Radicalisation or exploitation?
Working systemically in the National Health Service with "religiously radicalised youth"

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Radicalised or exploited? This was the question I was faced with when asked to join a first-of-its-kind pilot project in November 2017. This is something I continue to ask myself as the project has since evolved and is ongoing. The work discussed in this article, was high profile in regards to the media attention it received but confidential in the context of the work carried out. This is now public knowledge as positive outcomes have been deemed achieved by senior management – which I intend to expand on in this article.

My intention is to invite you to think about some of the key issues and themes that have arisen from my work. This may also provide as a starting point for systemic practice and thinking when working with these themes and issues.

Radicalisation

Radicalisation can be described as the process someone goes through in adopting radical positions on social, religious or political issues. However, this does not address the process or root cause of *why* someone becomes a terrorist.

To *be* or *think* in a radical way is to be far-reaching or thorough in the context of the fundamental nature of a thing, with the aim to affect action or change (Oxford Dictionary). With this in mind and in its essence, the families they work with can perceive systematic practitioners as radical. The hope is to facilitate a space where positive change may occur – is this not a radical notion?

However, the line is drawn where one wants to affect change by enforcing their will on others by dominance, oppression or violence. Thus, the process of religious radicalisation is the process someone goes through to become a terrorist but does not address the root cause – why some young people are seduced to the ideas of extremism more than others?

The use of language and unintentional positioning or generalisations made in this article regarding cultures, religion and people is acknowledged and the requirement to meet all needs will be a challenge. However, sensitivity and attention to it will be at the forefront of my mind.

I have an acute awareness of the highly emotive, socio-political and contentious topic this is and, as a result, it may trigger a multitude of emotions and views for the reader. It is my hope the article provides as a starting point for the themes and issues to be further developed, explored and discussed. Additionally, due to the scope of this article, topics will be discussed in brief and it is my intention to expand on these further in the future.

Violent religious ideology will be referred to as *extremism* or *radicalisation* from here on in. There is a wider and ongoing debate regarding adults in relation to vulnerability, religious extremism and the link to mental health. Nevertheless, I will solely be addressing the grooming process and exploitation of children and young people, their families and the work that was carried out.

To respect the confidential and sensitive nature of the work names, localities, ethnicities and trusts have been omitted or changed.

The project

Four men were arrested and charged with terrorism-related offences in May 2017. The arrests were pre-planned as part of an ongoing investigation by the Metropolitan Police's Counter Terrorism Command (SO15) and MI5. The four men, who all resided in east London, planned to commit an act of terrorism, similar to the March 2017 Westminster attack.

Two of the four men were known to have connections to various mosques and faith schools across east London. Following the arrests, concerns were raised by SO15 that these men might have been grooming children to commit acts of terror, under the guise of providing religious instruction.

This triggered The Children Act 2004, Counter Terrorism Act 2015 and Statutory Guidance (Working Together 2015); which recognises the need for the Local Safeguarding Children Board, together with partner agencies to provide support and protection to children and young people exposed to radicalisation and extremist ideology, which is recognised as a safeguarding issue.

Thus the project was established as a multi-agency initiative led by social services and specialist health workers. Support was given by assessing which children were groomed into the radicalisation process, the severity of the exposure and the impact that this had on their emotional wellbeing and mental health.

It was established via police interviews and social work assessments that approximately 70 children, aged from 10 to 15 years were groomed by the two men over the course of a year. It emerged that the children were exposed to pro-Islamic State propaganda, which was delivered in the form of weekly lessons. The children took part in games where they would role-play scenarios of suicide bombers or carjacking with the aim to inflict as much harm to the public as possible.

Additionally, videos of beheadings and war against the Western world were shown. The children were sworn into secrecy by teachers, and punishments of hell were used as a way to enforce this. The children were categorised into favourites, soldiers, drivers and planners for the purpose of eventually carrying out simultaneous terrorist attacks around London.

From a health perspective, a psychologist, specialising in eye movement desensitisation reprocessing and me, a systemic and family psychotherapist, were asked internal to our agency to support the PREVENT social-care team. The challenge we initially faced was client engagement. The families refused to engage as tensions ran high in relation to how families felt they were being perceived and treated by professionals and the local community. There was a general sense of animosity, minimising, lack of trust and denial in the local Muslim community towards the team as a whole.

