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NORTH WEST

CTPNW Prevent Process and Policy Adherence Review



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1 Background and Objectives

1.1 Background

CTPNW Prevent has seen dramatic demand increase in Q4 2024/25, receiving a 118% increase in referrals compared with Q4 2023/24.

As of April 2025, CTPNW Prevent were receiving an average of 175 referrals a month against a previous rolling 12-month average of 86 (numbers taken from Tableau).

This increase in demand is largely an influx of referrals, since January 2025, in four key ideology types:

- No Ideology, but other susceptibilities to radicalisation identified - up from 35 to 108 open cases (up 201%)
- No Ideology - up from 9 to 65 open cases (up 201%)
- Extreme Right Wing - up from 51 to 177 open cases (up 247%)
- Fascination with Extreme Violence - up from 7 to 113 open cases (up 1,514%)

Fascination with Extreme Violence has seen a dramatic increase, representing 21% of demand in June 2025 compared to just 5% in December 2024.

CTPHQ introduced new interim policies which raised expectations on front-line CTP Prevent Teams. This in turn has resulted in an increase in the number of cases being accepted into Prevent, which may previously have been directed elsewhere.

- Increased demand has led to some cases remaining unallocated – this has been raised regionally and nationally as a risk.
- Mechanisms have been put in place manage unallocated risk - this only provides limited assurance
- Resources from other parts of the CTP network have been sourced to assist in the management of this additional risk
- Overtime costs incurred and projected are unsustainable

Due to this, CTPNW have requested a Business Assurance review of their current policies and process to ascertain if these are in line with current policy and identify good working practice across the region.

1.2 Project Objectives

The review seeks to assess the effectiveness of current CTPNW Prevent processes and assess if there are more efficient ways of working.

2 Purpose



The review has been commissioned to explore the effectiveness of current CTPNW Prevent processes, expectations, compliance with policy and exploring good working practices across the three northwest hubs.

3 Scope

3.1 In Scope

The focus of the review will be the process during the lifespan of a case – where it starts, how it's processed, who's involved and how it's closed.

- Receipt from FIMU: how is it handed over to Prevent, is it an effective handover?
- Triage: Prevent Assessment Framework (PAF) completion, policy compliance and information sharing with other agencies.
- Case Management: are case pathways robust and policy compliant? Do we Clinical Consultancy Service (CCS) and Regional Safeguarding effectively?
- Supervision: are national, regional and local expectations aligned?
- Closures and hand off: is this an efficient and clear process?
- Information sharing: how and when do we share information with the MASH – is this successful?

3.2 Out of scope

The review will **not** focus on:

- Decision making or the ability of staff to conduct assessments.
- Case management decision making.
- Roles and responsibilities (job descriptions).
- Structure or Full Time Equivalents (FTE).
- Review of national policies.



4 Findings & Recommendations

	KEY FINDING		RECOMMENDATION	PROGRESS
1a	POLICY BREACH - CTP-PREVENT Policy 2020 Prevent Case Management by CTCOs & CTCO Supervisors <i>The review has identified that FIMU are not currently conducting consistent statutory requirements to address any safeguarding or criminal recording requirements, from information they are reviewing. This should be fed back to FIMU's SMT.</i>	1a	RECOMMENDATION 1a – Gateway Referral Process <i>Introduce a gateway referral process by which FIMU must explain/justify why a case is Prevent relevant prior to any referral being accepted into the Prevent workflow.</i>	ACCEPTED Prevent SMT have accepted the need for this recommendation and are in the process of negotiating a gateway process for FIMU and providing FIMU with a flowchart to assist in their prevent referrals process.
1b	RISK OWNERSHIP <i>There appears to be no clear understanding of referral risk ownership, the associated safeguarding/criminal risks between FIMU and Prevent and when exactly the transfer of this risk ownership occurs.</i>	1b	RECOMMENDATION – Risk Ownership <i>Agree and document when risk ownership is transferred from FIMU to Prevent.</i> <i>The review has determined that PCMTe registration is the most appropriate time.</i>	ACCEPTED PREVENT SMT have accepted the need for this recommendation and are in the process of clarifying this ownership relationship.
		1c	RECOMMENDATION – Safeguarding and Crime Recording <i>Statutory safeguarding and criminal recording</i>	ACCEPTED Both PREVENT and INTELLIGENCE SMT have accepted the need for this

			<i>requirements should be undertaken by FIMU prior to handover prior to any Prevent referral.</i>	recommendation and this has been fed down to FIMU supervisors.
		1d	RECOMMENDATION – Safeguarding and Crime Recording <i>Determine if FIMU assessors require any crime recording training or refreshing of their knowledge around this statutory requirement.</i>	Finding to be shared with CTPNW HEAD OF INTELLIGENCE
2	POLICY BREACH <i>Prevent Policy timescales of 5 days for initial assessment and 20 days from registration to Channel, are not currently being met due to increased demand within the region.</i> <i>This has been fully documented and policed by CTPNW SMT.</i>	2	RECOMMENDATION <i>No recommendation at this time as matter is because of unprecedented increase in demand with no additional resources available.</i> <i>This finding has been addressed by CTPNW SMT with mitigating actions in the interim awaiting guidance from CTPHQ.</i>	ACTIONS UNDERWAY • <i>regular contact with ctpqh to request network assistance</i> • <i>briefing to acso</i> • <i>prevent mutual aid requests - supported by the ne and london</i> • <i>co-opting of loanee staff and the establishment of the first prevent cadre</i> • <i>risk register</i> • <i>reporting into the northwest daily pacesetter</i> • <i>prevent review – try and deliver operational efficiencies</i> • <i>withdrawal from non-operational multi-agency meetings and training delivery.</i>



3	POLICY BREACH – CTP-PREVENT Policy 2020 Prevent Case Management by CTCOs & CTCO Supervisors <i>Policy dictates that any change in Prevent nominal status, such as S.36 decision, should be feed back into FIMU as part of the intelligence cycle.</i> <i>PGA decisions are not being feed back into the FIMU as part of the intelligence cycle.</i> <i>This matter was raised with the Prevent Managers and a FIMU representative; all stated that they do not believe this step is necessary for RADO 5 and RADO 6 cases and that for RADO 4 and below there would be regular meetings between Prevent and the other relevant CT departments to facilitate any required information sharing. Risks associated appear to be minimal and managed via other processes, currently undertaken within the Prevent activities.</i>	3	RECOMMENDATION 3 <i>Introduce a system to the closure and progression at S.36 stage of the PAF to update FIMU with the progression of all cases, or the closure of any case marked RADO 5 and below.</i>	ACCEPTED PREVENT SMT have accepted this recommendation and intelligence will now be submitted at the closure and progression at s.36 stage of the PAF to update FIMU with the progression of all cases, or the closure of any case marked RADO 5 and below.
4a	SAFEGUARDING RISK <i>The national expectation of dual piping of referrals into both CT Prevent and MASH, to address safeguarding concerns, does not appear to be happening as standard practice in the Northwest,</i>	4a	RECOMMENDATION – Information Gathering / Sharing <i>Establish a two-way sharing stream in which information is passed to the MASH and information is requested via the same gateway.</i>	ACCEPTED PREVENT SMT have accepted this recommendation and are in the process of negotiating this new



	<i>this is a matter outside of the control of CTPNW and is heavily relies upon the cooperation and team structure of partners.</i> <i>To address this CTP have instigated that Triage officers submit a referral upon receipt of any new referral to capture this risk.</i> <i>Officers in both GMP and Lancashire have stated that these referrals are on occasion marked as triaged (as per internal governance agreement) and as such, while these may be shared with MASH, they will not be reviewed by the relevant safeguarding hubs upon receipt.</i> <i>This in turn raises a concern that there may be unaddressed vulnerabilities that are not being shared with partners.</i>		<i>This process aims to allow the request to be handled by a centralised team who have access to all the relevant systems, who are the best placed to provide a truly holistic review of any information held.</i> <i>By using this channel, it may also widen the scope of information gathering as this may include agencies that hold information on the subject but who Prevent are unaware the subject is engaged with and therefore are not currently being approached for information.</i> <i>However, in the Greater Manchester area not all MASHs contain multi agency partners and, as such, GMP based subjects will have to continue as-is until another option is identified.</i>	arrangement with local MASH and safeguarding hubs.
		4b	RECOMMENDATION <i>The method of information gathering should be standardised across the region. All hubs should use the same method, be this a template or email, to request the same information and the identification of appropriate contacts should be updated regularly or ideally go via a recognised single point of contact address rather than a person. This process would be greatly assisted by Recommendation 4a</i>	ACCEPTED PREVENT SMT have accepted this recommendation and have implemented an information gathering template which is to be used for all requests

