

## EX POST PAPER

# Multi- or cross-cultural approaches to preventing polarisation and radicalisation

### Summary

On 4-5 July, the RAN Health and Social Care (H&SC) working group gathered in Dublin to address the topic of growing polarisation leading to violent extremism. A key issue for this meeting was the role of social and healthcare professionals in relation to bridging the gap. The meeting focused on polarisation and multi- or cross-cultural approaches. The meeting participants comprised social workers, psychologists, community workers and representatives of NGOs. There is a role for practitioners to play in preventing polarisation. Success depends on contact and relationship-building with local communities, cross-cultural awareness and creating information flows between different agencies and professionals.

## Aim of the meeting

The RAN H&SC working group seeks to empower and inspire first-line practitioners in preventing radicalisation. Health and social care professionals are also key partners in the challenge of tackling polarisation and community tensions.

The meetings therefore focused on Bart Brandsma's polarisation model for understanding polarisation<sup>1</sup>, and offered suggestions and approaches that can be constructive for health professionals, social workers and other practitioners. The aim was then to connect this common thread to lessons learned from a previous meeting on multi-agency approaches, and new perspectives on cross-cultural approaches.

Exploring the challenges in dealing with polarisation as health and social care professionals, the following key questions were addressed:

- how can we recognise polarisation?
- how can polarisation lead to the radicalisation of some persons?
- what approaches exist at community level to tackle polarisation?
- what (alternative) narratives play a role in tackling polarisation?

## Polarisation: the concept

Polarisation is defined as a thought construct, based on assumptions about others, who are different. It is communication and thinking in terms of 'us and them'. The perceived differences are exaggerated in simplistic narratives about the others, neglecting what the two groups might have in common.

Nobody doubts the existence of polarisation, or its unhealthy nature. But why does it matter to those working to prevent radicalisation? Polarisation does not necessarily lead to radicalisation and radicalisation does not have to result in growing polarisation. The answer lies in the factors that make people vulnerable to extremist propaganda and recruitment. A heavily divided community with hostilities between groups and a strong 'us and them' way of thinking is the ideal breeding ground for recruiters and radicalisers pushing extremist ideologies, exploiting feelings of fear, distrust and rejection of 'them'. Moreover, in a polarised situation in which hate speech is being used, as well as narratives referring to violence, there is the risk of lone actors or small groups turning to violence.

### *Theories and models*

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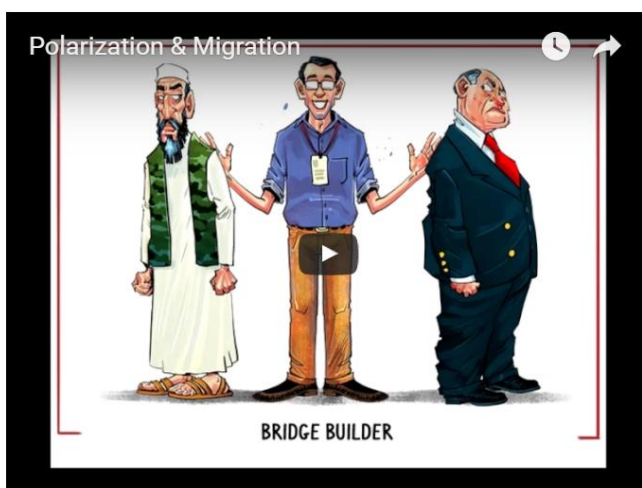
<sup>1</sup> Bart Brandsma <https://www.polarisatie.nl/eng-home-1/>

Different theories and models are used to define and characterise polarisation and its potential causes. In some studies, polarisation is explained using the concept of ‘biased assimilation’. This theory suggests that people process new information in a biased manner: they readily accept evidence that confirms their view or opinion and are critical towards disconfirming evidence<sup>2</sup>. This could cause individuals to arrive at more extreme opinions after being exposed to identical, inconclusive evidence<sup>3</sup> –and could eventually lead to polarisation.