Professional systems: Local Authority PREVENT Team

The PREVENT strategy was first developed by the Labour Government in early 2003 and more recently in March 2018. It is one of four strands of the counter-terrorism strategy known as Contest. Social workers within the team followed the contextual safeguarding model for best practice (Firmin, 2017). This approach supports in understanding and responding to young people's experiences of significant harm beyond their families. It takes into consideration their peer relationships, the local neighbourhood, schools, places of worship and the wider community.

In my view, this compliments and promotes systemic thinking. A systemic approach places context at the heart of all things, giving a better understanding to approaching a problem and understanding meaning. It allows us to widen our view and look at external contributing factors to a *problem*.

Police: SO15 Counter Terrorism Command

The role of SO15 is to keep the UK safe from the threat of terrorism. Their role is to identify those being targeted and recruited to the cause of violent extremism; to provide support for those individuals, challenging violent extremist ideology and disrupting those who promote extremism.

NHS: Child and adolescent mental health specialist service

My agency was an integrated part of the PREVENT social-care service and funded by the Home Office. It was set up specifically to address and support the psychological health care needs for children – explicitly related to trauma and the grooming process.

In accordance to NHS policy, routine outcome measures were used for measuring and providing evidence of the effectiveness of the therapeutic interventions provided to clients and families.

Team dynamics

Multi-agency and partnership working presents its own issues and dynamics in regard to professional cohesion and negotiation, regardless of its context. However, due to the nature this work, it felt even more problematic, tense and conflictual. Personal views, assumptions and prejudices were at times in direct conflict with the service we were aiming to deliver. That is, to provide therapy to children who were the victims of a traumatic grooming process rather than being positioned as criminals who were disloyal to the United Kingdom.

The stark reality of the differing approaches to the work posed varying personal and professional dilemmas for me. For example, SO15 felt to me more rigid in comparison to social care or health – which was not congruent to the way I worked. Awareness of SO15 being bound by the law as an overriding factor in their work was a contextual marker in providing me with some understanding. However, in more cases than not, I found it interesting and was curious with my colleagues about the use of language with clients and in professional meetings. For example, clients *have to assimilate*, and there being *no hope*. In turn this did not sit well with me from ethical or humanistic perspective.

I began to wonder about an isomorphic process within the system in which we were embedded. That is, the extreme views, themes and issues this client group presented with may have been internalised by the team on a subconscious level; to the point that we were mirroring some of their behaviours in the context of communication and our use of language.

Undeniably, debates became heated and passionate regarding our differing remits and approaches to the work. However, the overriding goal of supporting the children and their families wasn't, for me, a question to be doubted. What this highlighted to me, is how our own personal prejudices, personal goals and assumptions at times fuelled and impacted the direction of the work; for example, the wish for career progression and affiliation to a high profile project. Without the debates and curiosity surrounding self-awareness and the impact this was having on our clients, we would not have been able to reach the positive outcomes that were achieved.

Personal dilemmas

I had initial reservations surrounding working within the PREVENT agenda, which was based on my own biases and experiences as a British Asian Muslim man. My prejudice resides in the positioning of brown communities in the UK in the context of extremism and the alienation and the *othering* of a single faith. This is something that I have both witnessed and experienced.

Although, the PREVENT strategy was initially a cutting edge and dynamic approach to counter-terrorism, more than a decade later it is considered by politicians, police officers and academics to be counterproductive – described in the *Daily Telegraph* (2010) as the policy *"to be remembered as a textbook example of how to alienate absolutely everybody"*, which highlights only an aspect of the internal conflicts I was trying to manage and negotiate when asked to join the team. This then led to feelings of anxiety and questions around positive discrimination and tokenism. That is, was I solely chosen due to the colour of my skin and my religious and cultural background? Maybe in part, I was. However it was and is my overriding belief that, for change to occur, I have a moral responsibility to get my metaphorical hands *stuck in*. The fact that I found this personally challenging and in direct conflict with my own values was, for me, even more reason to join the project.

