Shropshire Community Health NHS
NHS Trust

Policies, Procedures, Guidelines and Protocols

Document Details	
Title	Prevent Policy
Trust Ref No	2006-56765
Local Ref (optional)	
Main points the document covers	This policy provides advice, guidance and information for Shropshire Community Health NHS Trust staff should they wish to raise concerns about an individual who may be at risk of being drawn into terrorism or committing terrorist acts
Who is the document aimed at?	This policy is aimed at all staff employed by the Trust, either directly or indirectly, including volunteers and to any other person or organisation that uses the Trust's premises for any purpose.
Owner	Head of Safeguarding
Approval process	
Who has been consulted in the development of this policy ?	Shropshire Integrated Care Board, HR & Workforce Group, Adult SDG Group, Safeguarding Committee
Approved by (Committee/Director)	Safeguarding Committee
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Full Equality Impact Assessment	No
Lead Director	Director of Nursing and Workforce
Category	Corporate
Sub Category	
Review date	12th January 2027
Distribution	
Who the policy will be distributed to	Dissemination via email to safeguarding leads and available to all staff via the Trust's website
Method	Dissemination to all staff via the Trust's website
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Required by CQC		
Other		
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No	Date	Amendment
1	11 Jun 18	Revised Appendix 4 – Reporting flow chart for raising concerns, and paras 8.1 and 8.2 – Raising Prevent concerns
2	17 Jun 19	Revised Appendix 4 – Reporting flow chart for raising concerns; changes to named contacts
3	1 Nov 19	Updated hyper link to Prevent Referral Form (para 8.2)
4	31 Jan 23	Updated flow chart and contact details, updated all website links, ensuring up to date advice and information and national referral form link
5	2 Jan 24	Updated flow chart, removed references to Clinical Commissioning Group, added inclusion of requirement to DATIX all prevent referrals

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1.0 INTRODUCTION

1.1 CONTEST, the Government's national counter terrorism strategy, aims to reduce the risk to the United Kingdom and its interests overseas from international terrorism, so that people can go about their lives freely and with confidence.

1.2 These forms of terrorism include but **are not** limited to:

- Al-Qa'ida influenced groups
- Far Right extremists
- Environmental extremists
- Animal Rights extremists

1.3 CONTEST has four work streams:

- Pursue: to stop terrorist attacks
- Protect: to strengthen our protection against terrorist attack
- Prepare: where an attack cannot be stopped, to mitigate its impact
- *Prevent*: to stop people becoming terrorists or supporting terrorism

2.0 SCOPE

2.1 Preventing someone from becoming a terrorist or supporting terrorism is no different from safeguarding vulnerable individuals from other forms of exploitation. Therefore, this Policy sits alongside the Trust's Safeguarding children, young people and adults' Policies.

2.2 This policy applies to all staff employed by the Trust, either directly or indirectly, including volunteers and to any other person or organisation that uses the Trust's premises for any purpose.

3.0 POLICY AIM

3.1 This key aim of this policy is to identify how staff will be supported to develop an understanding of the *Prevent* Strategy and how they can utilise their existing knowledge and skills to recognise that someone may have been, or is being radicalised.

3.2 This Policy sets out where staff can seek advice from and how to escalate their concerns within the Trust. Where concerns need to be raised with external agencies, this Policy describes how referrals will be managed within the existing multi-agency safeguarding processes.

3.3 This Policy sets out how *Prevent* related referrals or requests for information from external agencies will be managed by the Trust.

4.0 HEALTH ENGAGEMENT WITH THE PREVENT STRATEGY 2011

4.1 The *Prevent* Strategy 2011 addresses all forms of terrorism and non-violent extremism which can create an atmosphere conducive to terrorism and can popularise views which terrorists then exploit. *Prevent* deals with all kinds of terrorist threats to the United Kingdom. The most significant of these threats is currently from organisations in Syria and Iraq and Al Qa'ida associated groups. Terrorist associated with the extreme right wing also pose a continued threat to safety and security. The aim of *Prevent* is to stop people from becoming terrorists (often referred to as being radicalised) or supporting terrorism. It operates in the pre-criminal space before any criminal activity has taken place.

