COUNTER TERRORISM POLICING
HEADQUARTERS

This document is **OFFICIAL SENSITIVE.**

By taking responsibility for this document, I acknowledge that I will handle the document in accordance with its protective marking and the handling instructions detailed below.

STORAGE	Stored in a CPNI approved Class 2 cabinet within a standard Police operating environment.
MOVEMENT WITHIN BUILDING	In an unsealed envelope by trusted hand.
MOVEMENT OUTSIDE OF BUILDING	By trusted hand in a single cover, or; Using a signed for postal service under a single cover. No protective markings should be displayed and a return address must be on the reverse of the envelope.
REVIEW	In no more than 6 years' time from the originating dates of the document.
DESTRUCTION	To be shredded.

COUNTER TERRORISM POLICING
HEADQUARTERS

CTPHQ-PREVENT

Addendum to Policy & Guidance

MULTIPLE-REFERRALS: RISKS, SUPERVISION & ACCOUNTABILITY IN PCM

V 2.0 March 2025 Version Control

COUNTER TERRORISM POLICING
HEADQUARTERS

Protective Marking	OFFICIAL – SENSITIVE
Title	MULTIPLE-REFERRALS: RISKS, SUPERVISION & ACCOUNTABILITY IN PCM
Publication Scheme Y/N	No
Summary / Purpose	Guidance for Police PREVENT Practitioners
Owner	CTPHQ-Interventions– National Coordinator's Office
Organisation	Counter Terrorism Policing HQ
Unit	CTPHQ-Interventions Policy, Guidance & Training
Version	2.0
Publish Date	10th March 2025
Review Date	9th June 2025
Author	CTPHQ-Interventions

Version	Date	Changes / Description	Author
1.2 Draft	**21/12/2022**	Final draft for SLT supervision	PS HUBERT
1.3 Publish	**17/01/2023**	Publish version with SLT suggestions incorporated	PS HUBERT
2.0 Draft	**25/01/2025**	Post-PLR Policy Update	CTPHQ-Interventions

USING THIS DOCUMENT

This document should be used in conjunction with the CTP-PREVENT Policy, the CTCO Guide and the Channel Duty Guidance.

CONTENTS

A Message from SNC

This interim policy is an update to the January 2023 CTPHQ-Prevent Addendum to Policy & Guidance: "Multiple-referrals: Risks, Supervision, and Accountability in PCM."

The 2023 Addendum came as a result of increased learning from academia, feedback from intelligence colleagues, findings from our Business Assurance Processes, and recent Prevent Learning Reviews. The Addendum **highlighted the cumulative risk that multiple-referrals (defined as two or more referrals) can pose within our case work**.

Multiple Prevent referrals for the same Subject is **a risk factor that must be considered**, even if the content of those referrals seems insignificant, and irrespective of whether those referrals have been closed each time at the Prevent Gateway Assessment (PGA).

Many cases demonstrate that multiple-referrals concerning the same Subject is a heightened and cumulative risk factor, **particularly if those multiple-referrals come from different sources and concern different circumstances**. Simply put, in most cases, the more Prevent referrals individuals have to their name, the greater the potential risk those individuals may pose – and this risk escalates with every new referral.

This 2025 document draws upon extensive feedback from operational officers and recommendations from recent learning reviews, clarifying details and closing any gaps within the 2023 Addendum. It is vital that we, as a network, get the analysis, decision-making, and oversight of multiple-referral cases right, and ensure that we run adequate checks against a referral Subject's close family and co-habitants.