4b	SAFEGUARDING RISK <i>CTPNW processes state that upon receipt of a referral, and at the point of registration, the Triage Team will complete a safeguarding referral to the relevant local MASH to address any non-CT safeguarding issues.</i>	5	RECOMMENDATION <i>With immediate effect CTP officers should cease marking referrals as triaged and <u>all</u> safeguarding referrals should be submitted to the relevant MASH/Safeguarding hubs.</i>	ACCEPTED PREVENT SMT have accepted the need for this recommendation and have stopped the marking of referrals as triaged.
4c	SAFEGUARDING RISK <i>There is an inconsistent approach to information gathering across the region with each of the hubs managing this process in its own way, either by maintaining a limited list of partners to contact or by utilising a different gateway.</i>	6	RECOMMENDATION <i>With the lack of any established national Dual Pipping system and due to HSG, CTPHQ and LAs not being in a position to implement a sustainable solution CTPNW should implement a local solution in that Triage officers should submit relevant referrals to MASH at the point of initial registration.</i>	ACCEPTED PREVENT SMT have accepted the need for this recommendation as this was the correct recognised process within the region prior to the review. It has been identified that this process has not been being followed and so have reiterated this to their teams the correct process to ensure referrals are sent at the correct stage of the process.
5	I&S	7	RECOMMENDATION 7 I&S	ACCEPTED I&S



6	POLICY BREACH – Prevent III Policy <i>A Policy Breach has been identified in the lack of a system to track both the use of its III tactics and the social media platforms that Prevent subjects are being located on.</i>	8	RECOMMENDATION 8 <i>As per III Policy, CTPNW should introduce a monitoring database to track both the use of its III tactics and the social media platforms Prevent subjects are being located on.</i>	ACCEPTED PREVENT SMT have accepted the need for this recommendation and have instigated a database for the tracking of social media platforms where subjects are identified.
7	Prevent III Policy <i>The implementation of this policy has caused significant confusion in the Prevent and Intelligence communities, with staff being unsure of what is or not required by policy.</i> <i>The Guidance issued by CTPHQ appears to contradict legal opinion and is resulting in conflicting opinion/practice.</i>		RECOMMENDATION <i>At this time the accepted interpretation of the Policy within CTPNW is:</i> <i>In Initial Assessment - III research should only take place where the referral directly relates to an online issue or where it is deemed not possible to make a fair and valuable assessment of the referral without conducting III research.</i> ALL cases that pass initial assessment and move onto Information Gathering SHOULD have III checks completed. <i>Any cases that are Fascination with Extreme Violence and Multiple Referral cases in the information gathering stage must be put forward for full 'open source' Internet Intelligence Investigation (III) checks.</i>	CTPHQ have commissioned a strategic review of this Policy

			<i>This would appear to be in line with the National Policy as interpreted by the reviewer and in line with the legal framework accepted by the III community.</i>	
8	III Implementation <i>The cost of this team is thus far since inception has been calculated as £40,429 (3 x Constables for 3 months including overtime).</i> <i>This team is projected to cost £161,716 per annum if it remains in its current iteration which is primarily being met via the use of non-Prevent staff and non-Prevent budgets.</i>	8	RECOMMENDATION <i>CTPNW should complete a cost-benefit analysis, in lieu of the national review of III to determine how best to manage this ongoing process.</i>	ACTIONS UNDERWAY PREVENT SMT are in the process of conducting a review of the efficacy of the iii checks. CTPNW have submitted a business case to CTPHQ to uplift resources into PREVENT AND INTELLIGENCE to support III.
9a	I&S	9a	RECOMMENDATION I&S	ACCEPTED I&S
		9b	RECOMMENDATION I&S	ACCEPTED

			I&S	I&S
10	Ports Intelligence Watchlist (PIW) <i>There appears to be confusion between Prevent and FIMU regarding the use of PIWs on Prevent nominals and how this information is used and communicated to/by FIMUs.</i>	10	RECOMMENDATION <i>Additional training is required around the use of PIWs and how to complete the required documentation.</i>	ACCEPTED PREVENT SMT have accepted the need for this recommendation and have delivered a training input to address the issues around the difference between pnc and piw and how these should be completed and recorded
11	STAFF TRAINING <i>It has been identified that staff feel that they do not receive sufficient inputs on newly implemented policies or practices.</i>	11	RECOMMENDATION <i>Training Triage Staff and CTSO on new policies and decisions is required to assist in policy understanding and implementation.</i>	ACCEPTED PREVENT SMT have accepted the need for this recommendation and have stated they intend to feed this back to CTPHQ and request a formal training package be developed for new policies/process.



				INTERIM: supported by prevent slt CPD days and quarterly in-person away days
12	SUPERVISOR TRAINING <i>Prevent Supervisors have indicated that they do not feel there is sufficient training in place for the step up from constable to sergeant and, as such, they feel unsure around their decision-making rationales and policy implementation.</i>	12	RECOMMENDATION <i>Establish a library of good practice including example reviews, provide a continuity of layout and context.</i> <i>These can be shared with new supervisors to provide a consistent approach across the region.</i>	ACCEPTED PREVENT SMT have accepted the need for this recommendation and are looking into ways in which this could be addressed given that each hub works on a separate system/sharepoint.
13	LOCALISATION OF TRIAGE BY REGIONAL HUB <i>There appears to be a lack of consistency across the region with the quality and content of reports produced by each hubs Triage unit.</i> <i>This appears to be a result of individual hub's cultural drift, resulting in hub specific products.</i>	13	RECOMMENDATION <i>At this time due to the high demand placed on the triage teams cases are being held unallocated for a prolonged period of time and this is resulting in certain force areas being more heavily impacted than others.</i> <i>The move to managing the unallocated cases by local region will allow each hub to manage its own backlog.</i>	ACCEPTED PREVENT SMT have accepted the need for this recommendation and have implemented a shift to the localisation of triage by regional hub to allow each hub to manage its own green demand
14	HANDOVER FROM TRIAGE TO CTCOs <i>There is no consistent approach to how handovers are conducted, what information/documentation is completed or where it is stored. Each hub handover in a different manner.</i>	14	RECOMMENDATION <i>Implement a consistent approach to the Triage handover process, including a templated form to be completed and the process of how this is shared between the Triage staff and CTCOs.</i>	ACCEPTED PREVENT SMT have accepted the need for this recommendation and have agreed to begin a conversation with CTCO and TRIAGE staff to

				identity any gaps and training requirements. To be delivered through the PREVENT GOLD structure in NW.
15	CONTINUITY OF STORAGE OF DOCUMENTS ON PCMTe <i>Staff and officers across the region appear to use PCMTe and the storage of documents within the system differently from hub to hub, resulting in confusion when cases are dealt with by different teams.</i>	15	RECOMMENDATION <i>Implement a consistent approach to use of PCMTe for the storage of documents within the system, this may be best achieved through refresher training on the use of PCMTe.</i> <i>Supervisors from across the hubs to agree and disseminate a clear message on where material should be stored.</i>	ACCEPTED PREVENT SMT have accepted the need for this recommendation and will request clarification from hq as to the most up to date training as to where documentation should be stored and then will disseminate this to practitioners.
16	LACK OF INTER REGIONAL CROSS POLLENATION <i>Staff do not appear to meet or share ideas outside of their hub leading to an often-siloed approach to working practices, this has resulted in a lack of consistency across the region and a lack of good practice sharing.</i>	16	RECOMMENDATION <i>The establishment of a regular meeting or the setting aside of time in the current monthly meeting where staff can discuss cases/best practise without supervisors would assist in this area.</i>	ACCEPTED REVENT SMT have accepted the need for this recommendation and have changed their monthly management meeting to be a best practice review meeting for staff & officers.
17	LACK OF UNDERSTANIDNG OF CCS <i>CTCOs and staff identified a lack of knowledge and understating over the use of and benefits of CCS, feeling they are of little help and just generate further work for them in terms of referrals.</i>	17	RECOMMENDATION - CCS ENGAEMENT AND UNDERSTANDING <i>Prevent supervision to contact CCS to discuss CCS's current offerings for CTCOs and clarify when referrals should be passed to CCS.</i>	ACCEPTED PREVENT SMT to contact CCS Supervision at CTPHQ to arrange.