Polarisation could show itself in negative thoughts and attitudes towards other groups. This can result in growing hostility and segregation, leading to a situation in which intolerance could lead to hate speech and even hate crime. So there is a link between prejudices, intolerance, exclusion and xenophobia, Islamophobia and other forms of discrimination and thinking in terms of in-groups (‘us’) and out-groups (‘them’). Trigger events can spark and accelerate polarisation, catalysed and facilitated by mass media channels and social media. Fake news, framing incidents and so-called information bubbles meanwhile enforce the polarisation process.

At our Dublin meeting we also introduced and discussed Bart Brandsma’s Polarisation Management model<sup>4</sup>. For a short introduction, watch the four-minute summary on [YouTube](#) by clicking on the image below.

*Figure 1: Bart Brandsma’s polarisation model – an explainer video*



<sup>2</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3625335>

<sup>3</sup> Lord CG, Ross L, Lepper MR. Biased assimilation and attitude polarization: The effects of prior theories on subsequently considered evidence. *J Pers Soc Psychol.* 1979;37(11):2098–2109.

<sup>4</sup> Bart Brandsma <https://www.polarisatie.nl/eng-home-1/>

The polarisation model as described by Bart Brandsma has been presented at numerous RAN meetings. The model is being used in a variety of different contexts and in different EU Member States.

Brandsma claims polarisation is built upon *three rules* and *five roles*:

Three rules:

1. Polarisation is a thought construct; it uses 'us-and-them' thinking, based on identities and groups.
2. Polarisation needs fuel; it thrives on talking about identities in combination with judgment. If there is no communication, no energy put into the polarisation, it will die out.
3. Polarisation is about feelings and emotion. Facts and figures won't do the job.

The five roles

1. The *Pushers*, trying to create polarisation, the instigators acting from the poles. They claim 100% truth.
2. The *Joiners*, who have chosen sides, and moved towards the pushers, this is polarisation taking place.
3. The *Silent in the middle ground*, the nuanced. Those not choosing sides, not taking part in polarisation. They could be neutral, scared or indifferent. They are targeted by the pushers.
4. The *Bridge builder*, trying to bring peace and moderation by reaching out to both opposing poles. But, by doing so, underlining the existence of the two poles, thus adding fuel.
5. The *Scapegoats*, who are being blamed or attacked, these could be the non-polarised 'in the middle ground' or the bridge-builders.

## **Polarisation: moving from theory to actionable evidence-based intervention**

The Dublin meeting kicked-off with the above-mentioned model on polarisation, and was immediately followed by a thought-provoking intervention from Dr Kiran Sarma on how notions on polarisation can lead to evidence-based interventions. Brandsma's theory is largely an explanatory theory that helps to explain how the process of polarisation can be identified. However, such explanatory approaches are also relatively broad conceptualisations of complex problems. The presentation delved into making explanatory theories more explicit and identifying risk factors in order to develop targeted policy responses.

An example in this context is Cognitive Behavioural Therapy/Theory (CBT)<sup>5</sup>, which holds that thinking affects how people behave and feel, and emotions (feelings) affect how we think and behave. These factors can come together to explain the psychological experiences or difficulties a person faces. Interventions from professionals should typically follow a so-called theory of change<sup>6</sup>. A number of studies<sup>7</sup> show how this works in practice, such as using the theory of change to design and evaluate public health interventions.

The interventions that are more likely to work with people in distress or in need of help are:

- theoretically driven;
- based on the needs of recipients/targets;
- delivered in a way that they are likely to respond to it.
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### **Polarisation in society: the role of alternative narratives**

NUI Galway University researcher Sarah Carthy presented her research on extremist narratives and polarisation, and the kinds of responses can counter it. A narrative is ultimately nothing more than a description and understanding of a story. It can, however, be very powerful. A narrative can inform people, can entertain, and can be designed to make people believe in it. It can be a very simple message, repeated at length in order to gain credibility, and it can appear to be reasonable. Narratives work in the same way as persuasion and can make persons believe they are being heard, identified with, understood and felt. Responses can be constructed upon this feeling. Extremist narratives offer schematic information that:

- is simplified or in the form of a stereotype;
- can create in-groups and out-groups (which include and exclude);
- judges.

