CHILDREN'S COMMISSIONER

Children referred to the Prevent programme

August 2026

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Foreword from Dame Rachel de Souza

The devastating murders of Alice da Silva Aguiar, Bebe King, and Elsie Dot Stancombe, and the suffering faced by all the girls who survived the attack in Southport in 2024, will never leave me. I think about the victims, their loved ones, a town coming to terms with the trauma.

But I also think about services which should have identified the risk and intervened to stop it but didn't. Since that dreadful attack we have learnt more about the failings of those services but also of a wider problem. There is a group of children – those who are radicalised but are fixated on violence without a clear ideology – that the system we have created to protect us all from terror doesn't work for. That keeps me awake at night.

I want to be clear; we need a Prevent programme to identify and support children and adults at risk of radicalisation into terror. But I share policing's deep concerns about this group. Young people becoming obsessed with violence, radicalised in an online world that many policymakers know little about.

A national independent inquiry into Southport is underway. Phase 1 explored the failings in that individual case. Now Phase 2 is broadening out to examine how systems need to change to prevent similar atrocities.

Over the last few months, I have used my data powers to gather information about children referred to Prevent and spoken to the frontline. This report aims to inform that inquiry, as well as making recommendations directly to government.

What I have found has shocked me.

Since it was established Prevent has seen a substantial rise in referrals for children, growing from under 3,000 a year in 2016 to over 4,700 last year. More than half of all referrals last year were for children.

The majority of those, almost three quarters of referrals for children in 2024-25, were not about radicalisation in the way we traditionally think – being a right wing, left wing, or Islamist extremist. They were where children had no clear ideology identified in the referral, but many had a fascination with extreme violence or mass casualty attacks.

These terms can distract from the seriousness of what we're talking about. So, let me give some examples. This group of children might be frequently talking about weapons, idolising 'famous' attackers, or sharing videos of violence (such as beheadings or suicides). They may be sharing extreme pornography with peers, encouraging others to join dangerous online communities or to self-harm.

I was a teacher and a headteacher for many years. When a school is confronted with a child like this, they are incredibly concerned. They raise the alarm with a referral to Prevent. Services should spring into action; a joined-up approach to keep both the child and the community safe.

Yet, too often, that's not what happens.

What I have found is that often when they are referred to Prevent, it is assessed that they do not fit the Prevent parameters for support, and professionals are left unclear about where they should seek help instead.

The majority of these children referred into Prevent do not actually progress to receive an intervention and are often referred back to exactly the organisation that referred them, most often an education setting.

Here we have a system holding a great deal of worry about a group of children, seeking somewhere for them to get help, or someone to hold responsibility for them, and not finding it. Children referred in, then referred out. That is not good enough – and the failures in the system have tragic consequences.

Terrorism is mercifully rare, but troubled children with complex problems are sadly common. A referral to Prevent is not taken lightly. There are 12.5 million children in England and Wales and fewer than 5,000 of them are referred to Prevent each year. It is a drastic plea for help from the people that often know these children best. But too often those pleas are going unanswered. Most children's cases are not being discussed let alone progressed to receiving multi-agency support.

It is clear that we have a cohort of children becoming intoxicated by extremism, radicalisation or a desire to harm others, who need interventions that Prevent is not able to provide. A merry-go-round of referral and inaction.

We have to change our approach to violence-fixated young people. My central recommendation is that referrals which currently go to Prevent should go through a local multi-agency safeguarding team - which should include Counter Terrorism Policing where needed. At which point children could be routed towards Prevent interventions or other appropriate safeguarding responses. More of these children need specialist intervention.

When Prevent isn't the right place for them, Government must set out what they should be offered instead – and all professionals should be clear who is responsible for delivering this.

As the second part of the Southport inquiries begins, I hope we can come together to learn lessons and make the changes needed to help prevent more atrocities.

Executive Summary

In July 2024, the devastating murders of Alice da Silva Aguiar, Bebe King, and Elsie Dot Stancombe, and the suffering faced by the twenty-three girls who survived the attack in Southport, rightly brought national attention to services that failed to identify the risk posed by Axel Rudakubana. Phase 1 of the national independent inquiry into Southport examined this individual case. Now, Phase 2 is broadening out to examine how systems need to change to prevent similar atrocities. This report aims to inform that inquiry and makes recommendations about what needs to change.

The Prevent programme is the part of the UK's counter-terrorism strategy that focuses on preventing people from being drawn into terrorism. This report draws on published statistics, new data requested from the Home Office, as well as interviews with professionals who have referred children to Prevent and individuals who have been through the system themselves. It illustrates how, while rising numbers of children are being referred to Prevent, it is not clear that it is always the right pathway to address the risks they pose.

Key Findings:

Prevent has seen a substantial rise in referrals for children in England and Wales, growing from under 3,000 a year in 2016 to over 4,700 last year. Prevent responds to risks identified for both children and adults, although referrals for children make up more than half (54%) the total referrals.

The majority of children referred do not have a specific ideology: 71% of referrals had either no ideology identified, no ideology but 'other susceptibility to radicalisation', multiple ideologies with no dominant ideology, or fascination with extreme violence or mass casualty attacks. There has been significant concern raised about whether Prevent is the appropriate programme for children termed 'violence fixated individuals' (VFI) – that is someone without a clear and fixed ideology, but who nonetheless has become obsessed with violence and harming others

There are significant limitations in the data about children's mental health and neurodevelopmental needs. In the majority of referrals for children (60%) – these needs were 'unspecified' meaning that no information was recorded. However, autism spectrum disorder made up

16% of disorders included on referrals. This is higher than the 3% estimated prevalence rate among all school-aged children in 2025.

Professionals are deeply concerned that children are being drawn into radicalisation and violence fascination online. Interviewees highlighted that the way children interacted with the online world meant they were not necessarily drawn to particular ideologies but were targeted by extreme content across a range of different ideologies and none.

Professionals highlighted that the children they have referred to Prevent were vulnerable to exploitation. They discussed how children who had difficult home lives, or who had been bullied, were often more at risk of being drawn into extremism by those seeking to exploit children.

Some children were referred to Prevent multiple times, indicating a group of children where there is a significant degree of concern. In the ten years between April 2016 and March 2025, 91% of children were referred once, and the remaining 9% (1,136 children) were referred at least twice. Approximately 1.5% of children corresponding to 187 children over the 10-year period were referred 3 or more times.

The majority of children referred to Prevent have their cases closed and do not progress to an intervention. Of the 4,715 Prevent referrals for children between April 2024 and March 2025, 21% had their case discussed at panel and 18% had their case adopted by Channel. 79% were closed without progressing through the Prevent programme.

Children with no ideology are more likely to have their case closed without being discussed at panel. 86% of referrals for children with no clear ideology are not progressed to panel discussion, compared to 60% of those with a clear ideology.

Many children who are referred to Prevent are then referred back to the service that made the referral when their cases are closed. Between April 2024 to March 2025, almost 60% of Prevent referrals came from education, followed by the police (20%) and local authorities (11%). A large proportion of referrals that do not progress go back to the same service that referred them in. Most notably, at least 65% of referrals from education providers are referred back to education on closing, 93% of which are never discussed at panel or progressed any further through the Prevent programme. This highlights that there is a group of children which professionals are greatly concerned about, and seeking support for, but are finding closed doors and dead ends.

Recommendations

Tackling online drivers of harm

Recommendation 1: The government should restrict technology companies from accessing children, until they are able to prove that they have measures in place to protect them from harm – covering both protections on seeing specific types of content, as well as protection from features that increase the risk of encountering that content – such as curfews, no advertising, no recommended content, no ability for constant scrolling, and no ability to be contacted by strangers. This must cover not only social media platforms, but gaming, AI chatbots, image generators and messaging services too.