4.2 The Department of Health is a key strategic partner in The *Prevent* Strategy as Healthcare professionals may meet and treat people who are vulnerable to radicalisation.

4.3 The three key objectives of the *Prevent* Strategy are to:

1. Challenge the **ideology** that supports terrorism and those who promote it
2. Prevent vulnerable **individuals** from being drawn into terrorism and ensure that they are given appropriate advice and support
3. Work with sectors and **institutions** where there are risks of radicalisation

Shropshire Community Health NHS Trust 'the Trust' is expected to be involved in delivering objectives 2 and 3 only.

5.0 PROCESS OF EXPLOITATION

5.1 Evidence suggests that there is no obvious profile of a person who is likely to become involved in terrorist-related activity, or single indicator of when a person might move to support extremism. However, the increasing body of information indicates that factors thought to relate to personal experiences of vulnerable individuals affect the way in which they relate to their personal environment and may make them susceptible to exploitation or supporting terrorist activities (see Appendix 1). Vulnerable individuals who may be susceptible to radicalisation can be patients, carers and/or staff.

5.2 Radicalisers often use a persuasive rationale or narrative and are usually charismatic individuals who are able to attract people to their cause which is based on a particular interpretation or distortion of history, politics and/or religion.

5.3 The key challenge for the health sector is to ensure that, where there are signs that someone has been or is being drawn into terrorism, that healthcare workers are aware of the support available and are confident in referring the person for further support.

6.0 INTERNET

6.1 Vulnerable individuals may be exploited in many ways by radicalisers and this could be through direct face to face contact, or indirectly through the internet, social networking or other media.

6.2 Access to extremist material is often through leaflets and local contacts. However, the internet plays an important role in the communication of extremist views. It provides a platform for extremists to promote their cause and encourage debate through websites, internet forums and social networking. It is a swift and effective mechanism for disseminating propaganda material and is not always possible to regulate.

6.2 Trust staff should be aware of anyone making frequent visits to websites showing images such as armed conflict around the world and providing speeches and access to material from those involved in the radicalising process.

6.3 A dedicated website to report suspected terrorism or suspicions that some may be involved in terrorism is available at:

- https://www.westmercia.police.uk/tua/tell-us-about/ath/possible-terrorist-activity/
- https://www.westmercia.police.uk/advice/advice-and-information/t/prevent/prevent/

and further information on terrorism and how it is assessed is available at:

Terrorism - (Telford & Wrekin Council)

Information as to how to report to the local policing team can be found on the following West Mercia Police webpage: Your area | West Mercia Police

7.0 DUTIES AND RESPONSIBILITIES

7.1 Radicalisation is a process not an event, and there is no single route or pathway to radicalisation. Evidence indicates that that those targeted by radicalisers may have doubts about what they are doing. It is because of this doubt that frontline healthcare workers need to have mechanisms and interventions in place to support an individual being exploited and to help them move away from terrorist activity.

7.2 Therefore, the Trust has a duty to ensure safe environments where extremists are unable to operate. It is essential, therefore, that all staff know how they can support vulnerable individuals (patients, carers or members of staff) who they feel may be at risk of becoming a terrorist or supporting extremism. *Prevent* is an on-going initiative and designed to become part of the everyday safeguarding routine for NHS staff/those providing NHS services.

7.3 Specific Duties

7.3.1 **Chief Executive**
The Chief Executive devolves the responsibility for compliance and monitoring to the Director of Nursing, Clinical Delivery & Workforce ensuring that the organisation meets its statutory and non-statutory obligations in respect of maintaining appropriate standards of safeguarding adults and children at risk, privacy and confidentiality for patients and their carers.