	<i>They state they have been told to send all neurodiverse cases to CCS however, CTCOs are then informed that they will not engage in pre 36 cases and post 36 there is a local MH member on the panel and so offer little additional support.</i>			
18	POLICY BREACH - POST CLOSURE REQUIREMENTS <i>From discussing the closure process with CTCOs there appears to be high confidence that this process is robust and being completed across the region.</i> <i>Officers feel confident that cases are closed correctly, and the handoff process is clearly documented with who has taken responsibility for the subject where required.</i> <i>However there does appear to be some gaps in knowledge/understanding of the closure process, in respect of policy expectations around PNC markers and III.</i>	18	RECOMMENDATION <i>Training is required to assist staff in their understanding of the use of PNC markers and the fact that they need to remove these at the 12-month review.</i> <i>There is also additional training required around the use of III checks.</i>	ACCEPTED PREVENT SMT have accepted the need for this recommendation and have delivered a training input to address the issues.
	<u>NONE FINDING RELATED RECOMMENDATIONS</u>	19	RECOMMENDATION – EDUCATION REFERRAL TRAINING <i>Deliver training/inputs to all the Designated Safeguarding Leads (DSL) in one session via MS Teams. This training should focus on what's an appropriate referral and what's not, in particular</i>	ACCEPTED PREVENT SMT have accepted the need for this recommendation and have already created and delivered an

			<i>go through some examples of referrals received over the last 3 months which are good or wholly inappropriate from schools.</i>	input for local DSLs in line with this recommendation.
	<u>NONE FINDING RELATED RECOMMENDATIONS</u>	20	RECOMMENDATION 20 – LOCAL POLICING REFERRALS TRAINING <i>CT SPOCS should be selected and trained to deliver frontline CTP guidance.</i>	

5 Good Practice Identified

- RECOGNISED AND RECOMMENDATION – Safer Neighbourhood Inspectors are now part of CHANNEL process (Lancs Good Practice)
- RECOGNIED – Regional Daily Pacesetter Meeting good practice
- RECOGNISED AND RECOMMENDATION – Training FIMU by Prevent (onboarding) (good practice in GMP)
- RECOGNISED – PREVENT CASEFLOW DOCUMENT

CTPNW Prevent has established a workflow document which is used by all officers (Triage and CTCO) to assist them in their processing of referrals and the associated case management.

- RECOGNISED – PREVENT/FIMU REFERRAL CASEFLOW DOCUMENT

CTPNW Prevent have created a case flow document to assist FIMU assessors in relation to their compliance with Prevent Relevance and policy.

- RECOGNISED – MONTHLY MANAGEMENT MEETING

CTPNW Prevent have established a number of regular meetings between all levels of their command structure and staff.

6 Introduction to Policy

Given that the purpose of this review is to reassure CTPNW that their officers and staff are acting within the current policies and guidance set down by the Home Office and CTPHQ, the first part of this review involved a thorough examination of the existing policy documents and the corresponding guidance which has been issued.

To this end, the following policy documents have been included in the scope of this report;

- CTCO Guide - Published May 2024 (CTPHQ PREVENT – National Co-ordinator's Office, 2024)
- CTP – Prevent Policy - Published 2020 (CTPHQ PREVENT – National Co-ordinator's Office, 2021)
- Fascination with Extreme Violence and Mass-Casualty Attacks Interim Referrals Policy (FVMCRP) – Published March 2025 (CTPHQ-Interventions– National Coordinator's Office, 2025)



- Multiple Referrals Policy (MRP) - Published March 2025 (CTPHQ- Interventions– National Coordinator's Office, 31)
- Prevent III research policy – Published June 2022 (CTPHQ PREVENT - National Co-ordinator's Office, 2022)
- Prevent PNC Policy – Published June 2024 (CTPHQ PREVENT - National Co-ordinator's Office, 2024)
- JOSP Non-Ideological Extreme Violence Guidance – Published May 2025 (JTAC, 2025)

What has been made clear from the review of the above documents and their respective guidance is that there have been a significant number of changes made in a relatively short period of time.

Of note from the above policies there are a number of recommendations and requirements that must be kept, some of the relevant requirements affected by the increase in demand include:

- The PGAs must be completed within 5 working days of receipt from a FIMU, following deconfliction, or as close to 5 working days as is reasonably practicable within the unique circumstances of the Case. CTCOs and CTCO Supervisors should be aware of Cases that have exceeded this 5 working day period and update them accordingly.
- PRSs completed for PGAs, ensuring they are completed within 5 working days of receipt from FIMU.
- S.36 for Local Authority led management of referral within 20 days of FIMU de-confliction.
- S.36 Decisions leading to PLP management, within 20 working days of FIMU de-confliction.

Of note: terminology is not consistent across policies

At the time of writing this report, my understanding of the current definition of PREVENT RELEVANCE remains as defined in the CTCO Guidance Document and the FVMCRP and MRP acting as an additional guidance document for supporting a referral into the Prevent workstream.

The MRP introduced a change where historically for a case to be deemed as increased risk there had to have been 3 separate referrals made to Prevent all regarding distinct instances/incidents.

Prior to this introduction CTPNW had locally implemented additional scrutiny for multiple referral cases, in the form of a DI oversight, for all cases with 2 or more previous referrals (the latest referral being number 3 or more). The policy also stipulated that these cases should automatically meet the suspicion threshold and thus progress straight through to information gathering.

The new policy has reduced this to 1 or more previous. The latest case being number

2 or more referrals for the subject of interest (SOI) which, while only a minor change, has shown to have had a significant increase to demand.

Accepting the public need for reassurance, CTPNW have highlighted that there is limited empirical evidence to support this change.

The FVMCA policy is perhaps the greatest change to the acceptance criteria and has caused potentially the greatest level of confusion/uncertainty over what is now deemed "PREVENT RELEVANT".

This policy widened the scope of the cases that had to progress within the Prevent workflow, when this was paired with the increased number of referrals being made by partners due to increased awareness this has resulted in an exponentially increase in workload which in turn has resulted in demand quickly outstripping availability of resources.

A recent updated guidance was issued, seeking to set it out as clearly as possible to assist regions in their decision making:

- The S.36 threshold requires there to be belief that someone is **vulnerable to being drawn into terrorism**.
- School massacre, those demonstrating a fascination with extreme violence and mass casualty attacks **do not** by default meet the required threshold.
- However, as referenced in the interim policy, at the point of making the S.36 decision, the CTCO should consider all the information available to them (including recognising those areas where they have been unable to obtain relevant information) that they believe to be relevant, and decide, if that individual is **vulnerable to being drawn into terrorism**.