Recommendation 2: Ofcom should assess regulated services'[1] compliance with their safety duties by an outcome measure. This means that if a child is convicted of a terrorism offence where it is found that engaging with content on a regulated service contributed to the commission of their crime, that platform's compliance with their safety duty should be reviewed.

Recommendation 3: Online platforms should be required to complete a risk assessment for the risk of radicalisation or violence fixation. The risk of radicalisation or fixation on violence on online platforms requires a system-wide assessment of how features such as algorithms contribute to a child's behaviour. It is essential that these risk assessments are fully transparent, and counter-terror police should be added to the list of relevant bodies who are able to access these risk assessments under s393 of the Communication Act.

A new pathway for children at risk of committing violence

Recommendation 4: The Home Office and Department for Education should issue joint statutory guidance on children who pose a risk to others. This should require that all children where there is a concern that they might commit violence or other forms of harm – because they are violence fixated, drawn into terrorism, or because of concerns about criminality – are referred to the Multi Agency Child Protection team in the child's local area.

This should build on learning from areas which have introduced parallel referral pathways, where children are referred to Prevent and local authority safeguarding teams simultaneously. These assessment teams should act as a 'triage' for all these children, including drawing on expertise from

counter-terror police at the initial assessment stage when concerns about terrorism are identified, and then children should be allocated to the appropriate intervention from there.

Recommendation 5: A national database of evidence-based interventions for children at risk of harming others must be established, including for children who are fixated on violence, but who do not have an ideology. All local authorities should establish a pathway and a set of these evidence-based interventions for children at risk of harming others. This should include close working with Youth Justice Teams to carry out preventative work with children. Children should continue to be progressed to Channel interventions if that is assessed as being the most appropriate intervention for their needs.

Recommendation 6: The Department for Education should review Working Together to Safeguard Children to be clear that risk of committing violence or harm to others should be a reason for a safeguarding referral to be made and for support to be offered.

Recommendation 7: Updated, and frequently revised, training should be provided to education and health professionals and others who might refer children, to clarify which children should be referred and how referrals should be completed.

Recommendation 8: The Youth Endowment Fund should be funded to support the Home Office to build the evidence base on the effectiveness of interventions for children at risk of committing serious violence with and without fixed ideologies.

Recommendation 9: In the long term, the Department for Education should introduce legislation to amend the Children Act to set out how harm from outside the home should be tackled.

Working with health

Recommendation 10: The Department for Health and Social Care's mental health strategy must include a specific strand of work on children, which should include clear pathways for neurodiversity, a shared outcomes framework to establish the effectiveness of interventions, and pathways for children with trauma who currently fall between gaps of health and children's social care.

Improving data

Recommendation 11: The Department for Education should roll out the consistent childhood identifier without delay to all children, whether or not they are in contact with social care, in order to ensure that opportunities for sharing data and information are not lost.

Recommendation 12: Local Prevent and policing should improve their data recording, with a standardised approach overseen by Counter Terror Police and Home Office so it is possible to track children through the system to understand how many are referred, and exactly what the outcome of their referral is.

Introduction

Alice da Silva Aguiar, Bebe King, and Elsie Dot Stancombe were murdered in Southport in 2024. These children were killed because services which should have identified the risk posed by Axel Rudakubana and intervened, failed to stop him. A national independent inquiry into Southport is underway. Phase 1 of the inquiry explored the failings in that individual case. Now Phase 2 is broadening out to examine how systems need to change to prevent similar atrocities. This report aims to inform that inquiry, as well as making recommendations directly to government.

Much of the focus on what happened in Southport has been on the role that Prevent played, given Rudakubana was referred to the programme three times. The Prevent programme is part of the UK government's counter-terrorism strategy (CONTEST). The CONTEST framework is made up of four pillars:

Prevent: to stop people becoming terrorists or supporting terrorism

Pursue: to stop terrorist attacks

Protect: to strengthen protection against a terrorist attack

Prepare: to mitigate the impact of a terrorist attack[2]

The Prevent duty is set out in the Counter-Terrorism and Security Act 2015 and requires a list of 'specified authorities' (including education, health, local authorities, and police) to 'have due regard to the need to prevent people from being drawn into terrorism'. Anyone, including family and friends, can refer children or adults to Prevent if they are concerned about them being a risk. If the police agree that there is a risk of radicalisation, then a 'Channel panel' (referred to as a 'panel' throughout this report) will discuss the case. This panel is made up of multi-agency partners including the local authority, education, health and police. If the decision is made at Channel panel to accept a case, then a package of support will be agreed and offered. The Channel process is based on consent, so if a child's parent does not consent, then the risk a child presents will be kept under review by police.[3]

Since it was established[1], Prevent has seen a substantial rise in referrals for children, growing from under 3,000 a year in 2016 to over 4,700 last year.[4] There will be no single reason for this, but factors are likely to include publicity about cases such as Southport, and may also reflect greater need. The high incidence of children seeing violent content online and being drawn to ever more extreme content by algorithms designed to retain children's attention, could also be a factor. Even since the passage of the Online Safety Act the Children's Commissioner's research has found that children are still seeing content, such as content promoting suicide, which the implementation of the Act should protect them from.[5]

Prevent's role in the Southport case has come under particular scrutiny when it comes to individuals - like Axel Rudakabana - who do not straightforwardly fit into a programme designed to prevent terrorism. He has been termed a 'violence fascinated individual' (VFI);[2] someone without a clear and fixed ideology but who nonetheless, perhaps due in part to spending time online, became obsessed with violence and harming others.

The Home Office published an Independent Prevent learning review in 2025, followed by a report on *Lessons for Prevent* carried out by the Office of the Independent Prevent Commissioner.[6] Among its many findings was that VFIs should remain within the purview of Prevent, until such a time as there may be a new 'big front door' for such cases. It argued that in practice this 'big front door' should mean that referrals which currently go to Prevent should instead go through a local multi-agency safeguarding team, at which point children could be routed towards Prevent interventions or other appropriate safeguarding responses. The Home Office has established a taskforce to respond to the recommendations flowing from the Southport Inquiry, and to improve the approach to managing the risk posed by VFIs.[7] Phase Two of the Southport Inquiry will likely build on this idea, as its terms of reference include examining how well Prevent is incorporated into wider safeguarding systems.

This echoes wider changes to the justice system that has recognised the importance of taking a safeguarding approach as part of measures to prevent children from entering the criminal justice system. Twenty years ago, there were around nine times more children in custody than there are today[8] - that

[1] Prevent was piloted from 2007, rolled out nationally in 2012, and placed on a statutory footing in 2015.

[2] Sometimes these individuals are referred to as Violence Fixated Individuals, or more recently Nihilistic Violent Extremists. In this report they will be referred to as VFIs

reduction is in part due to a concerted effort to take a safeguarding response to children, to divert them from criminality and the criminal justice system.[9]

Key counter-terror leaders, such as Laurence Taylor of the Metropolitan Police, have been making a similar case for some time. That Prevent is being used to plug gaps in other services, particularly for children who are fascinated by violence but do not have a fixed ideology, for example saying:

'*Prevent is set up to deal with an ideology. So, when you are driven by an ideology, then Prevent is absolutely the right forum for referral for you to be dealt with. If there is no ideology and there are mental health issues, Prevent is not the right place to challenge and deal and provide support to an individual with those challenges.*'[10]

But without a way to effectively triage whether Prevent is the appropriate intervention, children end up being referred there even when it is not the right place for them.[11]

Overall, there is now some degree of consensus that we don't have the right system for responding to – and supporting – children who might be at risk of committing violence where they have no fixed ideology. The current approach by which children are referred to Prevent often assesses them as not meeting its parameters and leaves professionals unclear about where they should seek help.