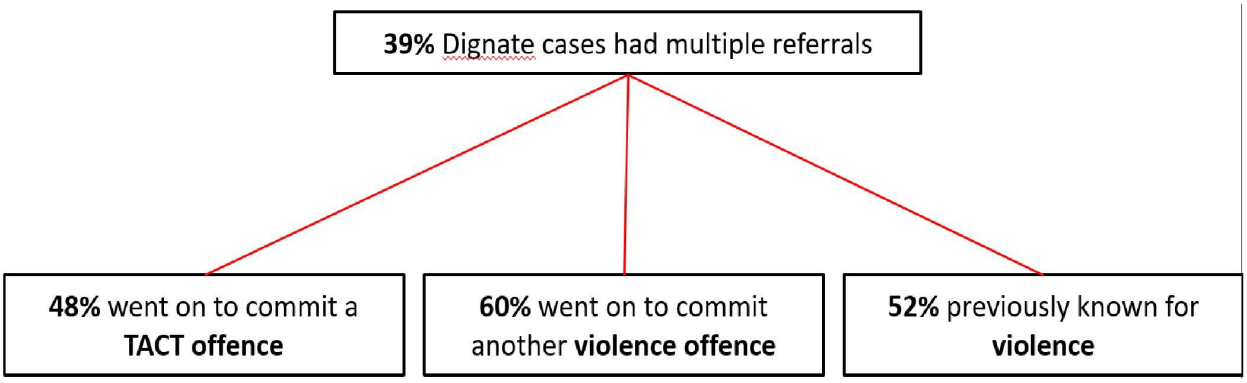
Heightened Risk

Operational experience, academic research, and learning reviews all show that multiple-referrals for the same Subject can be indicative of heightened cumulative risk, in terms of Prevent-relevance. This heightened risk can apply even if other referrals for the same Subject have little detail or seem, on the face of them, to be malicious.

Officers must exhaust all lawful and proportionate avenues of investigation, within the parameters of this policy note, to retain such cases in Prevent Case Management (PCM) and progress them through CTSA S.36 decisions to present at Channel panels or a PLP panel, depending upon the wider risks and context of each case.

Of all Prevent cases created from January 2024 until February 2025, 83% of multiple-referral cases were closed pre-Channel. Compared to the 90% closed pre-Channel for singular referrals, this indicates that heightened risk factors for multiple-referral cases are already recognised by most. Across the same period, 14% of multiple-referral cases were adopted by Channel, compared to only 9% for single referrals.

Dignate analysis has identified **a heightened risk with Prevent Subjects who have multiple referrals**:



The 2024 Business Assurance Process indicated that regions are good at identifying multiple-referrals. However, there was regional variation in whether Inspectors made PCMT entries in line with policy, with only 60% making specific, multiple-referral entries on relevant PCMT casefiles.

Feedback from consultations identified that cases with multiple-referrals are often not assessed with the subsequent referrals being an indicator of increased risk. Therefore, there is concern that the increased risk multiple-referrals might indicate is not being captured consistently, nor managed sufficiently, across the network. Amendments to the current repeat referral policy have been made as a result of these observations, and are detailed below.

What is a 'Multiple-Referral Case'?

'Multiple-referrals' are two or more Prevent referrals for the same Subject, describing different incidents. Relevant multiple-referrals can include historical closed cases on the PCMT, or they can be new, incoming referrals while a Subject is "live" in PCM.

'Multiple-referrals' are not two or more Prevent referrals for the same Subject, describing the exact same incident. Referrals for the exact same incident, even if they come from different

sources, are duplicate referrals and do not activate the multiple-referral processes described in this document.

Multiple-Referrals in Detail

Historical Referrals - For all new referrals, it is mandatory to check the referral Subject's name and address against the PCMT. Any historical referrals found during these checks will activate the multiple-referral policy. The length of time between the current and historical referral is not relevant. It also does not matter whether the previous referral was closed at PGA stage. The multiple-referral policy will apply in all cases.

The details of historical referrals for the same Subject must be referenced in the live casefile, along with their PCMT case numbers, their last completed assessment (PAF, DIF or VAF), and their closing rationale and outcome.

Multiple "Live" Referrals - When a new referral comes in for the Subject of a live case at any stage of PCM, and that new referral concerns a different incident to the matter of the live case, it will activate the multiple-referral policy. The new referral can come from the same source as the live case and, providing it concerns a new incident concerning the same Subject, and still activate the multiple-referral policy.

All new referrals in a live case must be added to the PCMT casefile under the drop-down "referrals" tab, and the content of this new referral must be added to the live case notes for assessment. The originator of every new referral must be contacted by CTCOs to discuss its details and context.

