Comparing crime prevention, countering extremism and social policies in Europe

This project investigates how and why national security has become part of the professional duties of health and social care workers.

Key details

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Police region	West Midlands
Collaboration and partnership	Funded by the European Research Council, #851022.
Level of research	Professional/work based
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Date due for completion	January 2025

Research context

In many European countries doctors, nurses and social workers are now asked to make safeguarding referrals concerning clients they feel are radicalising/vulnerable to radicalisation.

As this is not a traditional professional duty for care professionals, the project investigates how and why national security has become part of the professional duties of health and social care workers.

The project's hypothesis is that the growth of crime prevention policy in many countries has facilitated this shift, reorganising professional duties around prevention of terrorism and intervention with vulnerable people. We are also investigating structural factors such as GDP, economic policy

type, and previous experience of terrorist attacks as potential factors which might drive national policy implementation.

Our research involves both qualitative and quantitative packages. We are undertaking quantitative analysis of levels of P/CVE and crime prevention implementation in 40 countries, to test what drives their implementation. Primarily we are using expert surveys to collect this data on crime prevention and P/CVE in each nation.

We are also using qualitative research methods to explore how International Organisations have facilitated the policy transfer of crime prevention and P/CVE between nations. Finally, we are undertaking detailed case study research in 6 European nations to explore how P/CVE duties are being integrated into existing crime prevention and safeguarding structures.

Our objectives are to understand:

1. The variation between nations in P/CVE implementation
2. Whether this variation can be explained by structural factors, or by prior implementation of significant crime prevention policies
3. How International Organisations have facilitated the transfer of crime prevention and P/CVE between nations
4. How P/CVE is implemented within Health and Social care in 6 case study nations

Research methodology

For the quantitative work package, our sample size extends to nearly forty countries across Europe, North America and Australasia. We have used expert surveys to collect data on the implementation of crime prevention and P/CVE policies in each participating country, building an index of implementation.

Given the significant variation in the extent of policy implementation between nations, we are now testing the impact of economic policies, experience of previous terrorist attacks, pre-existing crime prevention policies, and population demographics to understand what drives nations to implement P/CVE policies.

For the qualitative work package, we focus on both the international and national levels of policy implementation. We are conducting large-scale discourse analysis of how International

Organisations (such as the UN, OSCE, EU and Council of Europe) have facilitated the transfer of both crime prevention and P/CVE policies between nations. This involves mapping the historical development of crime prevention across each International Organisation, before analysing the moment when anticipatory prevention logics crossover into counter-terrorism work.

At the national level, we use case study research to probe more extensively into the implementation of P/CVE in Health and Social care across 6 nations in Europe. Here we undertake interviews with practitioners and policymakers, as well as documentary research into policy development and parliamentary debates, to understand how P/CVE has been situated within a social policy mandate.

Interim reports or publications

Publications, reports and project news can be found on the [project website](#).