# The potential of social diagnostics for P/CVE

Authored by **Maximilian Ruf** and **Dennis Walkenhorst**, RAN Staff

Radicalisation Awareness Network

RAN

# The potential of social diagnostics for P/CVE

# Introduction

The field of social diagnostics offers valuable tools and instruments that to date have been largely overlooked in the context of practical prevention and countering of violent extremism (P/CVE). Nonetheless, these instruments can complement security-focused risk assessments with a much-needed social perspective on the individual needs and resources of a person by:

- providing concrete support for intervention planning;

- providing guidance on a person's progress;

- ensuring transparency of decision-making, supplementing processes of risk assessment, and assisting in multi-agency communication;

- advancing a holistic understanding of a person's needs, vulnerabilities, resources and risks – when carried out alongside psychodiagnostical risk assessment.

The following paper introduces the field of social diagnostics and three selected instruments and tools that offer potential benefits for P/CVE. The tools presented here are the Inclusion-Chart 4 (IC4), Network Mapping, and the Biographical Timeline. Tools and approaches like these can form the basis for further development of P/CVE-specific social diagnostics in the future – and may act as a steppingstone to the often -discussed resilience assessment.

> Social diagnostics tools can guide P/CVE practitioners in the process to reach a reliable and methodically and empirically sound (data) basis for (decisions regarding) interventions.

## Social diagnostics as a steppingstone to resilience assessment

In the context of social work or similar types of psychosocial care and P/CVE, an ongoing debate in recent years concerns the idea of resilience assessment. Practitioners and researchers are seeking to explore not only what makes people vulnerable to radicalisation, but also to assess which factors contribute to resilience to extremist radicalisation. Such knowledge is relevant at both primary and secondary levels of prevention (strengthening resilience factors as resources early on) and for tertiary prevention (i.e. disengagement, deradicalisation or exit work). It could be especially helpful to prevent recidivism or regression towards extremist ideas or groups, by strengthening individual resilience factors.

As a result, there has been a call for resilience assessment tools to define a new means of assessing cases in P/CVE and plan tailored interventions based on these assessments. It is hoped that ultimately this could provide a social work counterpart to the security-oriented and psychology-based risk assessment tools used by prison administrations and law enforcement. Instead of merely focusing on risks posed by an individual, risks to them and, most importantly, the factors contributing to reducing these risks could then be assessed as well. This promises to provide a clearly structured, transparent, yet adjustable framework contributing to a more holistic assessment of persons, cases and necessary measures. Unfortunately, no such resilience assessment tools exist yet. Research on resilience factors as well as the concept of resilience itself is ongoing, and it seems unlikely that empirically valid tools will be created, tested and implemented on a large scale in the near future.

But for almost one century, social work professionals and researchers have been creating (and debating) a number of tools for "social diagnostics" or "social diagnosis" that might support P/CVE in a similar way. If introduced to P/CVE on a wider scale, these tools could act as a first step towards creating new, P/CVE-oriented tools for social diagnostics and resilience assessment.

# Social diagnostics

Social diagnostics — the origins of which lie with Mary Richmond and Alice Salomon in the beginning of the 20th century — started to gain wider prominence in the wake of the increasing academisation of social work after the 1970s and 1980s ([1]). It remains a diverse field that features a number of different methodological and theoretical approaches. **The overarching aim of the field in general is to provide a reliable, methodically and empirically sound (data) basis for (decisions regarding) interventions** ([2]). However, despite being considered a starting point for interventions, social diagnostics is understood as a process that aims at collecting, analysing and interpreting data in a systematised way ([3]). Therefore, social diagnostics should not be misinterpreted as the final product or as a simple description of an individual's "condition", similar to a medical diagnosis. Instead, the "results" (hypotheses on which problem areas need to be worked on and how) need to be continuously tested ([4]). Additionally, social diagnostics almost always combines both objective assessments of an individual's social position and their subjective perspective on it — never just the one while disregarding the other. In contrast to psychodiagnostics, social diagnostics does not aim merely to assess an individual and their internal state, but also considers their social position and their social context ([5]) — all categories of factors relevant to radicalisation and deradicalisation.

In summary, traditional tools in social diagnostics:

1. Offer structured processes to obtain answers for practical (and scientific) work;
2. offer systematised ways of collecting and assessing information on the overall social situation of an individual;
3. provide a basis for interpreting and understanding an individual's position and perception;
4. provide a basis for assessment of the necessity, priority and intensity of interventions.

The following section will briefly outline some of the best-known tools and their benefits for P/CVE.