Duplicate Referrals – Duplicate referrals occur when new referrals come in for the Subject of a live case in PCM, but the new referrals concern the same incident as the live referral. These are not relevant to the multiple-referral policy.

However, duplicate referrals may still contain new information relevant to your assessment of the Subject's risks, susceptibilities, and vulnerabilities. As with multiple live referrals, all duplicate referrals in a live case must still be added to the PCMT casefile under the drop-down "referrals" tab, and the content of this duplicate referral must be added to the live case notes. The originator of a duplicate referral must still be contacted by CTCOs, to discuss its details and context.

FIMU - All new referrals, even if they appear to be duplicate referrals, must be deconflicted by a FIMU. This includes new referrals concerning a Subject with a live case in PCM, given any new intelligence (new referral) might be enough for the FIMU to assess the Subject as a lead in the Pursue space.

The usual processes for FIMU assessment and deconfliction apply for every referral. This request for re-assessment by the FIMU, along with the assessment results, **must** be recorded in the relevant PCMT casefile. This would still be relevant in cases where new intelligence is shared with the CTCO from partners, as an update to the case (i.e. the subject discloses something new in an IP session which is then relayed to the CTCO). You **must** send this new intelligence to the FIMU for re-assessment, you **must** review your case management plan and own risk assessment, and you **should** consider if this new intelligence is enough to trigger the repeat referral policy below.

Enhanced Oversight for Multiple-Referral Cases

Inspector Oversight: A Prevent Inspector[1] must be informed of all multiple-referral cases as soon as they are identified, irrespective of what stage of the PCM process the case is currently within (PGA, information gathering, S.36, Channel, PLP). The Inspector must review the referral(s), the existing PCMT casefile, and the circumstances of any previous cases. The Inspector must also discuss the case with the relevant CTCO Supervisor and agree an action plan within the PCMT casefile. The Prevent Inspector should have sight of the case management and support plans for cases in Channel or PLP.

All multiple-referral cases that have been adopted into PLP must be passed to the Inspector for pre-closure review. If the closure is deemed appropriate by the Inspector, that decision must be endorsed with a closing rationale for the action plan on the PCMT. In cases being closed in PLP where 'risk remains', the closure must be agreed by the RPC, as per current policy.

RPC Oversight: All multiple-referral cases that have **not** been referred to Channel or PLP must be passed to the RPC, or a nominated deputy, for pre-closure review. If the closure is deemed appropriate by the RPC or their deputy, that decision must be endorsed in writing in order to close a multiple-referral case on the PCMT. This additional layer of oversight promotes consistency and accountability in managing the risk posed by these complex cases.

(Note: "RPC Oversight" is not required if the case has already been through a Channel panel decision, since Channel cases have multi-agency oversight. However, the Prevent Inspector's involvement in any closure decision remains mandatory in all scenarios.)

Multiple-Referral Cases Moving Through PCM

Prevent Gateway Assessment (PGA) - All referrals must be assessed for relevance on a case-by-case basis, looking at the content and context, while being cognisant of the reliability of the referral source. The referral Subject's name and address must be checked against PCMT records. Care and attention must be made to ensure that the correct spellings are entered for any PCMT search. If mandatory PCMT checks reveal that a referral Subject has been referred to Prevent previously, the multiple-referral policy comes into effect. Particular attention must be given to previous referrals that have never made it past the PGA stage, into Information Gathering or PLP. [2]

Although we acknowledge that some previous referrals may have been misguided or malicious, we must also accept that genuine Prevent-relevant risks might not have been apparent during the 5 days of a previous PGA triage. There might not have been enough information available at the time, or the Subject may have been able to conceal or explain away any Prevent-relevant issues.

Multiple-referral cases are to be considered sufficient to reach the standard of a "reasonable suspicion" of a Prevent-relevant concern, to pass through the PGA stage into either information gathering or PLP. The section above 'heightened risk' should support with this decision. A decision to close a multiple-referral case at PGA stage should be the exception, rather than the rule, and applies only where it can be clearly demonstrated that there is no Prevent-relevant concern present.

