2016:76). Similar to the academic literature, the report concluded that *Prevent* had structural flaws including too broad a definition of non-violent extremism, a risk of discrimination and concerns about both the treatment of children and patient-confidentiality under the *Prevent* guidelines. A report by the House of Lords and House of Commons, Joint Committee on Human Rights, reflects the concerns of the OSJI report claiming that definitions of both 'non-violent extremism' and 'British values' are needed (Joint Committee on Human Rights, 2016: 23). They also outlined a need for an answer to how individuals are defined as extreme, whether it was because of beliefs, material possessions or a particularly defined activity (Joint Committee on Human Rights, 2016: 23).

The Henry Jackson Society published a report on *Prevent*, outlining the "challenges to Counter-radicalisation policy on campus" (2015:1). Entitled 'Preventing *Prevent*?' this focussed on tertiary education and looked at the *Prevent* policy and the student and staff criticisms that are present. It states that the policy's poor reputation amongst both teaching staff and students has led to a lack of engagement with *Prevent* (2015:8). The report claims that the impression of *Prevent* as a "racist policy" has been in turn influenced by extremists who visit the school for on-campus events (2015:8). It also states that the influence of what it categorises as extremists in shaping the opinion of students of the *Prevent* policy, shows how important an issue it is to tackle. It calls for policy makers to address the

issues that both students and teachers have in order for *Prevent* to be delivered in an effective way in tertiary education.

Whilst the majority of the literature focusses on the impact of *Prevent* on certain communities, Spiller et. Al. (2017) spoke to those who are meant to be implementing the policy. They interview 20 UK university lecturers about their opinions on their legal duty to identify and report students who may be potential extremists (2017: 130). Their findings indicated that *Prevent* has created a divide between students and teachers and that professors are not comfortable with fulfilling the duty. They also found that the ambiguous language in which extremism is presented to them was confusing for professors and that staff are already overstretched and overloaded without the extra addition of the *Prevent* duty (2017: 13). They called for further research of this nature. This sort of study is important, as the impact of the policy is clear through research into its negative impact, but little has been looked at when it comes to those who are implementing the policy. This research is fairly unique and there is currently no research that talks to primary or secondary school teachers in the same manner, or anyone in the health sector. My research will use a similar approach but will talk to those in both the health and education sector and ask them about their definitions of extremism and British values. As the health sector is one of the sectors which has the legal *Prevent* duty it is important to see what people in this sector are saying about their boundary rules for referral. Through knowledge of this, it will become clearer how the policy is employed and potentially point to some improvements that could be made to the implementation side of the policy.

4. Theoretical Framework

Amongst all of the previously discussed theories, definitions, *Prevent* related academic literature and reports is the common thread of identity. Terrorism, radicalisation and extremism theories all involve the aspect of identifying and categorising an individual or an act as fitting into the boundaries of terrorism, radicalisation or extremism. They refer to an actor who is deviating from a particular norm associated with a specific identity. A report by the Joint Committee on Human Rights, a government committee, highlighted that the definitions of extremism and British values are not clear so to identify and categorise people using these as part of *Prevent* is difficult (2016: 23). *Prevent* is a policy that is all about boundaries of identity groups and categorisation and thus the appropriate analytical frame to approach my empirical research is that of social identity theory.

4.1 Social Identity Theory

Social identity is the relationship between the individual and the social environment and the categorical characteristics that make up a group (Demmers, 2017:23). Tajfel and Turner's Social Identity Theory (1974) looks at the way a social identity develops through interaction with others and the way in which group formation can lead to othering and having an in and an out group. It examines intergroup behaviour and how individuals strive to achieve a positive social identity. Thus, this is a psychological theory that looks at identity from the individualist ontological perspective, and the positivist epistemological stance. A person's social identity is the group in which individuals have been assigned through social contact and is a dynamic and shifting process with individuals able to have multiple social identities (Demmers, 2017: 22). An example of this is being both British and a Muslim. Social identity can be ascribed externally or internally (Demmers, 2017:23). External ascription are forced upon people (structural) and internal ascriptions are chosen by individuals themselves (agency). In the case of *Prevent*, those trained to find people are externally defining who is extreme or not. When social identity is unsatisfactory, individuals will strive to either leave their current group and join a more positively distinctive group or make their current group more positively distinct (Tajfel and Turner, 1979:284). This aligns with Sageman and Wiktorowicz research on combined theological and social-psychological model of radicalisation which places group dynamics as important in the process of radicalisation. All the radicalisation theories discussed above also look at group networks and stress the interplay between the individual and group identity and how this can lead to radicalisation and terrorism. The 'cognitive opening' discussed by Wiktorowicz could be an example of when individuals are unhappy with their current social identity, with the religious seeking that follows being a precursor to the individual finding a more distinct social group, as explained by Tajfel and Turner.

British Muslim individuals interviewed in the Open Society Justice Initiative Study, reported a stigmatisation of their identity because of the *Prevent* policy. The *Prevent* indicators contradict with the way many religious Muslims live their lives in the UK, with some individuals being referred to the Channel programme for suddenly becoming more religious (OSJI, 2016). Thus, the *Prevent* policy definition of what being British means is conflicting with the way that many British individuals are living their lives. Consequently, the categorisation of individuals in the *Prevent* programme could affect individuals understanding of their identity categorisation. Through their research, Awan and Kundani (2012) conclude that this could potentially mean that *Prevent* is counterproductive as it could cause the very process of radicalisation it is designed to mitigate through miscategorisation. This also links to Hogg's uncertainty identity theory which is an expansion of the motivational component of social identity theory (2007, 2010, 2013). This theory looks at how individuals are motivated to identify with or move to a group that reduces their feelings of uncertainty (2007:73). It rests on the principle that feelings of uncertainty "about ones perceptions, attitudes, values or feelings is uncomfortable" (2007:73). Therefore if an individual disagrees with their categorisation under the *Prevent* programme indicators could lead to negative uncertainty and make people feel uncomfortable.

Fearon and Laitin (2000) have also looked at the categorisation of individuals into certain groups and the way in which people's social identity is defined by those externally and internally. The suspect category thesis is an effect that the categorisation under the *Prevent* programme has. Fearon and Laitin define social categories as:

sets of people given a label (or labels) and distinguished by two main features: 1. rules of membership that decide who is and is not a member of the category; and 2. content, that is, sets of characteristics (such as beliefs, desires, moral commitments, and physical attributes) thought to be typical of members of the category, or behaviours expected or obliged of members in certain situations (roles) (Fearon and Laitin, 2000)

Whilst their definition refers to ethnic identities, I use this term to look at the categorisation involved in counterterrorism policy. In general policy makers rely on categories when trying to prevent people from being drawn into terrorism. Often the rules of membership and characteristics of those considered extreme are assumed by policy makers as easily defined. They task those trained in *Prevent* to recognise certain 'indicators of vulnerability' and to follow guidelines and definitions of extremism and British values in order to categorise people into extreme and not. Looking at this categorisation in reality and addressing the content and boundary rules that Fearon and Laitin outline in their definition, I will investigate these processes.

One of Social Identity Theories main limitation is the assumption of group boundaries. In reality the divide between two groups is often vague with unclear restrictions of membership. Boundaries are created and thus mistakes can be made (Demmers, 2017:26). Often the line between

one group and the other is impossible to distinguish. This is interesting in relation to *Prevent* as the boundaries between who is considered extreme and who is not are highly subjective and contentious. Many British Muslims are referred by *Prevent* trained frontline practitioners as they are not aligning with the “British values” as defined in the policy, but what does that actually mean? What rules of membership and characteristics do frontline practitioners use when deciding who to refer? In my research I interviewed individuals who are tasked with carrying out this categorisation and how they decide who is extreme or not. Analysis of this can shed light onto how there can be a potential mismatch of opinion between those who are defining and those who are being defined which will help in reducing the impact that other research has acknowledged is damaging, particularly the Muslim community, in the UK.

4.2 An Alternative Angle: Chain of Security

A final way in which it is enlightening to approach the topic of the *Prevent* policy and its implementation is by using the concept of the ‘Chain of Security’ (De Goede, 2017). This theory states that security policies are made up of many “reluctant security actors” who are all involved in making security judgements (De Goede, 2017:24). This is based upon Latour’s ‘chain of translation’ which is the set of practices in which objects are identified, collected, registered, transferred and interpreted (De Goede, 2017: 24). In the case of *Prevent* the objects in question would be anything said or written by a student, client, patient or colleague. She is using commercial transactions, but this could also be applied to the *Prevent* policy and how the sectors who have been identified as vulnerable are involved in security practices (De Goede, 2017:28). De Goede claims that due to the unregulated way in which security information is communicated, it is changed and thus “security knowledge” becomes more about speculation and “messy unpredictable security facts”(2017:30). This chain of security is interesting when applied to *Prevent* as with the referral mechanism in place, information is transferred between many different actors. The mechanism with which this happens is something which I spoke to individuals involved about in order to shed light on how the chain of security plays out with the *Prevent* policy.

This literature review has also shown that there is no consensus on definitions for terrorism, radicalisation and extremism. Therefore, this research will contribute to the debate on a definition for these terms as well as look at the everyday application of social identity theory, questioning the assumed group boundaries of the theory that are adopted by policy makers.

There is also a gap in academic analysis and knowledge when it comes to applying the lens of identity to the case study of *Prevent*, policy implementation and talking to those who are on the ground executing the policy in everyday life. There is also little research in general that directly asks individuals involved in categorisation processes their content and boundary rules.

With all of the literature in mind and my chosen analytical frame of social identity, my research question is: “What boundary rules do *Prevent* referral actors use to define who is extreme or non-extreme in the *Prevent* programme in London from 2015-2018?” I am integrating the aspect of identity when examining the implementation of the *Prevent* programme through looking at the boundary and content rules of extremism, as outlined by Fearon and Laitin as part of social categorisation. A categorisation moment is clear in the case of *Prevent* as it results in a referral, so by asking frontline practitioners their definitions of extremism and their thought process when referring I will be able to find out more about the basis of categorisation under *Prevent* and the influences on referral actors.

