



## THE PREVENTION PRACTITIONERS NETWORK (PPN)

Since September 2020, [the McCain Institute](#), with support from [the Institute for Strategic Dialogue](#) (ISD) and a steering committee of violence prevention and social safety experts, have been developing and engaging a [US practitioners network](#) for individuals working in **targeted violence and terrorism prevention (TVTP)**. The aim of this is not only to connect practitioners across the US with one another, but also to build their capacity and the efficacy of their programs through a series of workshops and symposiums that cover both theoretical and practical elements of delivering prevention and intervention initiatives, and through providing information packs and practice guides in supplement to virtual and in-person engagements.

**For more information about the PPN or to access past information packs and practice guides, visit [the McCain Institute's website](#).**

## ABOUT THIS DOCUMENT

This document is one in a series of information packs that ISD and the McCain Institute are producing for the PPN. It is a resource for existing and prospective network members that deliver (or seek to deliver) TVTP interventions. This particular document provides an entry-level overview of referrals as a key step in ensuring targeted violence-related safeguarding concerns are addressed in a prompt and sufficient manner. It also provides an international example and further reading recommendations.

### How does this differ from PPN Practice Guides?

Information packs provided to participants prior to each workshop/symposium are entry-level resources that provide context and background on a given topic, helping participants prepare for the workshop and identify potential questions for discussion. These are prepared and provided for every workshop. You can access past materials [here](#). The practice guides, on the other hand, combine the contents of the read-ahead materials with insights from the workshops to provide both a conceptual overview of and practice tips for the given topic, which Network members can refer to in their work. Each practice guide covers several workshop topics.



# BACKGROUND AND KEY CONSIDERATIONS

## WHAT IS A REFERRAL?

At it's most basic, a [referral](#) is “the act of directing someone to a different place or person”. In TVTP, a referral is most commonly used to describe the process of directing an individual about which there are safeguarding concerns to services that can and are qualified to conduct a behavioral assessment and to provide support, if this is deemed necessary.

## REFERRAL MECHANISMS

TVTP referrals are at their core a **safeguarding process**. The intention is to direct or transfer care of an individual to a service provider qualified to provide the specific support this individual may need. They therefore require a clear process (“referral mechanism”) that enables a behavioral assessment (and/or broader needs assessment) to be carried out and the necessary support to be provided in a prompt and efficient manner. Referrals may come from a multitude of sources, depending on the type of referral mechanism and safeguarding concern. For example, referrals may come from:



### The public:

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There are multiple organizations working towards the prevention of targeted violence that have reporting channels in place to allow the public - whether this is friends, families or peers of an individual - to express concerns about that individual. For example, [Parents for Peace](#) offers a toll-free **hotline** that concerned individuals can call should they wish to discuss their concerns. A team of dedicated “Intervention Specialists” trained to receive referrals and handle the intake process then makes an initial assessment based on the concerns expressed by the caller, after which a follow-up call is scheduled to discuss in greater depth the potential risk factors, needs and strengths of the individual. Where relevant, Parents for Peace will then provide dedicated support to address the identified factors. The [Center for the Prevention of Radicalization Leading to Violence](#) (CPRLV) similarly runs a hotline and offers an [online form](#) that members of the public can fill out should they have concerns related to violent extremism. Like Parents for Peace, CPRLV has processes in place to then provide individualized support through dedicated intervention providers, as well as to **refer the case to external services** should the individual need something CPRLV cannot or is not qualified to provide (e.g., psychiatric care, addiction recovery support, etc.).

Examples from other sectors include [Crisis Text Line](#), and trauma and abuse hotlines like [Community Referral Agency](#), [Victims Resource Center](#) and [Childhelp](#).



