**Practitioner identifies Prevent concern**

**Prevent Referral Process Flowchart 2024 **

* **Discuss concerns with your line manager/Prevent lead/designated safeguarding lead and, if required, the local Counter Terrorism Policing Team: Contact 01392 225130 or email** **prevent@devonandcornwall.pnn.police.uk**
* **Assess if the person meets criteria for a Prevent referrallisted on the Police Prevent Referral Form** below

**Call 999 if there is immediate risk of harm to the subject or another; immediate risk of a crime being committed; or immediate risk of travel to a conflict zone**

**Doesn’t meet criteria for Prevent referral but does meet criteria for safeguarding referral**

**Meets criteria for Prevent referral**

**Doesn’t meet criteria for Prevent referral or safeguarding referral**

**Give consideration to other forms of support i.e. Early Help, GP, CAMHS, mental health & wellbeing support, Housing, Torbay Communities.**

**Seek consent and complete the following:**

* **Concerns relate to a child (under 18): Complete** [**MASH Referral Form**](http://torbaysafeguarding.org.uk/professionals/hub/) **(Call 01803 208100 for guidance if required):**
* **Concerns relate to an adult (18 and over). Complete** [**Safeguarding Adult Referral Form**](https://www.devonsafeguardingadultspartnership.org.uk/reporting-a-concern/)**.**

v

**Concerns relate to an adult (aged 18 and over)**

**Concerns relate to a child (aged under 18)**

**Complete** [**Prevent Referral to Police**](https://www.devon-cornwall.police.uk/advice/advice-and-information/t/prevent/prevent/) **online.**

**A** [**MASH Referral Form**](http://torbaysafeguarding.org.uk/professionals/hub/) **must be submitted where the adult of concern is identified as a parent/carer/guardian of a child (under 18)**

**OR**

**The adult of concern has been identified as living in the same household as a child (under 18)**

**Complete** [**Prevent Referral to Police online**](https://www.devon-cornwall.police.uk/advice/advice-and-information/t/prevent/prevent/)

**AND**

**Complete a** [**MASH Referral Form**](http://torbaysafeguarding.org.uk/professionals/hub/) **and email to** **mash@torbay.gov.uk****. In the MASH Referral Form highlight that a**

**Prevent referral has been made**

**Prevent referral reviewed by the Police**

**Counter Terrorism Policing Team contact referrer. Information is shared between Safeguarding Teams and Counter Terrorism Policing Team as appropriate. Screening assessment conducted. Outcome is one of the following:**

* **Police Prevent process**
* **Referral into multiagency** [**Channel**](https://actearly.uk/working-together/what-is-channel/) **(For more information see** [**Preventing violent extremism and terrorism**](https://www.torbay.gov.uk/safer-torbay/extremism/) **or read the** [**Channel Duty Guidance**](https://assets.publishing.service.gov.uk/media/651e71d9e4e658001459d997/14.320_HO_Channel_Duty_Guidance_v3_Final_Web.pdf) **)**
* **No further action in relation to Prevent. However, other safeguarding action may be taken if deemed appropriate.**

**If the decision is taken not to adopt the case into Channel then consideration may be given to signposting to safeguarding or other processes as appropriate (e.g. Early Help).**

**If the decision is taken to adopt the case then the Channel Panel will explore support options and liaise with the referred individual (or the referred individual’s parent/carer if under 18) to gain consent.**

**If consent is gained then a plan is agreed by the Channel Panel and tailored support/interventions are developed according to identified vulnerabilities. The individual will exit the Channel process when all panel members feel that the vulnerability to radicalisation has been completely removed or significantly lessened. Where appropriate regular updates will be provided to relevant family members throughout.**

**The Channel Panel reviews the case and decides whether or not it is appropriate to adopt the case into Channel.**

You can complete your [Prevent referral online](https://www.devon-cornwall.police.uk/advice/advice-and-information/t/prevent/prevent/)

Alternatively, if required the following pages can be copied, completed and saved by you so that a referral can be sent by email to Devon and Cornwall Police.

Submit completed form to Prevent.referrals@devonandcornwall.pnn.police.uk

Please remember to also submit a [MASH Referral](http://torbaysafeguarding.org.uk/professionals/hub/)

AND / OR

[Safeguarding Adult Referral](https://www.devonsafeguardingadultspartnership.org.uk/reporting-a-concern/)