5. Prevent: The Policy

Prevent is part of the United Kingdom's (UK) counterterrorism policy CONTEST which aims to mitigate the number of potential terrorist attacks in the UK. The strategy has been in place since 2003, was made public in 2006 and has been subsequently reviewed and revised (Gearson and Rosemont, 2015:1038). CONTEST was most recently updated in June 2018 with reflections on the 2017 attacks in London and Manchester. The policy document states that CONTEST "unites the public and private sectors, communities, citizens and overseas partners around the single purpose to leave no safe space for terrorists to recruit or act" (HM Government, 2018:7). There are four areas of CONTEST which are designed to tackle different aspects of counterterrorism. These are:

Prevent: to stop people becoming terrorists or supporting terrorism.

Pursue: to stop terrorist attacks.

Protect: to strengthen our protection against a terrorist attack.

Prepare: to mitigate the impact of a terrorist attack.

(HM Government, 2018:8)

This thesis will focus on *Prevent* which tries to stop people from committing terrorist acts through intervention and the Channel programme. In one of the *Prevent* strategy documents it states that preventing terrorism will be done through "challenging extremist and (non-violent) ideas" and "intervening to stop people moving [...] from extremism into terrorist-related activities" (Home Office, 2011: 6). As a policy it is designed to tackle all forms of extremism including far right and Islamist extremism, but until recently it has prioritised the latter as it is seen as the current threat to the UK by the government (Home Office, 2011: 6). Extremism is defined by the policy as "the vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs" (Home Office, 2011:107). The Channel Programme is part of the *Prevent* strategy and is designed to help de-radicalise individuals who have been referred and assessed and are deemed extreme. I will further elaborate on the specifics of the referral process later on in this chapter.

5.1 The *Prevent* Duty

In 2015, *Prevent* was made a statutory legal duty for anyone working in a specified authority to have "due regard to the need to prevent people into terrorism" (HM Government, 2015:10). The specified authorities include local government, criminal justice, education and child care, health and social care and police and are seen as sectors in which those working may interact with people who may be

vulnerable to radicalisation or extremism (HM Government, 2015: Schedule 26, Section 6). Therefore, there are many actors involved with the implementation of the policy which requires them to recognise “vulnerability to being drawn into terrorism, including extremist ideas which can be used to legitimise terrorism and are shared by terrorist groups, and be aware of what action to take in response” (HM Government, *Prevent Duty Guidance*, 2015: 13). This translates into individuals who are part of the specified authorities being trained in signs of extremism and being legally bound to refer any individual they deem potentially extreme or vulnerable to radicalization. When the statutory duty came in, in 2015, there was also a move from focussing on violent extremism to instead looking for non-violent extremism. As one of my respondents notes, *Prevent* sits itself in the pre-criminal space:

it had to be highly emphasised that it was pre-criminal because otherwise you end up charging teachers and nurses and doctors and people with the mandate to actually tackle crime. [Laughs] That's obviously not our job.”³

It is important to highlight that anyone is able to make a referral to their local authority *Prevent* team if they find it necessary. *Prevent* has been under public scrutiny since its inception and is the most controversial of the four streams within contest. People in the specified authorities are required to take part in a *Prevent* training which teaches them about identifying potentially vulnerable individuals and introduces them to the concept of extremism. This means that those working as, for example, doctors and teachers are required to be alert for people that may become extreme. The *Prevent* training can take place either online as part of an e-learning or via a workshop held by an internal or external *Prevent* trainer at the place of work. In this training individuals are taught how to identify individuals who may be at risk of becoming extreme and introduced to the concept of extremism. More will be added on this in the analysis as respondents answers to questions about their training.

5.2 ERG22+ Framework

The framework that *Prevent* is based on is called ERG22+. These are 22 vulnerability factors that were developed by two psychologists, called Extreme Risk Guidance 22+ (ERG22+), that are used by the *Prevent* policy in order to help identify people to refer for potential extremism. CAGE is a group that advocates for the rights of those who are impacted by the war on terror. They released a report which looked at these factors, concluding that this study has been used beyond its original scope and that the political context of radicalisation has not been taken into account (2016: 12). In an interview I conducted with Andrew Silke, a professor of terrorism, risk and resilience at Cranfield University, he mentioned ERG22+ and informed me about the creation of the factors. ERG22+ was originally devised to be used

³ [FLP12]: Interview conducted on 5/06/18 with secondary school *Prevent* lead.

as a reoffending risk assessment in prisons. It came about because the normal assessment was too unreliable when applied to prisoners convicted of terrorist offences. When the government introduced the *Prevent* policy they looked for a framework with which to base it upon, and ERG22+ was the only one available⁴.

5.3 Referral Process

The referral process is highly complicated, shrouded in confidentiality and has many different actors involved at different stages. In general an institution such as a school or hospital will have *Prevent* or safeguarding leads who will receive referrals from anyone who is working as part of that institution. The lead can choose to forward the referral onto the local authority or deal with it internally. If seen as serious and forwarded on, the local authority *Prevent* team will then discuss cases at a Channel panel with representatives from many sectors, depending on the case. For example, if the referent was a child then child services would be there. The details of the Channel panel are highly confidential, and in interview with a local authority *Prevent* officer my request to sit in on one of these panels or know more about the decision making process was denied.

The aspect of wrong referral to *Prevent* has been looked at by many academics and civil society groups with concern on the impact that it has on those who are wrongly referred (Choudhury and Fenwick, 2011; Awan, 2012, OSJI Report, 2016). When interviewing the local authority *Prevent* officer who works on the *Prevent* team of a London borough, I asked him about this aspect of “wrong referral”. The officer⁵ explained to me that in his borough this sort of thing was quite rare. He went on to describe how there are 3 possible outcomes following a referral:

1. No further action
2. Other forms of safeguarding support
3. Channel intervention

He explained how he encouraged people to call him with any doubts they might have that a student may be vulnerable to radicalisation or extremism. If it is clear to him that the concerns are unfounded then he will inform the teacher and the student will not know of this phone call. Therefore, he said that many of the ‘ridiculous’ referrals are stopped at this point. Thus, the question of impact of wrong referral is not as clear as it is presented in reports, as in the case of this borough the individual in question will not know. That is not to say it never happens but the *Prevent* officer claim it is a small number of cases. When looking at media coverage of the past 4 years of *Prevent*, the same 12-15 case

⁴ [EX1]: Interview conducted on 2/05/18 with Andrew Silke.

⁵ [PO1]: Interview conducted on 6/04/18 with a local authority *Prevent* officer.

studies were used to represent this wrong referral⁶. However, the community led initiative called *Prevent Watch*⁷ has compiled 430 cases which they deem to be cases of wrong referral. I was in contact with this organisation, but due to confidentiality issues they said they were unable to put me in contact with those they help.

Through interviews with my respondents I found that teachers were encouraged to refer to their lead if there was any sort of doubt that a child they were teaching was potentially vulnerable⁸. Whilst there are guidelines about the referral process, in reality it differs greatly from institution to institution and from borough to borough.

5.4 Demographics of *Prevent* in the Education Sector

The education sector has the largest number of *Prevent* referrals, 32%, when compared with other sectors (Home Office, 2018). Actors in this sector include teachers of all ages, learning mentors, professors and anyone who is involved in an educational capacity. When looking at the reasons why people refer in this sector, the government data shows that over half of referrals are for Islamist extremism, and 22% for Extreme Right Wing extremism and the rest for other or unspecified reasons (Home Office, 2018). However, whilst the number of referrals for Islamist extremism is clearly the highest, this has decreased in the education sector, whilst far right referrals have increased overall since 2015 (Home office, 2018).

The frontline practitioners I spoke to in education taught a variety of ages and have a mix of years of experience both of which are important to note before going on to analyse the definitions they use as it plays a role into the implementation of the policy. Those in primary education for example, were less engaged in the policy than those teaching 16-18 year olds⁹. Five respondents were secondary school teachers and taught years 11-18, one was a learning mentor for the ages 4-11, one was a teacher of English to adults, and one was a primary school teacher of year one, ages 5-6. The ethnic make-up of the schools was also quite different. Of those who mentioned it, one stated their school was “very middle class white demographic”¹⁰ whilst others taught at schools where the dominant ethnicity was Black Caribbean¹¹, or Afghan¹². In four of the schools that mentioned it the dominant religion was Muslim¹³ whilst in others the religion wasn’t mentioned. Four teachers¹⁴ mainly taught individuals who had recently immigrated to the UK from countries such as Somalia and in the region of Eastern Europe.

⁶ From document analysis of newspaper articles. See bibliography under “media” for articles looked at.

⁷ <https://www.preventwatch.org/cases/>

⁸ Interviews with education sector frontline practitioners: FLP1, 2, 4, 5, 6, 12, 13 and 14.

⁹ [FLP5]: Interview conducted on 20/04/18 with a teacher.

¹⁰ [FLP4]: Interview conducted on 20/04/18 with a teacher.

¹¹ [FLP5]: Interview conducted on 21/04/18 with a teacher.

[FLP12]: Interview conducted on 5/06/18 with secondary school *Prevent* lead.

¹² [FLP1]: Interview conducted on 11/04/18 with a teacher.

¹³ [FLP1, FLP5, FLP12]: see above for dates [FLP13]: Interview conducted on 10/05/18

¹⁴ [FLP1, FLP 13]: see above for dates and [FLP14]: Interview conducted on 19/06/18 with a teacher.

These demographics show the huge diversity of students in London and show the diversity of the types of individuals that are exposed to the *Prevent* policy. One teacher¹⁵ is the safeguarding lead and one¹⁶ is the *Prevent* lead in their respective schools. There were a variety of teaching years amongst the respondents ranging from less than a year, to more than 25 years. It is also interesting to note that FLP 14 has a background in terrorism studies having studied them at university. This meant that their responses were more informed by critical literature than others I spoke to which is important to consider when looking at their personal definition of extremism.

5.5 Demographics of *Prevent* in the Health Sector

The health sector covers those working in the National Health Service (NHS) including nurses, doctors and mental health specialists. Whilst there are not as many referrals from the health sector in comparison to education, at 7.6% they still make up the 4th largest referral sector out of the 9 specified sectors (Home Office, 2018). The reasons for referral are almost identical in ratio to the education sector but with a slightly lower percentage of Extreme Right Wing referrals and a slightly higher percentage of Islamist extremism referrals.

