

Westminster Hall Briefing: Implementation of the Prevent Strategy

Wednesday 1st February, 2.30pm - 4.00pm

Prevent – aimed at preventing people from becoming terrorists – is one part of the government’s CONTEST strategy on countering terrorism. Schools, health authorities and other bodies now have a legal obligation to report people they suspect are vulnerable to extremism – based on unclear indicators¹ – to the police-led² Channel programme for deradicalisation.

One child under the age of ten
is referred to Prevent
every day³

80%
of referrals to Prevent between
2007 and 2014 were set aside⁴

The UK needs a smart and effective counter-extremism strategy that commands widespread trust and confidence. But the government has adopted a blunt and ill thought-through approach that has targeted too many entirely innocent people – often children – and is damaging our efforts to combat terrorism.

The problems with Prevent

- **Counterproductive:** it alienates the communities we need to work with to defeat terrorism, it has driven debate on extreme ideas into underground spaces where they cannot be challenged, and wrongful referrals under Prevent fuels resentment against the government.
- **Vague and prone to misapplication:** Prevent’s definition of extremism is too broad, and includes “opposition to fundamental British values”. The definition has been judged “hopeless” by former Director of Public Prosecutions, **Lord Macdonald QC⁵**. Numerous examples exist of people being reported under Prevent for spurious, trivial or entirely innocent activity or comments. Very often these referrals have involved children, some as young as 4 years old.

¹ A letter to the Guardian signed by more than 150 eminent academics and professors expressed serious concerns about the scientific rigour of the ERG study on which the indicators are based.

<https://www.theguardian.com/politics/2016/sep/29/anti-radicalisation-strategy-lacks-evidence-base-in-science>

² The Channel Duty Guidance makes clear that the Channel Police Practitioner (CPP) is responsible for “managing referrals and cases through the Channel process”. Channel Duty Guidance, paras 30-31,

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/425189/Channel_Duty_Guidance_April_2015.pdf

³ Ben Farmer, Children under 10 flagged for deradicalisation every day, 12 September 2016, *The Telegraph*, <http://www.telegraph.co.uk/news/2016/09/12/children-under-10-flagged-for-deradicalisation-every-day/>

⁴ National Police Chiefs Council, National Channel Referral Figures, <http://www.npcc.police.uk/FreedomofInformation/NationalChannelReferralFigures.aspx>

⁵ Lord Macdonald QC launches Orwell Prize 2016, 1 November 2015, <https://www.wadham.ox.ac.uk/news/2015/november/ken-macdonald-qc-launches-orwell-prize-2016>

- **Harmful, particularly for children:** People wrongly referred through the Prevent programme are stigmatised and have suffered serious harmful effects on their health, education, employment and position in the community. The impacts are particularly acute for children. Recent estimates indicate that since the statutory duty took effect in 2015, referrals under Prevent have soared, and an average of one child under the age of 10 is referred every day. Of 7500 referrals in 2015-16, only 10% were subsequently judged to require counter-terrorism intervention through the Channel programme.⁶

The government's support of Prevent is based on false claims

- **Claim #1: "The Channel programme is not police led"**
WRONG – The Channel Duty Guidance makes clear that the police play a leading role in Channel. The Channel Police Practitioner (CPP) is responsible for "managing referrals and cases through the Channel process".⁷ The CPP also assesses whether a referral is appropriate for Channel⁸, and leads the preliminary assessment of "vulnerability".⁹ The local authorities are supposed to set up and chair the Channel panels, but the police also play a leading role.
- **Claim #2: "By criticizing Prevent you are damaging its trust among communities"**
WRONG – The Prevent strategy undermines the very British values that it is supposed to defend, by stigmatising innocent people, alienating communities from the authorities, undermining the trust relationship between doctors and patients / teachers and students, and inhibiting the free expression of ideas which should be heard and debated so that they can be challenged.
- **Claim #3: "The Prevent strategy is underpinned by a robust peer-reviewed evidence study"**
WRONG - The government has based its strategy on the Extreme Risk Guidance (ERG) peer-reviewed study. However this study is flawed. A letter to the Guardian signed by more than 150 eminent academics and professors expressed serious concerns about the scientific rigour of the ERG study.¹⁰
- **Claim #4: "Prevent introduces no greater standard for disclosing confidential patient data than currently"**
WRONG – The General Medical Council's confidentiality guidance states that "Disclosure of personal information about a patient without consent may be justified in the public interest if failure to disclose may expose others to a *risk of death or serious harm*". Prevent requires referral to the Channel programme where an individual is at risk of being drawn into terrorism, where "terrorism" includes not only violent but also non-violent "extremism". If a patient expressed "extremist" views to a medical professional but he or she does not consider there to be "risk of death or serious harm", the Government should make clear that

⁶ Contest: Annual Report for 2015, para 2.37

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/539683/55469_Cm_9310_Web_Accessible_v0.11.pdf

⁷ Channel Duty Guidance, paras 30-31,

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/425189/Channel_Duty_Guidance_April_2015.pdf

⁸ Channel Duty Guidance, para 38.