This report looks closely at that group, who they are, why they are being referred to Prevent, and what help they are getting. It makes recommendations for how that response could be improved.

1.Who are the children being referred to Prevent?

1.1 Numbers of children

Between March 2024 and April 2025, 8,778 referrals were made to Prevent in England and Wales. 4,715 of these were about children.[12] Prevent responds to risks identified for both children and adults, although referrals for children make up more than half (54%) the total referrals (Table 1). This may in part be due to children being more 'visible' than adults to services, particularly schools – and indeed the majority of Prevent referrals for children come from educational settings. This is the likely explanation for the dip in

2020/21 where the percentage of Prevent referrals that were for children fell to 39%, coinciding with school closures due to the COVID-19 pandemic.

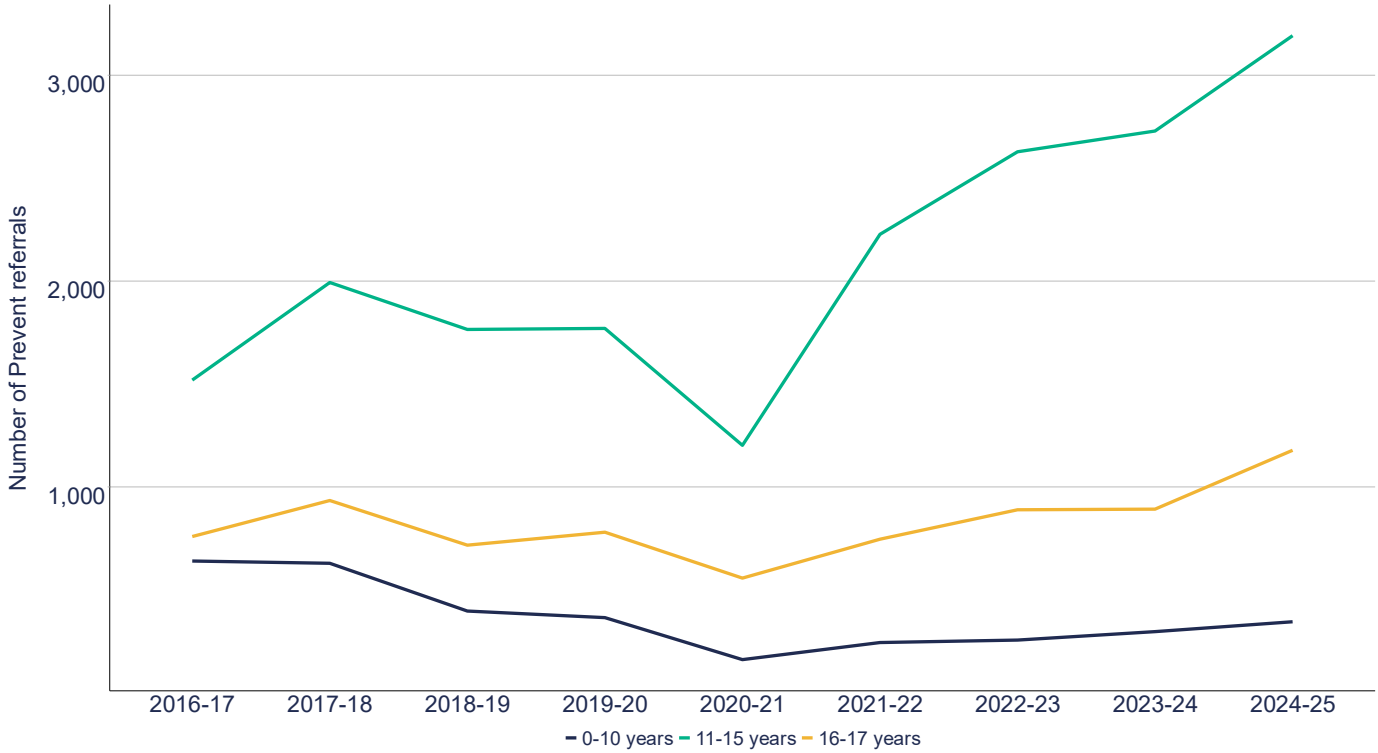
Table 1 - Percentage of Prevent referrals that were for children

	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Percentage of total referrals made that were for children	49% (2,918)	50% (3,556)	51% (2,879)	47% (2,915)	39% (1,920)	50% (3,217)	56% (3,773)	57% (3,918)	54% (4,715)

Source: Children's Commissioner's office analysis of published Home Office data

Overall, there has been an increase in referrals to Prevent. This is mainly driven by the 11 to 15-year-old group (see Figure 1).

Figure 1: Prevent referrals by age group of children, 2016-17 to 2024-25



Source: Children's Commissioner's office analysis of published Home Office data

1.2 Ideology of referred children

The majority, almost three quarters of referrals for children in 2024-25, had no clear ideology identified in the referral. 71% of referrals had either no ideology identified, no ideology but other susceptibility to radicalisation, multiple ideologies with no dominant ideology, or fascination with extreme violence or mass casualty attacks where no other ideology, listed as their identified ideology (Table 2). This is higher than for adults, where 61% of referrals had no clear ideology. Notably, a higher proportion of children (7.1%) than adults (3.8%) fall under the category of 'fascination with extreme violence or mass casualty attacks where no other ideology'.

Table 2. Ideologies of children and adults referred to Prevent in 2024-25[3]

Type	Ideology (category in published data)	Percentage of referrals of children	Percentage of referrals of adults
No clear ideology	No ideology identified	36% (1,719)	32% (1,283)
	No ideology other susceptibility to radicalisation identified	23% (1,076)	21% (831)
	Fascination with extreme violence or mass casualty attacks where no other ideology	7.1% (336)	3.3% (133)
	Multiple ideologies with no dominant ideology	4.8% (228)	4.8% (196)
	Total	**70.9%**	**61.1%**
Clear ideologies	Extreme right wing	19% (887)	22% (904)
	Islamist extremism	7.7% (364)	12% (502)

[3] Statistical disclosure control has been applied and small numbers redacted, meaning some totals may not add up to exactly 100%

	Incel	0.4% (21)	1.1% (45)
	Left wing extremism	0.2% (8)	0.3% (13)
	Northern Ireland dissident extremism	<0.2% (*)	0.3% (12)
	Anarchist extremism	<0.2% (*)	0.3% (12)
	Total	**27.3%**	**36.8%**
Other/unspecified	Other	1.4% (65)	2.7% (110)
	Unspecified	<0.2% (*)	<0.2% (*)
	Total	**1.5%**	**2.8%**

Source: Children's Commissioner's office analysis of unpublished Home Office data

Professionals interviewed for this report also made the case that children who were being referred to Prevent were often exploring a range of ideologies, out of a desire to fit in, or to feel part of something rather than a clear commitment to a specific agenda:

"He is looking to belong somewhere. And I think he's trying to find out where he fits in. And I think that's due to past trauma, current situation. There seems to be he has a really broad source set, you know, some children will probably just focus on a certain sort of aspect of radicalization or racism or, you know, but he's right across the board [list of types of extremist content], there just seems to be like, I think he's exploring them all because I think he's trying to look at where he fits in." – School safeguarding officer with experience making Prevent referrals.