## Inter-agency / Interdisciplinary:

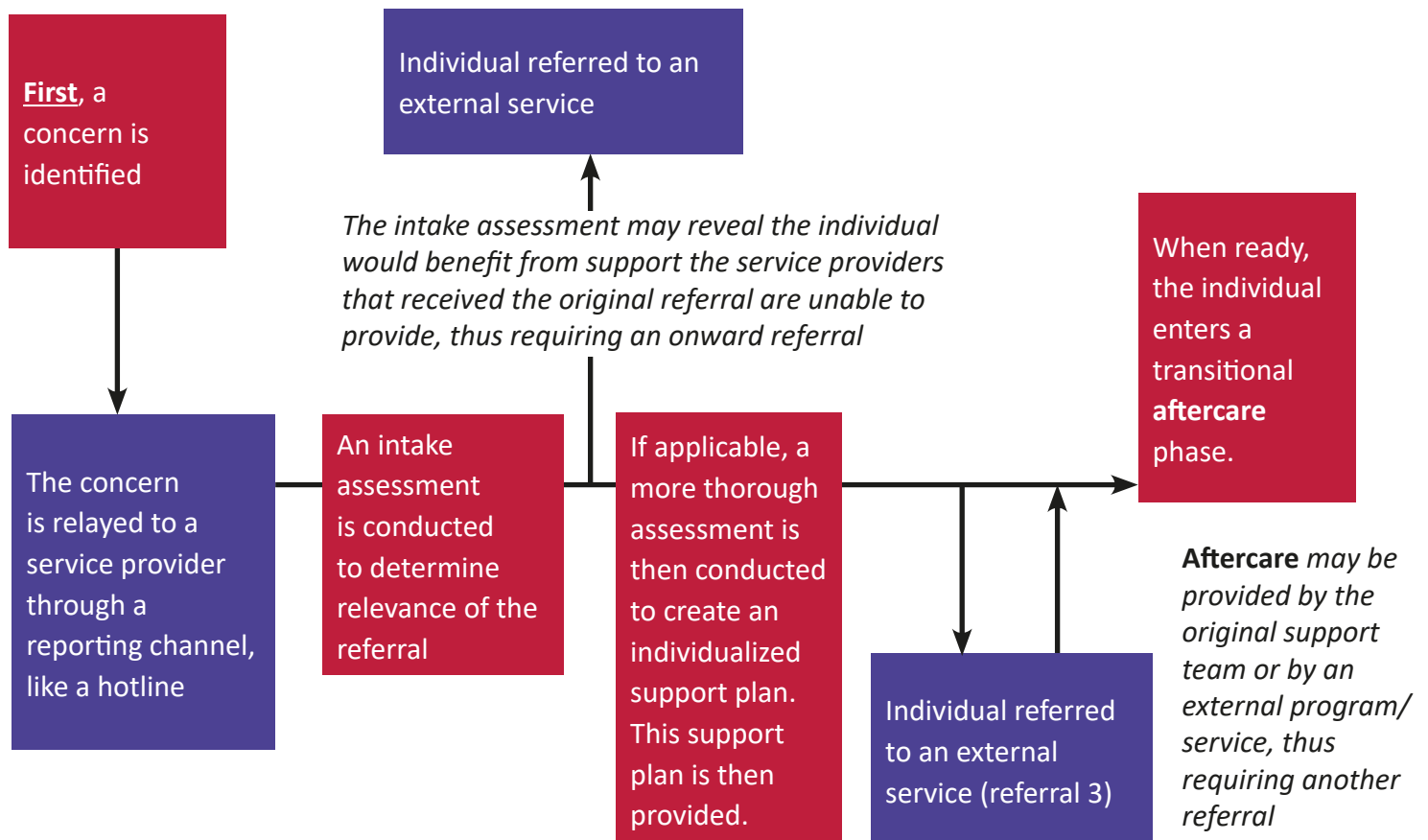
Referral mechanisms may also be in place within and between different professional settings. Here, there is usually a dedicated point of contact receiving referrals from a colleague or an external professional either via email or in person. In schools, for example, educators are likely to refer students they are concerned about to school counselors and/or school resource officers, depending on the nature of the concern.



Schools will usually have existing referral processes in place that can be learned from and leveraged for TVTP. This includes referrals for disciplinary purposes, for special education evaluations where eligibility for extra educational support is assessed, and/or for counselling.

Other examples of interdisciplinary referrals include [medical referrals](#), where a General Practitioner refers an individual to specialized support. Police and other law enforcement bodies will also have interdisciplinary referral processes in place: for example, individuals that are rescued from trafficking services may be referred by the police to [specialized](#) victim recovery services.