It is my belief that, having awareness of or an opinion about something, sometimes isn't enough. Being a bystander on the periphery making judgments alone does not help. If I am to create any conceivable opportunity for positive change, societally or at an individual level, then I may have to do things I don't always agree with.

I also began to question whether I was grooming the children into a counter narrative which fitted with mine. Could the families

not hold their own beliefs, values and opinions regardless of how different they were to ours as long as it did not harm or affect others? Wasn't this what democracy was and what puts the great in Great Britain?

Authenticity and approach

Buber's (1958) theory of genuine dialogue supported me in my decision to join the project and overcome the internal quandaries I faced. The idea that *dialogue* is much more than *just talking*; rather, the notion at its base is a genuine form of communication and the relational process of being truly present and holding the other in mind. I also drew heavily on the theory of social constructionism and the use of language in co-creating meaning. At its core, social constructionism assumes that reality is socially constructed rather than being an objective truth that can be described and discovered (Harper & Spellman, 2006). This was vital in my approach to my work and promoting authenticity. The stories we bring and construct with each other through the use of language and communication (verbal and non-verbal), supports us in making sense of the world around us.

For the children I worked with, it was the privileging of certain narratives over others; such as, *East versus West* or how one negotiates what it means to be a British Muslim, British Asian, or a black male or female from East London.

This is something I was able to relate to, being first generation to the son of a migrant who came to Britain for better life opportunities. My parents enforced a narrative to be cautious of *western* influences such as alcoholism and fornication, which would tarnish *our eastern* culture, heritage and values. This enforced fear, repressed guilt and created considerable conflict, shame and confusion in the formative years of my adolescence. As I attempted to balance the conflict of being seen as *too British* by my parents or *too Asian* by my white English peers – I wasn't sure where I belonged.

Cecchin's systemic approach to curiosity (1987) was another theory that supported me in being authentic and transparent in my work. Curiosity negates certainty or fixed hypotheses and formulations, which, in part liberated me from my assumptions and prejudices; such as positioning the families as uneducated, lower class or those they indeed should assimilate in the country in which they lived. Being curious, not only about clients, but also about myself, enabled a space where I was able to authentically engage in the dialogical process of relational connectedness, which truly attended to the client and their family. To me, this is the core of the work as a systemic practitioner. The human connectedness, honouring of stories, perspectives and the privileged opportunity to create change in an authentic and transparent manner facilitates the possibility for changing people's worlds.

The work

The most challenging aspect of the role was engaging families that had previously refused support. However, of the 15 families allocated to me, 13 had honoured me with their trust. Family therapy alongside individual one-to-one sessions were provided in the family's homes, in their schools and out in the local community; whether that was a walk or kicking a football around in the park whilst in dialogue. A systemic approach was utilised as an intervention throughout, attending to the wider context, identity and attachment-related issues and themes. Group therapy had also

evolved which was cohort specific and was facilitated within local schools. I also supported the children through the process of the trail at the supreme high court.

Families presented as bewildered, shocked, embarrassed, angry and frustrated at the insinuation and the perception of British Muslims by the general public. Some wanted to distance themselves from professionals, refusing support. Others were in denial, not understanding how talking about the incident would help their children. In most of the cases, the parents were first generation migrants to the UK in search of better life opportunities or seeking asylum. The families were from Bangladesh, Somalia, Congo and Pakistan. This in itself highlighted the multiple narratives, transgenerational discourses, patterns and complexity of the work.

I attribute client engagement to my use of language and a validation of their situation which was authentic and transparent. This is not to negate my colleagues or to suggest I did anything exceptional; but an acknowledgement that, at times, we can lose sight of the human element and become complacent due to the demands of our professional remit and the task at hand; which was to de-radicalise and to stop terrorism.

An example of use of language is demonstrated in the case of the Islam family:

Case example

Noor was a single unemployed mother of three who migrated from Somalia to the UK 13 years ago, seeking asylum. The children do not have contact with their father. Initially, social workers and the police were involved but then decided no further action was needed as a result of their investigations and assessments. A month later, SO15 and the heads of social care insisted the case be re-opened due to concerns about radicalised violent extremist ideologies and the impact this may have had on the children. Thus work is seen as preventative, however, the family was extremely angry and confused as to why the services were back and involved again. Noor is concerned that constant reminders of what the children were exposed to is counterproductive.