The role of alternative narratives can be in deconstructing and deligitimising extremist narratives. During the meeting in Dublin, several examples of initiatives intended as counter or alternative narratives were screened. Alternative narratives can be delivered in many different ways, including as online videos, video games or social media campaigns. There is continuous discussion among professionals, but also in society at large, about the role that alternative narratives can play and what their role should be – even well-intentioned alternative narratives can still add fuel to a public debate and consequently further polarise society. And an alternative narrative can also be delegitimised by the audience it seeks to reach. Whether the messenger is considered credible by

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<sup>5</sup> CBT falls under psychotherapy. It involves in working with a mental health professional in a structural way. The process of CBT supports the patient in becoming aware of their behaviour and feelings in order to be able to challenging such situations and respond to them more effectively.

<sup>6</sup> Link met uitleg theory of change.

<sup>7</sup> Such as De Silva MJ, Breuer E, Lee L, Asher L, Chowdhary N, Lund C, Patel V. (2014), Theory of Change: a theory-driven approach to enhance the Medical Research Council's framework for complex interventions;

the audience it seeks to reach matters, as does where the message is coming from, how it is presented, the tone used, and the timing.

The screening of videos generated significant debate on the potential effectiveness of the different messages delivered. Alternative narratives can further polarise the debate and it is difficult to formulate a credible, legitimate alternative message. But that does not mean that alternative narratives should not be tried.

### **Polarisation and radicalisation risks at local level**

Polarisation can have important consequences at local level, making it more difficult for social workers and health practitioners to intervene. It can lead to mistrust of those wishing to support or help, and to further exclusion and marginalisation.

Luton family safeguarding programme director Adele Ellis presented the town's community engagement methods and *how* they respond to potential threats, risks and harm. Against a backdrop of over 850 Britons having travelled to Syria and Iraq, there are at least 80 women and 90 children still assumed to be in those conflict areas. Local authorities are expected to develop a safeguarding response with at times limited intelligence or information about the community-level situation.

The prevent strategy translates into three objectives at local level: safeguarding vulnerable people, building community resilience to challenge extremist ideology, and working with those sectors and institutions where there is a risk. The four keywords in this wider context are pursue, prevent, protect and prepare.

Luton's prevent and safeguarding approach is considered to be at the forefront of UK Prevent approaches<sup>8</sup>. The focus has been on developing strong multi-agency partnerships. Luton's Prevent work has been instrumental in further shaping the tone of the debate on prevention and countering radicalisation.

Luton works with community members that can be voices for and reflective of that community. The town's focus is on:

- young people being drawn into a violent ideology or groomed with a view to travelling to Syria or Iraq;
- Luton parents attempting to travel to Syria, *or returning* with their children;

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<sup>8</sup> See: <https://www.gov.uk/government/publications/prevent-strategy-2011>

- local children at risk of being radicalised because they are living with parents known to hold ideologies of violent extremism.

Furthermore, the Luton approach offers early help through:

- advice and support to partner agencies (schools);
- the use of government approved interventionists;
- Workshop to Raise Awareness of Prevent (WRAP)<sup>9</sup>;
- the Channel process pilot called 'Dovetail'<sup>10</sup>.

Social care and mental health practitioners are regularly involved in this process. A number of tools are used, including a vulnerability assessment framework<sup>11</sup> and relevant forms and checklists. An example of an Early Help Assessment (EHA) of various levels of concerns and risk factors is presented below.

This is a 'thresholds' model for accessing services for children and families in Luton to ensure they receive the appropriate level of support. Most UK Local Authorities have a similar model – though it may look different – and it is usually a multi-agency grid model, set up by the local Safeguarding Children Board (all UK local authorities have a statutory duty to have such a Board).