# Existing tools and instruments

Until today, a large number of different tools and instruments have been developed and implemented in the context of social diagnostics, most of them aiming at dimensions like social integration, functional integration or biographical experiences. For the purpose of this paper, three representative tools for social diagnostics are briefly described, alongside a short overview of some of the approaches and their main benefits and potential for practical P/CVE. The three tools presented here each aim at assessing different dimensions in relation to an individual and their social situation.

The **Inclusion Chart**, the most complex of the three tools, can be used to assess and discuss a person's (perceived) inclusion or exclusion in a comprehensive set of functional dimensions. In addition to assessing the person's current status, it also allows for an evaluation of trends and tendencies, enabling practitioners to prioritise the most urgent areas warranting actions and interventions. **Social network maps**, on the other hand, provide insights into a person's social relations and their perception of both the constructive and negative sides of these relationships. The third instrument presented here, the **biographical timeline**, offers a multidimensional and neutral visual representation of an individual's biographical data. This enables practitioners to identify pivotal moments in a person's life and to understand the challenges and subjective narratives of their biographies. In addition to the objective data, the individual's perceptions and feelings about the different moments and phases of their life can be included. Doing so will enable practitioners to gain more comprehensive insight into the other person's thought and decision-making processes, which cannot always be attributed to objective facts alone.

---

([1]) Buttner et al., Soziale Diagnostik, pp. 11–12, 16–17.
([2]) Buttner et al., Soziale Diagnostik, p. 18; Harnach, Psychosoziale Diagnostik in der Jugendhilfe, p. 21.
([3]) Buttner et al., Soziale Diagnostik, p. 21.
([4]) Buttner et al., Soziale Diagnostik, p. 23.
([5]) Harnach, *Psychosoziale Diagnostik in der Jugendhilfe*, p. 21.

# Inclusion chart

The Inclusion Chart (IC4), rooted in sociological differentiation theory, is described as "an instrument for the cooperative mapping of the social position of a person" ([6]). The IC4 is the fourth version of a tool first conceived by Prof. Pantuček-Eisenbacher, in 2005 ([7]).

The IC4 comprises three axes ([8]):

1.  inclusion in functional systems,

2.  subsistence/preservation of livelihood,

3.  functional capability.

Under Axes 1 and 2, the IC4 aims to assess to what extent a person is able to gain access to societal opportunities and wealth ([9]). This enables users to explore the relationship an individual holds with society, without ascribing personality traits or characteristics, thus — ideally — avoiding stigmatisation ([10]). Pantuček-Eisenbacher stresses the fact that the frame of reference for determining the level of inclusion of a person should always be the full potential of goods and services available in the functional systems and the country they live in ([11]). The contents and dimensions captured under the IC4 are shown in Figures 1 and 2 below.

Based on the assessment from this form, practitioners can create a "map", allowing for easier analysis of Axis 1. Based on the trend assessment in the chart, actions and interventions can be planned. If, for example, an acute trend towards exclusion from a functional context can be assessed, timely action would be required to prevent or counter said exclusion ([12]). On a more positive note, if a negative trend has been reversed over the course of a counselling process, thanks to measures aimed at that objective, the IC4 acts as a useful means to chart that progress over time — and therefore also the progress of an intervention or a programme as a whole. Axes 2 and 3 follow the same logic (Figure 2).

---

([6]) Pantuček-Eisenbacher, Inklusions-Chart (IC4), p. 304.
([7]) Pantuček-Eisenbacher, *Depicting the Social Dimension*, 4.
([8]) Pantuček-Eisenbacher, Inklusions-Chart (IC4), pp. 305–306.
([9]) Pantuček-Eisenbacher, Inklusions-Chart (IC4), p. 304.
([10]) Pantuček-Eisenbacher, Inklusions-Chart (IC4), p. 304.
([11]) Pantuček-Eisenbacher, Inklusions-Chart (IC4), p. 305.
([12]) Pantuček-Eisenbacher, Inklusions-Chart (IC4), p. 308.

| Inklusions-Chart IC4 | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Client, Age: | | | | | Created by: | | | Created on (date): | | | |
| Presenting Problem | | | | | | | | | | | |
| **1. Inclusion in functional systems** | | Degree of inclusion | | | | Trend(Dynamic) 3: positive 2: stable 1: negative 0: dangerous | Information (Data and Facts) | Supported (+) | substituted Inclusion (1:red, 2:yellow, 3: green) | Actions | |
| | | fully | largely | insufficient | excluded | | | | | | |
| A. Legal status | | | | | | | | | | | |
| B. Labour market | | | | | | | | | | | |
| C. Social security | | | | | | | | | | | |
| D. Financial transactions | | | | | | | | | | | |
| E. Mobility | | | | | | | | | | | |
| F. Education | | | | | | | | | | | |
| G. Medical care | | | | | | | | | | | |
| H. Media | | | | | | | | | | | |
| I. Addressability | | | | | | | | | | | |