[1] Or a more senior Prevent officer, if no Prevent Inspector is available, up to and including the RPC.
[2] This might indicate previous-assessor error, or that the Subject is adept at hiding vulnerabilities and risks from authorities.

NB: if close family members (particularly parents) referred the Subject to Prevent, I&S I&S and particular care should be taken while assessing such referrals for vulnerability, risk and threat[3].

Information Gathering & S.36 Decisions - Even if the content of the referral has met the standard required for a "reasonable belief" of a "vulnerability to being drawn into terrorism" (CTSA 2015, s.36), multi-agency information gathering must still take place. This is to ensure that all relevant information can be gathered, to complete a comprehensive PAF to present to the Channel panel, or to make a fully informed decision to refer the case into PLP.

All multiple-referral cases in the information gathering stage **must** be put forward for full 'open source' Internet Intelligence Investigation (i3) checks. These i3 checks should be completed in line with the CTP – Prevent Internet Investigation Intelligence Policy. However, other CT Units may be utilised to perform these checks if required. In such circumstances, the details of the Subject and all other relevant information/intelligence must be shared with the individual conducting the checks. A record of the information shared must be made on the PCMT. A clear direction must be given to search for *Prevent-relevant information*. This is to ensure the non-Prevent officer has sufficient information to conduct a thorough and effective search, and is directed to broaden their focus beyond indicators of TACT offending. All i3 results, including what was searched and what platforms searched, must be recorded on PCMT.

Alongside this, the usual processes for multi-agency information gathering apply and the s.36 decision must be made in the usual way.

CT Clinical Consultancy Service (CCS) - if the CTCO, the CTCO Supervisor, or the Prevent Inspector reasonably suspects that the referral Subject may have a mental health problem or neurodiversity issue, the case must also be referred to the CCS. The suspicion must be based on demonstrable evidence, such as a medical diagnosis, disclosure by the Subject or a family member, or behaviours that the Prevent officers have observed or deducted after gathering all relevant information from partners and assessing that information through the Prevent Assessment Framework (PAF).

Referrals to the CCS are made after a S.36 decision to retain a case in Prevent (Channel or PLP), or when a case moves straight from the PGA stage into PLP. In some circumstances, referrals can be made prior to this if the CTCO articulates clearly why CCS consultancy is necessary for a fully informed S.36 decision to be made, or if the CT risk is so evident that there is an imperative need to address the Subject's mental ill health, in advance of any formal S.36 decision. For more detailed guidance on CCS referrals, please refer to the "CTP-Prevent referrals to the CCS - Referral criteria and timing" document.

Visiting the Subject

If, based on the intelligence available during the Information Gathering stage, the decision is made that the case **does not** meet the 36 threshold, officers must consider a contact visit to the Subject. Particularly if the Subject has not recently been visited during previous referrals into Prevent.

If it is deemed proportionate and necessary within the context of the case, officers should visit the Subject to allay any residual concerns and provide signposting to any further support that may be relevant within the circumstances.[4] This contact visit can only be considered after a S.36 decision has been made to close the case, but prior to the case being moved on the

I&S

[4] Always consider any guidance documents that may be relevant, such as suicide awareness and other support mechanisms.

PCMT into the closing stage. *Unless, there is an exceptional operational necessity for a visit of the subject earlier (i.e. urgent safeguarding risk), in which case the CTCO supervisor must provide written explanation and authorisation on PCMT*. The visit provides officers an opportunity to identify risks that may have been too complex or subtle for the referring partner to articulate on a referral form. By visiting the subject we can increase the likelihood that all concerns have been mitigated and all management opportunities have been exhausted. Visits do not necessarily have to take place at the Subject's home address, although benefits of this should be established on case-by-case basis.

When it's not proportionate, given the complexities of the case and / or the subject i.e. the subject is mentally unwell and the person in charge of their care advises that it's not in their best interest to have a visit from police. Or, in cases involving children, consider the voice of the child and the impact of the visit, best practice would be to allow the most appropriate statutory partner to visit the subject. CTP are expected to write Prevent relevant questions, and request the person conducting the visit to ask them on CTP behalf.