Those I spoke to in the health sector consisted of a senior nurse, two mental health practitioners, an accident and emergency nurse practitioner, an education psychologist trainee, and a former nurse now *Prevent* trainer in health and education sector. Whilst the final two straddle both sectors I have chosen to analyse them with the health sector as they are medically trained¹⁷. All of the respondents worked with adults only, except two who worked with both adults and children¹⁸. The frequency with which the respondents saw the same patients varied with the mental health practitioners working with the same people every week for two months and all others seeing their patients usually only once or twice. This is interesting as it changes the nature with which a respondent can base their decision to refer on. Finally, there were a mix of both ages and years of experience, with the youngest respondents just starting out in their health sector careers. The years of work experience ranged from one to 28 years, with the three more junior respondents working for less than 3.5 years and the three more senior respondents working for 15 years or more.

¹⁵ [FLP6]: Interview conducted on 23/04/18 with a learning mentor and teaching assistant.

¹⁶ [FLP12]: see footnote 9

¹⁷ [FLP9]: Interview conducted on 4/05/18 with an educational psychologist and [FLP10]: Interview conducted on 1/05/18 with a *Prevent* trainer and former nurse.

¹⁸ [FLP 9]: refer above and [FLP11]: Interview conducted on 11/06/18 with an A&E Nurse

6. Categorisation in the Education Sector

In the following I will look at the responses from those I talked to in the education sector. I will first give a brief overview of the background of the individuals interviewed and information about the education sector as gained through my examination of the statistics. The logical start point for my analysis is to look at what the respondents said about their training as this is the first interaction most have with the *Prevent* programme. I will then look at their personal definitions of British values, their personal definitions of extremism and their responses to the official values. I will then go on to talk about their thought process of referral and what they base their decision to refer on. This ties in with my analytical frame of social identity and the content and boundary rules that are in the policy vs how they are applied by frontline practitioners responsible for implementing the policy¹⁹. I will finally look at other aspects they mentioned that might feed into the creation of their definitions and *Prevent* boundary rules of who is extreme and who isn't.

6.1 Training

Every individual I spoke to was trained in *Prevent*, except the secondary school *Prevent* lead who said that they had never had a formal training as they had been involved with *Prevent* from its inception²⁰. For all except the teacher who had studied terrorism studies this was their first interaction with the concept of extremism. Therefore, the content of the training impacted how they then saw the threat of extremism in the UK and who they were looking to refer. All except one of the respondents received their training from an outside trainer who came in to do a workshop about extremism and introduce them to the term and warning signs to look out for. Most of the training lasted around 45 minutes to an hour and was focussed on religious extremism, in particular Islamist extremism. The respondent who had studied terrorism studies at university said that:

I felt that the understanding of extremism was incredibly limited. To the point where they say, you know, if someone grows a beard a little bit more, that is a cause for concern that needs to be raised. I found that incredibly problematic obviously because it's a hugely damaging stereotype, but it focussed primarily, if not entirely, on Islamic extremism and the religious aspect of it, which I don't believe is the issue²¹

¹⁹ All respondents except [FLP2]: a teacher interviewed on 2/05/18

²⁰ [FLP12]: Interview conducted on 5/06/18 with a Secondary School *Prevent* lead.

²¹ [FLP14]: Interview conducted on 19/06/18 with a teacher.

This training is the first and only exposure most will have had to the concept of extremism and therefore influences the boundary rules they use when referring people to *Prevent*. As the *Prevent* duty is being enacted by individuals with no background in this area, the terms have been simplified down to the basics. A couple of respondents apologised for not being able to remember their training²² which also calls into question the effectiveness of the information they are given during this period. Those who couldn't remember included respondents who had received the training only a few months before. *Prevent* training takes place in two main forms: either online as part of an e-learning package or in person from external trainers. One respondent reflected on the shift towards e-learning:

they've moved onto an online platform learning thing. And that's better I think in that it means you don't have to have a *Prevent* officer there. The problem is you don't get anyone answering your questions²³.

This was something reflected in other respondents' answers, as confusion and questions surrounding their duty was not addressed due to it taking place online. The confidence they felt post training with regards to their ability to refer was mostly one of insecurity. As one respondent said there "needs to be a bit more training and clarity over what it means to refer and when should we refer"²⁴. Whilst the training informs frontline practitioners about extremism, what the referral actors need to know is how and when to refer so they feel confident in doing so. Through clarity with this, the problems and confusion amongst those implementing the policy may be reduced.

The impression the training leaves is incredibly important as it is the first exposure those implementing the policy have with it, so leaving a positive impression would logically lead to better implementation. The training is also a direct example of the interaction between the referral agents and the policy structure. How these interrelate will influence the content and boundary rules that implementers use when deciding who is extreme or not. The effect that the training has becomes even more apparent when you look further at how individuals define British values and extremism and how little a role the training actually plays in their decision-making process.

6.2 A Definition of British Values

Respondents gave a range of answers when asked about their interpretation of British values with some linking values to characteristics of an individual and stereotypes of British people. Talking about definitions can be described as the explicit boundary rules as they are consciously formed. However, I

²² [FLP4]: Interview conducted on 20/04/18 with a teacher, [FLP5]: Interview conducted on 21/04/18 with a teacher, [FLP6]: Interview conducted on 23/04/18 with a learning mentor and teaching assistant.

²³ [FLP12]: Interview conducted on 5/06/18 with a Secondary School Prevent lead.

²⁴ [FLP12]: Interview conducted on 5/06/18 with a Secondary School Prevent lead.

will look later at the respondents thought process when referring, which will highlight the difference between what they say their identity boundary rules are vs. what they actually do. I asked them firstly to express what they thought British values were, before asking them for typical British characteristics and finally, what they believed were the antithesis of British values. I did the final question as it links to the government definition of extremism as “in opposition to fundamental British values” and I wanted to ask them this without the context of extremism which could potentially influence their answers (Home Office, 2011:107).

All respondent struggled to respond when explicitly asked about British values and how they would personally define them. They also tended to answer a different question from the one I asked, for example mentioning their opinion on the values, what values are and the fact that the values were labelled as British. However, all answered and the main values mentioned were tolerance, freedom of choice, community and democracy²⁵. One respondent seemed a little taken aback when I asked for personal values saying “personally? Gosh, well obviously I mean, I do know the, the fundamental British ones exist so it becomes difficult when I know what they are to talk about my own ones²⁶”. Two other respondents agreed with this and said that as they knew the official government values they were no longer able to think of personal ones. This is interesting when reflecting on the role of government in identity formation, as these individuals no longer attempt to define what British values are because they’ve been told to ascribe to the ones provided in government trainings and documentation. There was also one respondent who said that they didn’t ascribe to British values at all and therefore couldn’t define them as they felt they didn’t exist.

However, whilst some managed to mention key words and values they also spoke about characteristics and implicit British values. When respondents elaborated more on the values they tended to talk about various characteristics or stereotypes. As one respondent reflected “most people find British people funny”²⁷ and some mentioned individuals who would ascribe to British values saying “I guess the politicians should. The royal family should I guess”²⁸.

The aspect of the values being British was also something that came up a lot when I asked people to define them. Almost all respondents mentioned that they believed them to be universal values with some expanding on this by saying that they thought the label of British “implies that British values are better than any other nationality’s values”²⁹ and that particularly when teaching it to children who didn’t necessarily have a British passport they found it difficult. One respondent explained:

²⁵ [FLP1]: Interview conducted on 11/04/18 with a teacher, [FLP4, FLP5, FLP6]: see footnote 4.

²⁶ [FLP12]: Interview conducted on 5/06/18 with a Secondary School Prevent lead.

²⁷ [FLP5]: Interview conducted on 21/04/18 with a teacher.

²⁸ [FLP1]: see footnote 5.

²⁹ [FLP13]: Interview conducted on 01/05/18 with an adult English teacher.

It creates divides in the classroom because not everybody feels British and that's fair, especially in a classroom such as the classroom I work in. Very few people have British passports really. I think it's very divisive to be honest to say British values.³⁰

The strong reaction to the labelling of the values as British meant that some frontline practitioners felt quite negatively about the policy. However, unlike the rest, two individuals said that they thought the British label on the values was acceptable, because “the fact that we're in Britain means that it's fine to just put the British label on it”³¹ and that it was more about what the British values were rather than the label.

Finally, in response to being asked about personal British values, some respondent spoke about the regional disparity between values in the UK, and how it was hard to define what British meant. One respondent personally reflected on this, saying:

I think it really depends on where in the country you're from so my family are from the north and up there they're very friendly and welcoming and neighbourly. Whereas down here, it might just be a London thing, but it's more like insular and more driven in your own path. That comes from the working culture I guess like it's a lot more young professionals and people who are like, time is money whereas in other places is not that big of a deal. So to me it's very regional what the British value is.³²

This respondent highlights the potential for teachers from varying backgrounds and teaching in different parts of the UK to have contrasting ideas of what British values are, meaning the implementation of the policy will potentially shift based on location. As the interpretation of British values is linked to the definition of extremism, this also implies a potential regional difference on the definition of extremism. Therefore, the content and boundary rules that frontline practitioners use will also possibly change and referrals will reflect this shift. Whilst my current research does not have a large enough sample size to make claims like this, the interpretation and understanding of regional differences is an aspect that *Prevent* should address in its documentation and through further research. It could be easily solved through a change in the definition of extremism away from a link to British values.

A final thing I asked some of my respondents was what they thought the opposite to British values were. I did this intentionally with the government definition of extremism in mind. This is where the personal definitions lined up with the government document definitions most closely, as one

³⁰ [FLP14]: Interview conducted on 19/06/18 with a teacher.

³¹ [FLP2]: Interview conducted on 2/05/18 with a teacher.

³² [FLP 5]: Interview conducted on 21/04/18 with a teacher.

respondent said “terrorism”³³ whilst another said “not following the rule of law in the UK”. This is interesting as when asked about extremism directly respondents didn’t talk about these aspects showing that they do not link opposition to British values as in line with their boundary rules about extremism.