*Figure 1: Axis 1 of the IC4, © Peter Pantuček-Eisenbacher 2005–2016*
*Retrieved from http://www.inklusionschart.eu/ic4 (original English translation by Peter Pantuček-Eisenbacher, supplemented by the authors)*

| **2. Subsistence, Preservation of livelihood** | | adequate | largely | inadequate | not met | Substitution in % | Trend (Dynamic) 3: positive, 2: stable, 1:negative, 0: acute | Information (Data and Facts) | Actions |
|---|---|---|---|---|---|---|---|---|---|
| A. Housing accommodation | | | | | | | | | |
| B. Everyday necessities, foodstuff | | | | | | | | | |
| C. Security | | | | | | | | | |
| D. lifeworld support | | | | | | | | | |
| **3. Functional capability** | | Very good 4, limited 3, poor 2, endangering 1 | | | | | Trendenz (Dynamik) 3: positive, 2: stable, 1: negative, 0: acute | Information (Data and Facts) | Actions |
| A. Health | | | | | | | | | |
| B. competencies | | | | | | | | | |
| C. Caring responsibilities | | | | | | | | | |
| D. level of functioning | Assessment on the GAF-Scale | | | | | | | max/year | current |
| Formular©peter pantucek-eisenbacher 2005-2016 Verwendung unter Beibehaltung des Copyright-Hinweises frei | | | | | | | | | |

*Figure 2: Axes 2 and 3 of the IC4, © Peter Pantuček-Eisenbacher 2005-2016*
*Retrieved from http://www.inklusionschart.eu/ic4 (original English translation by Peter Pantuček-Eisenbacher, supplemented by the authors).*

## Applying the IC4

The IC4 can be completed in different ways, depending on the circumstances. The tool's creators propose that, ideally, a 45-to-75–minute conversation or semi-structured interview should be conducted with the person in question, based on the chart's categories [13]. As always, transparency is key; the person must consent to the interview and have the contents and objective of the exercise explained to them. During the interview, the practitioner should fill out the chart openly, allowing the second party to observe [14]. Since the IC4 information must be based on facts, it should be completed regardless of the emotional/subjective evaluation of the individual themself. This means that when exclusion can be assessed objectively, it should be noted as such — even if the person in question is content with the respective state of affairs [15]. Especially in the context of P/CVE, the practitioner should make note of such instances, though, as they may offer valuable insights into the other person's self-perception and interpretation of their position within society. These topics can be thematised later during the counselling process and should be considered when planning interventions. Generally speaking, many topics may arise throughout the interview that are significant for the individuals [16]; it is important that these be noted for reference in further dialogue later in the counselling process. This notwithstanding, at the time of the interview, the compiling of facts for the IC4 should remain the principal objective [17]. If a direct interview with the person is not possible, the IC4 can also be filled in by the practitioner, based on previously compiled/already-known facts [18]. Wherever possible, however, an interview is the preferred option when completing the IC4, as this method has numerous benefits for the counselling process as a whole. Understanding a person's reasoning is always important for the processes of psychosocial care; in the context of P/CVE, understanding an individual's decision-making processes and their perceptions is vital in the attempt to bring about sustainable change.

## Intervention planning based on the IC4

For the planning of actions and interventions based on the IC4, Pantuček-Eisenbacher urges practitioners to focus exclusively on a small number of highly pressing dimensions, as this approach is likely to have higher chances of success (e.g. where exclusion has already taken place or is assessed to be imminent) [19]. If paired with support in areas where positive trends can already be determined, the IC4 offers a promising way of prioritising interventions [20].

Additionally, in the context of P/CVE, the IC4 user must determine — on a case-by-case basis — if a category is relevant for the person's radicalisation/engagement with extremist groups/ideas. The most significant aspect of a person's radicalisation might be the lack of lifeworld support outside the framework of extremism (if this support was provided exclusively by an extremist group). Another person may be purely motivated by financial gain. Yet another individual might feel justified by frustrations related to a precarious legal status. While the IC4 offers useful guidance on the factual state of an individual's inclusion in different systems, follow-up conversations based on these facts are vital for determining the person's own interpretation and perception of them and for understanding their resulting reasoning in a cooperative and transparent manner.

## Main benefits and potential of the IC4 for P/CVE

The IC4 offers an empirically sound structure for assessing a person's social situation in terms of inclusion and exclusion, including: their needs, their risks, and their areas of strength. It allows for the prioritisation of the most urgent areas warranting actions/intervention.