Whether the visit changes the officer(s) assessment of the Prevent-relevant risk or not, the details of the pre-visit planning and post-visit debrief must be recorded in the PCMT casefile, along with a case management update or closing rationale to the Inspector's action plan. If, as a result of the visit, the CTCO feels that the intelligence meets the threshold of a positive 36 decision to be made, then the case must be referred to channel, as per normal policy / guidance. If the visit doesn't change the decision to close, then the RPC or deputy must be sighted on this decision prior to closure.

During Visits: officers must be aware that a visit by CTP may in some cases trigger concerning behaviours in some vulnerable or otherwise "dangerous" people. If a Subject's Prevent issue involves belief in conspiracy theories around the State or Police, a visit by CTP may serve to convince a Subject that they are indeed being "watched" and are right to be paranoid. In some cases, a visit might make the Subject a flight risk. For **mistaken**, **misinformed** or **malicious** referrals to Prevent, a visit from CTP may be perceived as unnecessarily intrusive by the wrongly identified Subject. As such, CTCOs must risk assess any visit before it takes place, utilising CTP specialist knowledge as well as the Police safeguarding considerations common for all other forms of ad hoc operational visits to potentially vulnerable members of the public. Consider whether it is safe to visit - what are the potential risks? When considering the referral Subject or any family members at the same address, CTCOs should consider the following throughout the visit, and must write up everything relevant that they observed on the PCMT:

- **Appearance:** What can be observed immediately about the persons present and their demeanour, prior to any detailed conversation? Is there something about their appearance that is unusual or gives rise for concern? Do they look ill, unsettled, anxious? Do they seem to possess any hitherto unknown disabilities or special needs? Are their eyes glazed and dilated or large and staring? Do they appear injured or "out of sorts", e.g. bleeding or bruising, or do they appear under the influence of any intoxicating substances?
- **Behaviour:** Is there something about their behaviour that is unusual or gives rise for concern? What are they doing physically, and is it in keeping with the situation? Is their behaviour excitable, irrational, or manic, or it is slow and furtive? Do they appear to be suffering from a panic attack? What is their body language telling you? Do they seem to be in distress? Are they displaying any subtle (or acute) signs of stress, fear or anger? If so, is it towards you, someone else in the house, or does it seem to be just in general?

- **Communication and Mental Capacity:** Is there something about the way that they communicate that is unusual or gives rise for concern? Is their speech slurred, slow, or fast? Are they babbling or meandering aimlessly in what they are saying? Do they seem to understand what you are saying to them?
- **Environment/ Circumstances:** Is there something about the environment that is unusual or gives rise for concern? Is the premises clean and in good order, or is it chaotic, filthy, or filled with a lingering bad smell? Are there any other people present who might be vulnerable (like children), or a risk to the Subject or yourself? Are there any extremist signs or memorabilia in view? Does the Subject, or anyone in the household, have extremist or obviously racist tattoos on display? Are there weapons, drugs, or other dangerous or illegal items on view? Does anything at all give rise to concern?
- **Danger:** Are they taking a deliberately intimidating or aggressive posture towards you or anyone else present? Do they seem to have trouble controlling their anger? Is there a risk of danger, or any kind of harm, to themselves, to anyone else in the vicinity, to someone not physically present with you, or to yourself?

After the visit, the CTCO should update any 'come to notice' report, or create a new one if one isn't already on the system.

Disguised Compliance - Prior to a visit, the possibility of disguised or false compliance (sincerity of change) must ALWAYS be considered and risk-assessed on the PCMT. Several learning reviews have involved officers visiting Subjects, who went on to commit offences or harm themselves. Officers often came away from those visits satisfied to close a case, based primarily upon what the Subject said or how the Subject behaved during the visit, but in spite of numerous risk factors and radicalisation indicators that had flagged up in their assessments beforehand.