Upon meeting Noor, initially, she presented as curt and standoffish, explaining that I was the fourth person to approach her regarding support. She spoke of not being able, from a cultural perspective, to relate to therapy and/or mental health as a concept. I presented the *problem* to her that we, as a community, have a shared issue with the incident that had occurred at the mosque – not only from a Muslim perspective but also as *British people* who *share* London as our home with other cultures, faiths and ethnicities. It was *our* problem and *our responsibility* to do something about it.

Noor spoke of her anger towards the mosque leaders, and vetting procedures in the mosque. She described her shame and embarrassment and worries surrounding local community perceptions of her family. We explored the portrayal of British Muslims in the media. Noor spoke of her fear of reprisals and that islamophobia was an overriding factor her in wanting to distance herself from the incident. She further positioned her frustration towards professionals on the fact that, alongside non-brown professionals, several brown professionals had been sent to her home to relate to her. Noor explained that, regardless of ethnicity, the conversation we had felt different to her.

This moment provided me with a profound understanding and humility for Noor's struggle. The importance of validation and the honouring of her story in an authentic and congruent manner overrode all else as a way to truly join with her and, in turn, facilitate a space for work to begin. Thus, I would argue, rather than the token gestures and approaches that are theorised at length. A practical, humanistic and relational approach where empathy is employed can achieve positive clinical outcomes. This isn't to belittle any theory or clinical framework but is a further acknowledgement of the importance of context and how it informs our approach. Theory, best-practice frame work, policy and procedures and cultural and religious sensitivity should be at the forefront of the work.

Noor's case highlights the importance of the human, relational and systemic aspects for engaging clients and, in my experience, the rest follows automatically. One's similarities are not always the way *in*, as was the case here. This was not limited to Noor's case only, but a common theme that facilitated high levels of engagement from families who initially refused or were reluctant to engage. An additional focus of my work with the children was to promote critical thinking and resilience in choice making. What this meant in practice was that, through systemic curiosity and inquiry, it highlighted flaws in the children's thinking which they were able to recognise and conclude for themselves. An example of this is of their belief (via the grooming process) that ISIS was a source of companionship and of high morals. This was then contrasted to their families, friends, and sports teams and so on.

The reciprocal process that was negotiated between the families and me created avenues for discussions about some of the most challenging issues we face as a society. The focus was on having an open discourse, where the children and their families were able to question, challenge and put across their views in a safe and contained space without fear of reprimand or reprisal.

Emerging themes

The main themes that have arisen from the work, was of the children's confusion and frustration surrounding ISIS, Islam, killing, war and non-Muslims. This is exemplified in the case of Dawood, a 13-year-old boy. Who stated:

"I know killing is wrong, but then if you do it for Islam… then it's ok. No? That's what the ustaad (teacher) told us."

Also:

"Won't we be martyrs if we join ISIS and then go to heaven? I don't want to fight… kill or… die."

Further:

"England and America are bad to Muslim countries aren't they? That's what I thought. What I was told. It's bad what they (the west) *do to Muslims… but why do they* (ISIS) *hurt normal people* (UK citizens) *in the streets here* (in the UK)*? I don't get it."*

This example of the confusion and internal conflict was not limited to Dawood. But, was recursive across the cohort that I worked with. The children described having flashbacks, nightmares, a fear of death and punishment in the afterlife. They also spoke about being left without answers. They talked about feeling important, special and part of a group; also, that the mosque was a place to hang out with their friends.

This highlighted the importance of identity and belonging and how the children saw themselves – as separate, as the *other* and not belonging.

It was apparent to me that the way the children managed and made sense of these issues caused great conflict and distress for them. We explored themes surrounding what it meant to be a man, from London, as a Muslim, and British and of colour. From this work and as a result of the grooming process, further themes of *us* and *them* and *east versus west* had become more poignant.

Work with the families involved thinking about how they communicated, managed and made sense of these themes in the context of the media attention, court proceedings, cultural expectations, the community and of course religion.

