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.

I&S	
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.

CTPHQ-PREVENT
Addendum to Policy & Guidance

MULTIPLE REFERRALS: RISKS, SUPERVISION & ACCOUNTABILITY IN PCM

V 1.3 January 2023

Version Control

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 PREVENT – National Co-ordinator's Office
Organisation	Counter Terrorism Policing HQ
Unit	CTPHQ-PREVENT
Contact Details	**NationalPolicePrevent@met.Police.uk**
Version	1.3
Publish Date	**17/01/2023**
Review Date	Yearly from above date & after each official CTP-PREVENT Policy update.
Author	PS HUBERT
Approval	CTPHQ PREVENT – National Co-ordinator's Office

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

USING THIS DOCUMENT

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

CONTENTS:

MULTIPLE REFERRALS: RISKS, SUPERVISION & ACCOUNTABILITY IN PCM

Referrals: Any information concerning a Subject will be treated as a referral if:

a) it comes in on a National Referral Form (**NRF**),
b) if it is not on the NRF but has been 'badged' as a Prevent referral by the FIMU,
c) the original Source of the information marked it as a Prevent referral,
d) if any CTP Officers marked it as a Prevent referral.

All other pieces of information around a Subject with an already-open case at any stage in PCM will be treated as intelligence and not a new referral. These will not be recorded as a new referral on the PCMT, though it should still go through the FIMU wherever relevant[1].

FIMU: Prior to CTP-Prevent commencing the PGA process, all referrals must be deconflicted by a FIMU.

PGA: All referrals must be assessed for relevance on a case-by-case basis, looking at the content and context, whilst being cognisant of the reliability of the source of the referral. Note that if close family members (particularly parents) referred a Subject to Prevent, this may be an indicator of a heightened concern from the outset and particular care should be taken whilst assessing such referrals for vulnerability, risk and threat[2]. If not already highlighted in a handover from FIMU to Prevent, officers must check the referral against IT systems to ascertain the following:

1. Additional referrals come in for a Subject currently open within PCM:

a) **Duplicate Referrals:** If the Subject already has an open case within PCM and the 'new' referral is simply a duplicate referral from the same source concerning the same Subject and same incident, this must be noted on the already-open casefile for that Subject.

NB: any new information that may aid your existing assessment of risk and vulnerability of the Subject must be noted.

If any new individuals are referenced in the referrals, these will need to be considered in relation to their own cases being opened on PCMT.

b) **New Referrals:** New referrals for Subjects of already open cases in PCM:

i) Still need to be directed through a FIMU in the region where the new referral came in.

ii) Must be added under the "referrals" tab to the already open case pertaining to the relevant Subject. The source, the date and the details of each new referral must be recorded, and all appropriate drop-downs need to be used. It is the drop downs that are auditable through Tableau, hence their importance for logging the sources and dates of new referrals.

[1] 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.
[2] Ostensibly, it is a greater 'step' for a close family member / parent to refer a loved-one to police as a radicalisation risk. This consideration may be particularly relevant if the referral also comes from a community or group that has stated a lack of trust in Prevent (or police in general) for whatever reasons.

iii) The source of the new referral must still be contacted by CTCOs to discuss its details and context.

iv) The information of this new referral must be added to the existing open case notes, if relevant. These details will then be assessed in context of the existing case (e.g. prior to a S.36 Decision; at a Channel Panel; at a PLP Panel, etc.

c) **Heightened Risk**: New referrals for open cases must be regarded as a potentially heightened risk factor in CTCO assessments of the Subject. This applies even if the new referral is thin on detail or seems on the face of it to be malicious. The expectation will be for officers to pay even greater care and attention to exhaust all lawful and proportionate avenues of investigation.

d) **PGA:** A Prevent Inspector must be notified if additional referrals from different sources come in concerning a Subject already within the PGA stage. The Inspector should be made aware of the content and circumstances of these multiple referrals along with the CTCOs proposed outcome for the case prior to the final PGA decision being made and logged on the PCMT. The Inspector must review and endorse on the PCMT a decision to close a case from the PGA stage.

e) **S.36 Decisions:** If the referral is already within the Information Gathering phase, then any new referrals must be regarded as a potentially heightened risk factor when making a S.36 Decision. A Prevent Inspector must be notified of any new referrals for a case already within Information Gathering. The Inspector must review and endorse a decision to close the case from PCM at S.36 Decision.

f) **Summary:** Serious consideration must be given to the content and context of additional referrals coming in for a case already being processed through PCM, and they must be considered as heightened risk factors when considering PGA and S.36 decisions. For PGA decisions in particular, these additional referrals may be regarded as providing a "reasonable suspicion" to take the case through to the Information Gathering phase (or PLP, depending on the circumstances of the referral). If the additional referrals are **not** considered enough within the specific circumstances to forward the referral to the next stage of PCM, the reasons for this must be fully explained in the closure rationale in conjunction with the Prevent Inspector's endorsement.