7 Organisational Structure of Prevent Policing Northwest

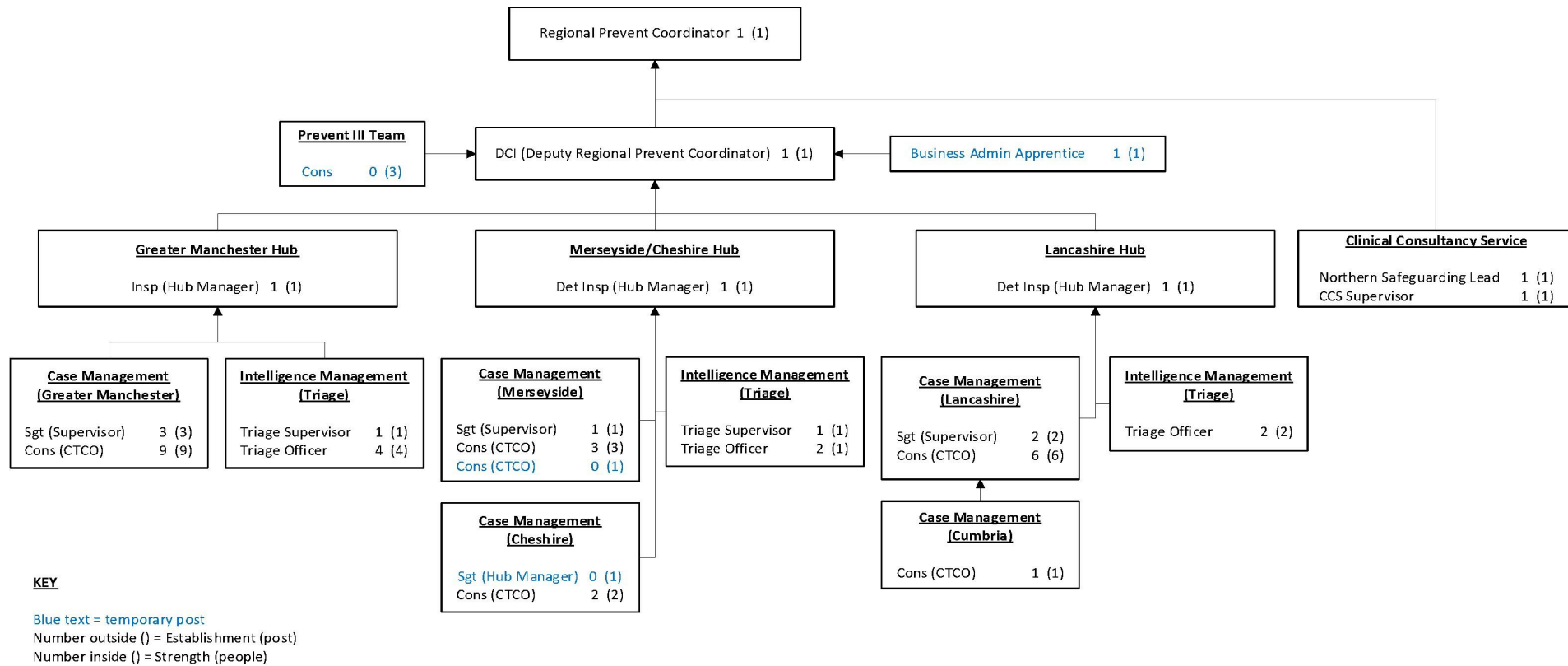


Figure 1- Organisational Chart of CTPNW - Prevent dated 27/10/2025

8 Receipt from FIMU: how is it handed over to Prevent, is it an effective handover?

The nature of the PREVENT workstream is set out clearly in the CTCO guide and Prevent Referral Policy (PRP) which states that this workflow begins with the Prevent Referral (PR).

It may arrive with Prevent directly or via an Intelligence Management Unit (IMU).

Referrals can come in a number of forms, the National Prevent Referral Template (NPRT), the ACT pathway, an email marked for Prevent attention, an intelligence entry on a force database or by any other mechanism.

The policy details the requirement to record referrals on the Prevent Case Management Tracker enhanced (PCMTe) at the earliest possible opportunity as well as the necessity for all cases to undergo de-confliction and assessment by Intelligence Management Units (IMUs) for any live CT case interest before any PREVENT activity is undertaken locally by CTCOs.

Additionally, it clearly states that all referrals and potential referrals received directly by a CTCO will be registered on the PCMTe at the first point of receipt, even if this is pre-deconfliction by a FIMU, these referrals must then be submitted to a FIMU for deconfliction and Pursue assessment.

As such upon receipt all cases are sent to the Fixed Intelligence Management Unit (FIMU). During this stage FIMUs should assess the case both for CT interest (potential for criminal or intelligence progression) **and PREVENT RELEVANCE**.

What remains unclear at this time is when risk ownership is transferred from FIMU to Prevent at the point of sending the information to Prevent or at the point of registration onto PCMTe.

This was also a finding in the 2021 Business Assurance Report - Northwest region, in which it stated "Both FIMU and Prevent staff felt that the FIMU always owned the risk as an action was raised on NCIA when a Prevent referral is created and had to be reported against. This was contrary to the view of the FIMU managers who stated that Prevent owned the risk, once a referral has been passed via the RADO process."

Prevent Officers and Staff have stated that they are unclear around how safeguarding, criminal or intelligence issues are being dealt with by FIMU assessors prior to its dissemination to Prevent which can in turn lead to delays or duplication of work.



This is resulting in a high number of cases being flagged for urgent safeguarding concerns and unregistered crimes on receipt with Prevent.

While this has historically been an issue the significant increase in demand and associated backlog has resulted in a heightened concern that there may be unaddressed risk and crimes that are now not being managed for prolonged periods of time.

To help support the reviewer's interpretation of the new Prevent Referral Policy issued in 2022 the reviewer requested a meeting with the Head of Regional Operations, who was one of the authors of both policies who stated that the revisions from 2018 to 2020 were added to the policy specifically for the intended purpose of preventing unnecessary referrals being passed into Prevent.

FINDING 1a – *The review has identified that there are clear statutory requirements for FIMU to address any safeguarding or criminal recording requirements in information they are reviewing and that this is not currently being met and should be fed back to their SMT.*

RECOMMENDATION 1a – Gateway Referral Process

Introduce a gateway referral process by which FIMU must give clarity as to why a case may be Prevent Relevant

ACCEPTED – PREVENT SMT HAVE ACCEPTED THE NEED FOR THIS RECOMMENDATION AND ARE IN THE PROCESS OF NEGOTIATING A GATEWAY PROCESS FOR FIMU AND PROVIDING FIMU WITH A FLOWCHART TO ASSIST IN THEIR PREVENT REFERRALS PROCESS.

RECOMMENDATION 1b – Risk Ownership

Also, for clarification and understanding an agreement must be sought and documented to at which point risk ownership is transferred from FIMU to Prevent which the review has determined that PCMTe registration is the most appropriate time.

ACCEPTED - PREVENT SMT HAVE ACCEPTED THE NEED FOR THIS RECOMMENDATION AND ARE IN THE PROCESS OF CLARIFYING THIS OWNERSHIP RELATIONSHIP.

RECOMMENDATION 1c – Safeguarding and Crime Recording

Statutory safeguarding and criminal recording requirements should be undertaken by FIMU prior to handover prior to any Prevent Referral.

ACCEPTED – BOTH PREVENT AND FIMU SMT HAVE ACCEPTED THE NEED FOR THIS RECOMMENDATION AND THIS HAS BEEN FED DOWN TO FIMU SUPERVISOR.

RECOMMENDATION 1d – Safeguarding and Crime Recording

It should be determined if FIMU assessors require any crime recording training or refreshing of their knowledge around this statutory requirement.



9 TRIAGE: Prevent Assessment Framework (PAF) completion & Policy Compliance

The Prevent Gateway Assessment (PGA) is the term given to the initial screening & triage phase that CTCOs must complete on all de-conflicted Prevent Referrals.

Coming after FIMU de-confliction and drawing upon police databases, the Gateway Assessment is the first use of CTP Prevent's dedicated threat, risk and vulnerability assessment tool, called the Prevent Assessment Framework (PAF), previously known as the Dynamic Investigation Framework (DIF) and Vulnerability Assessment Framework (VAF).

Whereas PGA used to be the name of a separate assessment tool, now PGA is just the name of the step/phase.

Policy also states that the Gateway Decision for the case must always be submitted to a FIMU as part of the intelligence cycle except where the PGA Decision is to close the case AND the FIMU has already deemed the case a RADO 6 at de-confliction.

Uniquely CTPNW has established a separate Triage team, which is split across the geographical locations acting to complete the Prevent Gateway Assessment (PGA).

This has been done to reduce the workload on CTCOs, increase the team's ability to meet its registration timeline requirements and to build up a level of expertise at the triaging and screening of referrals, in turn to attempt to reduce the adoption rate of inappropriate referrals being accepted and thus reducing unnecessary downstream demand.