The lack of consensus amongst the frontline practitioners reflects and shows the confusion surrounding what British values are, both in the meaning of values that are British but also what values are in the first place. These are the people who are meant to be categorising and on alert for who is extreme or not and their confusion calls into question the effectiveness of *Prevent* implementation. There was a clear lack of consensus and debate about British values, but I will go on to look at how those in the education sector understand the concept of extremism.

6.3 A Definition of Extremism

The common thread through all of the respondent’s definitions of extremism was the aspect of harm, danger, violence, aggression and an opinion that “stands out from the norm”³⁴. I tried to engage in the differences between non-violent and violent extremism but all could only define what they thought extremism was in general. Similar to British values, there was a struggle with defining the concept and when I questioned the respondents further, their original standpoint on what was extreme tended to fluctuate.

One area which respondents found it difficult to think about was what they meant by the word ‘normal’. Whilst many used it in their definition of extremism as a comparative point to what extremism was, when I asked further about what their definition of normal was many didn’t know. One respondent said “kind of societal definition of what’s okay”³⁵ whilst others acknowledged the subjective nature of normal behaviour. Some respondents referred to religion in their definitions, citing extremism as “belief in a religion or a particular group or sect or cult”³⁶ others mentioned how being an orthodox Jew or a particularly religious Muslim would not make you necessarily extreme³⁷ and that it was the aspect of harm which would lead to this label.

Only two respondents were aware of the government definition of extremism. The government defines extremism as “active opposition to fundamental British values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs” (HM Government, 2015). The British values that are taught in schools came out of the *Prevent* documentation itself. When there was a shift in making the *Prevent* duty a legal one in 2015, all schools were told they

³³ [FLP1]: Interview conducted on 11/04/18 with a teacher.

³⁴ [FLP6]: Interview conducted on 23/04/18 with a learning mentor and teaching assistant.

³⁵ [FLP2]: Interview conducted on 2/05/18 with a teacher.

³⁶ {FLP2}: see directly above.

³⁷ [FLP5]: Interview conducted on 21/04/18 with a teacher.

had to teach British values³⁸. Therefore, many were aware of the values but weren't aware of the link between their teaching it and the *Prevent* duty.

I asked one respondent how they would differentiate between an unpopular opinion and extremism, as their definition of extremism was “an extreme belief”³⁹. Their response was “if the opinion is against what we say are the values in this country or our values in general”⁴⁰ which is in line with the government definition but as a rule for categorisation is difficult as there is a struggle to define British values.

All of the responses and definitions had an underlying assumption of what extremism was, and what in turn normal behaviour was. In reality though the implicit vs explicit definitions of extremism were quite different, as when I asked people to elaborate on what they meant about certain parts of their definition they found it difficult. They relied on their gut instinct meaning they didn't apply their personal definitions when deciding to refer and the boundary rules that would cause them to have this gut instinct were difficult for them to articulate. The struggle with defining the term mirrors conclusions in the literature and the lack of consensus over one definition for extremism, radicalisation or terrorism. However it became clear that even when an individual is clear on their definition for extremism, the ability to categorise and refer is not necessarily easier. The definitions are often broad and vague and applying them in real life to divide between extreme or not is challenging.

Whilst there was more continuity between respondents about their definitions of extremism, with the majority mentioning violence, this does not tie in with their legal duty to be alert for those who are non-violent extremists. All of the respondents except one were unaware that their duty was to be looking for non-violent extremism. The definitions they explained to me were their explicit boundary rules, so I chose to look further into their implicit boundary rules through asking them their thought process when trying to decide whether or not to refer someone.

6.4 Referral Thought Process

I asked respondents to take me through their thought process of how they would decide whether to refer someone to *Prevent* and what they based this decision on. I call this the implicit categorisation as this is how they innately refer individuals which may or may not align with how they define extremism. The respondents took me through what they would do if someone said something they thought was potentially applicable for a *Prevent* referral but also what they would see as worrying. The *Prevent* lead I spoke to, who receives referrals and is responsible for forwarding referrals as serious onto the local

³⁸ [FLP12]: Interview conducted on 5/06/18 with a Secondary school prevent lead, [FLP14]: Interview conducted on 19/06/18 with a teacher.

³⁹ [FLP2]: Interview conducted on 2/05/18 with a teacher.

⁴⁰ [FLP2]: See directly above.

council *Prevent* team, said that when trying to decide he would talk directly to the student. He would ask them questions to see what had influenced them:

I'll always ask them at some point in the conversation, what would your family think? What would your parents think? You can usually get quite a clear sense in that moment as to whether these views that they hold are coming from the family or whether they're coming from a different source.⁴¹

He stated he did this so that he could see if it was a family held belief or one which they had found out online or through an interaction with someone else. Usually, when speaking to students it became clear quite quickly whether they were serious or were just “being a bit sensationalist”. He describes this process by telling me an anecdote about one of his current referral cases:

I've got a student at the moment in sixth form who's going around telling all the girls that he's antifeminist and that he wishes that we would go back to the days when women didn't speak. You know, that's quite strong. It's democratic because he's got the freedom of speech, but at the same time it's not respecting people's individual liberty, it's not respecting and tolerating people with different beliefs and ideas.⁴²

This anecdote highlights two aspects in the referral process. Firstly, it shows the large scope that this *Prevent* lead is dealing with, including not just behaviour that is directly related to terrorism, but also opinions that are sexist and misogynistic. Secondly, it demonstrates that the respondent is closely following the government definition of extremism when evaluating if the student is potentially relevant for referral to the local authority.

Other respondents based their decision on different factors. All of the respondents mentioned that they would use their experience, knowledge of the person they were concerned about and/or gut instinct in their decision of whether or not to refer someone. As one stated “I would think it would be my own view of what I think is right and wrong”⁴³ and another said similarly “does it feel right or is there something inside that's like, this is not right? Is it something that I know is not right?”⁴⁴. This is interesting as it shows a clear disregard for the policy guidelines, training and definitions. When I asked further about this feeling of right and wrong, no one could elaborate on it and all of them acknowledged that the decision to refer was a subjective one. The more junior teachers would talk to more senior members of staff for advice, but one respondent mentioned how many senior members of staff at the

⁴¹ [FLP12]: Interview conducted on 5/06/18 with a Secondary school prevent lead.

⁴² [FLP14]: Interview conducted on 19/06/18 with a teacher.

⁴³ [FLP4]: Interview conducted on 20/04/18 with a teacher.

⁴⁴ [FLP5]: Interview conducted on 21/04/18 with a teacher.

school he works at also said that they feel ill equipped to know how to act⁴⁵. When I asked the respondents if they would use the definitions, they said that they would but that experience and instinct would take precedence. A couple of respondents said that they wouldn't refer to the definition and one clearly stated:

I wouldn't refer back to the definition, even though that's probably what I should do.
I think I would say prior knowledge of the child, but that's probably quite risky. If I'm being honest.⁴⁶

The respondent clearly understands that their choice of basing their referral on their prior knowledge come with potential risks, but have decided that this is better than using the government definitions. This implies a certain mistrust of the policy guidelines, with more faith in their own thoughts and feelings when it comes to categorising extremist behaviour. This disregard for the policy was a common factor amongst many of the respondents who felt so lost that they decided to forge their own path and interpretation of the *Prevent* duty. Linking this back to the content and boundary rules, this potentially shows dynamic nature of these boundaries, and the priority of individual rules over government ascribed rules.

6.5 Other Factors That Affect Referral Decisions

There are many influences upon individuals, which are subconscious and conscious, when they decide whether to refer an individual for being potentially extreme. Through the deductive analysis of my interviews, I found a few factors that may affect whether or not a frontline practitioner in the education sector may refer someone. There are of course many different factors, but these are the ones that came up most often in the interviews I conducted.

Pressures of the duty

In interview, frontline practitioners elaborated on how appropriate and comfortable they were with the legal *Prevent* duty. All of the respondents felt that it was appropriate and that they should be looking out for potential signs of extremism as they spend a lot of time with their students. However, in regards to how comfortable they were with it, around half felt uncomfortable with one saying why they thought this was the case:

⁴⁵ [FLP12]: Interview conducted on 5/06/18 with a Secondary school prevent lead.

⁴⁶ [FLP12]: see directly above.

you're giving this duty to lots of teachers who are from so many different backgrounds who have so many different judgments, it's such a subjective thing. And we've had little to no training on it and it's a legal duty. I just think it's quite scary to be honest. I think there's got to be some sense of obligation that we do things, but I think there's a huge risk that it could go wrong a lot of the time because we are not trained in security studies, we are not trained to fight extremism.⁴⁷

This is an opinion that was reflected by the majority of teachers I spoke to, as they agreed with the need for the policy but didn't feel comfortable with their role in it. This has an impact on the effective implementation of policy as some frontline practitioners mentioned how their colleagues would try to make sure that there was no room for discussion on anything that could be potentially contentious so there would be no chance that they would have to refer one of their students. The teachers who do this are so worried about the need to refer that they are suppressing any sort of diversity in opinion or controversial debate in the classroom, reflecting the extreme reaction that some are having to their *Prevent* duty.

Another teacher mentioned how they would always worry that they would miss something saying "it makes you feel so stupid when you don't flag or notice stuff and then we get a bollocking for it in the next staff meeting"⁴⁸. This isn't necessarily negative, but shows the pressure on teachers amongst other responsibilities such as looking out for general wellbeing of their students as well as their success in academics. One respondent said "you can't do it all, in my personal opinion, you can't look after a child in every aspect of their life in education, rightly or wrongly"⁴⁹ going onto say that if they were to prioritise their *Prevent* duty other areas would fall by the wayside.

Open Discussion of Extremism

Closely linked to pressure, I spoke to respondents about the discussion of extremism in their classrooms with reference to the following passage in the *Prevent* duty guidelines:

schools should be safe spaces in which children and young people can understand and discuss sensitive topics, including terrorism and the extremist ideas that are part of the terrorist ideology and learn how to challenge these ideas (Home Office, 2015).

Whilst in general teachers felt that there was open discussion, there were two aspects that were brought up which didn't align with this. Firstly, the pressures associated with OFSTED clearly influenced frontline practitioners when it came to how they would choose to refer someone and the

⁴⁷ [FLP14]: Interview conducted on 19/06/18 with a teacher.

