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Official Statistics

Individuals referred to and supported through the Prevent Programme, England and Wales, April 2020 to March 2021

Updated 18 November 2021

Applies to England and Wales

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This publication is available at https://www.gov.uk/government/statistics/individuals-referred-to-and-supported-through-the-prevent-programme-april-2020-to-march-2021/individuals-referred-to-and-supported-through-the-prevent-programme-england-and-wales-april-2020-to-march-2021

This release contains Experimental Statistics on individuals referred to and supported through the Prevent programme due to concerns they were vulnerable to a risk of radicalisation. Following initial screening and assessment, referrals may be passed to a multi-agency 'Channel panel' where a risk of radicalisation exists. Chaired by Local Authorities, these panels determine the extent of an individual's vulnerability to radicalisation and whether a tailored package of support is necessary and proportionate to address the vulnerabilities.

Key results

In the year ending 31 March 2021, there were 4,915 referrals to Prevent. This is a decrease of 22% compared to the previous year (6,287) and the lowest number of referrals received since comparable data are available (year ending March 2016). This decrease is likely to have been driven by the effects of public health restrictions that were in place throughout the year to control the spread of the COVID-19 virus.

The Police made the highest number of referrals (1,770; 36%), followed by the Education sector (1,221; 25%). The year ending 31 March 2021 saw the lowest proportion of referrals received from the Education sector since comparable data are available, likely due to the closure of schools and universities as a result of the COVID-19 pandemic.

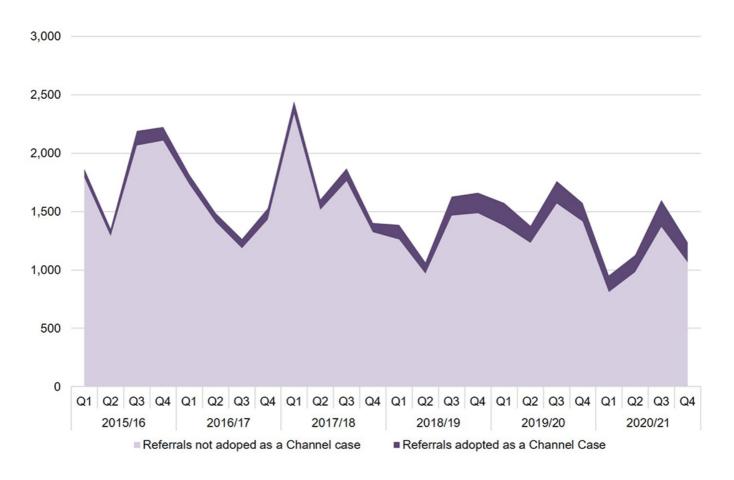
As in previous years, where gender was specified (4,913), most referrals were of males (4,316; 88%).

Of the referrals where age of the individual was known (4,883), those aged 15 to 20 accounted for the largest proportion (1,398; 29%).

The number of referrals discussed at a Channel panel (1,333) and adopted as a Channel case (688) saw smaller reductions compared with the previous year, decreasing by 7% and 0.6% respectively.

Of the 688 Channel cases, the most common were cases referred due to concerns regarding Extreme Right-Wing radicalisation (317; 46%), followed by those with a mixed, unstable or unclear ideology (205; 30%) and concerns regarding Islamist radicalisation (154; 22%).

Proportion of Prevent referrals adopted as a Channel case, years ending March 2016 to 2021



1. Introduction

Prevent forms part of the Government's wider counter-terrorism strategy, known as CONTEST. Prevent aims to safeguard people from becoming terrorists or supporting terrorism. For more information, please see the following publications on the GOV.UK website: Prevent duty guidance

(https://www.gov.uk/government/publications/prevent-duty-guidance), Channel duty guidance (https://www.gov.uk/government/publications/channel-guidance) and 2018 CONTEST strategy (https://www.gov.uk/government/publications/counter-terrorism-strategy-contest-2018).

1.1 Coverage of this release

This release contains Experimental Statistics on the number of individuals recorded as having been referred to and supported through the Prevent programme in England and Wales, from 1 April 2020 to 31 March 2021. The statistics cover their journey from referral to adoption as a case, broken down by demographic statistics and geography.

Experimental Statistics are Official Statistics undergoing development. Work is underway to improve the level of consistency in recording Prevent referrals across different regions in England and Wales. More information about Experimental Statistics can be found on the UK Statistics Authority website

(https://uksa.statisticsauthority.gov.uk/about-the-authority/what-we-do/uk-statistical-

<u>system/types-of-official-statistics/</u>). The Home Office aims to improve the quality of data recording and assurance procedures so that these statistics can be designated as National Statistics in future years. For example, Home Office analysts have been working with policy colleagues to develop further guidance for Channel Case Officers and update the training programme available to them. Please see the user guide (https://www.gov.uk/government/publications/user-guide-to-individuals-referred-to-and-supported-through-the-prevent-programme-england-and-wales) for these statistics for further information.

More detailed tables relating to this release can be found in the accompanying data tables (https://www.gov.uk/government/statistics/individuals-referred-to-and-supported-through-the-prevent-programme-april-2019-to-march-2020). This includes data for Prevent and Channel in the years ending March 2016 to March 2021.