While these teams are distributed across the region and physically based in the different offices, the team's role is to:

- Ensure all required information has been supplied from FIMU.
- Register cases onto PCMTe and produce pacesetter document.
- Case is then discussed at 08:30 pacesetter where a formal decision made
- Conduct initial Risk, Ideology and RAG review.
- Address Immediate safeguarding issues (appropriate referrals made) - Create CAP/PVP/VPRF1 and refer into the MASH (this is only done for AMBER cases at point of acceptance and on allocation for GREEN cases)
- Case placed in appropriate queue for allocation.

This function has been widely accepted across the region and been deemed to have greatly improved the rate at which the region has been able to deal with the increase in referral demand.

When asked Prevent Managers agree that without this triage function, they believe

the CTCOs would have been overwhelmed months ago, and the backlog of cases would be significantly greater than it currently sits (140+ cases unallocated).

Table 1 - Prevent Referrals Screened out at initial assessment by Triage in 2025

Month	Referrals	Triaged	%
January	145	67	46%
February	193	99	51%
March	192	47	24%
April	155	16	10%
May	146	44	30%
June	132	31	23%
July	171	39	23%
August	77	4	5%

Even with the introduction of this function it has been determined impractical for officers to be able to fulfil the timelines laid down in policy and as such the Senior Management Team (SMT) have enacted the following interim policy decision:

“CTPNW Prevent will continue to register cases as they are received from FIMU.

Each case will be discussed at the next available 08:30 Prevent Pacesetter where they will be placed into the backlog queue depending on an initial assessment of the referral summary.

*Cases deemed to be higher risk will be marked as **Amber** and allocated prior to cases marked as Green.*

It is simply not possible to meet the Prevent Policy timescales of 5 days for initial assessment and 20 days from registration to Channel, but by at least taking the steps above we are ensuring those deemed higher risk have a greater chance of being processed within policy.

Cases deemed Green will be allocated according to the date they were received (oldest first), as and when a triage officer becomes available, and no Amber cases are awaiting allocation.”

This is a clear breach of policy and as such has been documented as part of the findings of this review, however given the extremely high demand and lack of increased resources the review deems that this is a justifiable response.

From this review it has been determined that the triage function has been seen as a positive change for the region and has been responsible for significantly reducing registration timeframes of case registration and initial management.



However as can be seen from Table 1 throughout 2025 the effectiveness of the triage team and its ability to close inappropriate referrals.

FINDING 2 – POLICY BREACH

Prevent Policy timescales of 5 days for initial assessment and 20 days from registration to Channel, are not currently being met due to increased demand within the region. This has been fully documented and policed by CTPNW SMT.

RECOMMENDATION 2

No recommendation at this time as matter is because of unprecedented increase in demand with no additional resources available. This finding has been addressed by CTPNW SMT with mitigating actions in the interim awaiting guidance from CTPHQ.

FINDING 3 – POLICY BREACH

Policy Breach has been identified in that currently PGA decisions are not being fed back into the FIMU as part of the intelligence cycle.

This matter was raised with the Prevent Managers and a FIMU representative who have all stated that they do not believe this step is necessary for RADO 5 and RADO 6 cases and that for RADO 4 and below there would be regular meetings between Prevent and the other relevant CT departments to facilitate any required information sharing.

As such this is a technical breach however the risks associated with the breach appear to be minimal and managed via other processes, currently undertaken within the Prevent activities.

RECOMMENDATION 3

To address this policy breach, a step should be introduced to the closure and progression at S.36 stage of the PAF during which an FIMU will be updated as to the progression of all cases or the closure of any case marked RADO 5 and below.

9.1 Review and Allocation

As part of the new triage process the triage supervisor creates a document which provides a summary of all new referrals received in the past 24 hours and rates these on a Red, Amber or Green basis based on risk and threat.

This is referred to as the Pacesetter document as it is reviewed each morning by the duty sergeants, inspectors and senior decision makers who determine if the initial risk ratings are appropriate.

RISK RATINGS

- Red – This would be case deemed to contain an immediate risk to life and/or contain information relating to a live CT threat and as such would be immediately passed back to FIMU for consideration of escalation.



- Amber - All cases deemed to contain risk needing urgent attention are reviewed by a DI on the same day and allocated to next available Triage Officer (this also includes all Fascination and Multiple Referral cases)
- Green cases - Allocated by 'oldest first' once all Amber cases allocated.

Following this stage the case will be subject to Enhanced Checks and the initial stages of the PAF document completed.

The Triage Supervisor will then make an initial S.36 Suspicion decision as to whether the case will proceed to Information Gathering and allocated to a case officer or if it is unsuitable for Prevent and if so then it will leave Prevent via one of two recognised.

EXIT ROUTES

- Not Prevent relevant: Signpost to other services Consider Intelligence Report Send Closure Proforma
- Increased Risk: Escalate to FIMU for a rereview and consideration for intelligence development or investigation.

At this stage if a decision is made that the case requires further information to inform a full S.36 belief decision, the case is then referred to the 2nd Stage of the Triage process in which it is distributed for Information Gathering and referred for III Checks (ALL CASES).

This involves the triage officers submitting requests to partner agencies for further information they may hold on the subject which may be relevant to CT PREVENT.

The case is then submitted to regional Hub Sergeant who will assess it and either allocate to a CTCO who will then take over as case officer or dependent on demand the case may be placed into an unallocated queue awaiting allocation to a CTCO when one becomes available.

The case officer will then review the Information Gathering Responses and complete the outstanding PAF Section B which forms a recommendation on whether they believe the case will pass a S.36 belief decision.

With all of the information available the case is then submitted back to the relevant Hub Sergeant who will make a S.36 Decision (detailed below), and the case will either be closed via the Exit Routes or progressed via either the CHANNEL or PLP processes.

10 Information Sharing and Information Gathering

11.1 Information Gathering

One of the statutory phases of the referral review process is the Information Gathering stage, this refers to when Prevent officers will actively contact partners and request information held by these agencies which may be relevant to the S.36 decision making process.



As part of the new triage function this step comes in the 2nd Triage Stage of the Case Flow process.

When a Prevent referral arrives in CT-PREVENT, following the initial registration of the case on the PCMT the Triage supervisor will determine if there is sufficient information available to **suspect** that the subject is **vulnerable to being drawn into terrorism**.

If this is the case, they will then authorise for a triage officer to make the relevant requests to partners.

This information is then returned and will be reviewed at the next stage by the CTCO allocated to the case in conjunction with the Hub Supervisor to make the formal S.36 Decision on the belief threshold.

As part of this review, it was recognised that there were some immediate changes that could be made to improve the way in which information is shared and gathered with partners.

When information gathering was discussed with the Triage Officers, it was discovered that there are inconsistencies across the region in the manner of which Information Gathering is conducted.

Currently each of the regions maintains a limited list of partners to contact for the information gathering stage and the manner in which this contact is conducted differs from emails to proforma documents.

FINDING 4c – *There is an inconsistent approach to information gathering across the region with each of the hubs managing this process in its own way, either by maintains a limited list of partners to contact or by utilising a different gateway.*

The manner of which this contact is conducted also differs from hub to hub with some using free text emails and others using a set proforma document.

This in turn leads to varied results with a risk that the information requested is different and so some information may not be gathered in different areas resulting in an increase in risk.

RECOMMENDATION 4a – *As part of the statutory safeguarding information sharing process of referring into the MASH this process has traditionally been one way with CTP passing information into the MASH.*

This step is then followed by CTP contacting individual partners to obtain relevant information for their safeguarding needs it was recognised that this step could be simplified into a two-way sharing stream in which information is passed to the MASH and information is requested via the same gateway and request.

This process is aimed to allow the request to be handled by a centralised team who should have access to all the relevant systems and be best place to provide a truly



holistic review of any information held and may also go to prevent agencies that hold information but who prevent are unaware are engaged with the subject not being approached.

RECOMMENDATION 4b– *The method of information gathering should be standardised across the region with all hubs using the same method, be this a template or email to request the same information.*

The identification of appropriate contacts should be updated regularly or ideally go via a recognised single point of contact address rather than a person as this will be less likely to change without prior notice.

10.2 Information Sharing

The nature of the referrals received into PREVENT are that they come from several possible sources, these include but are not limited to Education, policing (non-CT), social services etc., these referrals are made for a variety of reasons with varying degree of concern and risk associated to them.

See Figure 2 for a break down of the most common sources and the number of referrals received from each.