2. Mandatory PCMT checks show the Subject of an already open case has been referred to Prevent on a previous occasion:

a) **Historical Referrals:** historical Prevent referrals for the same Subject must be treated as a potentially heightened risk factor, particularly if the Subject has never previously made it past the PGA stage into Information Gathering[3]. Although multiple referrals could be misguided or malicious, we also acknowledge the possibility some genuine Prevent relevant vulnerabilities may not be wholly apparent during the PGA's 5 days triage. The Subject may be adept at hiding them or explaining them away convincingly. Previous referrals for the same Subject, particularly from different sources, are to be considered a "red flag" until demonstrated otherwise.

b) **PGA:** Before a PGA Decision is made, a Prevent Inspector should be made aware of the content and circumstances of the current referral, and the context and summary of the historical referrals, along with the CTCOs proposed outcome for the case prior to the final PGA decision

[3] This might indicate previous-assessor error, or that the Subject is adept at hiding vulnerabilities and risks from authorities.

being made and logged on the PCMT. The Inspector must review and endorse on the PCMT a decision to close a case from the PGA stage.

g) **S.36 Decisions:** If the referral is within the Information Gathering phase, prior to making a S.36 Decision, a Prevent Inspector must be notified if this has not already happened during the PGA stage for whatever reason. The Inspector must review and endorse on the PCMT a decision to close the case from PCM at the S.36 Decision.

a) **Summary:** Although each referral must be assessed on a case-by-case basis, serious consideration must be given to historical referrals for the same Subject, and they must be considered as potentially heightened risk factors when considering PGA and S.36 decisions, particularly if the historical referrals came from different sources. For PGA decisions in particular, historical referrals for the same Subject may be regarded as providing a "reasonable suspicion" to take the case through to the Information Gathering phase (or PLP, depending on the circumstances of the referral), particularly if none of the previous referrals for that Subject have made is past the PGA stage. If the historical referrals are **not** considered enough within the specific circumstances to forward the referral to the next stage of PCM, the reasons for this must be fully explained in the closure rationale in conjunction with the Prevent Inspector's endorsement.

3. A referral Subject has a family member who has been referred to Prevent, or a family member who is (or has been) a CT Subject of Interest (SOI):

b) **PGA:** whether the Subject has family members currently or previously within PCM or Pursue **must** be established at PGA stage, if it has not already been established by the FIMU. Before a PGA Decision is made, a Prevent Inspector should be made aware of the content and circumstances of the referral. The Inspector must review and endorse on the PCMT a decision to close a case from the PGA stage.

h) **Information Gathering:** if this connection is first established during the Information Gathering stage, this must be considered as a potentially heightened risk factor whilst making the S.36 Decision. A Prevent Inspector must be notified if this has not already happened during the PGA stage. The Inspector must review and endorse on the PCMT a decision to close the case from PCM at the S.36 Decision.

Summary: if there is a Prevent referral for someone who has family[4] who are (or have been) CT SOIs, unless there is a very strong rationale not to do so, this should be regarded as providing a reasonable suspicion of a Prevent relevant vulnerability. This means that the referral must be forwarded into the Information Gathering phase (or PLP, depending on the circumstances of the case). If the family connection is **not** considered enough within the circumstances to forward the referral to the next stage of PCM, the reasons for this must be fully explained in the closure rationale in conjunction with the Prevent Inspector's endorsement.

For Subjects with family members who have been referred to Prevent, this must be considered as a heightened risk factor when considering PGA and S.36 decisions. It may be regarded as providing a "reasonable suspicion" to take the referral through from the PGA

[4] The closeness of the familial relationship and the physical proximity within which they live are both relevant considerations that must be taken into account. For instance, a cousin living in another country might not be as immediately concerning as a familial connection with a parent or sibling living in the same house. Such "distant" relationships must be assessed with all due seriousness on a case-by-case basis.

phase to the Information Gathering phase (or PLP, depending on the circumstances of the referral). In any case, as above, the decision needs to be endorsed by a Prevent Inspector.

4. A referral Subject lives in the same residence as other people who have been referred to Prevent or managed within Pursue:

i) **PGA & S.36:** if it has not already been established by the FIMU, it must be established at PGA stage whether the Subject of a Prevent referral lives in a multiple occupancy residence[5] (other than with family, as per the previous example). As such, the Subject's address should also be checked against Prevent IT systems. If other residents in a multiple occupancy have been referred to Prevent or are / have been CT SOIs, this must be considered as a heightened risk factor prior to PGA and S.36 Decisions. A Prevent Inspector must review and endorse on the PCMT a decision to close the case from PCM at the PGA or S.36 Decision stages.

Summary: If it becomes apparent that the referral Subject lives in a multiple occupancy residence as someone who is (or has been) a Pursue SOI or who has been referred to Prevent, this must be considered a heightened risk factor when considering PGA and S.36 decisions. It can be regarded as providing a "reasonable suspicion" to take the referral through from the PGA phase to the Information Gathering phase (or PLP, depending on the circumstances of the referral). In any case, whatever the decision, your reasons must be fully explained in the closure rationale in conjunction with the Prevent Inspector's endorsement.

5. Case Management and Closure: For all of the above mentioned referral situations, the Prevent Inspector should also have sight of case management plans if the Subjects are managed within Channel or PLP. Also, Prevent Inspectors must review and endorse any decision to close the above mentioned case types from PCM at any stage. Prevent Inspectors must endorse **ANY** cases closed from PLP that were marked as being High Priority at any point during case management. This applies even for cases that CTCOs suspect should be closed from Prevent for the sole purpose of their escalation into the Pursue space[6].

NB: as a reminder, CTP-Prevent cannot unilaterally "overrule" a decision of a Channel Panel to close a case from that programme, however neither do we have to agree to close a case altogether from PCM more widely if we feel that there is a reasonable grounds to believe there are unresolved Prevent-specific issue that needs to be ameliorated.

[5] By multiple occupancy living in the same house but with separate flats inside, as opposed to a large tower block of flats. Although CTCOs should not take such "coincidences" for granted.

[6] Although if there is a likelihood of an unacceptable delay between the CTCO and Supervisor deciding that the case should be escalated and a Prevent Inspector (or equivalent) being available to review the case, the priority must be on escalation for Pursue reassessment (through the FIMU or via whatever other intelligence processes are in place).