By applying the IC4 continuously throughout a process, progress and other changes can be charted transparently. This also facilitates a straightforward justification for taking steps/measures in a certain area (within multi-agency communication).

---

(13) Pantuček-Eisenbacher, Inklusions-Chart (IC4), p. 307.
(14) Pantuček-Eisenbacher, Inklusions-Chart (IC4), p. 307.
(15) Pantuček-Eisenbacher, Inklusions-Chart (IC4), p. 307.
(16) Pantuček-Eisenbacher, Inklusions-Chart (IC4), p. 307.
(17) Pantuček-Eisenbacher, Inklusions-Chart (IC4), p. 307.
(18) Pantuček-Eisenbacher, Inklusions-Chart (IC4), p. 307.
(19) Pantuček-Eisenbacher, Inklusions-Chart (IC4), p. 308.
(20) Pantuček-Eisenbacher, Inklusions-Chart (IC4), p. 308.

It provides a comprehensive basis of dialogue on certain aspects of a person's life and their desire for change in relation to them. The interview enables practitioners to gain insights into a person's subjective perception of their own situation and offers guidance for future conversations on important topics relevant to their radicalisation.

## Network Maps

Network mapping is based on (sociological) network theory and an extremely useful and easily accessible form of social diagnostics that aims to visually represent and assess existing relationships between an individual and their social environment [21]. A key aspect of network mapping is the assessment of a person's subjective perception of their social relations and support structures [22]. Subjective satisfaction with existing relations and support structures has been proven to significantly impact an individual's well-being and health [23]. Network maps offer a valuable first assessment at the start of the relationship between practitioner and the person in question, and they can indicate directions for intervention planning, including the active participation of persons from the network.[24] If used continuously throughout a process, they can also be used for evaluations of interventions, by visually representing changes over a certain period of time [25].

A variety of such maps exist, and they are easily adjustable to suit the practitioner's objectives and the given individuals. The ego-centred network map is one of the most well-known types: the person is marked in the centre of a page, and the persons with whom the individual is in contact are then marked around the centre [26]. The farther away a person is from the centre, the more distant their relationship with the individual in question. Lines are then drawn from the person in the centre to all persons in their social environment, as well as between interconnected persons (e.g. friend groups or family members) [27]. For greater detail, simple signs or symbols can be used to describe the different types of relationships (e.g. a lightning bolt for conflicts, a dashed line for interrupted contact, thick lines for strong connections, arrows indicating reciprocal or one-sided relationships) [28].

Depending on the needs of the analysis, the social relations categories can be grouped; one common example is a four-way division into [29]:

- friends/acquaintances
- family/relatives
- authorities/professional relationships
- studies/education/job

In this case, the page is divided into four sections, with a cross-shape delineating the borders between the different quarters; the "ego" is in the centre, at the intersection of the two border lines. Starting with the top-left quarter, the four divisions are marked on the paper clockwise (see Figure 3). Then, the respective persons are placed within the corresponding sections; connecting lines are drawn to the ego in the centre, but also between the persons in their social environment, to visually represent their interconnections. The number and types of sections can be determined individually, based on the individual's circumstances [30]. In the context of P/CVE work, adding a dimension for the extremist scenes or contacts that potentially exert a radicalising influence could be helpful. Furthermore, the creation of retrospective maps reflecting different crucial time periods of people's lives (before/during/after radicalisation) is valuable for gaining a deeper understanding of an individual's biography and needs.

---

[21] Kupfer, Netzwerkkarten als diagnostische Instrumente, p. 320.
[22] Kupfer, Netzwerkkarten als diagnostische Instrumente, p. 320.
[23] Kupfer, Netzwerkkarten als diagnostische Instrumente, p. 320.
[24] Kupfer, Netzwerkkarten als diagnostische Instrumente, p. 320.
[25] Kupfer, Netzwerkkarten als diagnostische Instrumente, p. 320.
[26] Kupfer, Netzwerkkarten als diagnostische Instrumente, p. 323.
[27] Kupfer, Netzwerkkarten als diagnostische Instrumente, p. 324.
[28] Kupfer, Netzwerkkarten als diagnostische Instrumente, p. 324.
[29] Kupfer, Netzwerkkarten als diagnostische Instrumente, p. 321.
[30] Kupfer, Netzwerkkarten als diagnostische Instrumente, p. 323.

## Analysis based on social network maps

Network maps enable practitioners to assess — at a glance — the size of the network, the number of people within it, the closeness of the individual to these persons and the quality of the relationships [31]. All of these factors already present a foundation for intervention planning aimed at reinforcing certain areas or **otherwise constructively changing the network. When it comes to more detailed analyses, the signs mentioned previously can indicate the overall potential positive (constructive) or negative (destructive) influence of a network.**

Additionally, networks can be analysed in cooperative terms, guided by questions such as the following [32]:

- Who is central to the communicative system within the network?