1.3 Children's vulnerability to radicalisation

Five Eyes, the name given to the intelligence sharing alliance consisting of the UK, USA, Canada, Australia and New Zealand, put out a call for collective action on young people and violent extremism, which stated that *'The ways in which vulnerability factors [...] impact minors' radicalisation to extremism is challenging'.*[13]

Professionals interviewed for this report supported this view and described how the children who they were concerned about being drawn into terrorism had similar vulnerabilities to children being exploited in other ways:

"I often think children who've been involved in terrorism or anything like that, they have the same issues as kids that have been county lines, that kids that are [child sexual exploitation], that are in gangs, they want that belonging, they feel like they can be powerful, they feel like they're being listened to and they're often lonely, isolated children that find something online and get the hook" – Youth Custody Service staff member.

Or were seeking out ways to make themselves feel part of something:

"I think [...] why he's looking at all these things is [...] he wants to protect himself; he wants to do things to other people and be strong so that no one can do anything to him. So, it's a very much of a control thing at the minute as well. I think that's all, although he wants to be part of something" - School safeguarding officer with experience making Prevent referrals.

One commented that this isolation had been exacerbated by a child's experience of school, including bullying:

"I think school is a real catalyst [...] I think [they have] had a really tough time in school" – Professional with experience supporting children with Prevent referrals.

While another flagged that this could be linked to chaotic or neglectful home lives:

"*Often the children who have referred to Prevent have probably got chaotic home lives anyway...If you've got a child who's got [extreme] views, for example, at seven or eight, I'd be concerned, like [example of child with extremist material in bedroom], was only 12. What sort of parents are allowing that?"* – Professional with experience supporting children with Prevent referrals.

When a child has these vulnerabilities there will be those ready to step in and exploit them – one adult interviewed by the office who had past experience of going through the Prevent programme had been a victim of this, a fact he was only able to realise thanks to the intervention:

"I think, [Prevent intervention was] the first time that I'd realised I had been lied to, manipulated" – Interviewee who was deradicalised through Prevent.

Another professional interviewed set out clearly that not only were children being referred vulnerable to exploitation, but that many of the children they were working with were indeed victims of exploitation:

"And I've always told my team that, you know, if someone is on Channel, it's not that they're a perpetrator. 9 times out of 10, they're a victim, they're being exploited. So we need to make sure that we've got that support for that person as well". – Safeguarding lead at an education setting.

1.3.1 Mental health and neurodiversity

Professionals often specifically raised the issue of children with additional mental health or neurodiversity needs, and how this had the potential to exacerbate their vulnerability to radicalisation:

"A child may have a neurodevelopmental profile of ASD [Autism Spectrum Disorder]...they get bullied at school, so they kind of isolate themselves from school, but we know that adolescents, you know, they're coming to that period where they're seeking independence, their peers are important to them, so they find what they can't find in school, they find through an online community." - Psychology practitioner with experience working with children referred to Prevent.

In order to explore this further, the Children's Commissioner's office asked the Home Office to provide details of the mental health and neurodiversity conditions recorded in Prevent referrals made for children between April 2024 and March 2025 by each type of concern and age group.

Analysis of this data shows that most referrals (60%)– were categorised as 'unspecified' meaning that no information was recorded about mental health need or neurodivergence. (see Figure A1 in Data Annex).

16% of conditions in referrals were autism spectrum disorder. This is higher than the 3% estimated prevalence rate among all school-aged children in 2025.[14] 13% of conditions in referrals for 16- and 17-year-olds and 10% for 11- to 15-year-olds described the child as either self-harming or at risk of suicide. Eating disorders, anxiety disorders, psychiatric disorders were all less common – these each made up

less than 3% of conditions in referrals. It is hard to find directly comparable data on these needs – but the NHS prevalence survey suggests 9.4% of children had ever self-harmed, 2.6% of 11- to 16-year-olds and 12.5% of 16- to 19-year-olds have an eating disorder and that 20% of children had a mental health disorder of some type[15]. This indicates that these mental health conditions are not over-represented in the population of children referred to Prevent.

Given the poor quality of the data, caution must be exercised in interpreting this analysis, but it raises important questions about whether children with autism spectrum disorder may be over-represented among children referred to Prevent. This could be for a range of reasons, including poor quality referrals and a lack of understanding about how their needs present, or because these children are more vulnerable to being drawn to extremist material.

The issue of Axel Rudakubana's autism diagnosis was thoroughly explored in the first phase of the Southport Inquiry, and it is right that autism is neither seen as an 'excuse' for violent behaviour nor a reason for such behaviour. Interviews conducted for this report show that there must be a nuanced response – one which acknowledges that autism may make a child more vulnerable to any form of exploitation, including radicalisation, and this should not be explained away but better understood and directly tackled. This better understanding requires urgent improvements to the current poor quality of data.

1.4 The role of the online world

The online world is now widely understood as central to the radicalisation process for children and young people. The Independent Reviewer of Terrorism Legislation found not only that the vast majority of individuals who were convicted of terror offences were radicalised online, but also that the role of the online world in radicalisation could not be understated and was moving at a pace that far outstrips the existing law[16]. The proliferation of AI generated content, which can be more rapidly adapted to user's views in order to retain their attention, adds further risks.

As one professional interviewed for this report said:

"*They find what they can't find in school, they find through an online community, a faceless online community, people there who probably pretending they're teenagers and are not teenagers, as we*

know, and they go down a sort of a rabbit hole. And actually, if there are fixated beliefs, a lot of them are high functioning, autism, where they have really amazing computer skills [...] and they can find places like the Dark Web and Discord and all of those websites, which absolutely pummel this stuff out and they tap into it and then suddenly someone's making them feel good online"- Psychology practitioner with experience working with children referred to Prevent.

1.4.1 The Online Safety Act 2023

The UK Online Safety Act 2023 is designed to deal with illegal and harmful content. Terrorist content is deemed priority illegal content[17]. There is a safety duty for online services to mitigate and manage the risk of harm from illegal content[18]. This means that platforms have to risk assess for harm caused by content through the role of the service, its design and the way it is operated. Platforms must then put in place safety measures to mitigate the risks that are identified in their most recent risk assessment. Platforms also have to have a system in place to respond to illegal content where it is discovered, although there is no duty for platforms to search for illegal content on their sites.

However, the Act is limited in its capacity to address new and emerging forms of extremism online. A child is not radicalised by viewing a single piece of content. Rather, a child who is exposed over time to incremental increases in load and severity of content of increasingly harmful types result in a risk of radicalisation which the Act does not have the scope to address.

As well as the limitations of the Act, the Children's Commissioner is also concerned that the regulatory regime that has been designed by Ofcom is not ambitious enough to reach the Act's full potential, as has been communicated through a number of consultation responses and reports[19].

The Children's Commissioner's research has found that, in the years that have passed since the Online Safety Act received royal assent, online services have not made sufficient changes to their platforms to protect the safety of children online.[20]

1.4.2 The role of algorithms

Technology companies, particularly social media companies, are designed to retain users' attention for as long as possible, often in order to increase their revenue from advertising[21]. The use of personalised recommendation algorithms (referred to as 'algorithms') allows platforms to target users with content

that the platform predicts will interest them most. This is a particular risk for harmful content, because many types of harmful content induce extreme feelings such as shock and outrage, which causes a user to linger on content long enough for an algorithm to pick it up as an interest area. The algorithm then increases the volume of content of that type. The radicalisation risk is therefore high – the more violent content a child sees or engages with, the more they will be targeted with that kind of content, which in turn increases their chances of engaging with it, in a vicious cycle.[22]

2. What happens to children once they are referred?

The report *Lessons for Prevent* raised serious concerns about whether VFIs in particular were getting the right support after being referred to Prevent. The Children's Commissioner therefore requested additional data on Prevent referrals in England and Wales to understand more about what happened to those referrals, and which agency took responsibility for intervening to disrupt children's behaviour.

