

Person Vulnerable to Radicalisation (VTR) Referral Form v2



RESTRICTED WHEN COMPLETE

This form is to help you refer concerns into the Prevent/Channel team, regarding an individual who may be vulnerable to being drawn into terrorism. Below are questions which may assist in helping you quantify and structure your concerns in order to better record them on the form. They are intended as a guide to help communicate your professional judgement about what has led you to make this referral.

GUIDANCE NOTES FOR COMPLETING THIS FORM

The list is not exhaustive and other factors may be present but they are intended as a guide

Reason for Referral

Has some context been obtained from the subject e.g. What do they mean by their comment? Do they understand what they are saying? Has their response been noted?

Has there been any similar incidents / comments made in the past?

Was it aimed at someone in particular?

What is the concern?

Does a separate Safeguarding referral need to be considered?

Faith / Ideology

Are they new to a particular faith / faith strand?

Do they seem to have naïve or narrow religious or political views?

Have there been sudden changes in their observance, behaviour, interaction or attendance at their place of worship / organised meeting?

Have there been specific examples or is there an undertone of “ Them and Us “ language or violent rhetoric being used or behaviour occurring?

Is there evidence of increasing association with a closed tight knit group of individuals / known recruiters / extremists / restricted events?

Are there particular grievances either personal or global that appear to be unresolved / festering?

Has there been an increase in unusual travel abroad without satisfactory explanation?

Personal / Emotional / Social issues

Is there conflict with their families regarding religious beliefs / lifestyle choices?

Is there evidence of cultural anxiety and / or isolation linked to insularity / lack of integration?

Is there evidence of increasing isolation from family, friends or groups towards a smaller group of individuals or a known location?

Is there history in petty criminality and / or unusual hedonistic behaviour (alcohol/drug use, casual sexual relationships, and addictive behaviours)?

Have they got / had extremist propaganda materials (DVD's, CD's, leaflets etc.) in their possession?

Do they associate with negative / criminal peers or known groups of concern?

Are there concerns regarding their emotional stability and or mental health?

Is there evidence of participation in survivalist / combat simulation activities, e.g. paint balling?

Risk / Protective Factors

What are the specific factors which are contributing towards making the individual more vulnerable to radicalisation? E.g; mental health, language barriers, cultural anxiety, impressionability, criminality, specific grievance, transitional period in life etc.

Is there any evidence of others targeting or exploiting these vulnerabilities or risks? What factors are already in place or could be developed to firm up support for the individual or help them increase their resilience to negative influences? E.g. positive family ties, employment, mentor / agency input etc.

Do they use Social Media?

Which platforms (apps) do they use i.e. Facebook, Twitter, Snapchat etc?

Do you know their user names ?

Once completed, email to: MASH@suffolk.pnn.police.uk

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This form is to help you refer concerns into the Prevent/Channel team, regarding an individual who may be vulnerable to being drawn into terrorism. Please use the guidance to help you quantify and structure your concerns.

Completed forms should be sent to: MASH@suffolk.pnn.police.uk

This form DOES NOT replace existing safeguarding referral processes. It should only be used where concern being reported relates to an individual's vulnerability to radicalisation and there is no immediate risk of harm.

Section 1: Person referring to complete (please expand boxes as required)			
Subject's full Name (include all known alias/maiden if relevant)			
Date and place of birth			
Full Address & contact number			
Spouse/Partner/Parents' names/D.O.B			
Children/Siblings names/D.O.B			
Reason for Referral			
Any attachments included?		If so, how many?	
Background and risk issues - Page 1 offers guidance notes (include chronology if known)			
Faith / Ideology			
Personal / Emotional & Social Issues			
Risk / Protective Factors			
If the subject uses Social media, which one?		What is their user name?	
Referrers full name, role, contact details, including phone number & date submitted.		Date:	

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Section 2: For MASH to complete (ONLY after assessed and requested by Prevent)

MASH system checks

(please expand boxes as required)

Police inc. CIS, PNC, PND	<input type="checkbox"/>	
Adult Services	<input type="checkbox"/>	
Children's Services	<input type="checkbox"/>	
Education	<input type="checkbox"/>	
Housing	<input type="checkbox"/>	
General Health	<input type="checkbox"/>	
Mental Health	<input type="checkbox"/>	
Other (please state)		
CATS reference generated		
Completed by:		Date/time:

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