1.2 Identification and referrals

If a member of the public, or someone working with the public, has a concern about a person they know who may be vulnerable to the risk of radicalisation, they can raise their concerns with their Local Authority safeguarding team or the police for an assessment.

Staff working in public-facing organisations may receive training to help identify people who may be vulnerable to the risk of radicalisation, and what to do about it. Local Authorities, schools, colleges, universities, health bodies, prisons, probation organisations and the police are subject to a statutory duty through the Counter-Terrorism and Security Act 2015 (https://www.gov.uk/government/collections/counter-terrorism-and-security-bill) to include in their day-to-day work consideration of the need to safeguard people from being drawn into terrorism.

1.3 Initial assessment

The police screen all referrals to check that the individual is not already or should be part of a terrorism investigation, as these individuals are not appropriate for Channel support. Prevent referrals that may be appropriate for Channel are recorded on the Prevent Case Management Tracker (PCMT). Once this has taken place, the initial assessment may conclude that no further action is required. In other cases, a person's vulnerability may be assessed as not linked to radicalisation and they may be referred on to another form of support. All Prevent referrals are confidential and do not result in a criminal record or any other form of sanction.

1.4 The Channel programme

The Channel programme in England and Wales is an initiative that provides a multi-agency approach to support people vulnerable to the risk of radicalisation. For those individuals where the police assess there is a risk of radicalisation, a Channel panel chaired by the Local Authority, and attended by other partners such as representatives from education and health services, will meet to discuss the

referral. They will discuss the extent of the vulnerability, assess all the circumstances of the case, and decide whether to adopt the individual as a Channel case. Cases are adopted in order to further assess the vulnerability, or to provide a tailored package of support where necessary and proportionate to do so. A Channel panel may decide that a person's vulnerabilities are not terrorism-related and will refer the person to other forms of support. Information shared among partners is strictly within the terms of the Data Protection Act and the General Data Protection Regulation (GDPR). The Home Office collects, processes and shares personal information to enable it to carry out its statutory functions as part of Channel. For further information on how personal data is stored and used for the Channel programme, please refer to the Channel Data Privacy Information Notice (DPIN) (https://www.gov.uk/government/publications/channel-data-privacy-notice/channel-data-privacy-information-notice).

The Counter-Terrorism and Security Act 2015

(https://www.gov.uk/government/collections/counter-terrorism-and-security-bill) placed the Channel programme on a statutory footing and created a duty on each Local Authority in England and Wales to ensure there is a panel in place for its area. Statutory guidance for Channel panels (https://www.gov.uk/government/publications/channel-guidance) was published in March 2015.

1.5 Providing support and leaving the programme

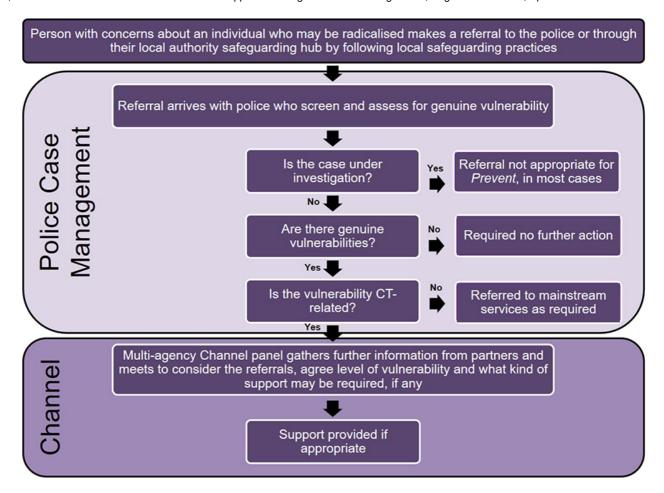
Participation in the Channel programme is confidential, and consent is obtained before Channel support is provided. Many types of support are available, addressing educational, vocational, mental health and other vulnerabilities. Ideological mentoring is common. Tailored support is provided based on the needs identified for an individual. The role of the Channel panel is to coordinate new activity through statutory partners and/or Channel-commissioned Intervention Providers (IPs), or oversee existing activity depending on what is most appropriate and proportionate for the case.

A Channel panel will, on a monthly basis, review the progress of an individual in the Channel programme. The panel decides a person will leave the Channel programme when there is no further risk of radicalisation. Support to address non-radicalisation-related concerns could continue in some cases but= would be managed outside of the Channel programme.

The Local Authority or other providers may provide alternative forms of support to people who drop out of the Channel programme. In these circumstances, the police will manage any risk of terrorism they might present.

After an individual has left the Channel programme, their progress will be reviewed after 6 and 12 months. If the individual shows further radicalisation-related concerns, they can re-enter the Channel programme and receive further support.

Figure 1: Prevent process flow diagram



Source: Home Office

2. People referred to the Prevent programme

This section presents statistics on the number of referrals to Prevent due to concerns that an individual is vulnerable to radicalisation. It includes the sector of referral and information on how the individuals referred were assessed and supported, including those who required no further action, a referral to another service or were reviewed by a Channel panel for support through the Channel programme.