- Who has important functions?

- How well is the network integrated? Is it segregated? Why?

- What type of support is offered? By which person?
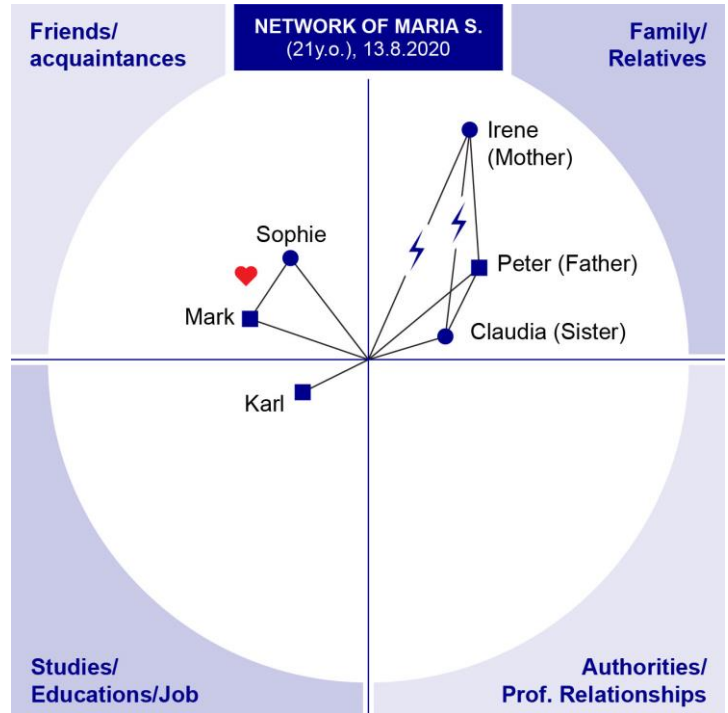


*Figure 3: Example of a Network Map. © European Union 2021.*

## Main benefits and potential of network maps for P/CVE

- Network mapping offers a valuable first assessment of a person's strengths and weaknesses with regard to their social network.

- It provides a good basis for intervention planning in a cooperative manner.

- It provides insights into the person's subjective perception of their position in society.

- It can be used to evaluate the impact of interventions aimed at strengthening the positive social network over time.

---

[31] Kupfer, Netzwerkkarten als diagnostische Instrumente, pp. 324–325.
[32] Kupfer, Netzwerkkarten als diagnostische Instrumente, p. 325.

## Biographical Timeline

Biographical timelines, rooted in 1970s Dutch social psychiatry ([33]), are used for charting individual biographies along a number of different dimensions ([34]):

- family,
- housing/accommodation,
- school/education,
- employment,
- health,
- treatment/assistance/help,
- other.

If necessary, practitioners can define additional dimensions that reflect the individual circumstances of the person they work with. Dimensions potentially relevant to (de)radicalisation should also be added here. By focusing on proven facts rather than subjective narration, the timeline provides a neutral foundation for the understanding and interpretation of a person's biography ([35]). The timeline is kept simple: beginning at the person's date of birth, it is segmented into their years of age; one horizontal axis represents each dimension and vertical lines mark life events and phases (see Figure 4) ([36]).