⁹ Channel Duty Guidance, para 40.

¹⁰ <https://www.theguardian.com/politics/2016/sep/29/anti-radicalisation-strategy-lacks-evidence-base-in-science>

there is no obligation to refer the matter to Channel (and indeed the medical professional would be acting improperly if they did so).

To address the problems with Prevent, the government should:

- **Repeal the statutory duty**

Section 26(1) of the Counter Terrorism and Security Act 2015 introduces a new statutory obligation on specified authorities to “have due regard to the need to prevent people from being drawn into terrorism”, where “terrorism” includes not only violent extremism but also non-violent extremism. This duty faced robust opposition during its parliamentary passage, including from former MI6 Chief, **Baroness Manningham-Buller** who was “not convinced of the value of putting Prevent on a statutory footing”, preferring a voluntary model.¹¹ **Sir David Omand**, architect of the original Prevent strategy, has also advised that a strategy founded on co-operation is liable to be more effective and workable than one based on co-optation.¹² Prevent’s definition of extremism is overly broad and in practice has resulted in a tendency on the part of frontline professionals to over-refer individuals under Prevent. Repealing the statutory duty would reduce the number of incorrect referrals.

- **Drop the focus on non-violent extremism**

In 2011, the coalition government revised the Prevent strategy to define extremism as “vocal or active opposition to fundamental British values,” which inevitably includes non-violent beliefs. **Sir David Omand** has expressed concern at this shift in focus: “We did think [in the original version of Prevent that] the priority was to prevent violent extremism. Once you get into being accused of policing different ways of living and ‘thought crime’ over controversial areas such as foreign policy you enter a difficult area”.¹³ He has also explained that a Security Service study of pathways to radicalisation found “no discernible pattern that could be of operational use to separate those who might be vulnerable to radicalisation from those of similar backgrounds who would not be.”¹⁴ It targets “pre-criminal” behaviour as well as thoughts and opinions, representing an unnecessary and unprecedented intrusion of government into individual liberty. Moreover, this has had a marked chilling effect on free expression – particularly in education – so that free debate and ideas that deserve to be challenged are instead driven underground or online in unregulated echo chambers. Non-violent extremism should be heard and confronted.

- **Establish an independent review of Prevent**

The government should establish an independent inquiry as called for by the Independent Reviewer of Counter Terrorism Legislation, **David Anderson QC**, in his evidence to the Joint Committee on Human Rights, into the operation and effectiveness of Prevent, to learn lessons for going forward with an improved counter-extremism strategy.¹⁵

¹¹ Baroness Manningham-Buller, House of Lords, debate on the Counterterrorism and Security Bill, 13 January 2015, <https://hansard.parliament.uk/Lords/2015-01-13/debates/15011360000366/Counter-TerrorismAndSecurityBill?highlight=Manningham%20Buller#contribution-15011360000177>.

¹² Interview of Sir David Omand, London, 30 March 2016, “Eroding Trust: The UK’s Prevent Counter-Extremism Strategy in Health and Education”, Open Society Justice Initiative.

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Joint Committee on Human Rights, Oral evidence: Legislative Scrutiny: Counter-extremism Bill, HC 647, 9 March 2016, <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/human-rights-committee/legislative-scrutiny-counterextremism-bill/oral/30366.html>

Questions to the Minister

- Will the government publish its internal review of the CONTEST counter-terrorism strategy?
- Will the government accept the advice of the Independent Reviewer of Terrorism Legislation, David Anderson QC, and establish an independent inquiry into the operation and effectiveness of the Prevent strategy?
- By the government's own figures, 80% of referrals to the Channel programme between 2007 and 2014 were set aside.
- Will the government publish comprehensive data – disaggregated by age, gender, location, ethnicity, type of referring authority, and type of extremism – of the people who have been referred through the Prevent programme and the outcome?

Further Reading

Eroding Trust: The UK's Prevent Counter-Extremism Strategy in Health and Education, October 2016, <https://www.opensocietyfoundations.org/reports/eroding-trust-uk-s-prevent-counter-extremism-strategy-health-and-education>

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