The data presented in this release represents activity recorded by the police and Local Authority partners. Although quality assurance is undertaken to confirm these numbers, the statistics rely on recording of information and so the overall completeness and accuracy of reported totals cannot be guaranteed. Please see the user guide (https://www.gov.uk/government/publications/user-guide-to-individuals-referred-to-and-supported-through-the-prevent-programme-england-and-wales) for further information.

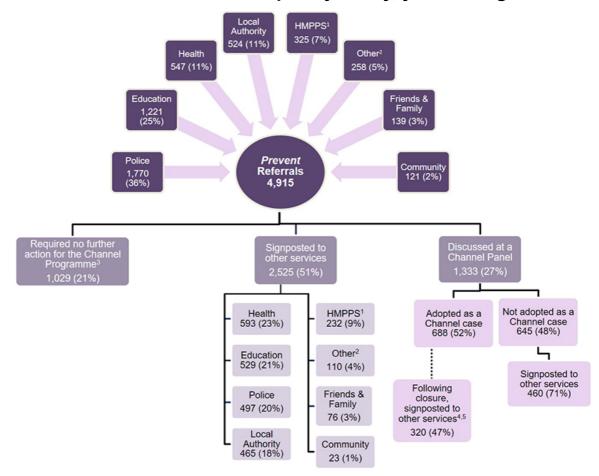
Throughout this release, the number of referrals reported includes individuals who had been referred more than once during the year. This information is included as each referral may not contain the same information (e.g. different sector of referral or type of concern) and may not have the same outcome (e.g. signposted to

statutory partners, discussed at a Channel panel). Including multiple referrals provides a more complete picture of all support recorded and provided through the Prevent programme in the year ending March 2021.

2.1 The referral process

In the year ending March 2021, there were 4,915 referrals to Prevent due to concerns that an individual was vulnerable to radicalisation. The police made the most referrals (1,770; 36%), followed by the Education sector (1,221; 25%). Compared with the previous year, the proportion of referrals made by the police increased (1,950; 31%), whilst the proportion of referrals made by the Education sector decreased (1,928; 31%). The year ending March 2021 saw the lowest proportion of referrals received from the Education sector since comparable data are available, likely due to the closure of schools and universities as a result of the COVID-19 pandemic.

Figure 2: Sector of referral and subsequent journey, year ending March 2021



Source: Home Office, Individuals referred to and supported through the Prevent programme, England and Wales, April 2020 to March 2021. <u>Table 2</u> (https://www.gov.uk/government/statistics/individuals-referred-to-and-supported-through-the-prevent-programme-april-2020-to-march-2021)

Notes:

- 1. HM Prison and Probation Service.
- 2. 'Other' includes employment, military and government (including Home Office Immigration Enforcement & HMRC), for example.
- 3. Referrals received that 'required no further action' include but are not limited to: individuals already receiving support through Prevent, those presenting a higher risk than can be managed by Prevent, and those who were found to have no vulnerabilities at initial assessment.
- 4. Individuals can be signposted after a Channel case has been closed to ensure that they continue to receive support for any non-radicalisation-related vulnerabilities.
- 5. Data quality checks found that in some cases, Channel Case Officers are recording that an individual has been 'signposted to a service' following case closure, when notifying the source of referral to re-refer if concerns are raised again in future. Therefore, the statistics on the number of individuals referred to alternative services may include services providing new support following case closure, and services continuing to support the individual following their exit from the Prevent programme.
- 6. The sum of 'Required no further action', 'Signposted to other services', and 'discussed at a Channel panel' do not equal the total number of Prevent referrals due to 28 open cases at the information gathering stage at the point of data confirmation (27 September 2021). Individuals can be signposted to statutory partners to address wider vulnerabilities depending on what the panel assess as being necessary and proportionate.
- 7. Percentages may not add up to 100 due to rounding.

Of the 4,915 referrals to Prevent in the year ending March 2021:

- 72% (3,554) were deemed not suitable for Channel consideration and exited the process prior to a Channel panel discussion; of which the majority were signposted to other services (2,525;71%)
- 27% (1,333) were considered for Channel support
- Ultimately, 14% (688) were adopted as a Channel case [footnote 1]

Of the 2,525 referrals signposted to alternative services for support, they were most commonly directed to the Health sector (593; 23%), closely followed by the Education sector (529; 21%).

Of the 1,333 referrals deemed suitable through preliminary assessment to be **discussed at a Channel panel** in the year ending March 2021:

- 645 (48%) referrals were not adopted as a Channel case; of these, the majority (460; 71%) were signposted to alternative services [footnote 2] where the panel deemed the individuals to have non-radicalisation-related vulnerabilities. Those not adopted and not signposted at this stage may have either been found to have no vulnerabilities, appropriate support was already in place, or they may not have consented to support.
- 688 (52%) referrals were adopted as a **Channel case**, of which most (509; 74%) of the individuals concerned have now left the Channel process; 179 (26%) remained a Channel case at time of data confirmation (September 2021).