Additionally, an individual's general feelings towards the specific events and phases in their life can be documented. By following this approach, practitioners are able to better understand that person's thought and decision-making processes, and they can identify potential risks and resilience for future interventions.
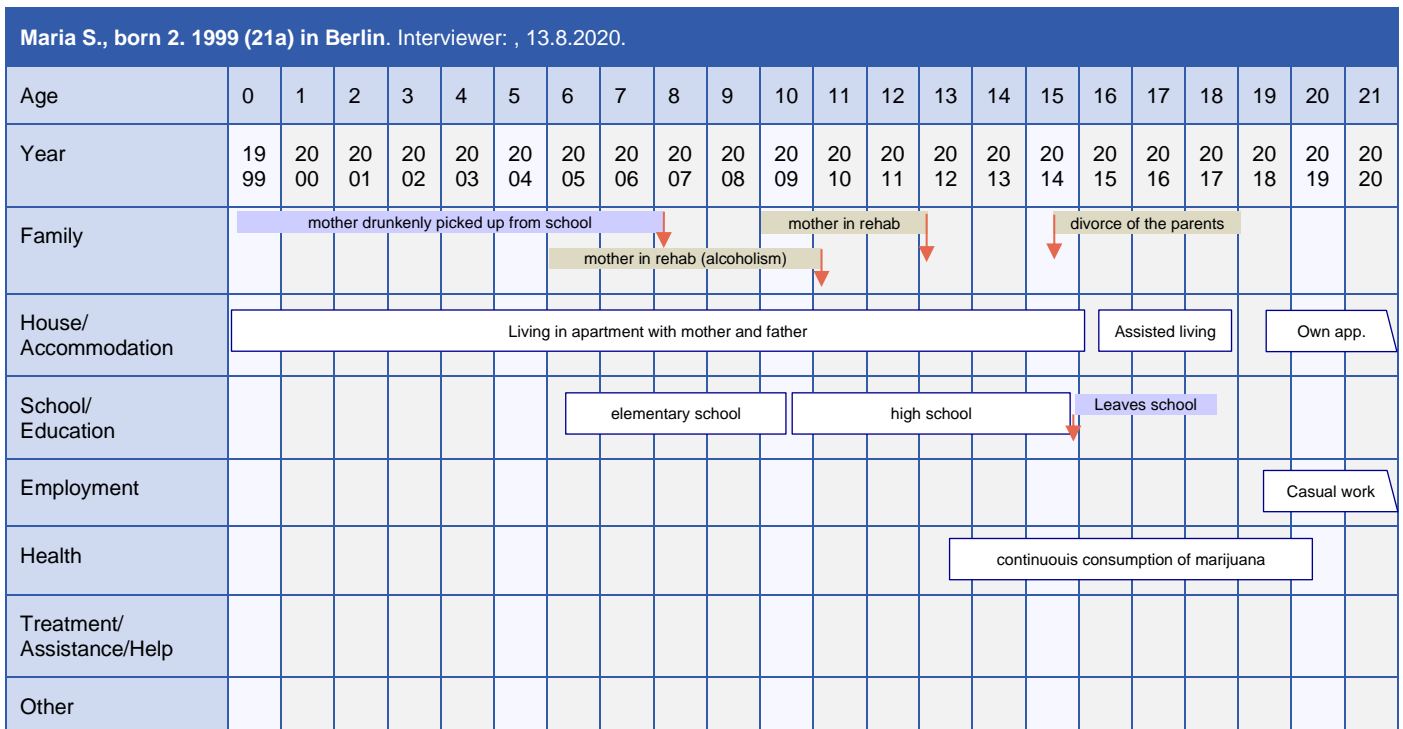
| Maria S., born 2. 1999 (21a) in Berlin. Interviewer: , 13.8.2020. | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Age | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| Year | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
| Family | mother drunkenly picked up from school ... mother in rehab (alcoholism) | | | | | | | | | | mother in rehab | | | | | divorce of the parents | | | | | | |
| House/ Accommodation | Living in apartment with mother and father | | | | | | | | | | | | | | | | Assisted living | | | Own app. | | |
| School/ Education | | | | | | | elementary school | | | | high school | | | | | Leaves school | | | | | | |
| Employment | | | | | | | | | | | | | | | | | | | | | Casual work | |
| Health | | | | | | | | | | | | | | continuouis consumption of marijuana | | | | | | | | |
| Treatment/ Assistance/Help | | | | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | | | | |

*Figure 4: Example of a biographical timeline, © European Union 2021.*

([33]) Pantuček-Eisenbacher, Biografischer Zeitbalken, p. 341.
([34]) Pantuček-Eisenbacher, Biografischer Zeitbalken, pp. 341–342.
([35]) Pantuček-Eisenbacher, Biografischer Zeitbalken, p. 341.
([36]) Pantuček-Eisenbacher, Biografischer Zeitbalken, pp. 341–342.

## Applying a biographical timeline

Practitioners carry out interviews to plot the timeline, based on the structure described above. If the practitioner already has the individual's biographical information, the timeline can be plotted beforehand: this may allow for a more targeted interview [37]. Social context and background are accounted for by including key historical events (e.g. pivotal points of wars, economic crises or global pandemics) [38].

Special attention should be paid to significant biographical changes or upheaval, which need to be charted in detail [39]. Throughout the interview, the person may relate accompanying details or accounts. While these should not be ignored, the focus should remain on filling in factual data; important subjective topics should be noted for later discussion and interpretation [40]. Ideally, the person in question and the practitioner should be seated next to each other [41].

## Analysis based on biographical timelines

Such timelines enable practitioners to identify key turning points and major events in an individual's life. Additionally, positive aspects (e.g. successful coping strategies during stressful periods) can be recognised and commended and their potential explored for further application in current crises or problems [42]. By systematically reconstructing a person's biography, their own identity-defining narratives can be identified and context provided for their current circumstances and situation [43].