Children who are referred to Prevent, particularly the majority who are referred with no ideology, do not sit fully, or only, within Prevent's purview. Children's social care services in England also have a clear duty, set out in Working Together to Safeguard Children, to safeguard children from harm – and that includes extra-familial harms such as being drawn into criminal behaviour including serious violence. Youth justice services have a duty to support any child who has been cautioned or sentenced to address their behaviour, including if that child has committed serious violence. Violence Reduction Units, in the areas they exist, work with children who are at risk of committing serious violence; Youth Futures Hubs will also move into this space. Forensic CAMHS services are specifically set up to work with children who are at risk of offending or causing harm to others.

Likewise, while Channel panels are set up to be multi-agency decision making bodies, these are far from the only multi-agency decision making bodies who will need to be involved with these children. Every local area must have a multi-agency safeguarding arrangement which includes local authorities, police and health; equally every area must have MAPPA arrangements including police, probation, youth justice; there is also, along with the Prevent duty, the Serious Violence Duty, which requires local agencies in England and Wales to work together to tackle serious violence.[23]

The risk of having so many potential decision-making bodies and individual services who are each required to take responsibility for children who may have very similar and overlapping needs and risk profiles is that it is not clear who should lead a response and take on that responsibility. Additionally, if children do not quite meet the threshold for any one service but have a high level of need across several domains, they may miss out on support altogether by failing to fit into a single service model. It can also make for a complicated referral process – in some areas, children referred to Prevent should also be referred to children's social care, but this is not universally the case.[24]

As one professional said, they themselves were often confused about when they should be referring children to Prevent and why, and that there were other similar services that might also be relevant:

"[...] I feel that with Prevent it's more difficult to explain [...] I know a lot of young people and a lot of vulnerable adults don't know what Channel is and we wouldn't expect them to, but I think they don't know the process of Prevent and I think sometimes it would be really good to have a piece where we say we're going to inform social services or we're going to inform the local authority or we're going to inform the local police. And we give them the reasons [...] is it because we want them to help you or is it because we think that you're going to be a terrorist or is it because we think that you're going to get in trouble or is it because we think you're a victim" – Safeguarding lead at an education setting.

Children's social care record the factors identified at the end of assessment of child in need – none of these clearly map on to children where there is a concern that they might commit violence; the closest is perhaps 'socially unacceptable behaviour' but this will include children who have many forms of challenging behaviour; 35,980 assessments last year included this as an identified factor.[25] It is therefore very difficult to understand from any published data how many children referred to Prevent are also being referred and assessed by children's social care.

2.1 Outcomes of referrals to Prevent

Between April 2024 to March 2025 the majority - almost 60% - of Prevent referrals came from education, followed by the police (20%) and local authorities (11%). Friends and family, community, and the

probation service also made up the small remaining percentage of children who were referred (Data Annex Table 3).[4]

In terms of escalation from referral to whether Prevent takes the case, of the 4,715 children who were referred to Prevent, 79% did not have their case progressed to panel. 21% had their case discussed at panel and 18% had their case adopted by Channel. Similarly, 82% of referrals for adults were not progressed to panel; 18% of referrals were discussed at panel and 15% were adopted by Channel.

Referrals for children with no clear ideology are more likely to be closed without being discussed at panel than referrals for children with clear ideologies (86% vs 60%). For cases that progress to discussion at panel, referrals for children with no clear ideology are still less likely to be judged suitable for Channel adoption than those with clear ideologies (80% vs 92% adoption for those discussed at panel). This suggests that decision-makers at all stages of the Prevent programme do not see it as the appropriate pathway to support the majority of children referred without clear ideologies.

Referrals for children were more likely to be adopted at Channel with consent than referrals for adults. For adults, 38% gave their consent, and for children it was 62%; within the Prevent system, parental consent is required for all individuals under the age of 18, which may explain this gap. Interviewees told the office that parents may consent without full understanding of their child's risk or of Prevent itself.

"*I'm going to be honest with you, I don't really think [parent] fully understood the Prevent referral as a whole, which didn't really make much difference. It probably helped us really more than anything because she didn't really understand it fully.*" – Professional, speaking about a Prevent referral they had made.

[4] The data collected on referrals into Prevent includes double counting. Referrals could include children more than once if they are referred for the same incident by multiple agencies and if they are referred for multiple incidents in the year.

2.2 What happens when cases are adopted at Channel

If a child's case is deemed by the panel as appropriate for Channel adoption, and parental consent is given, the child will be provided with a support plan. This multi-agency plan is designed to address their susceptibility to being drawn into terrorism. As part of this, many will be assigned an Intervention Provider (IP) to provide mentoring for as long as is considered useful. IPs are specialist practitioners selected based on relevant expertise, (often ideological or theological) and mentoring sessions will often focus on examining and ultimately adjusting an individual's extremist views or beliefs.

One individual interviewed by the office spoke highly of the mentoring they had received through Prevent.

"I actually got de-radicalised through the Prevent programme. [...] Me and my Prevent IP got along really, really well. You know, we had very similar upbringings, a lot of similar common interests as well. And because of that, I could really relate to him, which made it a lot easier for me to be able to open up to him. I worked with him probably for around about two months [...] You know, there's a famous quote that says, once you've had your eyes open to the truth, it's very hard to be blinded again. And that's exactly what happened to me." – Individual with experience of Channel Intervention

However, another interviewee felt that mentoring had not changed their views by the time the sessions ended.

"They just said they won't see me no more, said I can't be helped [...] He tried to change my mind and my mind won't change" - Individual with experience of Channel intervention.

This report does not examine the effectiveness of the interventions delivered, either for children with a fixed ideology or those without one. However, given the intervention model relies on experts with deep knowledge or lived experience of an ideology working directly with an individual it is critical for future research to consider whether this model is appropriate or relevant in cases where the individual has no specific ideology to address.

2.3 What happens when a case is closed

Given that the majority of children who are referred to Prevent have their cases closed, it is important to consider what happens next for this group – these are children who someone was worried enough about to refer them to a service intended for those vulnerable to being drawn in to terrorism.

It is of course possible that some of these referrals will be misguided, inappropriate, or even malicious. However, it was clear from interviews with professionals that there are certainly professionals making referrals to Prevent in good faith, which are not progressing – and it is important to understand why, and what that means for the child:

"Within, I think, three days it was just closed down and finished with. So yeah, that was a little bit strange." - Safeguarding lead at an education setting with experience making Prevent referrals.