Of the 509 referrals adopted as a **Channel case** in the year ending March 2021 that have subsequently closed, 435 (85%) of the individuals concerned exited with no further radicalisation concerns. This can include individuals:

- who had a vulnerability to radicalisation addressed by a Channel-commissioned Intervention Provider
- for whom the Channel panel oversaw existing support already in place through statutory partners
- who were adopted as a Channel case to further assess whether a vulnerability to radicalisation was present and determine whether additional support was needed

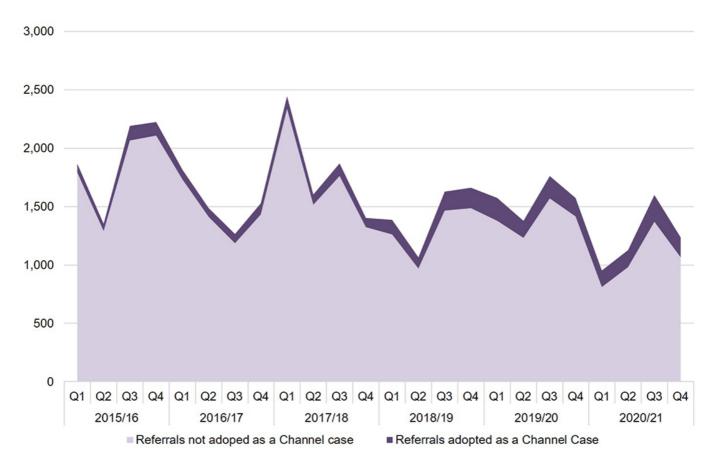
The remaining 74 referrals (15%) that were adopted as a case and have now closed, concerned individuals who either withdrew from the Channel programme (69), or were withdrawn because it was no longer deemed appropriate (5), although in some cases support from other services may still be in place. Any terrorism risk that might be present is managed by the police.

2.2 Referrals over time

In the year ending March 2021, there were 4,915 referrals to Prevent, a 22% decrease in comparison with the previous year (6,287). This decrease is likely to have been driven by the effects of public health restrictions that were in place throughout the year to control the spread of the COVID-19 virus. In Q1, during the first lockdown in England and Wales, there were 954 referrals to Prevent. This is the lowest number of referrals received in a quarter since comparable data began in the year ending March 2016, and a 39% decrease compared with the number of referrals to Prevent in Q1 of the previous year (1,575). The total number of referrals increased quarter-on-quarter to a peak of 1,599 referrals in Q3, decreasing again in Q4 to 1,234 referrals as England and Wales entered a third national lockdown.

There was a 7% decrease in the number of referrals deemed suitable through a preliminary assessment to be discussed at a Channel panel compared with the previous year (1,333 down from 1,432). However, the proportion of referrals discussed at a Channel panel increased (27%, up from 23% in the previous year). In the year ending March 2021, 688 referrals were adopted as a Channel case, four less cases compared with the 692 referrals adopted as a case in the previous year. Similar to those discussed at panel, despite the decrease in the total number of referrals to Prevent, the proportion adopted as a Channel case also increased (14%, up from 11% in the previous year).

Figure 3: Proportion of Prevent referrals adopted as a Channel case, years ending March 2016 to 2021



Source: Home Office, Individuals referred to and supported through the Prevent programme, England and Wales, April 2020 to March 2021. <u>Table 1</u> (https://www.gov.uk/government/statistics/individuals-referred-to-and-supported-through-the-prevent-programme-april-2020-to-march-2021)

3. Demographics

This section reports statistics on the individuals referred to Prevent due to concerns about their vulnerability to the risk of radicalisation. Demographics (including age and gender) are reported according to their progression through Prevent as well as the type of concern raised.

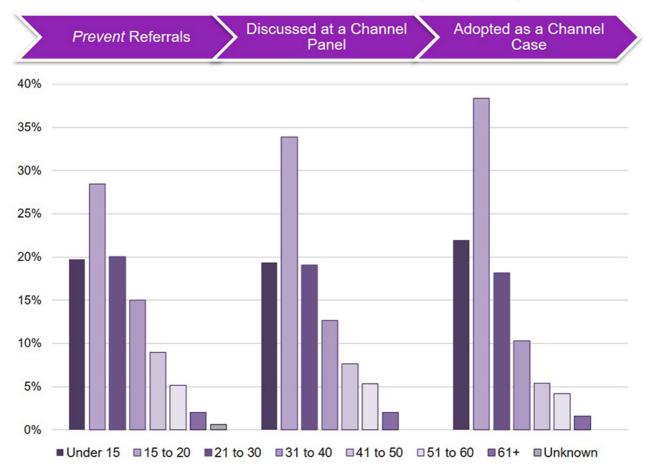
3.1 Age

In the year ending March 2021, individuals aged 15 to 20 accounted for the largest proportion of the 4,883 **referrals** to Prevent (1,398; 29%) where age was known (Figure 4). Individuals aged 21 to 30 accounted for the second largest proportion of referrals (984; 20%) where age was known, closely followed by individuals aged under 15 (969; 20%).