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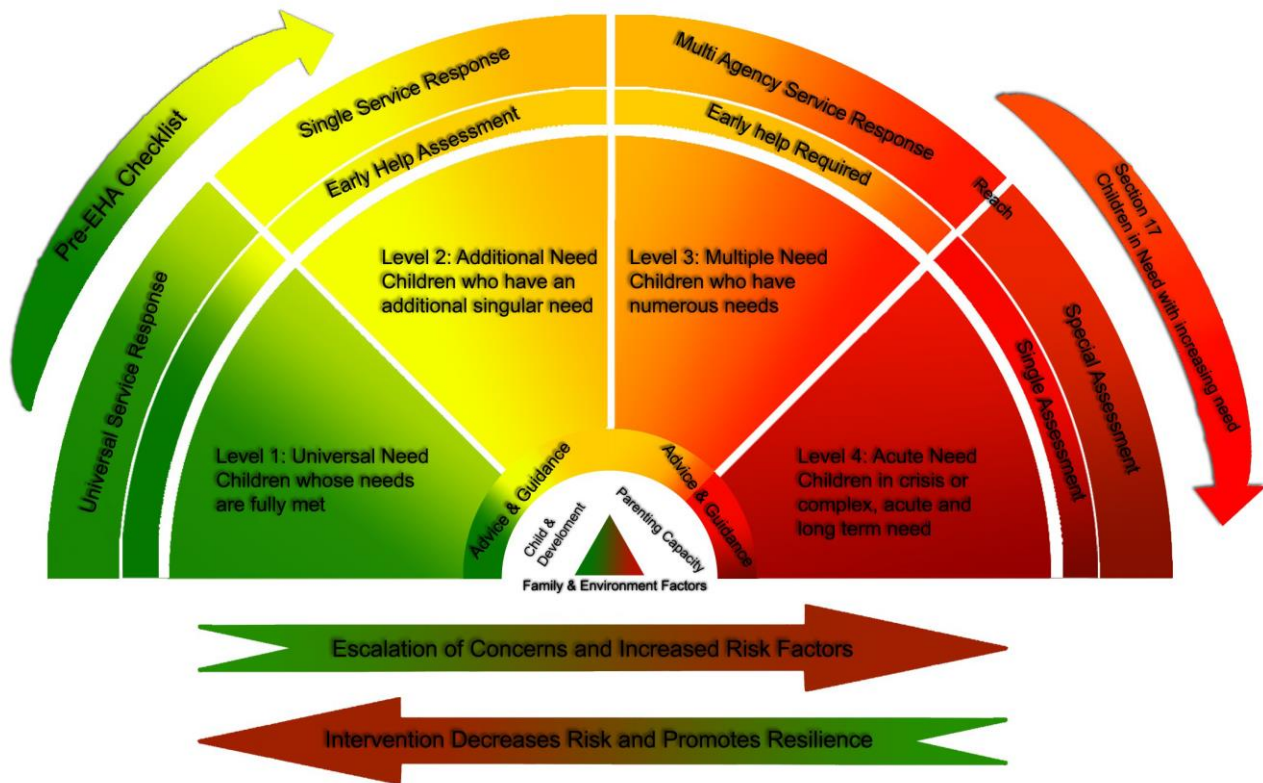
<sup>9</sup> See: [http://lutonlscb.org.uk/training\\_11\\_4191571592.pdf](http://lutonlscb.org.uk/training_11_4191571592.pdf)

<sup>10</sup> See for example:

<https://democracy.kent.gov.uk/documents/s72652/C2%20The%20Prevent%20Duty%20and%20Dovetail%20Pilot%20Update.pdf>

<sup>11</sup> See: <https://www.gov.uk/government/publications/channel-vulnerability-assessment>

Figure 2: Example of an Early Help Assessment tool



Source: Luton Safeguarding Children’s Board<sup>12</sup>

As can be seen in the visual above, level 4 is the most serious level of concern. Social work intervention at level 4 is possible in cases where a person has extremist views that could:

- place him or herself at risk;
- place others at risk;
- expose the person to exploitative/ harming material resulting in harm to a child.