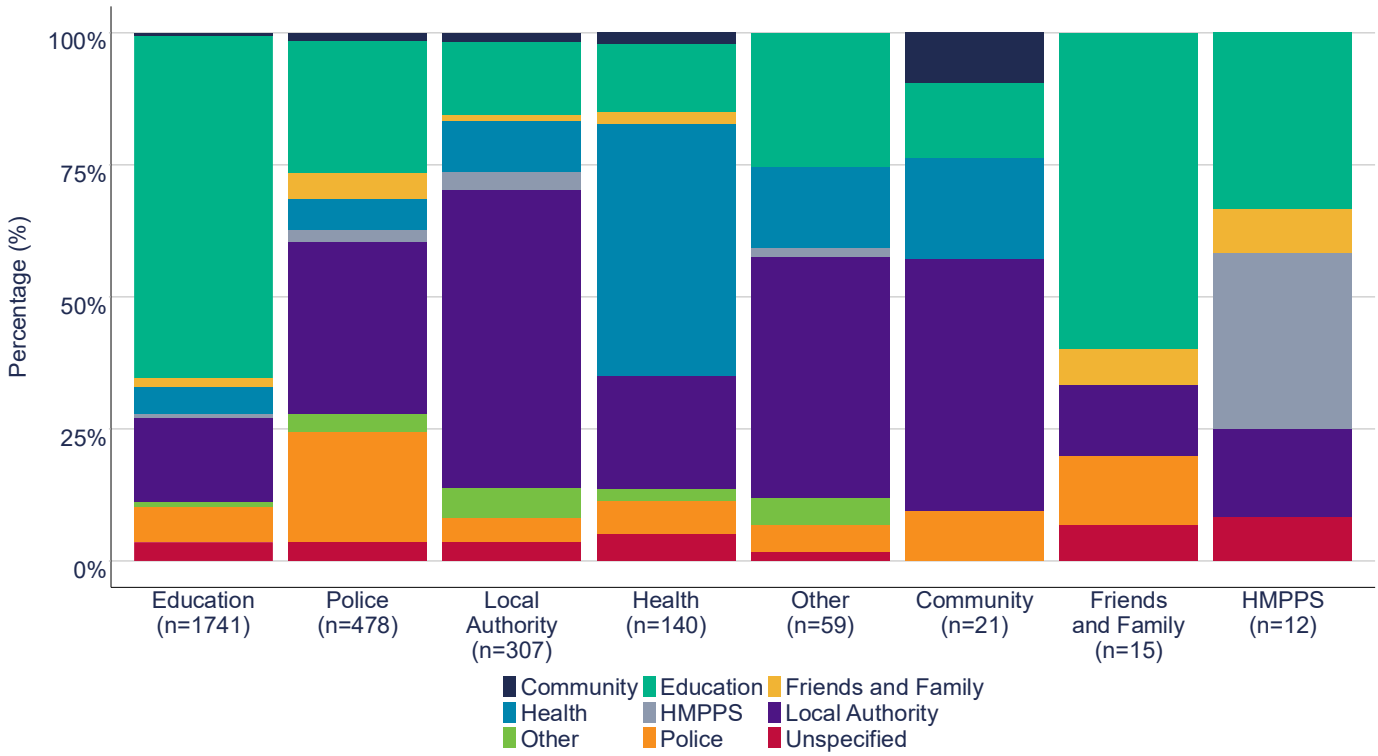
"For us as practitioners working and providing the information to Prevent with our concerns, what we don't get is much feedback at all. What we need is for Prevent to give us some more training on, you know, when we refer a student and they don't accept them, what is the threshold for that? What are the characteristics of a student to be accepted on a Prevent programme? What is the sort of behaviours that would warrant them to not be on the Prevent programme?" – School safeguarding officer with experience making Prevent referrals.

This was a common theme among interviewees; another professional said they had made four referrals for one child, one had progressed to panel, but they were not sure why the others had not, because no feedback was provided:

"We referred him again then and it came back as 'doesn't meet threshold and it will not be provided on this programme.' We were not given an explanation, just that sort of thing." - School safeguarding officer with experience making Prevent referrals.

To understand more about what support these children went on to receive, the Commissioner requested data about where children were referred to once their case was closed to Prevent (Figure 2). The Home Office provided data on referrals for children that were recorded as closed before, during or after Channel discussions in 2024-25, showing that many were referred on to at least one other service.

Figure 2: Sources of referrals of children to, and outward referrals from, the Prevent programme (2024-25)



Source: Children's Commissioner's office analysis of unpublished Home Office data

Note: includes multiple referrals per child. Multiple referrals out to different services may be made but only one onward referral recorded in this data, so these findings should be interpreted with caution.

Analysis of the data requested shows that 48% of referrals have education recorded as the service that children are referred out to (Data Annex Table A4). It is also the most common service children are referred from (almost 60% of referrals). This may be due to case officers notifying the education setting that made a referral to keep providing support and re-refer if necessary.

Across most referral sources, a large proportion of referrals are going back to the same service that referred them in. Most notably, at least 65% of referrals from education providers are referred back to education on closing, the majority of these (93%) are never discussed at panel or progressed any further through the Prevent programme.

While the issues with data recording mean that this analysis must be handled carefully, and child-level data is needed, it suggests that there are many children where a referral from Prevent may simply lead back to the original referring organisation being sign-posted to support the child. And yet as the

interviewees for this report explained, that often comes with limited feedback or understanding about what has happened.

This again suggests that there is a group of children who professionals are concerned about, who are not meeting the Prevent threshold, but where it remains unclear who should be supporting the child.

2.3 Children who are referred to Prevent multiple times

This is perhaps most concerning when it comes to children who are referred multiple times – which suggests a persistent concern for a child that is not being addressed. There is no current reporting of the number of children who receive multiple referrals, so the Commissioner's data request sent to the Home Office aimed to shine a light on this issue.

Of the children referred to Prevent who were aged 17 or under on 31st March 2025, in the ten years between April 2016 and March 2025, 91% of children (n=11,286) were referred once, and the remaining 9% (n=1,136) were referred at least twice. Approximately 1.5% of children corresponding to 187 children over the 10-year period were referred 3 or more times. The maximum number of repeat referrals recorded was 5, and 33 children (0.3%) had been referred on 4 or more separate occasions (Data Annex Table A1).

The Commissioner also asked for data about the children who received a third or subsequent referral to Prevent since January 2023 (Data Annex Table A2). The findings show that 61% (of 166 cases) of these third or subsequent referrals did not progress to Channel panel. There was some nuance in the re-referrals that did not progress to panel, 17% (n=29) had been in Channel previously but did not progress to Channel panel on this occasion, and 34% (n=57) of cases were deemed either not counter-terrorism relevant or had no counter-terrorism concerns. Finally, the remaining 10% (n=16) were 'managed in the police space'. This could mean, for example, people who did not consent or cases that were deemed too high risk for Prevent and escalated to the police.

While these are small overall numbers, they suggest a group of children where there is a significant and sustained concern, who are not deemed to fit the Prevent criteria – which again raises the question of, where do these children fit?

Conclusion

This report has shown that large numbers of children are being referred to Prevent every year, and many of those children are being referred several times. The majority of referred children do not progress to receive an intervention and are often referred back to the organisation that referred them, most often an education setting. This speaks of a system holding a great deal of worry about a group of children, seeking somewhere for them to get help, or someone to hold responsibility for them, and not finding it.

This is supported by the interviews conducted for this report. While some spoke positively about interventions received through Prevent, it also appears to be something of a black box – with referrers unsure about why referrals are turned away, if their concerns were justified, or what they should do next. This is not to say that every child referred to Prevent should have their case progressed but illustrates that there is a gap in support for a group of children that those working with them are highly concerned about.

This report therefore recommends not only greater measures for tackling the factors driving children towards an obsession with violence, but also a new approach to intervening and diverting them from causing harm.

Recommendations

Tackling online drivers of harm

Recommendation 1: The government should restrict technology companies from accessing children, until they are able to prove that they have measures in place to protect them from harm – covering both protections on seeing specific types of content as well as protection from features that increase the risk of encountering that content – such as curfews, no advertising, no recommended content, no ability for constant scrolling, and no ability to be contacted by strangers. This must cover not only social media platforms, but gaming, AI chatbots, image generators and messaging services too.

Recommendation 2: Ofcom should assess regulated services'[26] compliance with their safety duties by an outcome measure. This means that if a child is convicted of a terrorism offence where it is found that

engaging with content on a regulated service contributed to the commission of their crime, that platform's compliance with their safety duty should be reviewed.