Those aged 15 to 20 accounted for a larger proportion as the individuals moved through the programme, accounting for over a third of those discussed at a Channel panel (452; 34%) and adopted as a Channel case (264; 38%).

This is in line with previous data since the year ending March 2016, as individuals aged 15 to 20 have consistently accounted for most referrals, discussions at panel and Channel cases.

Figure 4: Age group from youngest to oldest of those referred, discussed at a Channel panel and adopted as a Channel case, year ending March 2021



Source: Home Office, Individuals referred to and supported through the Prevent programme, England and Wales, April 2020 to March 2021. Table 4 (https://www.gov.uk/government/statistics/individuals-referred-to-and-supported-through-theprevent-programme-april-2020-to-march-2021)

3.2 Age by sector of referral

The median age is the age of the middle person, when sorted from youngest to oldest. Using the median provides a good indication of the age of the 'typical' person referred by each sector.

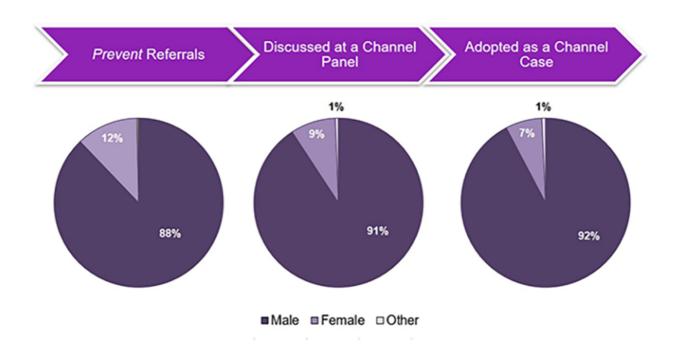
Reflecting the demographic composition of the institution, **referrals** for individuals from the Education sector had the youngest median age (15 years of age). Referrals from the Community had the oldest median age (31 years). Median ages for the other sectors of referral were as follows: Local Authority (17 years), Friends & Family (21 and a half years), Other (26 years), Police (28.0), Health (28 years) and HMPPS (30 years).

3.3 Gender

In this report, we refer to gender rather than sex of individuals referred to Prevent. 'Sex' can be considered to refer to whether someone is male or female based on their physiology, with 'gender' representing a social construct or sense of self that takes a wider range of forms. However, it is likely that recording includes a mixture of physiological and personal identity.

In the year ending March 2021, of the 4,913 **referrals** where gender was specified, the majority were for males (4,316; 88%). Males also accounted for the majority of the referrals discussed at a Channel panel (1,210 of 1,333; 91%) and those adopted as a Channel case (635 of 688; 92%).

Figure 5: Gender of those referred, discussed at a Channel panel and adopted as a Channel case, year ending March 2021



Source: Home Office, Individuals referred to and supported through the Prevent programme, England and Wales, April 2020 to March 2021. Table 5 (https://www.gov.uk/government/statistics/individuals-referred-to-and-supported-through-theprevent-programme-april-2020-to-march-2021)

Notes: The 'Unspecified' gender categories each accounted for less than 1% of referrals, Panel discussions and Channel cases.

The proportion of males at each stage of the Prevent programme has been increasing since the year ending March 2016, the earliest for which comparable data are available. However the largest increase has been in the proportion of males adopted as a Channel case. In the year ending March 2016, 85% (321 of 378) of referrals adopted as a Channel case were for males, this compares with 92% (635 of 688) in the year ending March 2021.

3.4 Type of concern

The type of concern presented is based upon information provided by the referrer. For cases that progress further into the programme, officers may update this based upon new information that comes to light as they gather further information to help them provide support tailored to the individual's need. Therefore, the statistics regarding the 'type of concern' raised, are likely to include a mix of type of concern raised by original referrer and type of concern that the Channel Case Officers believe the individual is presenting.

In the year ending March 2021, of the 4,915 referrals to **Prevent**, half (2,522; 51%) were for individuals with a mixed, unstable or unclear ideology. In line with the overall decrease in total referrals, the number of Prevent referrals regarding individuals with a mixed, unstable or unclear ideology decreased by 21% in the year ending March 2021 compared with the previous year (3,203). This category reflects instances where the ideology presented involves a combination of elements from multiple ideologies (mixed), shifts between different ideologies (unstable), or where the individual does not present a coherent ideology yet may still pose a terrorism risk (unclear). This also includes individuals that may be vulnerable out of a sense of duty, or a desire for belonging and those obsessed with massacre or extreme/mass violence without targeting a particular group.