The relevant safeguarding services seek to support or protect where needed, and need to understand the line between the right to hold extremist views and inflicting harm.

Difficult situations are dealt with through a continuous process of dialogue, engagement and mutual respect. In a context of possible mistrust and suspicion of government services, trust is

<sup>12</sup> <http://lutonlscb.org.uk/threshold.html>



particularly crucial. What Luton ultimately seeks to offer is support through a whole-family approach<sup>13</sup> that meets both physical and mental health needs.

## NHS prevention activities in London

Misha Upadhyaya (Regional Prevent Coordinator, London) and Luc Taperell (NHS Team Leader, Prevent Liaison and Diversion in Barnet, Enfield and Haringey Trust) presented the NHS England's approach to supporting reduction of radicalisation in London.

The UK Prevent strategy has been the subject of numerous RAN meetings and indeed a study visit. The strategy is about safeguarding people and communities from the threat of terrorism. It provides practical support to help prevent people from being drawn into terrorism. Key priorities include mental health, primary care, prevent communications, information sharing and assurance, so-called channel panel referrals<sup>14</sup>, and learning and development.

The legal framework behind the role of the NHS in prevention activities follows from the England and Wales Counter-Terrorism and Security Act 2015.<sup>15</sup> Section 26 of this act places a duty on certain entities to pay "due regard to the need to prevent people from being drawn into terrorism". Schedule 6 attached to this act specifies a long list of authorities that play a role. This includes local authorities, those in the criminal justice domain, and the police, as well as authorities in education, child care, health and social care. These authorities are those judged to have a role in protecting vulnerable people and / or national security. From this act it is clear that the NHS has a direct role. On top of this legal obligation there is also a professional responsibility for those working in the NHS to speak out against radicalisation.

NHS England is accountable to the Department of Health. A national nursing leadership via a *Chief Nursing Officer, Director of Nursing, Deputy Chief Nursing Officer* and *Head of Safeguarding* supports the process. It also includes system assurance via data collection and prevent leads. Safeguarding is a business priority for NHS England. This is also achieved through the National Safeguarding Steering Group (NSSG).

At the same time, the NHS is playing a greater role in activities carried out by other authorities. For example, to increase effectiveness when tackling radicalisation, the National Counter Terrorism

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<sup>13</sup> The approach focuses on the needs of parents and other adult family members and the needs of children all together. The approach seeks to identify families with the greatest for support, as soon as it is needed, and it strengthens the capacity of family members to support each other.

<sup>14</sup> For more information see:

<http://www.preventforfeandtraining.org.uk/sites/default/files/The%20Prevent%20Strategy%20and%20the%20Channel%20Programme%20in%20FE%20Colleges.pdf>

<sup>15</sup> Full legal text: <http://www.legislation.gov.uk/ukpga/2015/6/contents/enacted>

Policing Network (NCTPN) has started a pilot programme to embed mental health practitioners with counter terrorism police.

NHS Teams include psychologists, psychiatrists and mental health nurses tasked with assessing individuals referred through Prevent.

Key considerations within discussions on the role that health staff can play in preventing radicalisation include how these structures can continue to empower health professionals to see preventing radicalisation as mainstream safeguarding, and how to manage an increasing workload in preventing radicalisation.

## **Cross-cultural psychology and the role of training in preventing marginalisation and radicalisation**

Psychologist Kinga Białek explained the role of cross-cultural psychology, which focuses on cross-cultural relations, as well as cultural differences and similarities. The method is intended to develop intercultural competence and cross-cultural dialogue. It seeks to increase understanding of cultural backgrounds by looking at them from a broader perspective while considering:

- the generational factor;
- the regional factor (from where a person comes);
- social class factors;
- spheres of life.