Importantly, referrals are often not a one-time occurrence per case. Services that receive referrals usually have onward referral processes. This may look as follows:



## Key Considerations for Developing a Referral Mechanism

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While the specificities of a referral process differ from context to context, there are key components that are foundational to all such processes. This includes:

- **Standard operating procedures (SOP) and adequate infrastructure**

Referral mechanisms must have the appropriate infrastructure in place to allow for prompt reception of referrals and onward referrals, where necessary. This includes practical documentation like Memorandums of Understanding between services where external referrals (referrals between different organizations and/or agencies) are likely. Processes for making a referral must also be agreed to between all participating agencies, where there is consensus and awareness of methods of communication (e.g., email, telephone), information shared (while being mindful of both national and state-specific data protection legislation), reasons for the referral, etc. Within a team, there must also be clear roles and responsibilities identifying the person(s) responsible for receiving and processing referrals, conducting intake assessments, and preparing the necessary information for onward referrals or, where appropriate, entering a process for a more thorough behavioral assessment and bespoke support provision.

- **Training**

All staff involved in receiving and/or making referrals must be provided with training on the established SOP.

- **Reporting channels**

The channels through which referrals are received must be communicated to those from whom referrals are expected. If you expect referrals from the public, it is important to invest resources in communicating (e.g., through your website, social media campaigns and other advertisement) how the public can make those referrals, whether this is through a hotline or otherwise.

- **Intake processes**

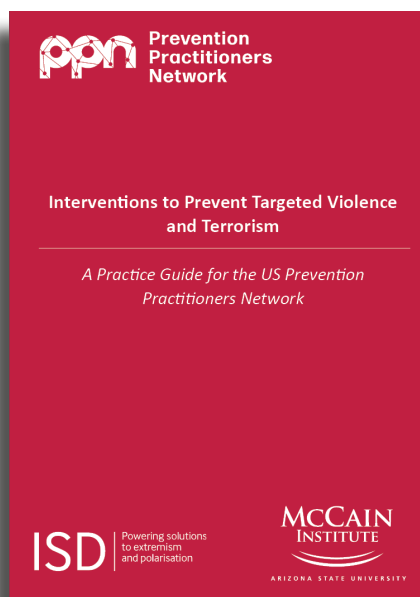
In addition to having a SOP for the team involved in receiving/making referrals, there must be an established intake process. Consider the following:

- What is the baseline of information that should be collected? Consider:
  - General information, like the date and location.
  - Who made the referral and was this organic or on behalf of someone else?
  - How did they identify the safeguarding concern?
  - How did they make this referral (e.g. through a hotline or via a community liaison officer)? This can help shed light on the most popular reporting mechanisms your program operates with.
  - Personal identifiable information (e.g. name, age) about the individual about which there is a safeguarding concern.
  - As much information as is available about the actual safeguarding concern - what are the

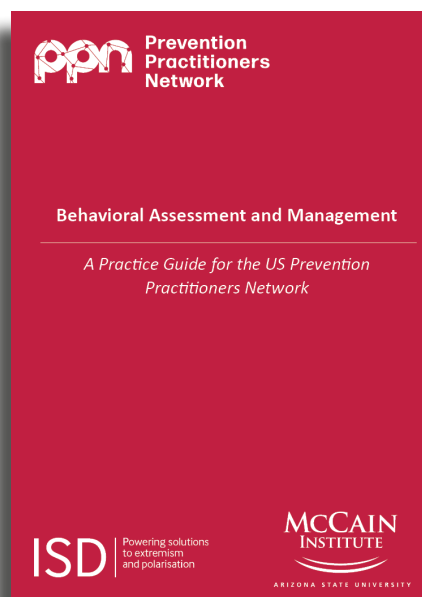
potential vulnerabilities that prompted the referral in the first place?

- Consider the creation of an intake assessment form that shows the process of deciding what to do with the referral, and which provides clear **thresholding criteria** for when a referral should be taken forward, referred elsewhere or escalated to law enforcement. It may be that you get enough information from the initial referral to be able to determine the relevance of the safeguarding concern. If not, work with relevant members of the broader program team to get the information needed for the intake assessment form.
  - Finally, all referrals should be stored in a safe and secure location, such as an encrypted drive that only the team responsible for receiving referrals and other relevant members of the broader program team have access to.
- **Feedback loop**  
Referrals and the outcomes of intake assessments can also serve as a good feedback loop for how you are communicating about the support you provide and/or your reporting channels. If, for example, you are receiving a lot of **false positive referrals** (where the referral is deemed either misinformed or malicious), there may be some additional awareness-raising that you need to do about both a) targeted violence/terrorism and b) the support you provide (e.g., disengagement, deradicalization, etc.).