7.3.2 **Director of Nursing & Workforce**
Board level leadership and responsibility for *Prevent* rests with the Director of Nursing, Clinical Delivery & Workforce who is also the Caldicott Guardian. The Board will receive regular reports on *Prevent* related matters. As *Prevent* Lead and Single Point of Contact (SPOC) for Prevent, the Head of Safeguarding (or nominated deputy) will work in partnerships with safeguarding colleagues across the organisation.

As Prevent Lead, the Head of Safeguarding (or nominated deputy), will ensure that quarterly *Prevent* returns are submitted to the Integrated Care Board/Regional Prevent Co-ordinator, in line with NHS England guidance. This data relates to the Safeguarding clause of the NHS Standard Contract and progress being made by the Trust to implement *Prevent*. This includes data relating to referrals and the numbers of staff attending the Workshop to Raise Awareness of Prevent (WRAP3) training.

7.3.3 **Deputy Directors**
Deputy Directors are responsible for ensuring that all Healthcare workers are aware of this policy and the relevance to everyday clinical practice and for ensuring that all staff receive appropriate training in relation to patient and carers rights.

7.3.4 **Managers**
All managers are responsible for ensuring that all staff comply with this policy within their work areas, and for communicating its contents to their staff.

7.3.5 **Healthcare Workers**
All Healthcare workers have a responsibility to familiarise themselves with this policy and to adhere to its process.

8.0 RAISING PREVENT CONCERNS - PATIENTS

8.1 In the event that a member of staff has concerns that a patient, service user or carer may be at risk of being drawn into terrorism, has begun to express radical extremist views or may be vulnerable to grooming or exploitation by others, the primary point of contact will be the Safeguarding Lead who will support the attending member of staff.

8.2 Any Prevent concerns should be referred to the local Prevent Team, preferably in liaison with the Safeguarding or Prevent Leads using the form at Appendix 2. If the Safeguarding or Prevent Lead is not available and the referral is urgent, the attending staff member should make the referral themselves using the electronic form here: West Midlands Prevent national referral form or at: Preventing Terrorism in Shropshire and inform the Safeguarding Lead thereafter. If it is deemed of a more urgent nature requiring an immediate response, staff should contact the police by dialing 101 or 999 as appropriate. The prevent team can also be contacted if you have any questions in filling in the form on **0121 251 0241**.

8.3 If it is determined that a safeguarding referral needs to be made, it will be done in accordance with local inter-agency safeguarding procedures.

8.4 Staff can also seek general advice from the Safeguarding colleagues or the *Prevent* Lead.

8.5 A DATIX incident report should be completed following a prevent referral using the shortened DATIX link 'Datix: DATIX Incident Form (Dif1)'

9.0 ESCALATING CONCERNS IN RELATION TO EMPLOYEES

9.1 Although there are relatively few instances of Healthcare staff radicalising others or being drawn into extremist acts, it is still a risk that the Trust needs to be aware of and have processes within which to manage any concerns e.g. disciplinary action.

9.2 Where any employee expresses views, brings material into the organisation, uses or directs patients to extremist websites or acts in other ways to promote terrorism, the organisation will look to use non-safeguarding processes in order to address the concerns.

9.3 Where a staff member has a concern about a colleague, this should be raised with their line manager. (The Whistle-Blowing processes can also be used for reporting concerns.) The line manager will discuss the concerns with the *Prevent* Lead and Human Resources in the first instance. If deemed necessary, the *Prevent* Lead will support the completion of/complete a **Raising a *Prevent* Concern Form** on behalf of the staff member.

9.4 The *Prevent* Lead will liaise with Safeguarding colleagues in order to assess and manage any related safeguarding risks and, where appropriate, the Police *Prevent* Lead. Human Resources will lead on advising the line manager in relation to the disciplinary process should this be appropriate.

10.0 PARTNERSHIP WORKING

10.1 It should be stressed that there is no expectation that the Trust will take on a surveillance or enforcement role as a result of *Prevent*. Rather, it will work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals and making safety a shared endeavour.

10.2 The *Prevent* Lead (or nominated deputy), will engage with partnership groups with the responsibility to share concerns raised within the Trust including the Local Authority Led *Prevent* Steering Group.