as appropriate

|  |
| --- |
| **REFERRAL PROCESS** |
| **By sending this form you consent for it to arrive with both your dedicated Local Authority safeguarding team & Prevent policing team for a joint assessment.** Wherever possible we aim to give you feedback on your referral, please be aware, however, that this is not always possible due to data-protection & other case sensitivities.Once you have completed this form, please email it to**: Prevent.referrals@devonandcornwall.pnn.police.uk**If you have any questions whilst filling in the form, please call: **01392 225130 – during office hours (please allow for the call to ring through to the answerphone as it calls our different offices in turn)** |
| **INDIVIDUAL’S BIOGRAPHICAL & CONTACT DETAILS** |
| **Forename(s):** | First Name(s) |
| **Surname:** | Last Name |
| **Date of Birth (DD/MM/YYYY):** | D.O.B. |
| **Approx. Age (if DoB unknown):** | Please Enter |
| **Gender:** | Please Describe |
| **Known Address(es):** | Identify which address is the Individual’s current residence |
| **Nationality / Citizenship:** | Stated nationality / citizenship documentation (if any) |
| **Immigration / Asylum Status:** | Immigration status? Refugee status? Asylum claimant? Please describe. |
| **Primary Language:** | Does the Individual speak / understand English? What is the Individual’s first language? |
| **Contact Number(s):** | Telephone Number(s) |
| **Email Address(es):** | Email Address(es) |
| **Any Other Family Details:** | Family makeup? Who lives with the Individual? Anything relevant. |
|  |
| **DESCRIBE CONCERNS** | **In as much detail as possible, please describe the specific concern(s) relevant to Prevent.**  |
| Please Describe |
| **FOR EXAMPLE:** * How / why did the Individual come to your organisation’s notice in this instance?
* Does it involve a specific event? What happened? Is it a combination of factors? Describe them.
* Has the Individual discussed personal travel plans to a warzone or countries with similar concerns? Where? When? How?
* Does the Individual have contact with groups or individuals that cause you concern? Who? Why are they concerning? How frequent is this contact?
* Is there something about the Individual’s mobile phone, internet or social media use that is worrying to you? What exactly? How do you have access to this information?
* Has the Individual expressed a desire to cause physical harm, or threatened anyone with violence? Who? When? Can you remember what was said / expressed exactly?
* Has the Individual shown a concerning interest in hate crimes, or extremists, or terrorism? Consider *any* extremist ideology, group or cause, as well as support for “school-shooters” or public-massacres, or murders of public figures.
* Please describe any other concerns you may have that are not mentioned here.
 |
| **COMPLEX NEEDS** | **Is there anything in the Individual’s life that you think might be affecting their wellbeing or that might be making them vulnerable in any sense?**  |
| Please Describe |
| **FOR EXAMPLE:** * Victim of crime, abuse or bullying.
* Work, financial or housing problems.
* Citizenship, asylum or immigration issues.
* Personal problems, emotional difficulties, relationship problems, family issues, ongoing court proceedings.
* On probation; any erratic, violent, self-destructive or risky behaviours, or alcohol / drug misuse or dependency.
* Expressed feelings of injustice or grievance involving any racial, religious or political issue, or even conspiracy theories.
* Educational issues, developmental or behavioural difficulties, mental ill health (see **Safeguarding Considerations** below).
* Please describe any other need or potential vulnerability you think may be present but which is not mentioned here.
 |
| **OTHER INFORMATION** | **Please provide any further information you think may be relevant**, **e.g. social media details, military service number, other agencies or professionals working with the Individual, etc..** |
| Please Describe |

|  |
| --- |
| **PERSON WHO FIRST IDENTIFIED THE CONCERNS** |
| **Do they wish to remain anonymous?** | Yes / No |
| **Forename:** | Referrers First Name(s) |
| **Surname:** | Referrers Last Name |
| **Professional Role & Organisation:** | Referrers Role / Organisation |
| **Relationship to Individual:** | Referrers Relationship To The Individual |
| **Contact Telephone Number:** | Referrers Telephone Number |
| **Email Address:** | Referrers Email Address |
| **PERSON MAKING THIS REFERRAL (if different from above)** |
| **Forename:** | Contact First Name(s) |
| **Surname:** | Contact Last Name |
| **Professional Role & Organisation:** | Contact Role & Organisation |
| **Relationship to Individual:** | Contact Relationship to the Individual |
| **Contact Telephone Number:** | Contact Telephone Number |
| **Email Address:** | Contact Email Address |

|  |
| --- |
| **REFERRER’S ORGANISATIONAL PREVENT CONTACT (if different from above)** |
| **Forename:** | Referrers First Name(s) |
| **Surname:** | Referrers Last Name |
| **Professional Role & Organisation:** | Referrers Role / Organisation |
| **Relationship to Individual:** | Referrers Relationship To The Individual |
| **Contact Telephone Number:** | Referrers Telephone Number |
| **Email Address:** | Referrers Email Address |

|  |
| --- |
|  |
|  |
| **RELEVANT DATES** |
| **Date the concern first came to light:** | When were the concerns first identified? |
| **Date referral made to Prevent:** | Date this form was completed & sent off? |
|  |  |

|  |
| --- |
| **SAFEGUARDING CONSIDERATIONS** |
| **Does the Individual have any stated or diagnosed disabilities, disorders or mental health issues?** | Yes / No |
| Please describe, stating whether the concern has been diagnosed. |
| **Have you discussed this Individual with your organisations Safeguarding / Prevent lead?** | Yes / No |
| What was the result of the discussion? |
| **Have you informed the Individual that you are making this referral?** | Yes / No |
| What was the response? |
| **Have you taken any direct action with the Individual since receiving this information?** | Yes / No |
| What was the action & the result? |
| **Have you discussed your concerns around the Individual with any other agencies?** | Yes / No |
| What was the result of the discussion? |
|  |
| **INDIVIDUAL’S EMPLOYMENT / EDUCATION DETAILS** |
| **Current Occupation & Employer:** | Current Occupation(s) & Employer(s) |
| **Previous Occupation(s) & Employer(s):** | Previous Occupation(s) & Employer(s) |
| **Current School / College / University:** | Current Educational Establishment(s) |
| **Previous School / College / University:** | Previous Educational Establishment(s) |

|  |
| --- |
| **THANK YOU** |
| **Thank you for taking the time to make this referral. Information you provide is valuable and will always be assessed.****If there is no Prevent concern but other safeguarding issues are present, this information will be sent to the relevant team or agency to provide the correct support for the individual(s) concerned.** |