There is a reasonable assumption that for any case referred to Prevent, that there is likely to be at least a suspicion, by the referrer that the subject is vulnerable in some form.

As the criteria for a referral, as per S.36 of the terrorism act, is that there is a belief that someone is **vulnerable to being drawn into terrorism**.

With this in mind it necessarily follows that all referrals into Prevent would therefore require two separate assessments: one by a suitably trained CT officer assessing the risk of the terrorism threat presented or risk of radicalisation, and a second by a suitably trained MASH triage officer to address what other vulnerabilities the SOI may be presenting.

This will ensure that the MASH is aware of any vulnerabilities and able to safeguard the SOI appropriately, as there is a possibility that these cases will not proceed to CHANNEL and as such, if this second assessment has not taken place, there may be unaddressed safeguarding issues that requires additional actions.

The Home Office (HO) National Referral Form (NRF) guidance states that all referrals that are made into Prevent should be “double-piped” meaning that they are simultaneously sent to both Prevent and the local safeguarding hubs (MASH Teams) as part of the initial referral process.

CTPNW reported to the HO that they had concerns that this dual piping wasn’t happening, after consulting with local teams over the number of Prevent Marked referrals, they were receiving.

Historically there have been a number of instances in which CTPNW know that this has not occurred and that cases have been referred to Prevent with no information being sent to the relevant safeguarding hubs or MASH teams by the referrer, and as such this risk was not addressed.

The SRO for the NRF (CTPHQ) clarified that the “Dual Piping” process is best process however, as this is a CTP process that is completed by partners, there is no way to enforce this.

As such the use of the NRF and even the contents of the form are adopted differently in the different regions, with some partners even going as far as to change the NFR prior to its submission.



CTPHQ have advised that they are aware this is an issue nationally, with partners not submitting forms as advised, and are in the process of designing and implementing a new online system for the submission of the NRF to CTP from partners.

To address this CTPNW has introduced its own new Case Flow Management process, in which the newly established Triage teams address immediate safeguarding issues via appropriate referrals immediately following FIMU Deconfliction.

CTPNW RPC has agreed that this model would be considered best practice to address safeguarding concerns.

FINDING 4a – SAFEGUARDING RISK

The national expectation of dual piping of referrals into both CT Prevent and MASH, to address safeguarding concerns, does not appear to be happening as standard practice in the Northwest, this is a matter outside of the control of CTPNW and is heavily relies upon the cooperation and team structure of partners.

To address this CTP have instigated that Triage officers submit a referral upon receipt of any new referral to capture this risk.

Officers in both GMP and Lancashire have stated that these referrals are on occasion marked as triaged (as per internal governance agreement) and as such, while these may be shared with MASH, they will not be reviewed by the relevant safeguarding hubs upon receipt.

This in turn raises a concern that there may be unaddressed vulnerabilities that are not being shared with partners.

RECOMMENDATION 5 –

PVPs are being created for information only not being sent to the MASH, this appears to be a clear safeguarding risk as appears Prevent officers are conducting MASH Triage assessments without the appropriate training.

*As such with immediate effect this should cease, and **all** Safeguarding Referrals should be submitted to the relevant MASH/Safeguarding hubs.*

ACCEPTED - PREVENT SMT HAVE ACCEPTED THE NEED FOR THIS RECOMMENDATION AND HAVE STOPPED MARKING REFFERRALS AS TRIAGED.



11 Prevent Internet intelligence investigation (III)

11.1 III Policy Interpretation

The UK Government has described online radicalisation and use of the internet for terrorism as “one of the greatest threats that countries including the UK face”.
(Home, 2017)

In response to this CTP has taken steps to address this risk, one of these steps is to implement new policies one of which is the National Prevent Internet Intelligence and Investigation Policy which introduced III Checks as part of the information gathering stage of the Prevent Case flow.

CTPHQ introduced this policy in 2022, however this policy was not published and instead was circulated via email to CT officers.

This policy was not included in any of the proceeding training products produced not retrospectively included to existing policies or the CTCO guide until late 2024/early 2025. This resulted in a significant gap between its introduction and implementation until the most recent introductions of the MRP and FVMCRP which then referred to this III requirement.

III Research within Prevent refers to the online research conducted around a Subject who has been referred to Prevent, the purpose of which is to ascertain whether a Prevent subject’s publicly available information, in the online space, provides details that can assist with the assessment and management of risk associated with that individual.

This will typically involve assessing publicly available material, attributing social media accounts to the subject, and reviewing the content to gather any information which may be relevant to the case.

Having reviewed this policy, the guidance it provides is somewhat unclear and this appears to be the thoughts of the officers spoken to during the course of this review.

In particular the section of legal guidance in the policy that states;

“Where a specific effort is made to draw together different strands of information to form a profile of an Subject Of Interest (SOI) that would be more likely to involve surveillance and opposed to an initial review seeking minimal information (i.e. does this person have an online presence is different to asking what is the nature of a person’s online presence).

The combination of the information obtained with other sources of information such as police held data or information received from other partners would increase the intrusively and potential for the activity to be considered surveillance.” (CTPHQ PREVENT - National Co-ordinator's Office, 2022)

Given that all Prevent subjects are by their very nature subject to a form of drawing together different strands of information to form a profile as to whether they are likely



to be drawn into radicalization it suggests that all Prevent III checks would require a DSA which is counterproductive to the rest of the policy.

This is however then contradicted by the process laid down in the same policy which states that all Prevent referrals will go through the FIMU assessment process during which III research to support that assessment may take place.

Once the case enters Prevent the fact that previous checks may have been conducted does not preclude further III research taking place by Prevent officers as subsequent research will be for a further policing purpose at a different stage in the Prevent program.

However, it also states that the fact previous checks have been conducted by the FIMU must be taken into account when considering the justification for further research and the impacts on article 8 ECHR.

III research for the purposes of Prevent should only be conducted where it is justified, proportionate and necessary for a policing purpose.

This however is not standard practice within other areas of policing, is not included in RIPA/IPA and it is also not included within the Legal advice CTPHQ have supplied to CTPNW.

Once entering Prevent, it states that during the PGA that III research should only take place where the referral directly relates to an online issue or where it is deemed not possible to make an assessment of the referral without conducting open-source research.

A justification for this must take into account article 8 ECHR and be documented within the Prevent Case Management Tracker (PCMT).

Subsequently the policy states that all cases that go beyond the Initial Assessment stage and into the Information Gathering, should have III research conducted.

The exception to this case are;

The Multiple-Referrals Policy which states that all multiple-referral cases in the information gathering stage must be put forward for full 'open source' Internet Intelligence Investigation (i3) checks.

The Fascination with Extreme Violence and Mass-Casualty Attacks: Interim Referrals Policy which states that all "fascination with extreme violence or mass-casualty attack" cases in the information gathering stage must be put forward for full 'open source' Internet Intelligence Investigation (i3) checks.

According to the policy this practice is no more intrusive than the other elements of information gathering conducted at this stage which includes reviewing an individual's mental health records or interactions with social services but is necessary to make an informed decision.



To gain clarification on this matter the reviewer has contacted the CTPNW Representative who sits on the III Strategic Board and who is also currently the National CT III Policy lead (from January 25) to discuss the policies and processes.

It is CTPNW's understanding that the Prevent III Research Policy has been subjected to legal advice, whilst the Prevent III User guide has not been subjected to legal advice.

From a III perspective, a number of concerns have been identified in relation to the Prevent III User guide, which include;

Inconsistent advice within the document itself

- Advice which is inconsistent with the contents of the Prevent III Research Policy
- Advice which is inconsistent with how mainstream III operate and how standard users are trained.
- In addition, there are concerns that previously CTPHQ Prevent have stated that elements of their guidance have been subject to legal advice. However, when the legal advice has been provided not all areas are included within the legal advice.

It has also been noted along with the Prevent III User Guide, additional advice has been disseminated via an email to Prevent Staff.

This pertinent points from this email are provided below;

If the FIMU are checking at deconfliction, can we check again at IG – Yes.

Can we only check a small selection of sites – No.

Can we check more than once – Yes.

Is it mandatory to check at IG in every case – Yes.