10.3 The *Prevent* Lead (or nominated deputy), will represent the organisation on the Local *Prevent* Steering Group and, as appropriate, Channel meetings. (Channel is the process through which statutory partners agree the appropriate level of support to an individual at risk of being drawn into terrorism or committing terrorist acts).

11.0 CONFIDENTIALITY, INFORMATION SHARING AND DISCLOSURE

11.1 Trust staff or other workers providing services on behalf of the Trust must ensure they share information appropriately both professionally and legally when there is a safeguarding concern and in-line with HM Governments Information Sharing Guidance and Confidentiality: NHS Code of Practice, and the relevant local information sharing protocols.

11.2 *Prevent* is based on the active engagement of the vulnerable individual and is at a pre-criminal stage, therefore appropriate consent should be obtained from the individual involved prior to a referral to Channel intervention both to comply with the Code of Practice on Confidentiality (2003 as amended) and to establish an open relationship with the vulnerable individual at the start of the process.

11.3 However, in exceptional circumstances, where seeking consent prior to referral would cause immediate significant harm to the vulnerable individual and/or where the vulnerable person lacks capacity to give consent, a referral may be made without consent in their best interests.

11.4 Additionally agencies may share limited and proportionate information prior to consent in exceptional cases where this is immediately required to establish whether the case should be managed under *Prevent* or as a Counter Terrorism case.

11.5 Where there is concern or evidence that an individual is actually engaged in the planning or undertaking of terrorist acts, then consent is not required to share any information that may be required to assess and manage the risk of a serious criminal offence occurring.

In these cases the individual should not be informed that information is being shared without multi agency agreement of what is required to ensure the safety of others.

11.6 If staff are not sure on information sharing or consent issues, advice can be sort from:

- The Caldicott Guardian.
- The Records Manager and Caldicott Guardian support
- The Information Governance Manager

All information shared must comply with all Caldicott Principles.

11.7 Any disclosures or discussions on information sharing or consent should be recorded appropriately in consultation with the Information Governance Manager.

12.0 REQUESTS FOR INFORMATION ABOUT AN INDIVDIUAL RAISED BY ANOTHER ORGANISATION

12.1 All requests appropriate access requests made to the Trust fall under data protection principles. Therefore requests for information should be in writing, justifying the grounds for disclosure, and submitted to the Trust's Information Governance Manager. In cases where the seriousness of the crime and the risk of harm to the individual is considered high, this may outweigh the need to maintain confidentiality. In this instance, final decision as to whether or not information is shared rests with the Trust's Caldicott Guardian.
In all cases, the amount of information shared should be appropriate and responsive to the concern raised.

12.2 In situations (like prevent concerns) where **disclosures to (or information sharing with) the police may become routine**, a formal protocol should be developed and agreed between the organisation and the police, so that all staff involved know what to do.

12.3 Note that the **Crime and Disorder Act 1998** (see Appendix 3) does not in itself constitute a statutory requirement for the Trust to disclose patient information to other agencies. This should be determined on a case by case basis with the *Prevent* Lead (or nominated deputy).

12.4 If the Trust Prevent Lead (or nominated deputy), is asked to share information for the purposes of preventing an individual from being drawn into terrorism the following questions should be considered:

- By sharing the information, is the intention to protect the individual from criminal exploitation, grooming (being drawn into terrorism) or self-harm?
- In sharing information, is a serious crime being prevented or detected?
- Is the information that has been requested appropriate to the risk of the serious crime of exploitation to the individual who may be drawn into supporting terrorism?
- In being drawn into terrorism does this individual pose harm to themselves or the wider public?
- Can the public interest justification be clearly stated?
  (If in doubt, seek legal advice)

13.0 STAFF TRAINING

13.1 To ensure contractual obligation in relation to safeguarding as set out in the ***NHS Standard Contrac***t, the organisation will follow the guidance provided in The ***NHS England Prevent Training and Competencies Framework*** which provides clarity on the level of training required for healthcare workers; it identifies staff groups that require basic *Prevent* awareness and those who have to attend Workshops to Raise Awareness of Prevent (WRAP)

Prevent Training and Competencies Framework (NHS England)

13.2 The *Prevent* Lead (or nominated deputy), will ensure that a WRAP delivery plan, which is sufficiently resourced with WRAP facilitators, is included in the organisation's training provision.

