

Safeguarding Children from Radicalisation



The online seminar was hosted by the Centre for Social Work Research (CSWR), the Victoria Climbié Foundation UK (VCF) and the BME & Migrant Advisory Group for safeguarding children and young people (B-MAG). Our guest speaker, Dr Leona Vaughn shared lessons from research undertaken during the introduction of the Prevent Duty.

The main lessons from her research into how practitioners in Liverpool who worked with children and families were preparing to implement, and implemented the Prevent Duty in their safeguarding practice. It explores how practitioners learned about safeguarding children from radicalisation; what the practitioners described as departures or challenges to their 'everyday safeguarding' children policies and practices as well as how judgements and perceptions of childhood radicalisation risks were inherently classed, racialised and gendered.

In considering the statistics provided for Prevent referrals, Dr Vaughn asks what is it that informs decisions to refer children, and the indicators? And which children were perceived to be at risk? The research explored three specific questions ([see related presentation](#)) as to whether the policy findings were evidence-led or neutral across all extremism types. In summary, the Prevent policy cannot be deemed to be neutral, as explicitly applied to low income groups, Muslims and young males. Further, there was no compelling evidence for the policy, specifically in relation to children.

In relation to practice findings (2015-2016), none of the practitioners involved in Dr Vaughn's research were aware, or knew how to work with children at risk of radicalisation. Childhood radicalisation was not explained within training, with most learning from the media. All practitioners could see the implicit or unconscious bias, so there was consciousness, yet they struggled to resist. It is not difficult to see why social workers struggled with safeguarding in the midst of recent killings and attacks, or austerity anxieties, all of which is enmeshed with the requirement to comply with the Prevent duty, and who to see, or not to see. For example, Prevent does not see or recognise white children; thus, a two-tier system with the implication that the BME community is seen as main source of threat to children.

Discussion followed on the **gendered** notion, particularly in relation to 'grooming' and stereotypical views from practitioners adopting what they know when trying to understand the child, both well intentioned and problematic at the same time. Differing approach to vulnerabilities; "when boys are in the mix, they are seen as a threat." Dr Vaughn further spoke about resisting **discrimination** and the required checks and balances – government data disguises oppressive practice – and the need to educate and re-centre children in discussions about safety. To revert to looking at strengths and protective factors for children within safeguarding processes, as a more desired option than automatic referrals to the police. In relation to criminal exploitation (groomed child), the research confirmed that these children had not been considered for referral to Prevent for childhood radicalisation.

During Q&A; attendees were keen to know why practitioners had moved away from 'normal' safeguarding process, and noted that the impact on children and families was 'exceptionalised.' The simple answer is the link to surveillance; thus, not a welfare-led response. Practitioners are more comfortable when Prevent is introduced as safeguarding, yet not as comfortable when conversations viewed through the Prevent lens. Mothers are carrying the burden for issues relating to their children's fathers, the level of institutional racism is undermining children's rights, and everyone – researchers and practitioners – is operating in a hostile environment.

Dr Vaughn's presentation was clear and illuminating and there is much to discuss...