1. **Introduction**

The purpose of RAN Health is to develop a network of practitioners and their organisations involved in raising awareness of the role of health in supporting and protecting vulnerable individuals at risk of radicalisation. The aim is to raise the awareness of the role they can play, whilst undertaking their own job. RAN Health aims to achieve this by exchanging lessons learned and ensure health workers can influence policy advice on a national and EU level. RAN Health and its members also encourage research, development of training tools, guidelines and their dissemination to help practitioners in the role they can play.

2. **Analysis of radicalisation leading to violent extremism, from the perspective of the WG**

The Health Working Group initiates, encourages and examines the practises and need for the health sector across EU member states to ensure that they have systems and processes in place to reduce the risk of radicalisation by empowering and equipping their frontline healthcare staff with knowledge, (training)tools and guidelines of the risks of radicalisation. These systems also help frontline healthcare workers understand how they can provide help, support or redirection to those vulnerable individuals who are at risk of radicalisation and working in a pre-criminal phase.

3. **Best and worst practices, related to the focus of the WG**

Best practices explored in the Health Working Group are initially based around the work undertaken in the UK and The Netherlands. Common best practices of the member states, such as those related to child abuse and domestic violence are also collated and used as a structure for debate around the management of radicalisation in vulnerable individuals. This will expand with other member states from Spring 2013. Currently the focus is on:

- Having a national policy on the management of the threat of radicalisation
- Drawing an inventory of the knowledge in health on radicalisation in each member state
- Developing partnership working practices across all public sector divisions and providing the basis for information sharing across sectors
- Developing a uniform document (video) on radicalisation and the role that health can play
- Developing a uniform process description around acting on concerns within Health (what can each health sector do)
- Developing policies and procedures within healthcare organisations
- Raising awareness of frontline workers on radicalisation across all public sectors
- Developing guidance and publications on the management of radicalisation within the health sector
- Developing training programmes for both facilitators in organisations and frontline workers
- Favoring access to cross-sector intervention processes to provide help and support to those identified as vulnerable
- Managing systems for those multi-agency/sector boards that have responsibility for those individuals of concern
- Encouraging public sector organisations to work hand in hand with community police in order to promote a holistic approach by a wide range of public sector partners (local authorities, police, schools, health, prisons, social care, etc)
- Initiating research around radicalised individuals with a wider scope than just terrorism (i.e. also to include other forms of violent extremism such as lone actors, spree-shooters, homicide/suicide within health)
- Stimulating a paradigm shift in thinking and acting in terms of patient confidentiality and information sharing; moving from 'No, unless...' to 'Yes, if…'

The above areas are important in terms of health dealing with some of the most vulnerable people in society - especially mental health and offender health services. These areas also make it easier to health to step out of their normal thinking domain.

In terms of poor practice, the first Health Working Group conference held in Prague on 27-28 September 2012 showed that 88% of countries (excluding UK and Netherlands) do not have any structures in place to manage the risk of radicalisation within the healthcare sector. Interestingly, 45% reported that they already had to deal with the issue of radicalisation in health without any guidance, policy recommendation or formal support. Further research on this will also raise the necessity for the development of policy and practice.

It will be key that a range of public sector organisations address this work together as sectors in isolation are limited in terms of what they could achieve.

4. **Policy recommendations, from the perspective of the WG**

- Concerns about vulnerable people and the risk of these individuals being radicalised needs to be managed by community policing and not security police in order that knowledge at local level can be used to protect the individual in the pre-criminal phase and stop them following a path to criminality. Radicalisation processes which are in progress must be be recognised at an earlier stage so they can be redirected. Security police are too far removed from the earlier stages of this pathway and the information in the pre-criminal phase that allows for vulnerable people to be treated and prevented from causing harm to themselves and others.

- Public sector services must be able to communicate with each other and adopt responsibility for the protection of vulnerable people within their care. This is not purely for the health service to adopt, but for all of those public sector services who have a duty of care to the safety and protection of their clients.

- The ability to share information, whether by information sharing agreements or clarity on issues
of confidentiality, should be put in place to allow appropriate and relevant information to be shared between public sector organisations. This will enable vulnerable people to be managed and appropriate interventions provided by a range of services from areas such as education, police, local authority, umbrella organisations, social services, health, prisons and probation etc.

- Public sector services should demonstrate a robust structure for the management of radicalisation of vulnerable individuals in each organisation that is underpinned by policies and procedures to allow their frontline staff to be able to raise concerns about vulnerable adults and children.
- Responsibility for the above work should sit with a multi-agency group led by the local authority that has the police as equal partners with other public sector services.
- Platforms for sharing knowledge, information, products, methodologies should be made available to member states through both electronic and group fora that span the member states themselves.

5. **The role of local actors in preventing violent extremism, from the perspective of the WG**

The role of lone actors and their behavioural patterns are of strong interest to the health sector. There are a number of examples where vulnerable individuals have undertaken, or attempted to undertake, a terrorist or violent attack on their own. Whilst often termed lone actors, they have more often than not been influenced by an external party and drawn down a path of radicalisation at some point. There are also a number of cases where the individuals have been involved with the health sector prior to their intended act of violence. As such, there are concerns that some behaviours have not been recognised by health care professionals, either due to lack of awareness or that they did not have the confidence to escalate that concern within their own organisation.

The Health Working Group is looking at the risk of vulnerability in the health sector and the role that mental health may have to play in this area. Some key areas that the group are focussing on are mental health and offender health where vulnerable people come into contact with health care professionals on a regular basis and it is therefore more likely that healthcare workers could encounter a vulnerable individual who has been exploited by radicalisers.

It needs to be made clear that there are many procedures already in place within healthcare organisations for frontline workers to escalate a concern where a healthcare professional is aware of a criminal act that has already taken place (for example on domestic violence and child abuse). However, the issue is rarely escalated where the concern is in the 'pre-criminal' phase in the area of radicalisation as this is not yet addressed in a number of member states.

6. **The role of diasporas in the process of violent radicalization from the perspective of the WG**

Diasporas are relevant to the Health Working Group in terms of the member states represented. It needs to be acknowledged that radicalisation can be a far more powerful message to a vulnerable individual when the radicaliser aims to show that the country does not care about those who may have recently migrated or are perceived as part of a minority group. Without increasing awareness for both migrants, minority groups and the vulnerable, there is a risk that the outcome could be costly on a number of fronts.
7. **The role of communication on the Internet and elsewhere, from the perspective of the WG.**

The internet and social networking can very quickly communicate messaging that is potentially harmful to a member state and as such, diasporas need to feel included rather than excluded in terms of public services. Countries who ignore this area are at an increased risk that negative messaging will ensue, whilst those countries who do provide a proactive platform for migrants and those in vulnerable or minority groups can benefit from a diaspora who do not believe messages of radicalisation. As such, radicalisers are less likely to be successful in their exploitation of vulnerable adults and children as the narrative they are given is at odds with the individual's own experience. Only by improving this area and empowering the vulnerable will there be a redress of the balance in the messaging that is relayed through the internet and social media on a daily basis.