14.0 LEGISLATION COMPLIANCE

14.1 The following legislation, regulation and guidance have been used to inform this policy:

- Data Protection Act 1998
- Human Rights Act 1998
- Terrorism Act 2006
- Equality Act 2010
- Care Act 2014
- Counter-Terrorism & Security Act 2015 and Prevent Duty Guidance
- Department of Health Safeguarding Adults: The role of health services, 2011

15.0 MONITORING COMPLIANCE

15.1 This policy will be reviewed every three years or in light of new legislation or guidance.

16.0 RELATED DOCUMENTS

16.1 The following Trust documents can be found in the policies and procedures section of the Trust website and should be referred to for related information

- Safeguarding Children & Young People
- Safeguarding Policy – Adults
- Revised Caldicott Principles
- Whistleblowing Policy
- Records Management Policy
- Information Governance Policy

APPENDIX 1- VULNERABILITY FACTORS

Use of extremist rational (often referred to as 'narrative')

Radicalisers usually attract people to their cause through a persuasive rationale contained within a storyline or narrative that has the potential to influence views. Inspiring new recruits, embedding the beliefs of those with established extreme view and/or persuading others of the legitimacy of their cause is the primary objective of those who seek to radicalise vulnerable individuals.

What factors might make someone vulnerable?

In terms of personal vulnerability, the following factors may make individuals susceptible to exploitation. None of these are conclusive in themselves and therefore should not be considered in isolation but in conjunction with the particular circumstances and any other signs of radicalisation:

Identity Crisis

Adolescents/vulnerable adults who are exploring issues of identity can feel both distant from their parents/family and cultural and religious heritage, and uncomfortable with their place in society around them. Radicalisers can exploit this by providing a sense of purpose or feelings of belonging. Where this occurs, it can often manifest itself in a change in a person's behaviour, their circle of friends, and the way in which they interact with others and spend their time.

Personal Crisis

This may, for example, include significant tensions within the family that produce a sense of isolation of the vulnerable individual from the traditional certainties of family life.

Personal Circumstances

The experience of migration, local tensions or events affecting families in countries of origin may contribute to alienation from UK values and a decision to cause harm to symbols of the community or state.

Unemployment or under-employment

Individuals may perceive their aspirations for career and lifestyle to be undermined by limited achievements or employment prospects. This can translate to a generalised rejection of civic life and adoption of violence as a symbolic act.

Criminality

In some cases a vulnerable individual may have been involved in a group that engages in criminal activity or, on occasion, a group that has links to organised crime and be further drawn to engagement in terrorist-related activity.

Grievances

The following are examples of grievances which may play an important in the early indoctrination of vulnerable individuals into the acceptance if a radical view and extremist ideology:

- a misconception and/or rejection of UK foreign policy
- a distrust of Western media reporting
- perceptions that UK government policy is discriminatory eg counter-terrorism legislation)
- Ideology and politics
- Provocation and anger (grievance)

- Need for protection
- Seeking excitement and action
- Fascination with violence, weapons and uniforms
- Youth rebellion
- Seeking family and father substitutes
- Seeking friends and community
- Seeking status and identity

Other Factors

The following have also been found to contribute to vulnerable people joining certain groups supporting terrorist related activity:

- Ideology and politics
- Provocation and anger (grievance)
- Need for protection
- Seeking excitement and action
- Fascination with violence, weapons and uniforms
- Youth rebellion
- Seeking family and father substitutes
- Seeking friends and community]seeking status and identity

APPENDIX 2 - RAISING A PREVENT CONCERN

Date Form Completed:	
Name of person you are concerned about:	
DOB/Age of person you are concerned about:	
(Patient No/Payroll) (if known)	