⁴⁸ [FLP1]: Interview conducted on 11/04/18 with a teacher.

⁴⁹ [FLP4]: Interview conducted on 20/04/18 with a teacher

ability for open discussion. Something that came up a lot was the role OFSTED had to play in the implementation of British values in schools with one respondent mentioning:

If OFSTED walked in they probably wouldn't be happy with what I'm discussing, but also [...] if the teachers were doing it by the book, I'd say critical spaces for discussion, particularly of extremism and terrorism and the *Prevent* documentation would be completely closed down. We would fail an OFSTED from 'good' to 'requires improvement' if we didn't show evidence that we were promoting British values, not just undermining but promoting them.⁵⁰

This was also said by other respondents who mentioned how the mere discussion of British values could technically be seen as extremism if you strictly follow the government definition of "active opposition to fundamental British values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs" (HM Government, 2015). There was a worry amongst respondents that if they were to talk about one of the government values and a child said something in disagreement, then they would have to flag the behaviour to their *Prevent* lead. With some teachers feeling this way and the result being a lack of open discussion, it could possibly lead to students becoming radicalised as there is no space for them to both express their thoughts and have their opinions challenged in the classroom.

Knowledge of Religious Practices

One respondent mentioned how they felt that one of the influences on referrals was a lack of knowledge of certain religious practices. They described how the pressure of the *Prevent* being a legal duty had caused a "knee jerk reaction"⁵¹ to certain things students did. He elaborated on this in an anecdote about a particular student, referred to as a sixth former, which is a student aged 17:

we had a sixth former once who would roll up his trouser leg and he'd do that for the whole day and he just randomly started to do it halfway through the year and it raised concern with some members of staff because they weren't sure why he was doing it [...] actually when you research a little bit further, you realize he's part of the Wahhabi faith or sect within Islam [...] they're extremely strict in some of their practices and customs.

⁵⁰ [FLP14]: see footnote 26

⁵¹ [FLP12]: Interview conducted on 5/06/18 with a secondary school *Prevent* lead.

This individual is a *Prevent* lead and also a religious education teacher with an extensive knowledge of Islam. They are advocating for more religious education teachers to be involved with *Prevent* to avoid over referral based on similar situations to this. This highlights the role that a fear of the unknown has to play in boundary formation for referral. Therefore, with further knowledge of various religious and non-religious practices these sorts of categorisations could be reduced. As can be seen in the literature on *Prevent*, the knee jerk referrals due to misunderstanding are the ones that often lead to the feelings of alienation and anger on the part of the referred (Kundani, 2012 and OSJI, 2016).

6.6 Conclusion: Education

It is clear from the responses of those in the education that the boundary and content rules used for deciding whether or not to refer someone are vague and there is much confusion surrounding the decision. However, there was consensus was on the aspect of threats of harm and violence in extremism. This seems to be the line that those in the education sector consider the difference between an unpopular opinion or antisocial behaviour and extremism. As they did not engage with the differences between violent and non-violent extremism it is difficult to know how those in the education sector differentiate between this and an unpopular behaviour. The link between British values and extremism is also clearly problematic due to the inability for all of them to express what they believed to be British values. Therefore having extremism as the antithesis of British values is a link that frontline practitioners find it hard to navigate.

However, when trying to decide who they would refer, most respondents base it on their experience with the student and their gut instinct. In that sense their definition of what is extreme is only partially used in their decision to refer. There is a clear imbalance between the explicit and implicit boundary rules of those in the education sector, with a clear mismatch between the implicit rules of categorisation and their explicit definitions of extremism and British values. This shows that even when an individual is able to express what they believe to be extremist, translating this into an on-the-ground referral is challenging. OFSTEDs role in the education sector and the pressure that teachers feel in regards to the teaching of British values and *Prevent* is an aspect that previously has not been written about in literature. The most worrying finding from this is the way in which some teachers have chosen to not engage in any sort of contentious debate in their classroom to avoid having to make a referral. Finally, the aspect of lack of religious understanding and referral is an aspect that came up as a potential reason for boundary rules being made without full knowledge of the action that caused it. It could also provide an explanation of why some referrals are received badly by those being referred, as they are misunderstood. All of these contribute to a sense of lack of preparation or understanding when it comes to the *Prevent* implementation in the education sector, which is something that needs to be addressed.

7. Categorisation in the Health Sector

In the following I will elaborate and discuss the answers that were given by respondents in the health sector, following a similar structure to the analysis of education. Throughout this analysis, I will also compare the findings from the education sector with some of the claims made in the health.

7.1 Training

Similar to the education sector respondents, all respondents were *Prevent* trained and the *Prevent* training was the first time that these respondents were exposed to the concept of extremism. The majority of respondents took part in a workshop as part of their training which taught them about extremism and the current threat to the UK. There was a clear focus on vulnerability to extremism particularly amongst the mental health practitioners who described being told about various vulnerability factors which included “hanging out with new friends or spending more time online”⁵². These factors show the influence that the government is trying to have in the categorisation of extremism. One respondent said that the training didn’t refer to extremism at all, but instead it spoke about radicalisation and the process attached to this⁵³ which shows, similar to the literature, how often these concepts are used interchangeably. Two respondents⁵⁴ mentioned how they were introduced to the differences between violent and non-violent extremism whilst the majority said it wasn’t mentioned. Summarising how they differentiated between non-violent and violent extremism in the training they said “expressing their views and opinions in a negative way, like us and them or saying that kind of thing and then obviously violent extremism” showing that the understanding of the concepts by this respondent was fairly introductory and simplified during training.

All of the respondents, except one, said that both religious extremism and extreme far right were presented to them. However, one respondent, who took their training most recently, said that their training was almost entirely on extreme far right and that they were taught how to recognise various extreme far right group tattoos⁵⁵. Reflecting on perhaps why their training was this way they said:

Prevent in the public sphere is seen as mostly tailored towards Islamist extremism. And I wondered if the training was maybe deliberately trying not to appear like it was profiling by emphasising the far right, I think it's more to do with that than our local demographic⁵⁶.

⁵² [FLP8]: Interview conducted on 1/05/18 with an NHS mental health practitioner.

⁵³ [FLP7]: Interview conducted on 22/04/18 with an NHS mental health practitioner.

⁵⁴ [FLP3]: Interview conducted on 30/04/18 with an NHS senior nurse and [FLP9]: interview conducted on 4/05/18 with an educational psychologist.

⁵⁵ [FLP8]: Interview conducted on 1/05/18 with an NHS mental health practitioner

⁵⁶ [FLP8]: see directly above.

The discussion of safeguarding and *Prevent* revealed that they are interlinked in the health sector but that the trainings are done separately. One of the health practitioners felt that the *Prevent* training was not needed and discussed this with their colleagues saying:

we kind of felt that the training was a bit unnecessary because the idea of raising concerns if somebody is at risk or if others are at risk that's kind of the whole idea of safeguarding anyway. So it seems, I don't know, it seems kind of just, I felt like it was a bit of a token exercise⁵⁷.

When asked about what they meant by token exercise they said that it seemed to be done purely to fulfil the legal duty of *Prevent* rather than to teach them how to actually identify someone who is potentially extreme. They felt that it wasn't too different from what they already had done for safeguarding. This is the opposite of what was said by those in the education sector, with many reporting that they felt underqualified and underprepared to know how to differentiate between those who are extreme or not.

The *Prevent* trainer said that in their workshop sessions they are highly aware of the fact that there are all forms of extremism that must be conveyed to those they are teaching. They mentioned that it can be difficult as the government materials they are given “could be broader”⁵⁸ but that they choose to adapt it and make it broader themselves anyway. They explain how they felt it was too geared towards Islamist extremism and how this can feel uncomfortable during a training:

I deal with wide groups of both education and health staff and also students. I've done WRAP training at a university and a large proportion of the attendees were wearing head scarves and were clearly Muslim and I just found they found it a little uncomfortable, but, you know, I made it very clear that yes, it was the current threat and the materials we are provided with but that actually this was wider⁵⁹.

However whilst the trainer felt this way, it is clear through speaking to the other respondents that all types of extremism were discussed in their training meaning their formation of extremism boundary rules based on this would include both religious and non-religious extremism. Whether or not this is actually the case will become clearer when the responses to definitions of extremism are explained later in this analysis. Finally a respondent reflected on how the training changed their opinion of the *Prevent* programme:

⁵⁷ [FLP7]: Interview conducted on 22/04/18 with an NHS mental health practitioner.

⁵⁸ [FLP10]: Interview conducted on 1/05/18 with a *Prevent* trainer who was a former nurse.

⁵⁹ [FLP10]: see directly above. N.B.: name of University removed from original quote.

To be honest I thought my training was okay and I think I went into it with some preconceptions that it was going to be quite like 1984. I came out of thinking like, she was alright. So yeah, I guess my opinion of it changed to be more positive, but I'm sure it varies from place to place.⁶⁰

This shows the prejudice this respondent had with the *Prevent* programme before their training. It is a contentious policy with a large amount of media coverage which may have affected respondents and therefore potentially their engagement with *Prevent*. Therefore, the positive response that this respondent gave post training is good when looking at how the policy can detach itself from its negative past.

7.2 A Definition of British Values

When healthcare practitioners were asked to define British values, a variety of definitions were mentioned. The words that came up included democracy, freedom, embracing multiculturalism and honesty. There was some overlap between respondents particularly in the area of respecting those with different backgrounds and faiths⁶¹. There was also direct reference to the role of healthcare and values with one respondent saying that within British values “people have equal rights to access to healthcare and we have a duty of care to our colleagues, patients and the community to keep people safe”⁶² which was very present for this respondent as they were heavily involved in safeguarding at the hospital where they worked as a senior nurse. One respondent didn't believe British values existed at all, and believed them to be a government construct stating:

I don't really think British values exist. I think they're just kind of a made up thing by the government. I think it's a construct and I think everyone would say something different. So that's also why I don't think it's really a thing. I know the government has said this is what it is, but yeah I think to everyone it's quite different.⁶³

As there was a range of answers to the question of how to define British values, this respondents statement about everyone saying something different has been shown to be accurate by my sample in both the health and education sector.