Although it is acknowledged that uncertainty is an inherent feature of operational decision-making, the willingness to make decisions in conditions of uncertainty is a core professional requirement of all members of the police service. Officers must maintain an investigative mind-set and professional curiosity around anything said to them by a Subject or the Subject's family. Although officers must always behave in a respectful, professional and empathetic manner when visiting Subjects, nothing said should be taken at face value. All uncertainties and apparent contradictions must be recorded for documentation onto the PCMT casefile, and they must be assessed against the case facts and intelligence available, and any broader context.

Professionalism and Compliance - By adhering to the above, the closure process maintains accountability and ensures that the individual does not simply disappear from all radar screens. Every closed case of this nature should leave behind a documented trail of what was done and who (if anyone) will pick up remaining concerns, to prevent the risk of the subject resurfacing later without support or oversight.

Channel and PLP - Due to no changes being made in regards to mandating all cases to be referred to Channel, and CTCOs making their own Section 36 decision, the usual policies and procedures for Channel and PLP still apply. If the Channel Panel decline to adopt the case, or the case is adopted but the referral Subject (or their legal guardian) declines to give consent for the Channel support plan, then the case will be drawn into PLP for assessment and management if necessary. If there is nothing further that CTCOs can achieve with the case in PLP, providing there is agreement by the CTCO Supervisor and Prevent Inspector, the case may be closed from Prevent. *Note*: if a case is closed as 'Risk Remains' in PLP, sign-off is required from the RPC, as per current guidance and policy.

Case Closure - If the CTCO, the CTCO Supervisor, and the Prevent Inspector all believe that the case should be closed, the reasoning for this must be fully explained in the closure rationale, in conjunction with the Prevent Inspector's action plan and endorsement, and with the RPC or an appointed deputy informed (if Pre-Channel).

Onward signposting for any unresolved safeguarding or crime prevention issues is mandatory, irrespective of what stage the case is closed from PCM. The details of any non-Prevent policing teams or safeguarding organisations that the Subject has been referred on to must be included in the closing rationale of the case. **This is particularly relevant if violence or self-harm have been mentioned in the referral**, with documented signposting to other policing teams and/or Child and Adolescent Mental Health Services (CAHMS)[5] being a requirement.

The following is the minimum expectation when signposting risk outside of Prevent, on closure:

- Recording the hand-off agency **for all referrals** on PCMT.
- Where no additional information-sharing restrictions have been placed on the case (potentially including insider-threat cases or cases that are now under Pursue investigation), and bearing in mind data protection rules, **the referral originator must be contacted with the referral outcome, along with a request for re-referral should concerns re-emerge/continue**. This is particularly important if the Subject was referred by an educational establishment.
- Notification, via an intelligence report, to the relevant local policing team for all referrals where the Subject has **threatened violence, planned violence or committed any violence or threatened, planned or committed any hate-based offences** – ensuring that policing teams are sighted on any public protection concerns.

What Constitutes a Prevent Referral?

For the avoidance of doubt, any information received about an individual will be treated as a Prevent referral if:

a) it comes in on a National Referral Form (NRF),

b) if any CTP Officer has marked it as being for Prevent,

c) if the information originator marked it as a Prevent referral,

d) if it is not on the NRF but has been 'badged' as a Prevent referral by the FIMU,

e) if an information report does not mention Prevent by name, but its content describes extremism or radicalisation concerns around a specific Subject, and the FIMU has not retained the referral as a lead.

All other types of information concerning the Subject of a live case in PCM will be treated as intelligence, not a new referral. New intelligence must be recorded on the PCMT Casefile, but the referral dropdown does not need to be selected. **All new intelligence should still go through the FIMU, wherever relevant[6].**

[5] Or adult mental health services, where relevant.

[6] New information gained during the Information Gathering stage does not automatically need to go through the FIMU, but new relevant information such as new telephone numbers, previously unknown family members or close associates, or previously unknown and apparently suspicious club, gang or religious establishment attendance does. Additionally, anything which you believe could change the risk assessment of the subject, should be shared with the FIMU for re-assessment of risk.