**Main benefits and potential of biographical timelines for P/CVE**

- Biographical timelines systematically chart a person's biography.

- They provide context for understanding a person's current as well as past circumstances.

- They allow the identification of past positive and negative coping strategies and mechanisms.

- Adding an axis on subjective perceptions of life events enables practitioners to comprehensively understand a person's thought and decision-making processes.

---

[37] Pantuček-Eisenbacher, Biografischer Zeitbalken, p. 342.
[38] Pantuček-Eisenbacher, Biografischer Zeitbalken, p. 343.
[39] Pantuček-Eisenbacher, Biografischer Zeitbalken, p. 343.
[40] Pantuček-Eisenbacher, Biografischer Zeitbalken, p. 343.
[41] Pantuček-Eisenbacher, Biografischer Zeitbalken, p. 343.
[42] Pantuček-Eisenbacher, Biografischer Zeitbalken, pp. 343–344.
[43] Pantuček-Eisenbacher, Biografischer Zeitbalken, p. 344.

# Social diagnostics & added value for P/CVE

Based on the above description of selected social diagnostics tools, several potential benefits can be identified for their application in the P/CVE context:

**a)** Practical support

**b)** Improved authenticity assessment

**c)** Strengthened professional role and position of social and youth care workers

**d)** Improved mutual understanding in a multi-agency context

## Practical support

Social diagnostics offers support to practitioners by providing:

- a clear, comprehensive structure, thus facilitating data/information collection and notation;
- helpful, scientifically grounded analytical frameworks for analysis and interpretation of collected information;
- a sound basis for intervention planning and adjustment;
- support for reflection on professional roles;
- support for systematised reporting and structured presentation of cases.

## Improved authenticity assessment

By applying these tools continuously, factual changes (progress as well as regression) can be charted and analysed in a more structured and neutral way. This provides fact-based support for assessments on a person's progress and their perception and on whether their reported positive processes of change are likely to be sustainable and true.

## Consolidated professional role of social and youth care workers

In a work field often dominated by security concerns, social diagnostics offers a practical way to improve the comprehensibility of social and youth care workers' decision-making processes and strengthen their professional role in interactions with security-focused practitioner groups (such as law enforcement and prison administrations). The "softer" side of P/CVE is a vital aspect for this work field, without which sustainable, long-term prevention, deradicalisation or rehabilitation work is not possible. Not only can social diagnostics support social and youth care workers in continuously improving their own work, it can also consolidate their professional role in a multi-agency context.

## Improved mutual understanding in a multi-agency context

The consistent use of such tools by social workers and others in similar roles will help clarify the factual basis and reasoning behind their recommendations and decision-making for professionals in other fields (especially those working in a security-focused context such as law enforcement and prison administration). Social diagnostics offers useful support in the process of planning and assessing necessary measures. They offer a systematic scaffolding for the assessment of a person's needs, resources, potential and risks (to themselves). On this basis, further measures can be discussed openly and transparently by all actors, preventing unintentional contradictions or discrepancies. Thus, these tools have the potential to improve the mutual understanding of all actors in a multi-agency setting.

Together with risk assessments carried out by security-oriented practitioners, social diagnostics can support the multi-agency team to gain a holistic understanding of a person's needs, vulnerabilities and resources, as well as any risks they might still pose.

# Going forward: Gaps and next steps

To conclude, existing social diagnostics tools have the potential to support P/CVE practitioners in a number of ways. The tools showcased in this paper serve to introduce some elements of social diagnostics that might be relevant for and could be implemented in P/CVE work. Of course, many more tools and variations exist for assessing and documenting the social situation of individuals. The (types of) tools presented here appear especially beneficial, because they combine practical usage (as methods to cooperatively reflect on a social/biographical situation alongside a person) with analytical value. By using and combining different types of tools, a comprehensive understanding of the different areas of influence on a person can be gained (e.g. social position, social networks and biographical factors). Based on this, different interventions — e.g. aimed at strengthening certain areas of a person's social network or reducing their risk of being excluded (e.g. through unemployment) — can be planned and carried out. By contrast, existing risk assessment tools based predominantly on psychological theory lack the direct implications for practical work and focus unilaterally on the risks an individual might *pose* towards society. Any holistic assessment of an individual, however, should also focus on resilience factors, the social situation and the risks that an individual *faces*, overall.

These additional factors, which are considered vital in social diagnostics, constitute the field's contribution to P/CVE. However, it would be optimal to tailor and/or design the social diagnostics tools expressly for such P/CVE work. For this purpose, existing tools and methods could be adapted or elaborated to reflect the particular challenges posed by P/CVE. One option to do so would be to consolidate known risk-factors related to radicalisation, but also deradicalisation, and include them in the manuals for these tools. Another possibility would be to include clear designations/categories for extremist groups or scenes in network maps and biographical timelines. This way, network changes related to the extremist scene would become visible immediately and biographical developments related to extremism-related behaviour would be clearly identifiable.

