**Cluster Group Minutes (22nd & 23rd June)**

* **Lenny Franchi -** Local Operations SO15 Counter Terrorism Case Officer (Prevent)
* **Fiona Gibbs –** Hillingdon Prevent Lead

Presentation unfortunately cannot be shared as categorised ‘sensitive’ information by the police.

Lenny & Fiona are keen to come and present to staff groups from September term (if restrictions allow). Please book by emailing Fiona: Fgibbs@hillingdon.gov.uk.

**Summary of presentation:**

**Covid-19 impact:**

* Number of prevent referrals has decreased. Concern that a large number of vulnerable individuals will remain unidentified.
* Lockdown has seen a decline in the use of public venues in favour of more secure online spaces for radicalisation and propaganda purposes. Extremist groups are exploiting the safety and anonymity of online spaces, and the extent of the audiences they reach. Highly likely online spaces will be used more than public venues in the future. Disruption and intervention opportunities are severely limited online.

**Current Picture:**

* Mental health, learning difficulties and autism spectrum disorder continue to feature in prevent referrals (increase in past 18 months) and are a common factor among all types of extremism.
* The UK continues to face a threat from Islamic terrorism and Extreme Right-wing Terrorism (EWRT) – In Hillingdon seeing less referrals with concerns about Islamic extremism but more about extreme right-wing.
* Also in Hillingdon increase in referrals relating to mixed and un-clear ideology.

**Extremism**: An extremist view can be seen as a person who is vocal or active to fundamental values including democracy and the rule of law, individual liberty, mutual respect, and tolerance of different faiths or beliefs. Extremists hold negative views about anyone from a different ethnicity, culture, gender, race or sexual identity. 5 years ago if we thought of extremism the word Islamism would come up however, this is changing and this is the key message here – we must be alert to red flags for all types of extremism.

**Radicalisation** is the process by which a person comes to support terrorism and extremist ideologies. The eventual aim of radicalisation is to change what an individual believes in (their ideology) and their behaviour until they support or participate in terrorist activity.

**Red flags** – seeing online posts/pictures on child/young persons phone or being shared by them that reference concerning views – in these cases ring Fiona/Lenny to discuss whether a prevent referral is required.

Current case – 15 year old pupil, from age of 13 being bullied, started looking online at school shootings. Only came to prevent attention after he threw eggs at neighbours car, neighbour was muslim, child referenced new Zealand attacks. However, school shared information on child’s web searches for past 2 years including:

Dark web

Rugar pistols

Deformed babies

ICO shooting

Eric Harris

High school shootings

This shows the importance of schools having correct filtering and monitoring in place and that when key words such as this are being searched you are exploring whether a conversation with Fiona or Lenny is needed/a prevent referral us needed as it was in this case.

**Incel:**

* Incel attacks have killed more people than ISIS or any other terrorist threats in the USA over the past 10 years! Evidence to suggest this mindset is coming into the UK.
* An incel is a person who is unable to find a romantic or sexual partner despite desiring one – they blame women and society for these failings. Predominantly over the internet and predominantly young males (18-30). Incel use the dark web and certain chat rooms – they are very anti-women they encourage people online to go out and commit acts of harm. Incels endorse violence against women and feed into narrative of male supremacy.

**Red Flags RE Incel**:

* If someone mentions phrase ‘I am going to go out and ER’ or ‘go ER’ – this is a reference to Elliot Rodgers (infamous incel who killed 6 and injured 19).
* Phrase ‘roping’ – Incels also encourage others to commit self-harm/suicide – There is a video of 17/18 year old who committed suicide shooting himself in head.
* For those on the extreme right - ‘Black Pill’ – represents belief that system is too far gone to change, people have few options left – ‘Taking the black pill’ - encourage of suicide or go ER.
* Report anything like this to Fiona or Lenny.

