

Practitioner identifies Prevent concern

Is there an immediate risk?

Call 999 if there is immediate risk of harm to the subject or another; immediate risk of a crime being committed; or immediate risk of travel

Discuss concerns with line manager and, if required, the local Counter Terrorism Policing Team: contact 01278 647466 or email prevents@avonandsomerset.police.uk
Assess if the person meets criteria for a Prevent referral listed on the Police Prevent Referral Form

Are they an Adult? (aged 18 and over)

Complete Police Prevent Referral Form
You do not need to complete a safeguarding adults' referral, but the Prevent referral will be shared with the adult safeguarding hub for information. Submit one email with referral form attached to both addresses below:
prevents@avonandsomerset.police.uk
prevent@n-somerset.gov.uk

Do they meet the criteria for a Prevent referral?

Complete the following:
Safeguarding Front Door Contact Form (Call 01275 888690 for guidance if required) and **Police Prevent Referral Form**
Submit one email with both documents attached to both addresses below:
prevents@avonandsomerset.police.uk
prevent@n-somerset.gov.uk

Do they meet the criteria for a safeguarding referral?

Give consideration to Early Help and the Adolescent Safety Framework (applicable if the person is under 18, or is 18-25 and is a care leaver or has Special Educational Needs).

Counter Terrorism Policing Team contact referrer. Information is shared between Safeguarding Teams and Counter Terrorism Policing Team as appropriate.
Screening assessment conducted. Outcome is one of the following:

- Police Prevent process
- Referral into multiagency Channel (see flowchart on next page)
- No further action in relation to Prevent. However, other safeguarding action may be taken if deemed appropriate.

Seek consent and complete the following:
Concerns relate to a child (under 18). Complete Front Door Contact Form (Call 01275 888690 for guidance if required).
Concerns relate to an adult (18 and over). Complete Safeguarding Adult Referral Form.