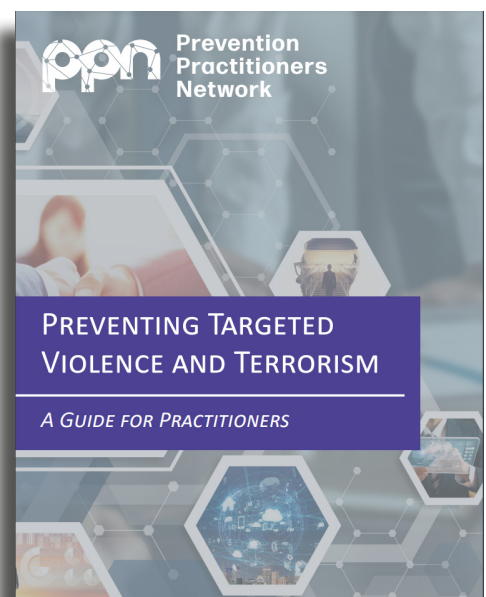
**For more information about referrals, the intake process and other steps in behavioral interventions related to TVTP, see our practice guides:**



[Interventions to Prevent Targeted Violence and Terrorism](#)



[Behavioral Assessment and Management](#)



[Preventing Targeted Violence and Terrorism](#)

## INTERNATIONAL EXAMPLE - THE UK'S CHANNEL PROGRAM



### WHAT IS IT?

The UK's [Channel Program](#) “provides a multi-agency approach to supporting people vulnerable to the risk of radicalization”. It forms part of the country’s nationwide Prevent policy, the aim of which is to stop people from becoming radicalized, joining extremist or terrorist movements, and committing extremist or terrorist violence. Channel provides early support for individuals deemed potentially vulnerable to radicalization and operates at the local level - police or local authorities coordinate a “Prevent Multi-Agency Panel” (PMAP, also referred to as the “Channel Panel”), which is a body of local service providers that are convened to assess potential cases of radicalization and provide the required support to mitigate vulnerabilities. The referral process works as follows:

#### Who can make referrals?

Referrals can be made by anyone that holds concerns that they or someone they know [“is susceptible to radicalization or being drawn into terrorism”](#).

There are also statutory partners that have a legal duty to make Prevent referrals should they hold concerns about an individual. This includes schools, universities, healthcare providers, local governments, police and prisons, among others. All statutory partners are provided with training on this duty, including on how to spot potential signs of radicalization and what the processes are for making a referral.

#### How are referrals made?

Members of the public can make referrals through the statutory partners listed above, or can use a [dedicated hotline and/or digital form](#). Professionals with safeguarding concerns can make referrals through their local authority.

#### Who conducts the intake assessment and what happens after?

All Prevent referrals are received and originally triaged by specialist police officers or specialist staff within the local authority. Known as a “gateway assessment”, these staff decide whether the referral will move into a multi-agency, local government-led Channel process (where a bespoke behavioral management plan is made following an multi-agency assessment), or whether the referral is misinformed (and not relevant to Prevent/Channel).

**For more information, see the official [Channel Duty Guidance](#).**

## FURTHER READING RECOMMENDATIONS

### EXAMPLES AND GUIDANCE FROM TVTP AND RELATED FIELDS:

[Guidance on Referral Mechanisms for the Protection and Assistance of Migrants Vulnerable to Violence, Exploitation and Abuse and Victims of Trafficking](#) by the International Organization for Migration

[Guidance on \[Disclosure and Barring Service\] Referral Duty and Power for Local Authorities and Regulatory Bodies](#) by the UK Government

[Channel Duty Guidance](#) by the UK Government

### GENERAL RESOURCES ABOUT TARGETED VIOLENCE AND OTHER HARMFUL CONTENT

[Educate Against Hate](#) - a digital resource on the UK's Prevent and Channel programs for parents and educators

[Life After Hate](#) - a nonprofit dedicated to supporting people with leaving the "violent far-right"

[Screen Hate](#) - a digital platform with tools and resources for "parents and concerned adults to better guide teens and young adults who encounter hateful and violent ideologies online". Concerned adults are [signposted](#) to a directory of practitioners that can support them navigate this difficult space.