- No CT ideology
- Undetermined ideology
- Conflicted ideology
- School Massacre ideology
- High CT risk but no ideology present
- No risk, vulnerability, or ideology present
- Vulnerability present but no ideology or CT risk

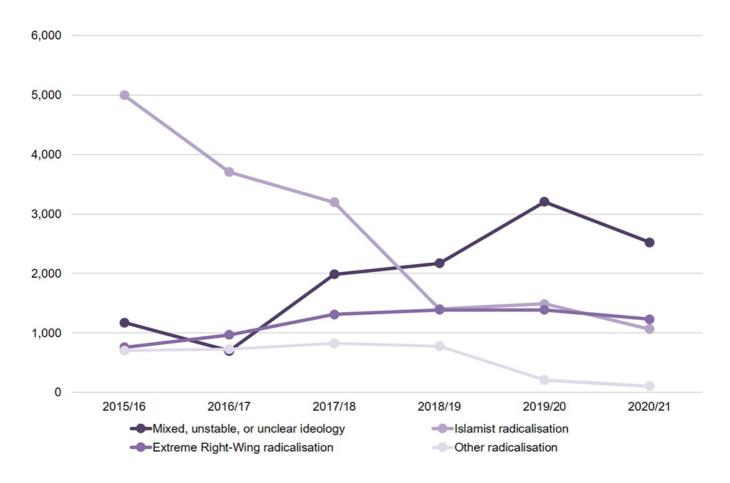
The final two options within the list are used when there is no clear ideological link to the concerns raised on referral and are used retrospectively by the case officers once further information gathering has been completed.

A total of 1,229 **referrals** (25%) were due to concerns related to Extreme Right-Wing radicalisation. The number of referrals for Extreme Right-Wing radicalisation concerns decreased by 11% compared with the previous year (1,387). In the year ending March 2021, for the first time since comparable data are available (year ending March 2016), there were more Extreme-Right Wing referrals than Islamist referrals.

There were 1,064 **referrals** (22%) were due to concerns related to Islamist radicalisation concerns. Referrals for concerns related to Islamist radicalisation decreased by 28% compared with the previous year (1,487). The number of referrals for this type of concern has decreased by 79% since the year ending March 2016 (4,997 referrals).

The remaining 100 **referrals** (2%) were due to concerns related to other types of radicalisation. Although numbers were comparatively low, this includes concerns regarding international radicalisation groups, left-wing radicalisation and Northern Ireland-related extremism, for example.

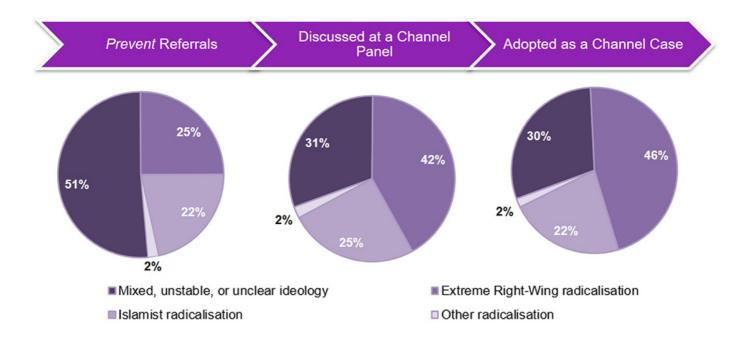
Figure 6: Prevent referrals by type of concern, years ending March 2016 to 2021



Source: Home Office, Individuals referred to and supported through the Prevent programme, England and Wales, April 2020 to March 2021. <u>Table 6</u> (https://www.gov.uk/government/statistics/individuals-referred-to-and-supported-through-the-prevent-programme-april-2020-to-march-2021)

Notes: Prior to the year ending March 2018, 'Mixed, unstable or unclear' referrals were categorised as 'unspecified'.

Figure 7: Type of concern of those referred, discussed at a Channel panel and adopted as a Channel case, year ending March 2021



Source: Home Office, Individuals referred to and supported through the Prevent programme, England and Wales, April 2020 to March 2021. Table 6 (https://www.gov.uk/government/statistics/individuals-referred-to-and-supported-through-theprevent-programme-april-2020-to-march-2021)

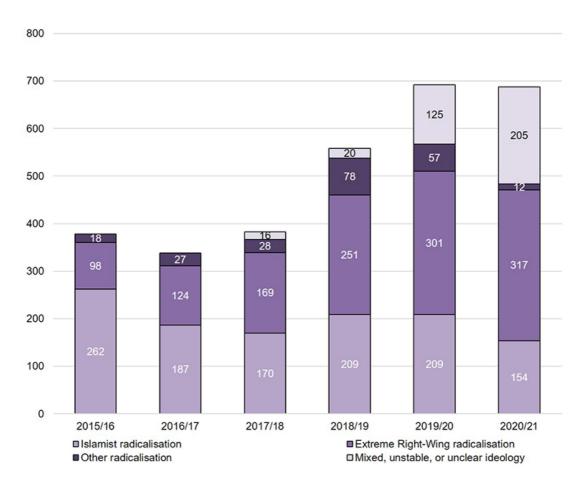
A total of 688 referrals were adopted as a **Channel case** and for the third consecutive year, there were more adopted cases for individuals referred for concerns related to Extreme Right-Wing radicalisation (317; 46%) compared to individuals with concerns related to Islamist radicalisation (154; 22%).

The number of referrals adopted as a **Channel case** for concerns related to Extreme Right-Wing radicalisation increased by 5% compared with the previous year (301), continuing the upward trend since the year ending March 2016. In comparison, the number of referrals adopted as a Channel case for Islamist radicalisation concerns decreased by 26% compared with the previous year (209). Since the year ending March 2016, the number of referrals adopted as a **Channel** case following a referral for Islamist radicalisation concerns has decreased by 41% (262 in the year ending March 2016).