Recommendation 3: Online platforms should be required to complete a risk assessment for the risk of radicalisation or violence fixation. The risk of radicalisation or fixation on violence on online platforms requires a system-wide assessment of how features such as algorithms contribute to a child's behaviour. It is essential that these risk assessments are fully transparent, and counter-terror police should be added to the list of relevant bodies who are able to access these risk assessments under s393 of the Communication Act.

A new pathway for children at risk of committing violence

Recommendation 4: The Home Office and Department for Education should issue joint statutory guidance on children who pose a risk to others. This should require that all children where there is a concern that they might commit violence or other forms of harm – because they are violence fixated, drawn into terrorism, or because of concerns about criminality – are referred to the Multi Agency Child Protection team in the child's local area.

This should build on learning from areas which have introduced parallel referral pathways, where children are referred to Prevent and local authority safeguarding teams simultaneously. These assessment teams should act as a 'triage' for all these children, including drawing on expertise from counter-terror police at the initial assessment stage when concerns about terrorism are identified, and then children should be allocated to the appropriate intervention from there.

Recommendation 5: A national database of evidence-based interventions for children at risk of harming others must be established, including for children who are fixated on violence, but who do not have an ideology. All local authorities should establish a pathway and a set of these evidence-based interventions for children at risk of harming others. This should include close working with Youth Justice Teams to carry out preventative work with children. Children should continue to be progressed to Channel interventions if that is assessed as being the most appropriate intervention for their needs.

Recommendation 6: The Department for Education should review Working Together to Safeguard Children to be clear that risk of committing violence or harm to others should be a reason for a safeguarding referral to be made and for support to be offered.

Recommendation 7: Updated, and frequently revised, training should be provided to education and health professionals and others who might refer children, to clarify which children should be referred and how referrals should be completed.

Recommendation 8: The Youth Endowment Fund should be funded to support the Home Office to build the evidence base on the effectiveness of interventions for children at risk of committing serious violence with and without fixed ideologies.

Recommendation 9: In the long term, the Department for Education should introduce legislation to amend the Children Act to set out how harm from outside the home should be tackled.

Working with health

Recommendation 10: The Department for Health and Social Care's mental health strategy must include a specific strand of work on children, which should include clear pathways for neurodiversity, a shared outcomes framework to establish the effectiveness of interventions, and pathways for children with trauma who currently fall between gaps of health and children's social care.

Improving data

Recommendation 11: The Department for Education should roll out the consistent childhood identifier without delay to all children, whether or not they are in contact with social care, in order to ensure that opportunities for sharing data and information are not lost.

Recommendation 12: Local Prevent and policing should improve their data recording, with a standardised approach overseen by Counter Terror Police and Home Office so it is possible to track children through the system to understand how many are referred, and exactly what the outcome of their referral is.

Methodology

This report is based on analysis by the Children's Commissioner's office of the following data sources:

- Publicly available official statistics *Individuals referred to and supported through the Prevent Programme in England and Wales* published by the Home Office and available online.[27] With the exception of time-series analysis, all figures are from April 2024 to March 2025 data tables, published in November 2025.[5]

- Four additional subsets of the above dataset requested from the Home Office using the Commissioner's statutory data powers, received in January 2026.

    1) Count of children referred to Prevent by the number of Prevent referrals they had between April 2016 and March 2025.

    2) Outcomes of referrals for children who had 3 or more referrals where the third or subsequent referral was after 1st January 2023.

    3) Sector of referral of those referred, and the stage at which the referral was closed when onwardly referred.

    4) Mental Health and Neurodiversity conditions recorded in Prevent Referrals for children by Type of Concern.[6]

- Qualitative interviews carried out by the Children's Commissioner's office in Spring 2026 with six professionals with experience of making Prevent referrals or supporting children who had been

[5] April 2025 – September 2025 data was published by the Home Office in August 2026, but this has not been included in the analysis. The 2024-25 data was selected as it is the most recent full financial year of data available and aligned with the additional cuts provided by the Home Office.

[6] Home Office were also asked for but unable to provide the number of Prevent referrals for children split by whether they had an Education, Health and Care Plan at the time of referral, and by type of children's social care involvement at the time of referral.

referred to Prevent, as well as one adult and one child who had experience of Prevent interventions, all of whom were in England. All professionals consented to recordings being made of interviews and written notes were taken during the interview with a child. Transcripts of interviews were made using AI-assisted software and validated by interviewers then incorporated into thematic analysis. Quotes are used throughout this report, some have been edited for clarity or to maintain anonymity.

Data annex

Data limitations and caveats

The office requested data from the Home Office to investigate the vulnerabilities of children referred to Prevent to understand the services they might already interact with. This was hampered by a lack of data. The Home Office was unable to provide data on the number of children with social care involvement and the number of children with education, health and care plans (EHCPs) at the time of the referral.

The type of concern for each referral within the dataset is based upon information provided by the referrer. For cases that progress further into the programme, officers may update this based on 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 Practitioners believe the individual is presenting.

The 2024-25 published dataset was the first to have data collected on mental health and neurodiversity, the statistics shown are on the count of mental health or neurodiversity conditions recorded for referrals. This means if someone has been referred multiple times and has a condition for one or more of the mental health / neurodiversity categories, each of the categories will be counted the same number of times that person has been referred. A large amount of this data is missing which is categorised as 'unspecified' and has not been incorporated into this analysis making it difficult to draw conclusions about the degree of mental health and neurodiversity in the child population being referred to Prevent. Improving data collection will be vital as the Home Office continues to collect this data field.

Another important limitation to the analysis in this report, is the usability of the data to provide meaningful insights into the journeys of children who are referred to Prevent due to the way referrals into and out of Prevent is recorded.

For data provided on onward referrals, owing to the complexities of the case management systems, it is difficult to understand the journeys of children through the Prevent system in terms of the service that refers them in and the service that they are then referred to. When children are referred out to

other services, this may be to multiple agencies but only one of these agencies is recorded in the data. There is no protocol for which agency gets recorded so it may be random or, equally problematic, systematic for example, alphabetically. In addition, the user guide for the statistics from the Home Office suggests that case officers notify the source of referral to re-refer if concerns are raised again and record this as 'signposted to a service' following case closure. This has implications for the interpretation of the number of children referred onwards to services as it could include services providing new support following case closure, and services already involved.