Similar to education, respondents were asked how they would describe the opposite to British values. I wanted to see what they would say in line with the government definition of extremism, defined as “active opposition to fundamental British values” (HM Government, 2015), without having

⁶⁰ [FLP8]: Interview conducted on 1/05/18 with an NHS mental health practitioner.

⁶¹ [FLP8]: see directly above and [FLP9]: interview conducted on 4/05/18 with an educational psychologist.

⁶² [FLP3]: Interview conducted on 30/04/18 with an NHS senior nurse

⁶³ [FLP7]: Interview conducted on 22/04/18 with an NHS mental health practitioner.

the word extremism present to influence them. In their answers, respondents tended to talk about stereotypes, mentioning that being impolite was not very British⁶⁴. Other responses spoke about the antithesis of British values as putting restrictions on people and not allowing people to live how they would like⁶⁵. This is consistent with the British value of freedom which was stated by more than one respondent⁶⁶.

Finally, whilst in general when respondent spoke of values they described positive attributes to British culture, one respondent looked at it from a more negative standpoint stating that when they “think about people talking about British values I do kind of think of this fairly myopic, stereotypical little Englander kind of person”⁶⁷. This implies a negative link for this respondent between the rhetoric surrounding British values and the types of people who are vocal about them.

The main reaction to government defined British values included the aspect of whether or not the outlined values are values at all and the labelling of these values as British. Some respondents didn’t feel that they were values at all stating “democracy - I don't see that as a value and individual liberty I think of as more of a right rather than a value”.⁶⁸ This shows that this respondent disagrees with how the government is defining what a value is. There was a particular frustration and awareness of the way in which labelling of values as British could be potentially divisive, as one respondent elaborated:

I think again it's been labelled in a way that makes people feel excluded, I think it would've been better to talk about values generally: respect, you know, all those sorts of common values that all human beings should hold⁶⁹.

This therefore states that it wasn’t just the content of the values that was the issue for them but rather the labelling of the values themselves. This is in line with the responses in the education sectors, who felt that the labelling of the values as British was not necessary. Finally, one respondent’s reflection on what they would consider to be British was close to one of the government values. They said:

I'm thinking of an image of two people that have quite specific religious viewpoints but they're stood doing something together. To me that would of represent Britain and the values of coming together regardless of people's religions and doing something, cooperative and collaborative⁷⁰.

⁶⁴ [FLP9]: see footnote 10

⁶⁵ [FLP8]: see footnote 10

⁶⁶ [FLP8] and [FLP9]: see footnote 10

⁶⁷ [FLP8]: see footnote 10

⁶⁸ [FLP7]: Interview conducted on 22/04/18 with an NHS mental health practitioner.

⁶⁹ [FLP10]: Interview conducted on 1/05/18 with a Prevent trainer who was a former nurse.

⁷⁰ [FLP9]: Interview conducted on 4/05/18 with an educational psychologist.

This description is reflective of the government defined value of “mutual respect and tolerance of different faiths and beliefs” and is the response that was most in line with the policy out of all respondents.

Similar to those in the education sector, it was clear when talking to respondents that there was a lack of unity in how they interpreted British values and also that the term itself was contentious and confusing for them. There was clear disagreement with the government definition of British values from every angle, be it what the government defines as British values, the labelling of these values as British and that they consider to be values which respondents saw more as systems and rights. As these respondents are meant to be looking for those who are in opposition to these values, this is problematic and could affect the implementation of the *Prevent* policy on the ground.

7.3 A Definition of Extremism

As with the education sector, there was more agreement over the meaning of the term extremism than the definition of British values. There was overlap between respondents, with strong opinions or ideology and not being open to other views being common amongst answers. One respondent was particularly succinct in their definition stating that extremism was “verbal or written or physical expressions of prejudice against a particular group, culture, background, and religion”⁷¹ This is interesting as, unlike the responses in the education sector, there was little mention of violence or harm to others. Some respondents talked about what the word extremism made them think of with one saying:

when I think of extremism I suppose I think of ISIS. If someone says they're an extremist I know that can mean lots of different ways, but my kind of idea of that is extreme Muslim⁷².

This shows that this respondent would be biased towards Islamist extremism when defining who is extreme or not based on their knowledge of ISIS which they said they got from the media. This shows the influence that media has on the boundary formations that these respondents make. The *Prevent* trainer I spoke to reflected on the responses they would get when they asked those taking their training how they would define extremism:

when you ask people attending courses what extremism is, they tend to talk about bombing and terrorism - the actual act. Whereas, you know, I think it's well recognised that there's an awful lot that goes on before that actually happens.⁷³

⁷¹ [FLP3]: Interview conducted on 30/04/18 with an NHS nurse.

⁷² [FLP7]: Interview conducted on 22/04/18 with an NHS mental health practitioner.

⁷³ [FLP10]: Interview conducted on 1/05/18 with a *Prevent* trainer who was a former nurse.

This shows the difference in understanding of extremism between this trainer and those she is teaching implying the courses are perhaps changing how people see the term extremism. This again highlights the influence that these trainings have on categorisation rules that the frontline practitioners and therefore how important it is for the trainings to be done well.

The British government's definition of extremism as the "active opposition to fundamental British values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs" (HM Government, 2015) was also something discussed with frontline practitioners. All except one agreed with the definition and outlined values but also had areas that they found problematic. An area that was brought up was the aspect of whether the government was applying the outlined values to its own actions around the world. The geopolitical factor in the causes of extremism is an area that concerned one particular respondent and was an interesting aspect that no other respondents brought up or considered. They expanded on this saying:

in my opinion the British government are responsible for [...] a perpetual aggression in the Middle East, primarily for economic reasons, corporate capitalism and so on, and they don't apply the same values to their own sort of collective action. I mean, I think in a nutshell, that's what the problem is. So inevitably if people can't get justice through legitimate means, then they are more likely or it maybe that they turn to more extreme means to actually get their message across. I think that a lot of the religious inspired extremism is to a certain extent politically driven by both UK and US geopolitical imperatives⁷⁴

This shows the lack of faith this respondent has in the actions of the British government and taking a historical perspective by linking past actions with the present problems that the UK is facing when it comes to extremism and terrorism.

Another respondent reflected on the government definition of extremism and how applicable it was to the extreme far right. The *Prevent* policy is designed to tackle all forms of extremism, but there have been claims by academics that it is unfairly targeting British Muslims and creating a suspect community (Awan (2012), Taylor (2018), Hickman et. al (2011), Pantazis and Pemberton (2009), and Ragazzi (2016)). This respondent mentioned the problem with the definition when applied to far right by saying:

I suppose what is interesting is that groups that we might consider to be extremist, like Britain first, might say that they're standing up for British values, but in a way they are kind of violating them I suppose.⁷⁵

⁷⁴ [FLP11]: Interview conducted on 7/06/18 with an A&E Nurse Practitioner.

⁷⁵ [FLP8]: Interview conducted on 1/05/18 with an NHS mental health practitioner.

They went onto say that it's not as "clear cut"⁷⁶ as the government makes it out to be and that they didn't "know how violent acts are necessarily an assault on democracy and the rule of law"⁷⁷. They also inverted the government's definition of extremism and questioned the fact that it implies that anyone who has British values can't be extreme. This response reflects the issue this frontline practitioner has with the government definition when it comes to equal applicability to all forms of extremism. Finally, this same respondent also brought up another issue they had with the duty and the subjective nature of categorising people as extreme or not stating:

I've got some really radically left wing friends who I wouldn't necessarily think of as extremists, but they do come up with some aggressive views. But then someone else might be equally as aggressive with their point of view, but right wing, and I might say well I consider them to be an extremist. So then, I guess that it is kind of subjective, isn't it? It's mostly in the eye of the beholder I suppose⁷⁸.

This shows that the respondent, clearly from a politically leftist point of view, would only consider something extreme if it didn't fit with his personal political stance. All of the respondents found aspects of the government definition challenging so I went on to ask them about their thought process during referral and how they decided whether or not an individual was appropriate for referral.

7.4 Referral Thought Process

In the health sector the impact of the *Prevent* training and government definitions had a large role to play amongst the respondents when deciding whether or not to refer someone. Half⁷⁹ the respondents said that they would think back to what they learnt in their training and the government definitions when trying to decide if someone was appropriate for referral. The two mental health practitioners spoke about the vulnerability factors they were taught during training and how they would base a referral on this as well as "whether there was a potential for them to be easily persuaded by someone or exploited"⁸⁰. As mentioned before these vulnerability factors included having new friends and being online a lot⁸¹. The two respondents who straddle both the health and education sectors, said they would

⁷⁶ [FLP8]: See directly above

⁷⁷ [FLP8]: See footnote 24

⁷⁸ [FLP8]: See footnote 24

⁷⁹ [FLP3]: Interview conducted on 30/04/18 with an NHS nurse, [FLP7]: Interview conducted on 22/04/18 with an NHS mental health practitioner, [FLP8]: Interview conducted on 1/05/18 with an NHS mental health practitioner.

⁸⁰ [FLP7]: see directly above.

⁸¹ [FLP7] and [FLP8]: see footnote 28

base their decision on gut instinct⁸². This is interesting when comparing answers between the two sectors, as in the education sector the majority of respondents mentioned gut instinct in their response to this same question. None of the purely medical frontline practitioners said they would base their referral on gut instinct with one saying that someone who refers:

“can’t say “on gut instinct I think that they might be being radicalized by their society or community”, you’ve got to have some evidence that they’ve said something or written something and then you pass it onto manager”⁸³

They also went onto say that they wouldn’t base a referral on their experience but rather strictly stick to the training they were given. The issue of evidence gathering was also discussed by another respondent who said that it was one of the biggest challenges in a referral⁸⁴. Those who had been in their position for less than 3 years⁸⁵ all said that they would talk to more senior colleagues before deciding on a referral, with another saying that they would talk to their patient to find out more before jumping to any conclusions⁸⁶. This works for those who see patients regularly, but is not relevant for those I spoke to who only see patients once.