**Right wing Extremism (ERWT):**

* Used to say Far right – stopped using this terminology – now using cultural nationalist, white supremist, white nationalist.
* Example of ERWT group – National Action – it is illegal to be a member of them. Anyone expressing their support needs to be referred to prevent.
* **Cultural nationalist** group examples (anti-islam, anti-immigration, anti-government)
* English Defence League (EDL)
* Britain first
* Pie & Mash Squad
* Democratic football lads alliance (DFLA)
* Football lads alliance (FLA)
* South East Alliance
* Move up a level – **White Nationalism**. – Is a belief that that mass migration from the ‘non white world’ and demographic change poses a existential threat to the ‘white race’ and western culture advocates a ‘white homeland’. Examples:
* Patriotic alternative (post weekly podcasts)
* Generation Identity
* Hundred Handers
* Knights Templar International
* Proud boys
* Move up another level - **White supremacism** is a belief that the ‘white race’ has certain physical and mental characteristics that makes it superior to other races. Nazi/Hitler heritage. (They are Anti-islam, anti-government, anti-sematic, importance on ‘white race’ conspiracy theories) Examples:
* National action
* Combat-18
* The British Hand
* The Base

**RED FLAGS:**

* Seige is a collection of writings by American White Supremacist James Mason – Siege culture encompasses the concept of accelerationism , which encourages any action that will contribute to increased political and social divisions in order to accelerate the collapse of social order and the beginning of a ‘race war.’ If you’ve got young people talking about siege culture - thinking about context – they are allowed to talk about this – but why – if they are promoting it, encouraging it, share the same views this needs a conversation with Fiona and Lenny.
* Signs & Symbols may be very important (including tattoos) For example
* 14 – stands for 14 word slogan – white supremist
* 88 stands for Heil Hitler
* Memes and symbols such as Pepe the frog and The moon man (from 80’s Mcdonalds advert) and OK hand symbol - have been used to promote rhetoric of white supremist groups so look out for these.

**National Referral Form:** See attached example of good practice

What to include:

* Everything!
* As much detail as possible
* As much detail as possible around the ideology of the concern
* Why do you think they are vulnerable to radicalisation?
* Contact numbers/email of referrer
* Email chains
* As much info as possible around mobile nos/whatsapp/facebook tags
* Photos if relevant
* Photo of subject

**Act Early Campaign.** [www.actearly.uk](http://www.actearly.uk)

Aims to encourage friends and family to share concerns about someone being radicalised. Anyone can seek advice if they are concerned about someone on a dedicated hotline – an experienced prevent officer will give advice and can complete a prevent referral if needed. 0800 011 3764 – all calls are confidential

**Ireportit app** – download on any phone – any websites staff are concerned about that people looking at put on the app and Prevent will look at it and take it down. All teachers should really have this app.

**Contacts:**

If any urgent concerns dial 999.

If not Fiona is always happy to discuss any possible Prevent referrals or concerns.

Fiona Gibbs: fgibbs@hillingdon.gov.uk Mobile: 07946714637

If Fiona is unavailable the Lenny is happy to be contacted.

Lenny Franchi: Lenny.Franchi@met.police.uk

* **Chris Ugochukwu -** Team Manager Hillingdon CAMHS. Q&A:

**Can schools refer directly to CAMHS or does it have to be GP’s?**

Yes schools can refer to CAMHS. Referrals do not need to be made by GP. School often know child much better and can give CAMHS more information.

All referrals go throughs single point of access called Gateway

Schools can ring CAMHS for a consultation – if the referral is deemed urgent then it may be picked up immediately otherwise schools will be signposted to gateway to make a referral.

CAMHS have just recruited a triage co-ordinator whose full-time role will be to answer the duty phone and provide consultation (prior to this there was no dedicated staff member for this role). This mobile number will be shared with schools once this member of staff is in post.

Please see attached referral form for CAMHS Gateway.

**Can parents self-refer?**

Yes, through Gateway.

**What is the threshold for an urgent referral?**

Schools aren’t expected to try and make clinical decisions or get exact diagnosis right – however, just try and describe in as much detail as possible the presentation of the child and then CAMHS can much judgement about stability.