Further themes, surrounding deprivation, opportunities, access to public resources and how families are seen and positioned by services and society was a source of contention. Additionally, this may have been a contributing factor to why this cohort of children may have felt alienated, in need of approval, validation and a need to belong and to have a purpose. However, due to the remit of this article, it is my intention to address this topic in the future.

Outcomes

As a result of our work, the children's witness statements, the partnerships working between professionals, the community and the families concerned, in addition to the emotional-wellbeing impact-statements I submitted to the court, the two accused both received prison sentences of 25 years.

Work with the children and families continued post-trial, with the project being extended and its scope widening to that of *exploitation*. This covers radicalisation, child sexual exploitation, gangs, county lines and any other form of criminality that exploits children via a grooming process.

Routine outcome measures were used at the beginning, middle and end of the work. I have collated the results for the purposes of this article, which is to provide as an example of how senior staff determined positive outcomes of the project and systemic work as an intervention. Outcome measures were employed to track progress of therapeutic interventions. The methodology employed was quantitative, by use of questionnaires recommended within the service. The main measures that were used were for trauma, risk, resilience, anxiety and family functioning and management in the context of the presenting issue. The following outcomes were achieved as a result of our work:

The presenting problems in all cases of the children and families were reduced by 60%. Presenting issues included post-traumatic stress, depression, trauma, anxiety and difficulties in family management related to the grooming process.

All children had difficulties in managing and regulating emotions at the start of our intervention. A year on, since working systemically with the clients, all children and families have reported increased resilience in regulating and managing emotions.

It should also be noted that these results have not been ratified or scrutinised under conditions of academic rigour, nor are definitive in proving long-lasting impacts of the grooming process of the children. But they do provide a platform to begin to analyse, evaluate and measure results.

Radicalisation or exploitation?

So the question of whether this cohort of children here radicalised or exploited still continues to be reflected upon and queried. The children *were* groomed and in turn radicalised to a degree. They were ultimately preyed upon by those in a positon

of power; adults who the children and families in the community trusted and, in turn, exploited the children's vulnerability. This vulnerability was embedded in multiple precipitating factors; namely, identity, belonging, attachment and deprivation. These children, *our* children, from *our* communities were exposed to these ideas; images and behaviours that left them highly traumatised and highly conflicted.

More government funding for research regarding systemic psychotherapy as an intervention with issues such as these should be encouraged and promoted. My systemic curiosity has further been piqued regarding children being drawn to such ideologies and how we as a community can counteract it. As stated throughout this article, it is my optimistic hope to further write on such subjects in the future.

It has been an honour to have worked with the children and their families, but this work is only beginning. It is my hope to continue with the work in the context of exploitation and its presentation in all its forms. My hope is to continue to do this, in an open, authentic, respectful and humanistic way.

The way forward

I have attempted to highlight some of the key issues, themes and reflections I faced in my work as way to inform future practice and learning. However, I have only scratched at the surface of the complexity of extremism, exploitation of children and working systemically with clients in the NHS.

Ongoing debate, evaluation and dialogue have to be had in a dynamic, flexible and creative way. Engagement of clients and families should be had at a grass roots level in our local community, in schools and places of worship if any conceivable change is to occur in the context of extremism and exploitation of children. It is my view that radical thinking requires radical approaches as touched upon in this article. A reclaiming of the term radical as a positive rather than a negative is something that I would suggest. Isn't this what co-creating social world's via language is about – redefining and re-authoring meaning? It is my view that it is *our duty* as professionals and alike to *exploit* children's and families strengths and aspirations to grow into productive, contributing citizens in society.

The multiple labels within multi-culturalism, ethnicity, faith and location that individuals choose to define themselves with, should be reframed as a positive rather than an internalised conflict of shame for the children and families we work with; rather than attempting to balance multiple identities and narratives such as being a man, woman, Muslim, Christian, Jew, British, Asian and so on. A space is facilitated where children are able to fully appreciate and value the richness of *their* identities in which they *choose* to act into, in accordance to the context.

It is not my intention to patronise or make bold idealised statements. Nor am I proposing anything new, but attempting to stand on the metaphorical shoulders of systemic-thinking *giants* before me. It *is* my intention, to create a discussion and provide my perspective in supporting young people and their families within the NHS that face issues as presented in this article.

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