The respondent who worked as an emergency nurse practitioner would only see people who were injured or unwell and therefore would have little time to assess them for *Prevent* related issues. They explained to me how they would go about deciding, stating that they would assess each situation on a case-by-case basis. He said that he would look for “clusters of behaviour” that were atypical⁸⁷. The respondent helped explain this further with an anecdote:

There were a couple of lads that came in who burned themselves. And for some reason there was a concern about the way the story was presented that somebody got the idea they might’ve been messing around with chemicals. The staff that are in the A&E department started to press them a little bit more because the injury pattern didn’t fit with kind of a typical mechanism. [...] for some reason somebody had a concern that what the lads were saying didn’t fit with the injury pattern and then they subsequently left the hospital [...] before things like follow up could be arranged...⁸⁸

⁸² [FLP9]: Interview conducted on 4/05/18 with an educational psychologist and [FLP10]: Interview conducted on 1/05/18 with a *Prevent* trainer who was a former nurse.

⁸³ [FLP3]: Interview conducted on 30/04/18 with an NHS nurse.

⁸⁴ [FLP10]: see footnote 31.

⁸⁵ [FLP7]: Interview conducted on 24/04/18 with an NHS mental health practitioner, [FLP8]: Interview conducted on 1/05/18 with an NHS mental health practitioner and [FLP9]: see footnote 31.

⁸⁶ [FLP8]: Interview conducted on 1/05/18 with an NHS mental health practitioner.

⁸⁷ [FLP11]: Interview conducted on 7/06/18 with an A&E Nurse Practitioner.

⁸⁸ [FLP11]: Interview conducted on 7/06/18 with an A&E Nurse Practitioner.

This shows how those in the health sector use their medical knowledge to see if the information the patient gives them matches the normal pattern of their injury. If it doesn't then there could be a back story, which in some cases may be *Prevent* related. The way in which this respondent assesses patients for signs of extremism is vastly different to those in the education sector or those who see patients regularly. They are required to make snap decisions about potential extremism of patients based on little information.

By looking at the thought processes of those in the health sector it is clear that they are much more active in their reference to their training and the factors they were taught than their counterparts in the education sector. The thought process can differ greatly though between those who base their decision on gut instinct and those who are against gut instinct referrals. Whilst this question highlighted how these frontline practitioners try and form and decide on the boundaries of who is extreme or not, it is also good to look at other factors in the health sector that may affect referrals.

7.5 Other factors that affect referral decisions

Opinion of Duty

The frontline practitioner's opinions of their role in *Prevent* could affect how engaged they are with the policy. All of those in the medical sector, except one, felt that their involvement was appropriate and that it made sense. However, one individual really didn't think that it was their responsibility saying that it was ridiculous and that "the reality is we've got other jobs to do"⁸⁹. This is interesting as this frontline practitioner works in mental health and their counterpart in this field felt the duty was necessary and fitting. One respondent said that they did agree with their role but that even if they didn't they wouldn't have a choice in the matter, stressing that:

as a health professional, you don't have the luxury of being able to decide which policies you're going to follow and which you are not because you're professionally vulnerable if a case was highlighted that you had a means to influence in a certain way. It may just be a failure of recognition, but there is a potential consequence, along a train of action if it falls into your jurisdiction and you fail to act appropriately⁹⁰.

This fear of potential repercussions was mentioned by all respondents I spoke to which is why they have all remained anonymous for my thesis. This also shows the pressure that this respondent feels to make sure that nothing is missed. Whilst they believed it to be appropriate to have the health sector

⁸⁹ [FLP7]: Interview conducted on 24/04/18 with an NHS mental health practitioner.

⁹⁰ [FLP11]: Interview conducted on 7/06/18 with an A&E Nurse Practitioner.

involved in the *Prevent* policy, one respondent talked to me about the how best placed the sector was to fight against extremism:

I think that there is some degree of ambivalence [...] whether or not health providers are in the best place or the right people or feel ethically able to deliver that sort of government policy, there are some mixed feelings about it as well

The ethical dilemmas involved with *Prevent* are complex for both sectors but in different ways. Both however involve the responsibility to protect people they work with and to not allow *Prevent* to hinder this. This leads onto the next factor that may affect referral decisions, the role of patient confidentiality.

Patient Confidentiality

I initially asked those in the health sector about patient confidentiality after reading about it in a report which stated that there was a need for clarity about the interaction of the *Prevent* duty and patient confidentiality (OSJI, 2016). It states that the “*Prevent* duty risks breaching health bodies’ duty of confidentiality towards their patients and undermining the relationship between health professionals and their patients” (OSJI, 2016:18). When I asked my respondents about the aspect of patient confidentiality they said that it was treated the same as any safeguarding issue⁹¹. Safeguarding follows the rule that a concern for public safety will override an individual’s confidentiality⁹². The two respondents who work in mental health said that at the beginning of their sessions they would state clearly that if anything was said in the session that would raise concern in relation to their *Prevent* duty, then they may have to break confidentiality but that they would inform the patient before doing that⁹³. However, whilst this respondent saw no issue with this, it could perhaps mean that those who fear potential referral will not be as open with their mental health practitioner.

Related to this, one respondent mentioned that things get complicated with *Prevent* when it comes to information sharing. As *Prevent* involves all sorts of actors both in and out of the hospital environment, the transaction of information from one actor to another, particularly outside of the hospital, is considered carefully by members of staff⁹⁴. They said that the amount of information shared outside of the hospital would vary depending on how serious the concern was.

⁹¹ [FLP7]: Interview conducted on 24/04/18 with an NHS mental health practitioner and [FLP10]:

⁹² [FLP11]: Interview conducted on 7/06/18 with an A&E Nurse Practitioner.

⁹³ [FLP7]: Interview conducted on 1/05/18 with a *Prevent* trainer who was a former nurse.

⁹⁴ [FLP11]: See footnote 41

Vulnerability

Assessing an individual for vulnerability to potential extremism was an aspect that was mentioned by the two mental health practitioners when they spoke about their thought process when deciding to refer. They described the factors as including how isolated a patient was, how much time they spent online, whether or not they have changed friends or become more religious⁹⁵. However, when I asked one respondent what they thought the biggest challenge of *Prevent* was they brought up this aspect of vulnerability and highlighted a possible issue:

a lot of the potential signs of getting involved in extremism could equally apply to anyone. Lots of people spend a lot of time online, lots of people are isolated, lots of young people especially, friendship groups are quite fluid. Lots of young people do start hanging around with different people. Your identity is kind of fluid as well to an extent. So you develop new interests, you start using new slang, you start talking about different things. So all of that stuff happens anyway and is perfectly innocent so I guess the problem would be knowing when that could maybe point to something more sinister.⁹⁶

This respondent is talking about their struggle with defining the boundary of extremism and where to draw the line between normal behaviour and actions that could potentially lead to threatening behaviour. Even when displayed behaviours are the same, there could be different implications. This was also brought up by another respondent who spoke about the difficulty of defining behaviour and how the lines were quite blurred⁹⁷. They expanded on this by talking about how behaviour on one end of the spectrum would be easy to identify but that those on the edge are harder to categorise. This mirrors the claims in the literature of the dynamic and fluid nature of categorisation boundaries (Demmers, 2016).

7.6 Conclusion: Health

As can be seen in this analysis, a number of aspects about the boundary and content rules that these frontline practitioners use became clearer through their responses in interview. When trying to decide if an individual is potentially at risk of becoming extreme, most relied on the information from the government training. Therefore, the boundary rules that these individuals used were the ones provided by the government rather than their own opinions or gut instinct. However, there was a range of answers about what could be seen as a British value which is difficult as this is the definition these individuals would be following when categorising patients as extreme or not. When asked directly about extremism

⁹⁵ [FLP8]: Interview conducted on 1/05/18 with an NHS mental health practitioner.

⁹⁶ [FLP8]: Interview conducted on 1/05/18 with an NHS mental health practitioner.

⁹⁷ [FLP9]: Interview conducted on 4/05/18 with an educational psychologist.

there was more of an agreement on what it meant, with the focus on strong opinions and not being open to other views. However, both definitions were vague and challenging to apply in real life decision making processes. As an example, the amount of time those in the health sector spend time with their patients can vary enormously, with those who only see critically ill patients having little time to assess them for signs of extremism on top of helping them with their injuries.

The difficulty of where to draw the line between extreme or not was a concern for some respondents who spoke about their struggle with the boundary and how it was easy to identify someone at one end of the spectrum but harder when it was less clear. There was also mention of how the signs for vulnerability could be shown on a patient who was not extreme making it hard to know when it was necessary to step in and refer. All of the respondents said that they did feel that it was appropriate for them to be involved, except one who thought they had too much to do so had no time for *Prevent*.

The concern about information sharing and *Prevent* links to De Goede's (2017) work on the chain of security and the transaction of information in security practices. Whilst this theory was not focussed on confidentiality, it looked at the way in which information changes when passed from one actor to another. Those that initially flag the concern are not usually present for the entire process of referral, so aspect of the original referral could change when passed from one frontline practitioner to another. This could have implications and perhaps explain why some people feel that they are wrongly referred, with the first concern escalating as information is passed between actors. All of these factors mean that the health sector frontline practitioners felt that it was their job, but that there were still challenges such as information sharing, the pressure involved, the applicability of the vulnerability factors and lack of consensus on what British values are. Linked to the analytical frame of identity, this analysis shows similar issues with categorisation as in the education sector.

7. Conclusion

This research aimed to find out more about the implementation of *Prevent* by talking to frontline practitioners in the health and education sectors about their boundary and content rules (Fearon and Laitin, 2000). The question I posed was “What boundary rules do *Prevent* referral actors use to define who is extreme or non-extreme in the *Prevent* programme in London from 2015-2018?” and I answered this question through asking frontline practitioners about their personal definitions of *Prevent*, their training and deducing other influencing factors from analysis of these interviews. Applying the analytical frame of social identity, I questioned the assumption of group boundaries in Tajfel and Turner’s theory (1979). In this conclusion I will assess my addition to the academic literature surrounding terrorism, radicalisation and extremism as well as social identity theory. Then I will link this to specific findings related to my case study, and end by making some suggestion for further research.