There were 205 referrals adopted as a **Channel case** for individuals with a mixed, unstable or unclear ideology (30%). The number of referrals adopted as a Channel case for this type of concern has increased by 64% compared with the previous year (125).

The remaining 12 referrals adopted as a **Channel case** were for other radicalisation concerns (2%).

Figure 8: Channel cases by type of concern, years ending March 2016 to 2021



Source: Home Office, Individuals referred to and supported through the Prevent programme, England and Wales, April 2020 to March 2021. Table 6 (https://www.gov.uk/government/statistics/individuals-referred-to-and-supported-through-theprevent-programme-april-2020-to-march-2021)

3.5 Likelihood of adoption as a case by type of concern

Overall, the likelihood of referrals discussed at a Channel panel being adopted as a case increased from the previous year; 52% (688 of 1,333) of all referrals discussed went on to be adopted in the year ending March 2021, compared with 48% (692 of 1,432) in the previous year. However, referrals discussed at a Channel panel for individuals with Extreme Right-wing radicalisation concerns were most likely to be adopted as a case (317 of 557; 57%) compared with those with a mixed, unstable or unclear ideology (205 of 409; 50%) and those with concerns related to Islamist radicalisation (154 of 337; 46%).

3.6 Age by type of concern

For all types of radicalisation concern, where aged was known, those aged between 15 and 20 accounted for the largest proportion of those referred in the year ending March 2021. However, compared to the other types of concern, the age of those referred for Islamist radicalisation concerns (1.064) was more equally split between the age groups of 15 to 20 (286; 27%) and 21 to 30 (272; 26%).

The age of those referred that were adopted as a Channel case also differed by type of concern. For concerns related to Islamist radicalisation, the majority of individuals were aged 15 to 30 (98 of 154; 64%). For Extreme Right-Wing radicalisation concerns and those with a mixed, unstable or unclear ideology, the majority of cases involved those who were aged 20 and under (199 of 317; 63%, 134 of 205; 65%).

3.7 Gender by type of concern

For all types of radicalisation concern, the proportion of males **referred**, discussed at a Channel panel and adopted as a Channel case was higher than females. Referrals, panel discussions and cases for concerns related to Extreme Right-Wing were most likely to involve males, with males accounting for 97% (307 of 317) of Channel cases in the year ending March 2021. In comparison, 85% (131 of 154) of the adopted cases for concerns related to Islamist radicalisation involved males.

4. Regional trends

This section reports regional trends in referrals for individuals due to concerns regarding their vulnerability to the risk of radicalisation. Geographic regions are reported according to their progression through the Prevent programme and the type of concern raised. The geographic regions presented are those covered by Regional Prevent Coordinators (RPCs) and therefore within this statistical collection, the North East also covers Yorkshire and the Humber.

In the year ending March 2021, the region that received the highest number of referrals per million population was the East Midlands (108.9), followed by the North East (107.3). The North East and East Midlands have both been within the top three regions that received the highest number of referrals per million population in each of the previous three years (years ending March 2019 to 2021).

The region that had the highest number of referrals discussed at a panel per million population was the West Midlands (29.5). There have been greater fluctuations in the number of discussions at panel per million population within each region, however the East of England has consistently been in the top three regions that received the highest number of referrals discussed at a panel per million population in each of the previous three years.

The region that had the highest number of referrals adopted as a **Channel case** per million population was the North East (15.1), followed by the West Midlands (14.4) and the South East (13.7). The West Midlands has been within the top three regions that received the highest number of **Channel cases** per million population in each of the previous three years.

Please see Table 7 of the accompanying data tables (https://www.gov.uk/government/statistics/individuals-referred-to-and-supported-through-theprevent-programme-april-2020-to-march-2021) for more detailed breakdowns.

Figure 9: Total number of referrals, those discussed at a Channel panel and adopted as a Channel case by region, year ending March 2021

Region	Prevent	Referrals	Discussed at a Channel Panel		Adopted as a Channel Case	
	Total	Per million population	Total	Per million population	Total	Per million population
North East	881	107.4	188	22.9	124	15.1
North West	597	81.0	170	23.1	71	9.6
East Midlands	530	108.9	128	26.3	51	10.5
West Midlands	476	79.8	176	29.5	86	14.4
East	447	71.3	169	27.0	69	11.0
London	688	76.4	136	15.1	81	9.0
South East	774	84.0	244	26.5	126	13.7
South West	292	51.6	64	11.3	44	7.8
Wales	230	72.6	58	18.3	36	11.4
Total England and Wales	4,915	82.3	1,333	22.3	688	11.5

Source: Home Office, Individuals referred to and supported through the Prevent programme, England and Wales, April 2020 to March 2021. Table 7

(https://www.gov.uk/government/statistics/individuals-referred-to-and-supported-through-theprevent-programme-april-2020-to-march-2021). Office for National Statistics, Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2020

(https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/population estimates/bulletins/annualmidyearpopulationestimates/latest)

