

## Prevent & Channel Referral Process

Prevent is one of the elements of CONTEST, the UK government's counter- terrorism strategy and aims to stop people becoming terrorists or supporting terrorism.

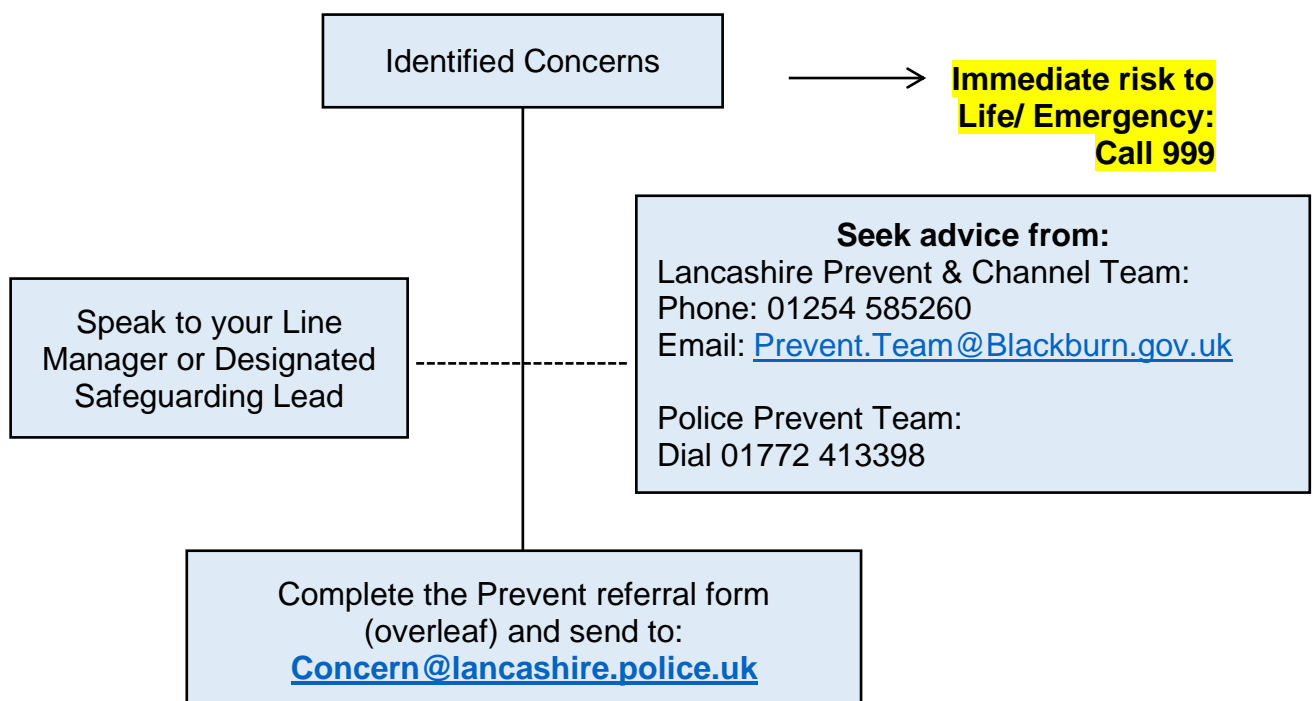
Prevent initiatives tackle both the causes and risk factors that can lead someone to become radicalised. It directly supports those who are at risk through early intervention, is resourced to risk and addresses **all forms of terrorism and extremism**. Prevent works in a similar way to other safeguarding processes designed to protect individuals whereby the level of intervention increases with the level of risk.

**Radicalisation** is the process by which a person comes to support terrorism and in some cases may then participate in terrorist activity. There is no single process or indicator of when a person might move to adopt violence in support of extremist ideas. The process is different for each individual and can take place over an extended period or a short time frame.

**Extremism** is defined as, vocal or active opposition to British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. It also includes calls for the death of members of the armed forces here or abroad.

- If you **notice** a change in an individual that concerns you, in that they may be vulnerable to radicalisation, follow your organisation's safeguarding policy/ Prevent & Channel referral process.
- **Check** your concern with a manager or designated safeguarding lead and contact the Prevent team for advice.
- **Share** the concern with the police by completing the Prevent referral form.

Referrals will be screened for suitability through a preliminary assessment by the police. If suitable for multi-agency consideration, it will be passed to the local authority **Channel** team.



# PREVENT REFERRAL FORM

| REFERRAL PROCESS  |   |
|---|---|
| <p>By sending this form you consent for it to arrive with both your dedicated Local Authority safeguarding team &amp; 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 &amp; other case sensitivities.</p> <p>Once you have completed this form, please email it to: <a href="mailto:concern@lancashire.police.uk">concern@lancashire.police.uk</a></p> <p>If you have any questions whilst filling in the form, please call:</p> <p><b>The Police Prevent Team / Local Authority Team / Organisation Prevent lead – contact details are at the end of the form</b></p>  |   |
| 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   |   |
| <p><b>FOR EXAMPLE:</b></p> <ul style="list-style-type: none"> <li>How / why did the Individual come to your organisation's notice in this instance?</li> <li>Does it involve a specific event? What happened? Is it a combination of factors? Describe them.</li> <li>Has the Individual discussed personal travel plans to a warzone or countries with similar concerns? Where? When? How?</li> <li>Does the Individual have contact with groups or individuals that cause you concern? Who? Why are they concerning? How frequent is this contact?</li> <li>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?</li> <li>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?</li> <li>Has the Individual shown a concerning interest in hate crimes, or extremists, or terrorism? Consider <i>any</i> extremist ideology, group or cause, as well as support for "school-shooters" or public-massacres, or murders of public figures.</li> <li>Please describe any other concerns you may have that are not mentioned here.</li> </ul> |   |
| 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   |   |
| <p><b>FOR EXAMPLE:</b></p> <ul style="list-style-type: none"> <li>Victim of crime, abuse or bullying.</li> <li>Work, financial or housing problems.</li> <li>Citizenship, asylum or immigration issues.</li> <li>Personal problems, emotional difficulties, relationship problems, family issues, ongoing court proceedings.</li> <li>On probation; any erratic, violent, self-destructive or risky behaviours, or alcohol / drug misuse or dependency.</li> <li>Expressed feelings of injustice or grievance involving any racial, religious or political issue, or even conspiracy theories.</li> <li>Educational issues, developmental or behavioural difficulties, mental ill health (see <b>Safeguarding Considerations</b> below).</li> <li>Please describe any other need or potential vulnerability you think may be present but which is not mentioned here.</li> </ul>  |   |
| 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   |   |

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| 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) |

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## 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.

### Contacts List:

#### **Organisation Safeguarding / Prevent Lead:**

Tel:

Email:

#### **Local Authority Prevent and Channel Team:**

Tel: 01254 585 260

Email: [Prevent.Team@BLACKBURN.GOV.UK](mailto:Prevent.Team@BLACKBURN.GOV.UK)

#### **Police Prevent Team:**

Tel: 01772 413398