An urgent referral will be a child that is presenting with a diagnosable mental illness; anxiety, depression, attachment, self-harming. By diagnosable we mean symptoms that have been present for 3 to 6 months. And something that is then impacting on them for example impacting on their social functioning, academic performance, attendance, etc. At this point you are starting to think about Tier 3 threshold (CAMHS).

To be urgent you are then thinking about someone that is expressing suicidal ideation with or without a plan – this increases the threshold to what would be considered amber or red. If a child or young person is presenting with these kind of symptoms then ring up and discuss with CAMHS.

Think Severity, duration, impact and then risk (see attached threshold document)

**What about when referrals are turned down?**

Schools should be thinking about resources in their local area as well as CAMHS. Currently there are about 4000 young people in Hillingdon in need of MH services. CAMHS have 12 – 14 clinicians so with the best will in the world given the demand cannot see everyone. Referral rate doubled in pandemic.

So, when a child is not presenting in such crisis it will be important to think about who else may be able to support child. CAMHS has shared a directory of local resources (attached) that schools should be considering for example P3 who can engage with a young person in counselling regarding most of the common mental health problems. Kooth counselling is also something young people (13-19) can access up to 10pm online. This is especially good for those who may struggle to engage with a therapist – encourage young people to try it out as first point of access to support them in getting into the habit of engaging and sharing information with a therapist. Schools nurses have also been trained in SDQs (Strength & Difficulty questionnaires) and may be able to support young people. Most children and young people don’t actually want to attend CAMHS due to the stigma and so exploring other services is important for this reason also.

When school are making a referral to CAMHS it will be important to demonstrate what has been done already to help child.

**Additional resources coming up:**

 Hillingdon has not had support that other broughs like Brent and Harrow have. However, Hillingdon has just secured funding to have CWP (Child well-being practitioners) re-introduced. CWP’s will be able to receive referrals and work directly with schools to deliver low level CBT to children & young people presenting with common MH problems in the absence of risk (more a tier 2 service) This will be 8 sessions (likely 4 by phone/online, 4 in person) and they usually also work with parents.

This project is still in the process of being set up and staff recruited so likely it will be 3 to 4 months until running. The manager will be invited to future cluster groups and Hannah will keep in touch and send out any updates.

Crisis line to support children & YP in Hillingdon also just gone live on 14th June. Before now if young child experiencing crisis they were given an adult MH number (so not commissioned to give MH support to children) however, now dedicated line so that they will have someone who can intervene and speak to them out of hours and who work closely with CAMHS and can make referral if needed.

Schools can share this number with children & young people.

0800 0234650 Single Point of Access

**Where do we refer for ASD assessments?**

ASD assessment goes through CDC (Child Development Centre) – once diagnosis if child also has diagnosable MH CDC should pass this onto CAMHS for MH intervention and treatment – a separate referral should not be needed.

If referral turned down by CDC advice would be to approach manager at CDC to request they reconsider.

**Where do we refer for ADHD assessments?**

ADHD refer directly to CAMHS via CAMHS gateway.

* **Ruth Kilpatrick (Hillingdon Participation Team) – Discussion on MASH checks:**

MASH referrals ragged by Social Worker – Green, Amber, Red. Will send to Ruth so Ruth can send out checks:

* Green – 72 hours to get information back to MASH
* Amber – 24 hours
* Red – section 47 – information back within 4 hours

Ruth will contact schools via email and if urgent via phone (see attached form Re questions that will be asked – depending on case may ask additional questions)

Recognise it is often tight timescales however, information from school is invaluable so please return and this is needed to make decisions RE next steps

Health colleagues, police, YOS, IDVA, housing, MH also sit within MASH and information may be requested from those also.

Social Worker will then decide how to proceed with referral ie close, assessment. Red ragging at start will go straight through to strat/assessment however, information still needed from school.

If schools have made initial referral they should always receive outcome of that referral. If you don’t you can contact MASH tor request outcome. If just a MASH check then may not be informed as to outcome. Schools can contact MASH, Ruth or Hannah to find out if case has progressed to assessment. Information about reason for MASH check would not necessarily be shared due to confidentiality.