This guidance is misleading as is suggestive that the investigator can conduct multiple III searches on the SOI without any new information or intelligence to require a new assessment and as such is in direct opposition to the general COSII guidance for III investigations.

Within the Prevent User Guide and III policy documents it has a section entitled "When should III research take place? It then lists the different stages;

- i) FIMU assessment
- ii) Initial Assessment- Online or with Justification
- iii) Information Gathering – every case
- iv) Contact visits- good practice
- v) Through the lifecycle of a case

Due to its layout and the fact that the list is numbered rather than bullet pointed the reviewer agrees that (whether this is intention of not) this listing system reads that a new III enquiry should be completed at each of these stages.



Indeed, engagement with Prevent practitioners has revealed this is their interpretation based on the set up of the document (whether or not this was the intention).

I&S



I&S

FINDING 6 – POLICY BREACH – Prevent III Policy

A Policy Breach has been identified in the lack of a system to track both the use of its III tactics and the social media platforms Prevent subjects are being located on.

RECOMMENDATION 8 – III Policy

As per Policy CTPNW should introduce a monitoring/tacking database to track both the use of its III tactics and the social media platforms Prevent subjects are being located on.

This information may enrich the analysis of the online space to determine which platforms are most relevant and can be used to target CPD for upskilling of III users where required.

ACCEPTED - PREVENT SMT HAVE ACCEPTED THE NEED FOR THIS RECOMMENDATION AND HAVE INSTIGATED A DATABASE FOR THE TRACKING OF SOCIAL MEDIA PLATFORMS WHERE SUBJECTS ARE IDENTIFIED.

FINDING 7 – Prevent III Policy

The implementation of this policy has caused significant confusion and concerns in the Prevent and Intelligence communities with staff being unsure of what is or not required by policy.

At this time the accepted interpretation of the Policy within CTPNW is that;



In Initial Assessment - III research should only take place where the referral directly relates to an online issue or where it is deemed not possible to make a fair and valuable assessment of the referral without conducting III research.

ALL cases that pass initial assessment and move onto Information Gathering SHOULD have III checks completed.

Any cases that are Fascination with Extreme Violence and Multiple Referral cases in the information gathering stage must be put forward for full 'open source' Internet Intelligence Investigation (III) checks.

As such no cases in Initial Assessment should have III unless there is a good reason.

This would appear to be in line with the National Policy as interpreted by the reviewer and in line with the legal framework accepted by the III community.

11.2 III Implementation in the Northwest Region

III checks are now standard practice within Prevent and as such have amounted to an increase in resource demand to facilitate them, when this is combined with the increase in demand across the region caused by the other policy changes and uptake in referrals, since January 2025, this creates a substantial amount of work.

In response to the increase on demand this Policy has generated, CTPNW has implemented its own interim Prevent III team that work to complete all III checks on behalf of the department and thus reducing the demand on CTCOs time.

This team is currently made up of a combination of officers on loan from other areas of CTPNW that are seconded into Prevent to assist with the completion of these checks. This is a temporary agreement and not a permanent solution. To implement this model long term would require an increase to the Prevent establishment.

RECOMMENDATION 8 – III Implementation

The cost of this team is thus far since inception has been calculated as £40,429 (3 x Constables for 3 months including overtime).

This team is projected to cost £161,716 per annum if it remains in its current iteration which is primarily being met via the use of non-Prevent staff and non-Prevent budgets. As such CTPNW should complete a cost-benefit analysis, in lieu of the national review of III to determine how best to manage this ongoing process.

12 Police National Computer (PNC) & Police National Database (PND)

I&S

Safeguarding marker - Safeguarding individuals from harm is a nationally recognised purpose for the use of a marker on PNC, for example missing people, those vulnerable to Child Sexual Exploitation or other risks such as suicide.

A Safeguarding marker for Prevent cases is no different.

A Prevent safeguarding marker does not identify specific vulnerabilities or task specific safeguarding requirements for officers who encounter subjects, it acts as a signposting mechanism for frontline staff to be aware the individual is considered vulnerable (to radicalisation) and is being managed by Prevent thus enabling better opportunity for a positive engagement and outcome.

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FINDING 10 - Ports Intelligence Watchlist (PIW)

There appears to be confusion between Prevent and FIMU regarding the use of PIWs on Prevent nominals and how this information is used and communicated to/by FIMUs.

Over summer 2025, there have been number of instances in which FIMU has been contacted by CTP Borders (often when no Prevent staff are available) alerting FIMU that a subject is inbound/outbound (the PIW may say please contact CTPNW FIMU).

FIMU staff are then required to provide context for Borders and answer questions that they don't immediately have the answer to.

RECOMMENDATION 10 – Ports Intelligence Watchlist (PIW)

Additional training is required around the use of PIWs and how to complete the required documentation.

There is a specific section on the PCMTe Details page, under Travel Risk, where CTCOs are able to document the travel risk rationale and any PIW references and



the reason for their attribution, along with what steps should be taken by officers who come into contact with subjects.

Completing the documentation correctly along with the above sections of PCMTe will make the process of utilising a PIWs more streamlined and remove the knock-on effect these may have with Borders officers contacting FIMUs outside of Prevent hours.

13 Closures and hand off

The end of the Prevent workflow is heavily proscribed within the CTP-PREVENT Policy 2020 - Prevent Case Management by CTCOs & CTCO Supervisors and the 2024 CTCO Guide.

This is also built upon further within the III Policy which states that following closure III checks will be conducted at the 6 and 12 months, and that these checks should be limited to a review of new social media activity that has taken place since the initial III research was completed.

The purpose of the review should be limited to the assessment of whether a closure decision is appropriate. If investigative activity is deemed necessary as a result of the further review a DSA should be considered.

These polices state that at the end of the workflow the CTCO Supervisors will:

- Ensure the correct closure code is recorded on the PCMTe.
- Ensure any flagging used during management (PIW, PNC, NCIA, and local systems) is removed.
- Ensure all policing activity has been accurately recorded on the PCMTe including the use of activity flags to show specific interventions.
- Ensure closure of cases only occurs when the identified case priorities around risk and vulnerabilities have been addressed and any risk has been appropriately mitigated, or at least evidence and justification that all management options have been exhausted.

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Overt safeguarding markers may be added or removed depending on circumstances throughout the lifecycle of the Prevent case management.

In any case, once a case is closed from Prevent it may be more appropriate to replace it with a local safeguarding marker which can remain as part of ongoing local management i.e. vulnerable to other forms of exploitation.

As part of the closure CTPNW have established a closure proforma which is to be completed and sent to the referrer. This document is then attached to files or notes section within PCM.

It should also clearly document what referrals have been made and obvious who is now the lead for the subject post closure, this will often be documented as part of the CHANNEL process or alternatively documented on the closure proforma.

FINDING 11 - STAFF TRAINING

It has been identified that staff feel that they do not receive sufficient inputs on newly implemented policies or practices.

Managers do deliver inputs around these areas however staff do not feel that these are sufficient for their needs and that regular opportunities to interact with their colleagues across the hubs and share best practice would assist in this area.

RECOMMENDATION 11 – Staff and Officer Training

Training Triage Staff and CTSO on new policies and decisions is required to assist in policy understanding and implementation.

The creation of a dedicated training process, be this internally or externally, ideally this would be feedback to CTPHQ by CTPNW SMT in regard to the need for training around new policy/process implementations.

FINDING 12 - SUPERVISOR TRAINING

Prevent Supervisors have indicated that they do not feel there is sufficient training in place for the step up from constable to sergeant and, as such, they feel unsure around their decision-making rationales and policy implementation.

RECOMMENDATION 12 – Supervisory Training

Establish a library of good practice including example reviews, provide a continuity of layout and context. These can be shared with new supervisors to provide a consistent approach across the region.

An alternate approach would be that adopted by Lancashire Police and the introduction of a Microsoft Forms template for closure, S.36 decisions etc. this would thus ensure supervisors are provided guidance and offer greater continuity in write up and rationales.

FINDING 13 - LOCALISATION OF TRIAGE BY REGIONAL HUB

There appears to be a lack of consistency across the region with the quality and content of reports produced by each hubs Triage unit. This appears to be a result of individual hub's cultural drift, resulting in hub specific products.



