

## Channel: Dovetail pilot evaluation findings

1. The aim of the Dovetail pilot was to assess the feasibility of transferring the resources and responsibility for administering the programme and case management aspects of Channel from the police to local authorities.
2. OSCT identified nine pilot areas where funding was provided for 12 months for Local Authority Channel Coordinators (LACC) to lead on managing the Channel process (assessing referrals, managing cases and the administration of the programme).
3. The evaluation consisted of in-depth evaluations for five of the nine pilot sites, including a visit to the area to observe a Channel panel. Face to face interviews were carried out with the LACC(s), Prevent police, and Channel Panel Chair, as well as a focus group with Channel panel partners. The remaining four sites received a lighter touch evaluation consisting of individual phone interviews with the LACC(s) Channel Panel Chair, and Prevent police.
4. The evaluation was also informed by Channel data and monthly return submitted by each site.
5. The evaluation was broadly positive with a number of improvements to the process being identified:
  - a. **for the majority of the sites, the number and type of referrals remained consistent** and in line with the national average. Prevent Police have been transferring appropriate referrals to the LAs for information gathering.
  - b. **having the local authority take the lead on information gathering has assisted in building better relations** with other partners such as health, education, and other LA-led functions such as social services, for example.
  - c. **most areas found the five working day deadline to complete information gathering manageable.** Improved partnership working assisted with this, although there were occasions where meeting the deadline was possible when the Local Authority Channel Coordinator (LACC) spent time navigating an organisation to find the most appropriate contact.
  - d. the majority of sites reported **good attendance at Channel panels from partners.** A couple of sites noticed an **improvement in attendance.**
  - e. Chairs reported an **improvement in the quality of Channel panel discussions in half the pilot sites.** This was largely down to better information being provided by partners and a greater willingness to provide this to the LA.
  - f. **On consent, more consideration is now given to the most appropriate partner to approach an individual** rather than the default position of this being a police role. A number of pilot sites developed practical guidance on gaining consent which we will review and potentially incorporate into national guidance.
  - g. **the majority of pilot sites report good working relationships between the LA and police.** The police provided support to the LACC, especially in relation to developing a deeper understanding of radicalisation. The police transferred appropriate referrals to the LA in a timely manner and tended to agree with the LACC's recommendation on whether to progress a referral to panel.

6. The evaluation also highlighted some areas for improvement:
  - h. **During the first few months of the pilot, LAs were heavily reliant on the police**, especially around understanding the radicalisation risk and ensuring that the vulnerability assessment framework was completed accurately to determine next steps. We will address this wider training need to ensure that LACCs are confident in assessing referrals and developing a deeper understanding of the drivers to radicalisation.
  - i. **Vulnerability Assessment Framework training** – whilst the overall 2.5 day OSCT training course for LACCs was comprehensive, the LACCs felt they would have benefitted from further guidance and practice using case studies to gain familiarity with using the VAF as an assessment tool. We will revise the training to reflect this and provide examples of completed VAFs.
  - j. **CMIS access** – due to the secure nature of CMIS, access was only available through the provision of a Home Office laptop which caused the system to slow down. This was a short term solution – all LAs involved in the pilot now have access to CMIS through their own networks. We will ensure that all regions have access to CMIS through existing networks before any region goes live.
  - k. **Managing the counter-terrorism risk** – police are concerned that the CT risk may not be effectively managed as information gathered by the LACC is not shared until half way through the Channel process. CMIS has been enabled so that all referrals are shared between the LA and the police, meaning that police will be able to see all information as it is being collected. We will work with CTPHQ to provide appropriate training to LAs on ways of working and dealing with information which sometimes may need to be shared immediately with the police.
7. Following the evaluation **we have taken the decision to extend the transfer of functions** from the police to local authorities to more areas, on a regional basis. Whilst the rollout model will vary from the pilot, the transfer of functions will largely remain as per the pilot.
8. We intend to implement a **regional model** where funding will be provided to resource the assessment of referrals and management of cases for the region as a whole. Individual local authorities will still be required to chair panels and have oversight of Channel cases, but will draw on LACCs who will work with a number of different panels as determined by demand. The location of the resource within each region will be subject to consultation with local authorities, and will reflect referral and case activity.
9. OSCT will be implementing the change region by region. We will be holding consultation events in each relevant region to discuss the proposed model and provide an opportunity to address any concerns. We will be in direct contact with each LA to discuss next steps. Intensive training and support will be provided before any changes are implemented.
10. We intend for rollout to commence in late Autumn of this year, starting with:
  - i. The South West region;
  - ii. The North West region; and
  - iii. Wales.

11. We will develop a schedule for further roll-out across other regions using the experience gained from the initial three, and in consultation with partners.

**OSCT Prevent  
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