This form is to be used only for making referrals in order to prevent someone being drawn into extremism. Prevent work is intended to deal with all kinds of terrorist threats to the UK, arising from issues including among others Islamist extremism, right wing extremism, and animal rights extremism. Identification and referral should therefore arise from concerns about behaviour rather than simply because of someone’s race or religion.

**GUIDANCE NOTES**

Prevent aims to safeguard people and communities by stopping people becoming terrorists or supporting terrorism and this form must be used if you have concerns someone you know may be at risk. Completing and submitting this form will enable professionals working in prevent to ensure that the individual you are concerned about has the opportunity to access appropriate support to prevent their involvement in terrorism.

Prevent best practice requires that

* if you **notice** a concern about an individual or a situation
* you **check** your concern in confidence with a trusted colleague to better understand the situation
* If you agree that it is appropriate you must then **share** your concern by making a referral

Further advice when considering a possible referral is also available from Sue Haywood, Head of Community Safety, [sue.haywood@dudley.gov.uk](mailto:sue.haywood@dudley.gov.uk) 01384 818115

You must then complete and submit this form to:

[CTU\_GATEWAY@west-midlands.pnn.police.uk](mailto:CTU_GATEWAY@west-midlands.pnn.police.uk)

When you submit the form you must also

* If you are referring a child aged under 18 complete and submit a Multi Agency Referral Form stating in section 4 of the MARF that you have made a prevent referral and also reporting any other vulnerabilities that you have identified. The MARF can be downloaded at:

<http://safeguarding.dudley.gov.uk/EasySiteWeb/GatewayLink.aspx?alId=293974>

* Inform your designated safeguarding lead or your line manager if you do not have a designated safeguarding lead.

In some cases however by the time you are made aware of the risk the situation may already be well advanced or there may be an imminent danger that a crime is about to be committed – in either case rather than complete this form you must dial **999**.

FURTHER CONSIDERATIONS

* Once a referral has been made you may be contacted for further or fuller information.
* The information that you are providing will be stored, processed, and where necessary shared, although strictly in accord with relevant legislation and organisational policies and procedures
* Having considered all of the issues and completed the checklist you may not consider a prevent referral to be appropriate at this stage. In that case you are advised to retain securely a copy of this form as this may subsequently prove useful in terms of evidencing why you have decided not to make a prevent referral at this time.
* If you decide not to make a prevent referral at this time you should bear in mind the fact that a referral to other services in relation to other vulnerabilities may still be appropriate.
* Please note that if you are referring a child you should **not** inform the parent/carer or seek consent in cases where you consider doing so may increase the risk of harm to the child or where you believe a crime may have been committed.

**REFERRAL DETAILS**

The more accurate and comprehensive the information that you share the more able we will be to appropriately safeguard the individual you are concerned about and understand the nature of extremism in the area. So please complete the form as fully as you can, and please put “not known” rather than leave blank spaces.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Referrer’s details | | | | | | | |
| Name | |  | | Job title |  | | |
| Organisation | | |  | | | | |
| email |  | | | | | phone |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Details of referral | | | | | | | | | | | | | | |
| Surname | | | |  | | | | Forenames | | | |  | | |
| Sex |  | | | Date of birth | | DD/MM/YYYY | | | | Date of referral | | | | DD /MM/YYYY |
| Home address or current residence including post code | | | | |  | | | | | | | | | |
| email | |  | | | | | | | phone | | | |  | |
| Ethnicity | | |  | | | | Nationality | | | |  | | | |
| In employment? If yes occupation and employer name and address | | | | |  | | | | | | | | | |
| Student? If yes name and address of institution | | | | |  | | | | | | | | | |

|  |
| --- |
| Please describe below any incidents, statements, or activities that support your concerns in relation to prevent |
|  |

Is there anything else that you know which you think is of relevance in safeguarding the person that you are referring? For example:

* Do you have evidence to attach relating to (for example) websites visited, copies of emails, community settings attended?
* If you are aware that there are relevant medical conditions then do you have further information about (for example) GP details, case worker etc?
* Is the person already subject of safeguarding action in relation to other vulnerabilities? If so, please give details.

Please also complete the following page before making a referral, as doing so will enable a fuller understanding of the risk to the person you are referring.

**Why are you concerned?**

We aim to safeguard people whose behaviour is giving cause for concern and who also have related factors in their lives that make them especially vulnerable to involvement in extremism.

Please consider the lists below and tick (🗸) against each cause or factor that applies.

|  |  |
| --- | --- |
| **Cause for concern** | **Tick** |
| Family/associates linked to extremism |  |
| Attend vulnerable locations permissive to extremist ideology |  |
| Express support for extremist ideology or extremist groups |  |
| Attend extremist protests or gatherings |  |
| Has expressed support for IS |  |
| Viewing extremist material online |  |
| Access to extremist literature |  |
| Expressed desire to travel to conflict zones including Syria, Yemen, parts of Iraq, Afghanistan, Pakistan, potentially Somalia, Libya |  |
| Associate to travellers to the above via school/social/family networks |  |
| Contact with others in vulnerable communities |  |
| Other (please specify) |  |

|  |  |
| --- | --- |
| **Related factors** | **Tick** |
| Mental health |  |
| Home schooling |  |
| Unsupervised access to the internet |  |
| Dysfunctional family |  |
| Social isolation |  |
| Lacking a stable life |  |
| Limited understanding of theological or political issues |  |
| Grievances or sense of injustice |  |
| Lack of belonging |  |
| Low self esteem |  |
| Easily controlled or controlling of others |  |
| Expressed hatred to others or a group |  |
| Lack of trust in authorities |  |
| Not in education or employment |  |
| Other (please specify) |  |

|  |
| --- |
| Please put here any further information that you feel is relevant – especially in relation to the “other (please specify)” boxes above |
|  |

If you have ticked one or more box under “cause for concern” and one or more box under “related factors” you should now submit your referral as instructed in the guidance notes.