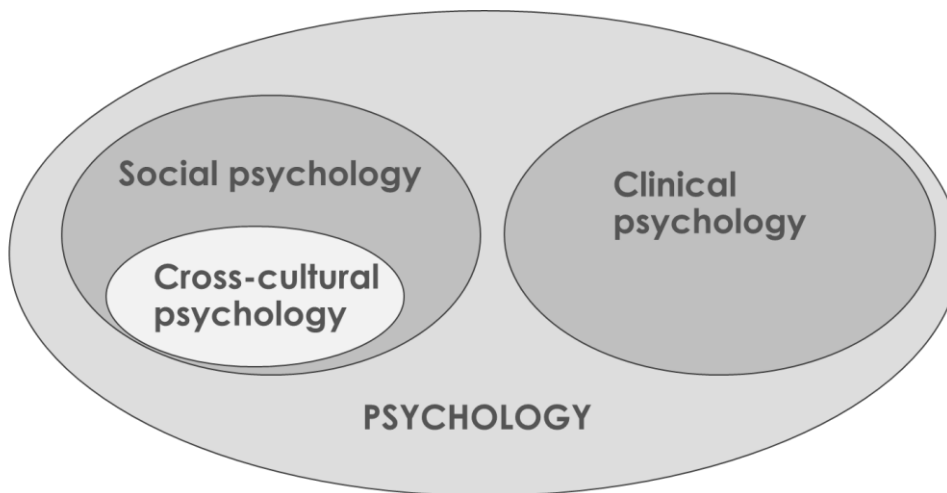
The presenter uses cross-cultural psychology in Poland as part of bringing people together in a context of migration and integration challenges. To that end, an Academy of cross-cultural mentors has been set up to work with people of different cultural backgrounds in order to smoothen the process of understanding, interaction and – ultimately – integration. Methods used include:

- cultural assimilators;
- critical incidents;
- case study analysis;
- analysis of movies, literature, pop-culture and art;
- role-plays and group work;
- simulation games;
- cross-cultural comparison (cultural dimensions);
- DMIS (Development Model of Intercultural Sensitivity by Milton Bennett)<sup>16</sup>.

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<sup>16</sup> See: <http://www.deepseeconsulting.com/node/231>

Figure 3: Cross-cultural psychology



Source: Kinga Bialek

## Multi-agency cooperation

The above illustrates how there are numerous challenges for mental health and social care workers, not just in terms of training, but also for multi-agency approaches to radicalisation. Even though the discussion has often been dominated by law enforcement issues, health care and social care workers can and should play an even greater role in prevention at community level. Professionals in this field are faced with a plethora of challenges that need addressing.

Social and health workers' key needs include:

- information on all types of radicalisation;
- trainers, plus training material that includes:
  - respect towards the people who radicalise (and trying to understand them);
  - relevant sessions on cultural understanding and communications;
- early intervention approaches;
- basic tools and (check)lists to support interventions;
- multi-disciplinary approaches and multi-agency training contexts;
- case study material and evidence-based approaches.

Key challenges for social workers and health workers when dealing with polarisation include:

- false positives;
- transfer of persons from a system set up for minors (under 18s) to adult systems;
- motivating professionals;
- getting authorities interested – especially in the health sector, where radicalisation is not always considered as inherently important;
- addressing the lack of multi-agency culture in different contexts and countries;

- raising awareness of the need to tackle a certain problem;
- high-quality training;
- access to funding for pilot projects and new work;
- understanding the different roles, needs and expectations of professionals from different services;
- establishing local networks based on trust;
- sharing information without disturbing the therapeutic process or violating privacy laws;
- finding mutual understanding for jargon / language used, standardised concepts, definitions and classifications;
- fully understanding the context in which an individual or family finds itself.

## **Acronyms**

CBT	Cognitive Behavioural Therapy
CVE	Counter(ing) Violent Extremism
RAN	Radicalisation Awareness Network
SSP	Schools, Social services and Police
WRAP	Workshop to Raise Awareness of Prevent