Brief details of the concern raised: (include why you feel the person may be vulnerable, any changes that may have occurred. We will contact you directly to discuss in more detail)
Details of any support in place:
Is anyone else aware of this concern?
Completed forms should be filed in a separate section within the health record for that person and stored securely in accordance with the Records Management Policy which can be located from the policies tab on Staff Zone. **Where the *Prevent* concern relates to a staff member, this information must be stored securely in their electronic staff record.**

Details of person raising the concern:	
Name:	
Job title and/or relationship to person	
Contact Address:	
Telephone:	
E-mail:	

This form should be sent marked STRICTLY CONFIDENTIAL to the Safeguarding Lead (or nominated deputy) via secure e-mail.

To be completed by Safeguarding Lead (or nominated deputy)	
Date Received:	
Referrer contacted:	
Further action:	
Signed:	**Date:**

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APPENDIX 3 - INFORMATION SHARING

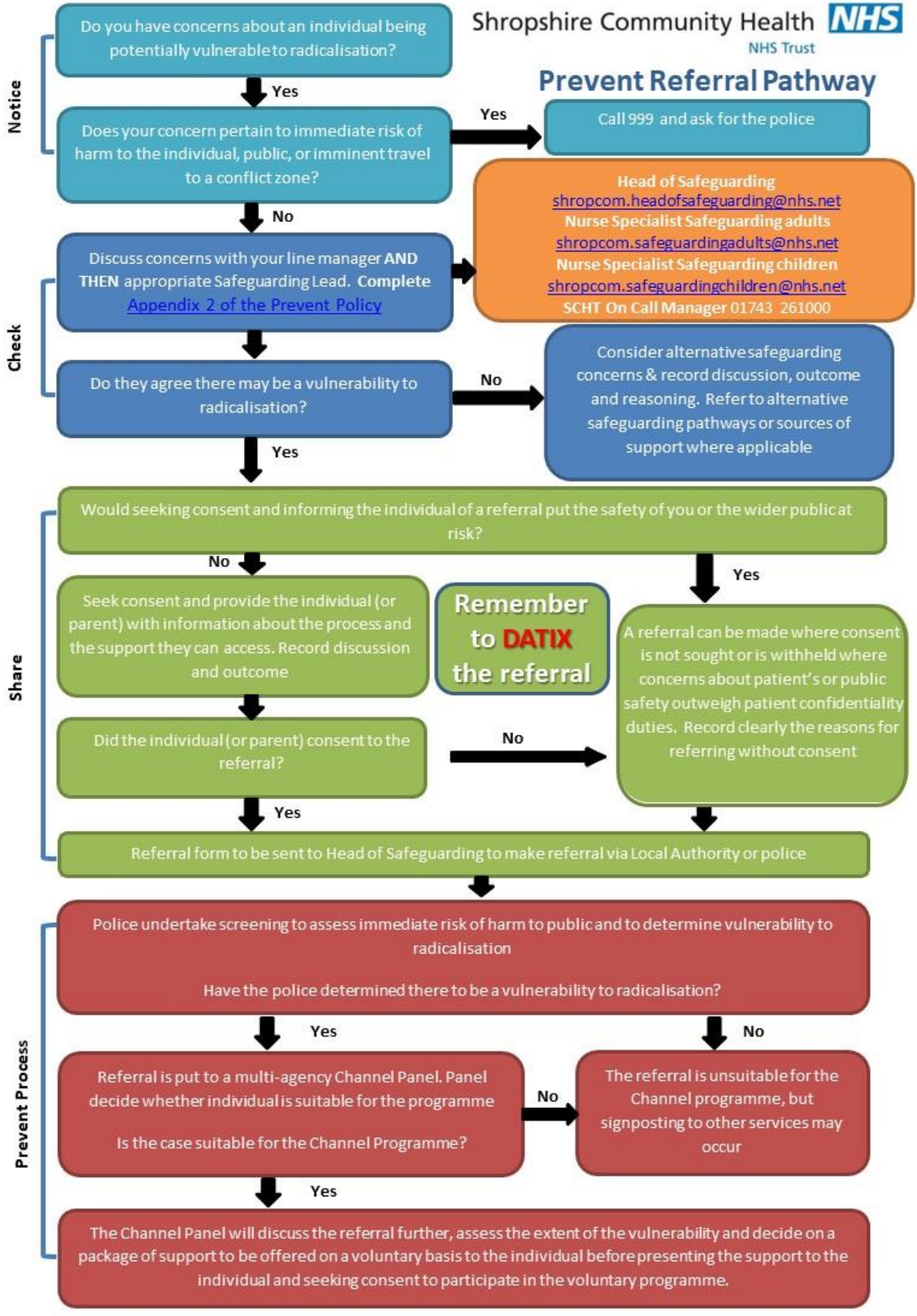
Statutory reasons to share information without consent of the patient or individual according to the following statutory guidelines.