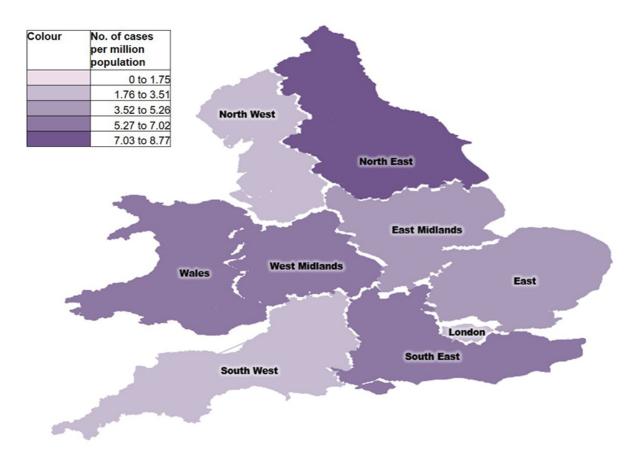
4.1 Region by type of concern

The regional distribution of referrals for Extreme Right-Wing radicalisation concerns per million population at each stage of the Prevent programme varied. The region that received the highest number of **referrals** per million population was the North East (30.8). However, the region that had the highest number of referrals per million population discussed at a panel (12.3) was the East Midlands, closely followed by the South East (12.3). The North East was also the region that had the highest number of adopted **Channel cases** per million population (8.8).

In contrast, for concerns relating to Islamist radicalisation, the region that received the highest number of **referrals** per million population was London (32.7). London also had the highest number of referrals per million population discussed at a panel (8.6) and adopted as a Channel case (4.7).

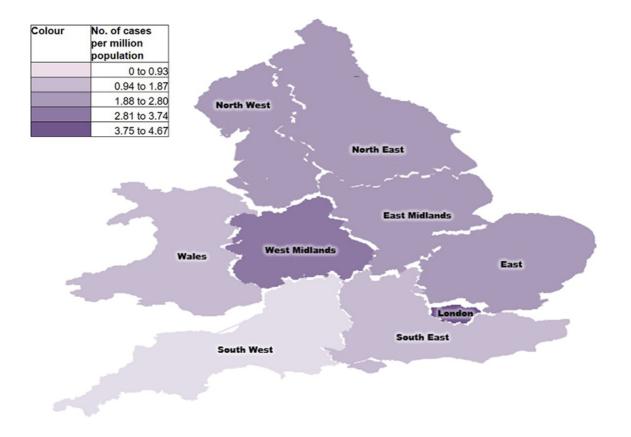
For concerns regarding individuals with a mixed, unstable or unclear ideology, the region that received the highest number of referrals per million population was the East Midlands (64.1). The region that had the highest number of referrals per million population discussed at a panel was the West Midlands (11.2) and the region that had the highest adopted Channel cases per million population was the South East (5.3).

Figure 10: Channel cases for Extreme Right-wing radicalisation concerns per million population by region, year ending March 2021



Source: Home Office, Individuals referred to and supported through the Prevent programme, England and Wales, April 2020 to March 2021. Table 7 (https://www.gov.uk/government/statistics/individuals-referred-to-and-supported-through-theprevent-programme-april-2020-to-march-2021). Office for National Statistics, Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2020

(https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/population estimates/bulletins/annualmidyearpopulationestimates/latest) #### Figure 11: Channel cases for Islamist radicalisation concerns per million population by region, year ending March 2021



Source: Home Office, Individuals referred to and supported through the Prevent programme, England and Wales, April 2020 to March 2021. Table 7

(https://www.gov.uk/government/statistics/individuals-referred-to-and-supported-through-theprevent-programme-april-2020-to-march-2021). Office for National Statistics, Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2020

(https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/population estimates/bulletins/annualmidyearpopulationestimates/latest)

5. Further information

The user guide (https://www.gov.uk/government/publications/user-guide-to-individualsreferred-to-and-supported-through-the-prevent-programme-england-and-wales) provides further details on this release, including the strengths and limitations of the data and the quality assurance processes involved in the production of this release. It also includes a glossary of terms used throughout this release.

5.1 Other related publications

Forthcoming publications are pre-announced on the statistics release calendar on GOV.UK website.

Previous releases of these statistics can be found on GOV.UK (https://www.gov.uk/government/collections/individuals-referred-to-and-supported-throughthe-prevent-programme-statistics).

Police Scotland publish statistics on the number of individuals referred to Prevent in Scotland. (https://www.scotland.police.uk/about-us/police-scotland/prevent-referral-data/)

5.2 Feedback and enquiries

If you have any feedback or enquiries about this publication, please contact HSAI Statistics@homeoffice.gov.uk.

Home Office responsible statistician: Jodie Hargreaves

Press enquiries: pressoffice@homeoffice.gov.uk, Telephone: 020 7035 3535

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- 1. An additional 28 cases were open at the information gathering stage at the time of data confirmation (27 September 2021).
- 2. The sector that the individual is signposted to upon exiting the Prevent process may engage other statutory partners to appropriately address the concern for that individual.

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