Summary of Findings

As seen in the literature, the area of defining what is meant by terrorism, radicalisation and extremism is complex and there is no consensus over a definition for each. This research has shown that the confusion in the literature is mirrored in reality, with individuals in disagreement over the definitions for extremism. As they are interlinked, this also has ramifications for trying to establish definitions for radicalisation and extremism. My research shows that this lack of clarity in the academic literature is reflected in the implementation of the *Prevent* programme amongst the defining agents on the ground. This suggests that there are dangers basing government policy on academic thinking whilst there are still significant unresolved issues. As both individual agency and circumstance influence group boundary formation (De Goede and Simon, 2012; Sageman, 2008; Wiktorowicz, 2005), a ground up approach may be more appropriate in informing policy definitions. In the case of *Prevent*, by engaging in a dialogue with frontline practitioners and through addressing their concerns, and incorporating this input into government policy, my research suggests that referrals of a higher quality and greater confidence and trust in the policy would ensue.

This thesis has shed light on the gap between social identity theory on paper and in practice. It has shown that Tajfel and Turner’s (1979) assumption of group boundaries is flawed when applied to extremism, as in reality they are dynamic and fluid due to the subjective nature of the concept. It has also shown that there are not one set of shared norms amongst the population and content rules used can vary dramatically between categorising individuals. Thus, by involving many actors, boundaries can further decrease in clarity as there are more opinions involved in their creation. This research has also shown that by involving a large number of actors in categorisation a simplification of complex

concepts occurs which could potentially lead to damaging categorisations based on stereotypes. It also shows that there are multiple factors that contribute to boundary formation which are specific to the actor and type of categorisation. Finally, this thesis shows that there are many influences on social identity formation, both active and passive, from governmental and society actors. In general, the academic debate on social identity boundaries give too little regard to the messiness of human actors and the fact that clear distinction between groups only hold for a handful of cases.

This research also adds to De Goede's work on the 'Chain of Security' and her claim that security policy is made up of "reluctant security actors" (De Goede, 2017:24). This has been shown to hold true with a number of respondents not feeling comfortable with their *Prevent* duty. More research in this area, with *Prevent* as a case study, would be interesting to look at what extent information is changed when communicated from one *Prevent* referral actor to another. As this research has shown there are varying opinions on *Prevent* and extremism which could change the nature of the original referral.

Through speaking with frontline practitioners, it was clear that the implementation of *Prevent* came with many challenges. There were also diverse opinions and factors which influenced the referrers in how they defined extremist behaviour and relevance for referral. There was a lack of consensus in both sectors about what British values were, with a range of responses including tolerance, freedom of choice, democracy, embracing multiculturalism and honesty. When asked about a definition for extremism, none of the respondents mentioned it as being in opposition to British values. Within each sector there was relative agreement about a definition for extremism but the two sectors were different. Those in education agreed that threat of harm or violence was a key deciding boundary line between extremism and an unpopular opinion. On the other hand, in the health sector they define extremism as strong opinions and not being open to other views, with no mention of violence. The reason for this difference is unclear but this is an important finding as both sectors are tasked with referring individuals who are potentially extreme.

Three quarters of all the respondents said that they would base a referral on their gut instinct of what they felt was right and wrong as well as their knowledge of the person they were referring. The remaining quarter were all in the health sector and relied on the government training, evidence collection and definitions when deciding to refer. This contrast may be due to the difference in the amount of time the two sectors spend with those they refer. Teachers spend approximately six hours a day with their students, whereas some of those I spoke to in the health sector, such as the emergency nurse practitioner, would only see a patient once and for a short amount of time. Therefore, the time of observation and decision making is far quicker.

The comparison of explicit and implicit categorisation by frontline practitioners highlighted differences between what they say they define extremism as and what sorts of things they would look out for when referring. Those in the health sector said that during their thought process they would think back to the training and government definitions but when I explicitly asked them their thoughts on those

definitions, the majority of them didn't agree with them. It may be the case that whilst they disagree with the government definition, they still use it when choosing who to refer as they don't want to question the policy. Respondents in education on the other hand used their experience, therefore relying their own rules for categorisation much more than the government rules.

Each sector also expressed sector specific and individual challenges with *Prevent*. In the health sector it was the aspect of patient confidentiality, information sharing and the vulnerability signs and where to draw the line between extreme or not. In the education sector the pressure of the policy, including from OFSTED, the divisive nature of British values in the classroom and the lack of knowledge of religion were all brought up. Whilst education respondents felt unprepared and wanted more training, those in health felt their role was appropriate and that as it was similar to safeguarding they knew what they were doing.

This research has shown that there are clear issues with the implementation of *Prevent* for this group of frontline practitioners. Firstly, there is a contradiction in the *Prevent* documentation as the policy says schools should be open places for discussion, but teachers are told to report any opposition to British values so open discussion of them can potentially be affected. Secondly, the decision to involve large numbers of actors in identifying extremism has meant that the term has become over simplified in the training of frontline practitioners. This can be damaging as it may lead to the perpetuation of stereotypes. In London in particular respondents felt that their *Prevent* duty conflicted with the international and multicultural aspect of the city. As well as this, the current definition of extremism as “active opposition to fundamental British values” (HM Government, 2015) was seen by respondents to be problematic due to its unequal applicability to all forms of extremism, if you follow the assumption that far right extremists see themselves as standing up for British values. Finally, *Prevent* being a legal duty has added a pressure onto frontline practitioners which has led to a negative impression of the policy by these frontline practitioners. All respondents said that they would be on the look-out for individuals who may cause harm to the community, but that the legal duty makes them feel anxious about potential consequences. This fear of repercussion may have led to knee-jerk reactions and over-referrals. The government has sub-contracted the fight against extremism to these sectors but needs to take the individual opinions these actors have into account more than they have previously done.

Recommendations for Further Research

The findings of this thesis have led to the following recommendations:

1. Further academic research should be done which speaks to a larger sample of *Prevent* referral actors in both the health and education sector on the implementation of *Prevent*.

2. Increased communication between referral actors and policy makers and a ground up approach to *Prevent* in the future would lead to clarity for policy implementers and could potentially decrease the gap that exists between policy and practice.
3. The labelling of values as British is problematic and can lead to confusion and stress in referral. The values of democracy, rule of law and the mutual respect and tolerance of different faiths and beliefs are widely held across Western Europe. By removing the label of British it may lessen the feelings of division and alienation, particularly in environments such as classrooms with immigrant children.
4. The indicators of vulnerability and the ERG22+ framework should also be reviewed. This should be done in collaboration with individuals who specialise in the field of extremism including academics, police, security services, social services and religious experts.
5. Policy makers should re-consider whether or not a legal duty is necessary in *Prevent*. Research should be conducted which looks at the impact the legal duty has on frontline practitioners.
6. Further and more concrete *Prevent* training which teaches referral actors how they should be implementing the policy would be useful, beyond the current introduction to extremism. An assessment of the impact of online training vs. in person workshops should be done which speaks to those being trained and their impressions. For example, the ability to ask questions to the trainer is not available to those doing the online course.

Final Thoughts

In general, *Prevent* is a policy that has quiet successes and very public flaws and its negative reputation and structural problems tend to overshadow attempts at improving it. There needs to be an acknowledgement by the government of the complexity of these flaws, which in turn require much clearer thinking on the purpose behind a policy. *Prevent* may have been better implemented if it had been clear that it was aimed solely at halting the radicalisation of Islamist extremists and not pretended that it could use the same tools to fight Far right extremism, which seems optimistic and has been shown to be unrealistic. Other policies could then be implemented which specifically fight against the rise in Far right extremism. Finally, as a policy it uses a large number of referral actors to target a small number of people, meaning there are many who are negatively impacted and few who can talk of the benefits the policy has had. I will end with quote by one of my respondents who elaborated on what they felt was the most challenging part of *Prevent*, using the metaphor of Meningitis awareness in hospitals:

The number of people that come into A&E and then die from meningitis is very small but they will all present the same way in the early stages with fairly non-specific flu like symptoms:

they've got joint aches, they've got a bit of a temperature, and they're not feeling right. Now in the vast majority of cases it will just turn out to be a bad flu or something like that, but for one in every 2000 or 3000 patients, it'll actually be the beginning of meningitis. Meningitis will kill you within 24 hours. So the principle is, in some instances to get a result, you need to invest in quite a big population of patients and I guess *Prevent* may well belong to that category. To actually get to somebody, you're probably going to go through a whole bunch of patients who you are just wrong about, as their story is for some other reason and nothing to do with radicalisation.⁹⁸

⁹⁸ [FLP11]: Interview conducted on 7/06/2018 with an A&E Nurse Practitioner.

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Appendix 1: Profiles of respondents

Coded Name	Date of interview (2018)	Occupational Area	Location: London Borough ¹	Sector
FLP1	11 th April	Teacher	Croydon	Education
FLP2	2 nd May	Teacher	Westminster	Education
FLP3	30 th April	NHS Senior Nurse	Kensington and Chelsea	Health
FLP4	20 th April	Teacher	Out of London (near Plymouth)	Education
FLP5	21 st April	Teacher	Hammersmith and Fulham	Education
FLP6	23 rd April	Learning Mentor and Teaching Assistant	Haringey	Education
FLP7	22 nd April	NHS Mental Health	Merton	Health
FLP8	1 st May	NHS Mental Health	Merton	Health
FLP9	4 th May	Educational psychologist	Islington	Education/Health
FLP10	1 st May	<i>Prevent</i> trainer in health and education/former nurse	Elephant and Castle/Sutton	Education/Health
FLP11	7 th June	A&E Nurse Practitioner	Camden	Health
FLP12	5 th June	Religious Studies Teacher/ Secondary school <i>Prevent</i> lead	Hammersmith and Fulham	Education
FLP13	10 th May	Adult English Teacher	Hammersmith and Fulham	Education
FLP14	19 th June	Teacher	Harrow	Education
EX1	2 nd May	Academic	N/A ¹	N/A
PO1	6 th April	<i>Prevent</i> Officer	N/A ²	Local Authority

Notes: 1. As an academic his location is not relevant to my thesis.

2. This respondent asked for their location not to be disclosed in my thesis.

I am unable to provide more details about the respondents individually than what is provided here due to the request for anonymity by my respondents.