Listed below is the ground in which sharing information is legal:

Prevention and detection of crime	Crime and Disorder Act 1998
Prevention and detection of crime and/or the apprehension or prosecution of offenders	Section 29, Data Protection Act (DPA)
To protect vital interests of the data subject; serious harm or matter of life or death	Schedule 2 & 3, DPA
For the administration of justice (usually bringing perpetrators to justice)	Schedule 2 & 3, DPA
For the exercise of functions conferred on any person by or under any enactment (police/social services)	Schedule 2 & 3, DPA
In accordance with a court order	
Overriding public interest	Common Law
Child protection – disclosure to social services or the police for the exercise of functions under the Children Act, where the public interest in safeguarding the child's welfare overrides the need to keep the information confidential	Schedules 2 & 3, DPA
Right to life Right to be free from torture or inhuman or degrading treatment	Human Rights Act, Articles 2 & 3

APPENDIX 4 - REPORTING FLOW CHART FOR RAISING CONCERNS

Action to take if you suspect an individual is being radicalised or self –radicalised into extremist activities



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APPENDIX 5 - DEFINITIONS OF TERMS

Terrorism	Actions of individuals or groups who seek to bring about social or political change through actions intended to cause serious harm, loss of life or raise attention through fear and/or damage to property to cause loss of life, disruption or raise attention by fear and/or damage to property
Radicalisation	The process of grooming an individual to support, encourage or condone violence to advance terrorist ideology
Extremism	Vocal or active opposition to fundamental values including democracy, the rule of the law, individual liberty, and mutual respect and tolerance of different beliefs and faiths. We also include out definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
CONTEST Strategy	Sits under the home office and is a national strategy or long-term plan of action designed to reduce the risk of terrorism, by stopping people becoming terrorists, preventing terrorist attacks, strengthening the UK's resilience to terrorism and facilitating emergency preparedness procedures in the event of attack.
Prevent Strategy	Challenging terrorist ideologies, supporting those who are vulnerable to these ideologies and working with institutions where radicalisation may occur (including the internet and social media).
Vulnerability	In the context of *Prevent* is a person who is **susceptible** to extremists' messages and is at risk of being drawn into terrorism or supporting terrorism at a point in time.
Channel	Multi-agency approach to protect people at risk from radicalisation. Channel uses existing collaboration between local authorities, statutory partners (such as education and health sectors, social services, children's and youth services and offender management services, the police and the local community to: • identify individuals at risk of being drawn into terrorism; • assess the nature and extent of that risk; and • develop the most appropriate support plan for the individual concerned. Channel is about safeguarding children and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert away from the risk they face before illegality occurs

APPENDIX 6 – PREVENT REFERRAL FORM

Home Office

PREVENT REFERRAL FORM

COUNTER TERRORISM POLICING

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**: ctu_gateway@westmidlands.police.uk**

If you have any questions whilst filling in the form, please call: **WMCTU Prevent Hub 0121-251-0241**

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?

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

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	

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

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)

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?

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.**