This has created a lack of continuity across the region and a friction between hubs receiving these products, with certain hubs preferring a more comprehensive product and others preferring a more streamlined one.

RECOMMENDATION 13 - LOCALISATION OF TRIAGE BY REGIONAL HUB

At this time due to the high demand placed on the triage teams cases are being held unallocated for a prolonged period of time and this is resulting in certain force areas being more heavily impacted than others.

The move to managing the unallocated cases by local region will allow each hub to manage its own backlog rather than having its resources pulled to manage other areas and as such will allow for a more reflective spread of cases by staffing capability.

FINDING 14 – HANDOVER FROM TRIAGE TO CTCOs

There is no consistent approach to how handovers are conducted, what information/documentation is completed or where it is stored. Each hub handover in a different manner.

RECOMMENDATION 14 - CONSISTENT APPROACH TO TRIAGE HANDOVER PROCESS

Implement a consistent approach to the Triage handover process, including a templated form to be completed and the process of how this is shared between the Triage staff and CTCOs.

FINDING 15 – CONTINUITY OF STORAGE OF DOCUMENTS ON PCMTe

Staff and officers across the region appear to use PCMTe and the storage of documents within the system differently from hub to hub, resulting in confusion when cases are dealt with by different teams.

Staff and officers are using different tabs, functions and areas for their work resulting in lost time when the information is then reviewed elsewhere, as the reviewers are unsure where to locate the required information.

RECOMMENDATION 15 - CONTINUITY OF STORAGE OF DOCUMENTS ON PCMTe

Implement a consistent approach to use of PCMTe for the storage of documents within the system, this may be best achieved through refresher training on the use of PCMTe.

FINDING 16 – LACK OF INTER REGIONAL CROSS POLLENATION

Staff do not appear to meet or share ideas outside of their hub leading to an often-siloed approach to working practices.

RECOMMENDATION 16 – SHARING OF BEST PRACTISE

The establishment of a regular meeting or the setting aside of time in the current monthly meeting where staff can discuss cases/best practise without supervisors would assist in this area.

FINDING 17 - LACK OF UNDERSTANDING OF CCS

CTCOs and staff identified a lack of knowledge and understating over the use of and benefits of CCS, feeling they are of little help and just generate further work for them



in terms of referrals.

RECOMMENDATION 17 – CCS ENGAEMENT AND UNDERSTANDING

Prevent supervision to contact CCS to discuss CCS's current offerings for CTCOs and clarify when referrals should be passed to CCS. This should include whether this should be pre or post S.36 and some discussions should be had around when CCS will attend meetings with or without CTCOs.

This should then be coupled with a briefing to update CTCOs on when to contact CCS and what opportunities/benefits they can offer.

FINDING 18 – POLICY BREACH - POST CLOSURE REQUIREMENTS

From discussing the closure process with CTCOs there appears to be high confidence that this process is robust and being completed across the region with officers feeling confident that cases are being closed correctly, and that the handoff process is clearly documented with how has taken responsibility for the subject where required.

However there does appear to be some gaps in knowledge/understanding of the closure process in respect of policy expectations.

- *the use of PNC markers and the need to remove these at the 12-month review.*
- *application of the III policy when it comes to the post-closure reviews.*

RECOMMENDATION 18

Training is required to assist staff in their understanding of the use of PNC markers and the fact that they need to remove these at the 12-month review.

There is also clarification additional training required around the use of III checks both Pre and Post closure and when these can and cannot be conducted and who's responsibility it is to conduct these checks.

14 Regional Approach Review

As part of this review the reviewer has also reached out and spoken with other regions in regard to their approaches to the recent policy and their model for managing the increased demand generated since January 2025.

With this in mind, a meeting was held with CTPSE to discuss their structure, policy implementation and their newly introduced 'Gateway Assessment Team' which from initial indications appeared to be similar in function to that of the NW Triage team.

14.1 Regional Setup/Structure

The Southeast covers the following Force areas; Thames Valley, Hampshire, IOW, Kent, Surrey and Sussex with most of their forces aligned CTCOs working from a number of local stations in a similar setup to that of CTPNW.

In addition to this, CTPSE has established a small 'Gateway Assessment Team' which consists of a Sgt and 4 CTCOs which were primarily responsible for registering the referrals once they were cleared for Prevent via FIMU.

This model appears to be very successful with them closing approximately 40% of the incoming demand pre-information gathering.

When we discussed the staffing make up of their team, in comparison to that of the Northwest, the Southeast have stated that in time, they would consider looking to move to a larger police staff-based model like that of the Northwest, given available funding to free up CTCOs for complete full case management.

Unlike the Northwest the Southeast team do not conduct any information gathering activities and instead focus their efforts on the triaging of incoming referrals to a very high standard and applying policy and guidance to screen demand appropriately.

14.2 Policy Interpretation and implementation

One of the key issues the reviewer wished to discuss with the region was their understandings around the recent policy changes and what if any increase in demand this has generated.

When this matter was discussed, it was surprising to hear that the Southeast only held a very small number of VFI (Violence Fixated Individuals) in comparison to the 105 live VFI cases currently held in the Northwest.

This has been accompanied by three means;

- Strict application of Policy
- Early Supervisory Input/review
- Diversionary action and closure

The Southeast has engaged heavily with local policing functions such as Neighbourhood, Intelligence Development and Safer neighbourhood teams to devise a diversionary pathway for VFI referral cases.

This methodology would appear to be in line with established policy and a suitable avenue to manage the risk posed by such cases while reducing the demands on Prevent Teams who are now having to manage a high number of non-CT risk individuals.

FINDING 11 – *It has been identified that staff feel that they do not receive sufficient inputs on newly implemented policies or practices. Managers do deliver inputs around*

these areas however staff do not feel that these are sufficient for their needs and that regular opportunities to interact with their colleagues across the hubs and share best practice would assist in this area.

RECOMMENDATION 11 – *Training Triage Staff and CTSO on new policies and decisions is required to assist in policy understanding and implementation. The establishment of a biweekly meeting or setting aside time in the current monthly meeting where new policies can be discussed and staff will have some mandatory time assigned without supervisors to discuss their issues would assist in this area.*

14.3 Demand comparison

The overall effect of this is that Southeast CTCOs are currently carrying between 8-10 cases each with no unallocated cases in backlog. In comparison in the Northwest the average caseload for a CTCO is over 15 cases per individual.

15 Body Worn Video Review

As part of this review the question was asked as to the use and utility of additional technology in the application of the Prevent workstream, namely the use or lack thereof, of body worn video recording devices by CTCOs.

At the time of the review the standard practise in Prevent Northwest is that body worn video is not routinely deployed for CTCO deployments and instead is used on a risk assessment basis.

As part of this review officers and staff were spoken to in regard to their opinions of the use of body worn video and this was considered along with the benefits and risks associated with its deployment.

The primary benefits of body worn video are that it allows officers and supervisors to review what has occurred during a visit or incident in a clear and reliable format, this removes and ambiguity and provides evidence that can be considered after the fact.

- Complaints – Within and public facing role there is a potential for complaints to be submitted against officers with regards to there conduct, communication or actions.

The use of body worn video allows the relevant reviewing body (local supervision, a Professional Standards Department or IOPC), to review clear and indisputable visual and audio evidence in a timely manner.

- Criminality – The nature of the Prevent is that officers are often deployed prior to any criminal allegations have been made and will interact by the nature of their role visit the subject and there address potentially a number of times

prior to any criminal investigation begins.

- Enquiry - The nature of Prevent is that some cases may eventually be suitable for a DIGNATE referral or other matter.

The drawbacks of the deployment of body worn video were also discussed and considered as part of this review.

The primary issue raised was that officers believe that the deployment of body worn video may lead to a reduction in the compliance of subjects with prevent engagements. Prevent is a consent-based process by which the subject must agree to the engagement activities and speak with CTCOs and partner.

Officers believe that a reason for this compliance is that subjects believe that Prevent officers have their best interest at heart and that there is a degree of confidence if not confidentially between the officers and the CTCOs.

When other regions have been consulted the use of body worn video appears to be inconsistent across the network with some regions deploying it as standard practice and others using it on a risk basis. This seems sensible.

16 References

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