Figure and Tables

Figure A1 – Categories of mental health/neurodiversity conditions by age group

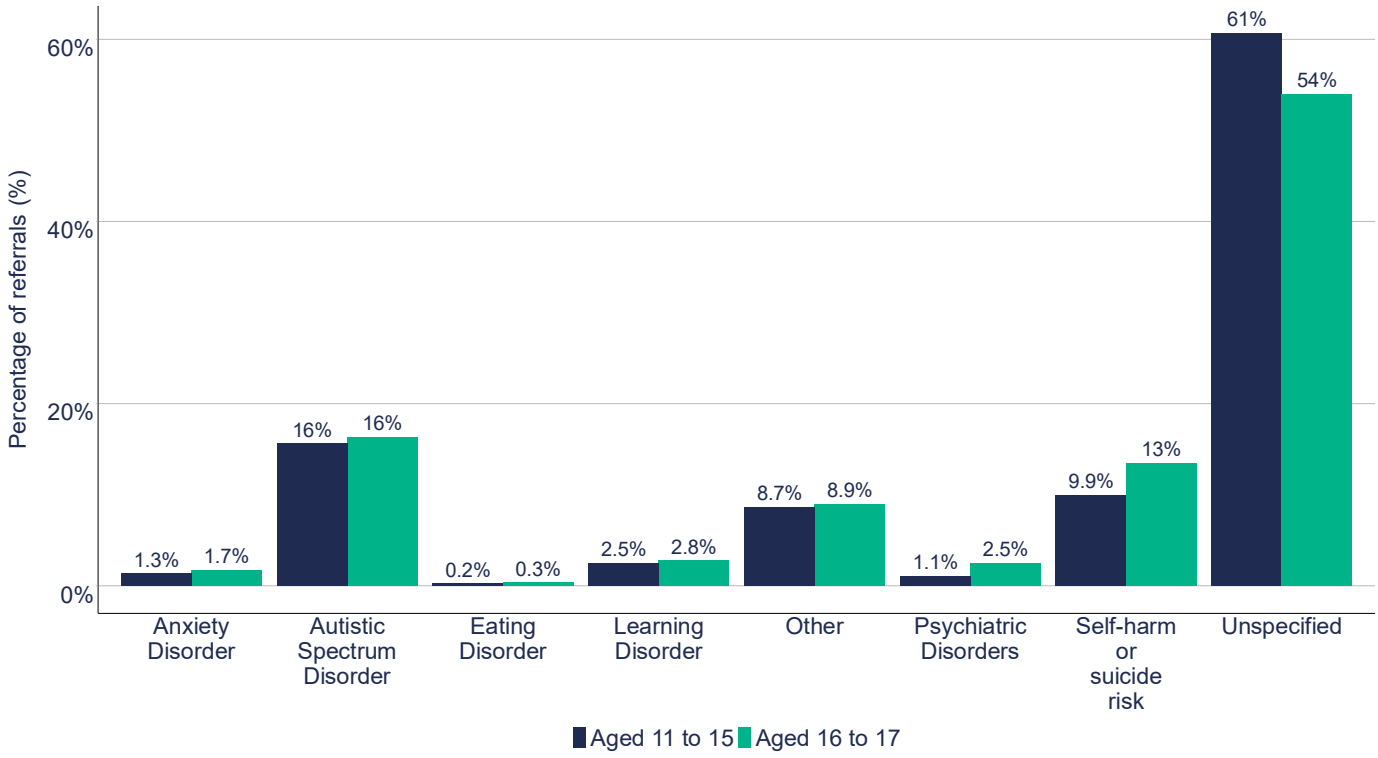
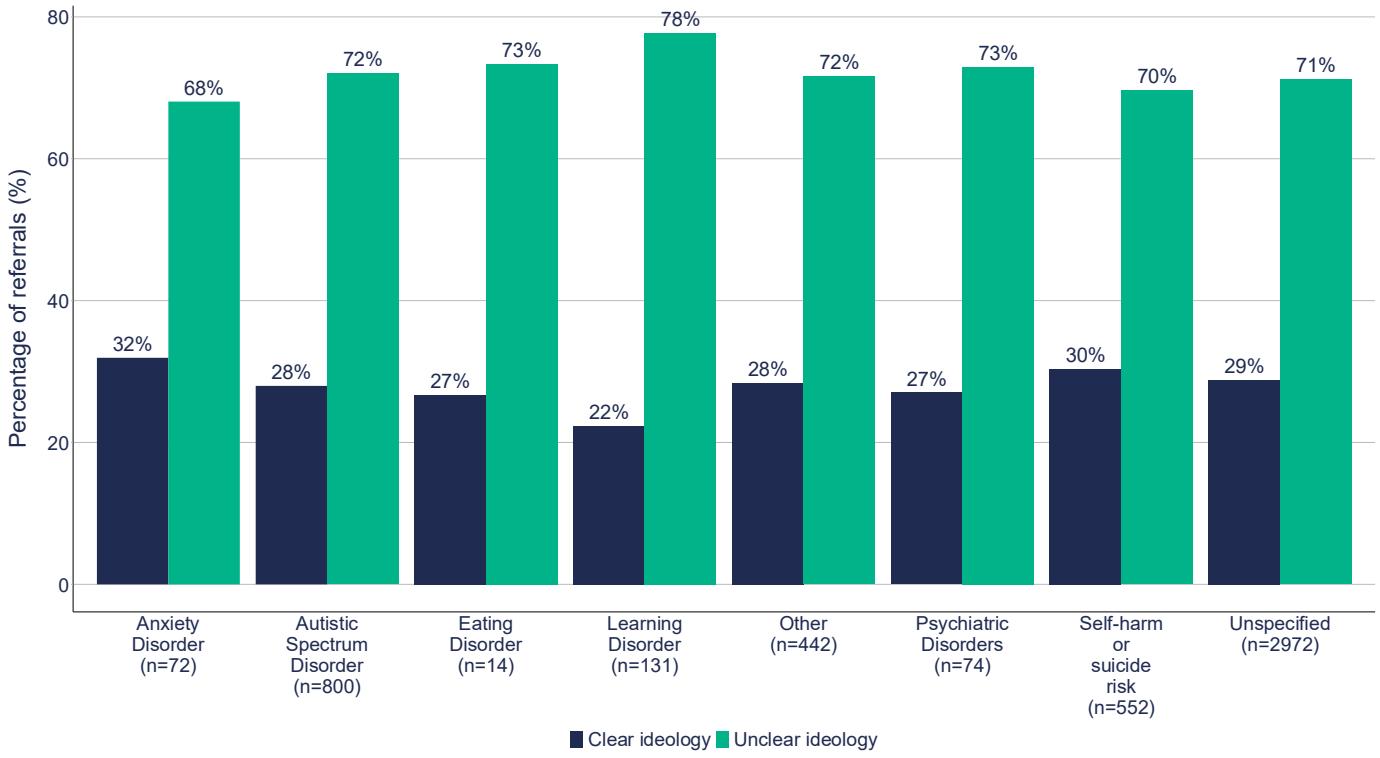


Figure A2. Ideology of child in Prevent referral by the type of mental health and neurodiversity condition



Notes: *Clear ideologies* are "Islamist extremism", "Left wing extremism", "Anarchist extremism", "NI dissident extremism" "Incel" and "other".

Unclear ideologies are "Extreme violence mass casualty", "Unspecified", "No ideology other susceptibility to radicalisation identified", "Multiple ideologies with no dominant ideology", and "No ideology identified".

The data on mental health and neurodiversity conditions provided by the Home Office included both confirmed and unconfirmed diagnoses for each. The office combined these into a single category for analysis.

Table A1. Individuals referred to Prevent who were aged 0-17 on 31st March 2025, and the number of Prevent cases they had between April 2016 and March 2025

Number of referrals	Count of children	Percentage
1	11,286	91%
2	949	7.6%
3	154	1.2%
4 or more	33	0.3%
Total	12,422	100%

Table A2. Children with 3 or more referrals where the third, or subsequent referral, was post-January 2023 and they did not have their case progressed to discussion at Channel panel

	Number of children	Percentage
All cases deemed either Non-Counter Terrorism relevant or have no Counter Terrorism concerns	57	34%
Had been in Channel previously, latest case did not progress to Channel	29	17%
Managed in the police space	16	10%
Were managed in Channel	64	39%
Total	166	100%

Table A3. Number of referrals to Prevent by type of service in 2024-25

	Number of referrals	Percentage
Education	2,808	60%
Police	921	20%
Local authority	540	11%
Health	217	4.6%
Other	130	2.8%
Friends and family	40	0.9%
Community	35	0.7%
HM Prisons and Probation Service	24	0.5%
Total	4,715	100%

Table A4. Number of onward referrals, once the case was closed by Prevent, by type of service referred to

	Number of referrals	Percentage
Education	1,342	48%
Local authority	678	24%
Police	247	8.9%
Health	232	8.4%
Unspecified	100	3.6%
Friends and family	58	2.1%
Other	53	1.9%
HM Prisons and Probation Service	38	1.4%
Community	25	0.9%
Total	2,773	100%

Reference

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