Naturally, different phenomena and (political and/or cultural) circumstances demand different types of assessments or diagnostics. Therefore, no one-size-fits-all, generalised diagnostic tool can address all types of P/CVE and/or work with radicalised offenders. Instead, practitioners must carefully evaluate the exact circumstances of their work as well as the objectives, and, based on that, create a toolbox, a tailored repertoire of social diagnostics tools. Furthermore, a holistic assessment should ideally be conducted collectively by practitioners from different professional backgrounds and areas of interest/specialisation, including social work, psychology and specialised P/CVE experts. Additionally, to fully comprehend the many facets of what made extremist ideas or groups attractive to a person — and what would be necessary to make them less appealing — different types of tools aimed at understanding different spheres (e.g. biography, social network, social position) need to be employed.

To understand, holistically, the entire situation of an individual, the currently prevailing focus on risk has to be counterweighed by a focus on resources. Similarly, a focus on the psychological situation of the individual (internal) must be counterweighed/balanced by a focus on their social situation (external). Furthermore, the element of *resonance*, meaning the individually perceived quality of one's relationship with the world, needs to be reflected in any social diagnosis ([44]). Some of the presented tools already include fragments of resonance, for example when they include assessments of the individual's perception and feelings about certain factors/developments. However, a structured tool for the assessment of resonance, as an addition to risk and resource assessments, still needs to be designed.

---

([44]) Rosa, *Resonance.*

# Bibliography

Buttner, P., Gahleitner, S. B., Hochuli Freund, U., & Röh, D. (2018). Soziale Diagnostik. Eine Einführung. In P. Buttner, Gahleitner, S. B., Hochuli Freund, U., & Röh, D. (Eds), *Handbuch Soziale Diagnostik. Perspektiven und Konzepte für die Soziale Arbeit*, (pp. 11–30). Berlin: Deutscher Verein für öffentliche und private Fürsorge.

Harnach, V. (2011). *Psychosoziale Diagnostik in der Jugendhilfe. Grundlagen und Methoden für Hilfeplan, Bericht und Stellungnahme* (6th ed.). Weinheim and Munich: Juventa Verlag.

Kupfer, A. (2018). Netzwerkkarten als diagnostische Instrumente. In P. Buttner, Gahleitner, S. B., Hochuli Freund, U., & Röh, D. (Eds), *Handbuch Soziale Diagnostik. Perspektiven und Konzepte für die Soziale Arbeit* (pp. 320–327). Berlin: Deutscher Verein für öffentliche und private Fürsorge.

Pantuček-Eisenbacher, P. (2015). *Depicting the social dimension. The Inclusion-Chart (IC) as an instrument of social diagnostics*. Presentation at the European Conference on Social Work Research from
22-24 April 2015 in Ljubljana, p. 4. Retrieved from
http://www.inklusionschart.eu/images/ic/Texte/ljubljana_IC_textppp.pdf

Pantuček-Eisenbacher, P. (2018). Biografischer Zeitbalken. In P. Buttner, Gahleitner, S. B., Hochuli Freund, U., & Röh, D. (Eds), *Handbuch Soziale Diagnostik. Perspektiven und Konzepte für die Soziale Arbeit* (pp. 341–344). Berlin: Deutscher Verein für öffentliche und private Fürsorge.

Pantuček-Eisenbacher, P. (2018). Inklusions-Chart (IC4). In P. Buttner, Gahleitner, S. B., Hochuli Freund, U., & Röh, D. (Eds), *Handbuch Soziale Diagnostik. Perspektiven und Konzepte für die Soziale Arbeit*
(pp. 304–309). Berlin: Deutscher Verein für öffentliche und private Fürsorge.

Rosa, H. (2019). *Resonance. A sociology of our relationship to the world*. Translated by James C. Wagner. Cambridge: Polity Books.

**About the authors:**

**Maximilian Ruf** has been working in the field of P/CVE and specifically on the topics of deradicalisation and rehabilitation for over four years. He has been a member of RAN Staff since 2019, in addition to his position as a researcher and Deputy Scientific Director at Violence Prevention Network.

**Dr. Dennis Walkenhorst** has been working on violent extremism in Europe and the Middle East for more than eight years. During his doctoral research he focused on Islamist extremist movements and has since conducted work on evaluation in the field of P/CVE, rehabilitation and deradicalisation research. In addition to his work as part of RAN Staff, he is Violence Prevention Network's Scientific Director.