

The Vulnerability Support Service & Project Cicero

An overview

This document covers the history and scope of the Vulnerability Support Service (VSS) and the work of Project Cicero, the transformation project stood up by CT Policing to maximise the VSS' capacity and performance.

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The Vulnerability Support Service

The history of the Vulnerability Support Service

The CT Vulnerability Support Service (VSS) is a partnership service between NHS Forensic mental health teams and Policing, commissioned by NCTPHQ in 2016. The aim of the VSS is to improve the health and criminal justice outcomes for individuals referred into Prevent and, by doing so, help mitigate the risk of terrorism to communities.

The service works on the NHS principle that ‘there is no wrong door’; individuals with poor mental health that are identified via a Prevent referral have the same rights and opportunities to access help and support as individuals that are identified by G.Ps, schools or criminal justice services.

The VSS was developed with the aim of piloting the effectiveness of mental health professionals working alongside counter terrorism police officers in relation to the management of individuals referred to CT policing with known or suspected mental health difficulties and disorders.

The VSS was launched as three pilot hubs, which were established between February and September 2016, each with the aim of designing processes for joint working and evaluating effectiveness. Each hub was located within a large metropolitan area, and staffed jointly by Police and Mental Health practitioners.

The VSS host hubs: are located in the:
West Midlands
North West
London



The objectives of the Vulnerability Support Service

The objectives of the service were established by a working group from the National Counter Terrorism Policing headquarters and NHS specialists to:

01 LIAISE BETWEEN PUBLIC SERVICES

Liaising effectively with health services providing a point of contact for stakeholders.

02 PROVIDE ADVICE

Provide advice and forensic mental health expertise to referrers within Prevent, regional CT teams, and other relevant stakeholders. This guidance supports the early detection and engagement of individuals with mental health difficulties.

03 STAND UP A MULTIDISCIPLINARY CLINICAL TEAM

Provide a specialist, multidisciplinary clinical team, able to undertake a range of interventions to maximise safeguarding opportunities for the individual.

04 IDENTIFY AND REFER VULNERABILITIES

Ensure that individuals with mental health vulnerabilities appropriate for mainstream services, are identified and referred at the earliest possible opportunity. Effectively manage risk, improving clinical outcomes and thereby creating efficiencies.

WORK WITH NHS PREVENT

05 Develop working links with NHS Prevent leads, both locally and nationally.

These objectives guided the development of the original hub in the West Midlands, but were subsequently shared across all three VSS hubs based in London, Birmingham and Manchester at the request of NCTPHQ.

Since the inception of the VSS, a number of improvements have been made. Project Cicero is underway to take the service from a pilot process to national delivery. The goal of the VSS remains to support the best possible outcomes for individuals with mental ill health and complex needs when accessing public support services.

Vulnerability Support Service provision.

The VSS provides early identification and support for vulnerable people at risk of radicalisation to a broad spectrum of violent ideologies. The service develops tailored intervention plans for those who might otherwise fall through the gaps of existing support networks.

They consist of a multi-disciplinary team of Forensic mental health professionals (mental health nurses, clinical and forensic psychologists and consultant forensic psychiatrists) who work in partnership with case officers in policing. Structured professional judgement is used to develop clinical formulations to identify the factors that affect an individual's mental health and vulnerability, which may put them at risk of being drawn into terrorism.

Such a formulation identifies an individual's needs and how those needs may best be met. The service works with other agencies to provide a multi-agency approach to meet those needs at the earliest opportunity. These may include for example:

01 ACCESS

Ensuring access to a range of appropriate services and treatments such as support for mental health, housing, substance misuse or offending behaviours.

02 PROTECTIVE FACTORS

Building up protective factors such as social support or engagement in work or education.

03 SAFEGUARDING

Ensuring there is appropriate mental health safeguarding in place.



The Vulnerability Support Service in action:

The VSS will provide:

-  Support for CT Case Officers to ensure that poor mental health is identified at the earliest point and individuals are diverted to mainstream services where appropriate.
-  Liaison with primary care and mental health services, where proportionate and relevant, to understand any mental health needs and identify whether the individual is receiving appropriate help and support.
-  Relevant and proportionate information to mental health services so they can better support and safeguard individuals, families, staff and communities.
-  Advice and guidance to police officers including CT Case Officers on mental illness, mental disorder, neurodiversity and other complex needs that may impact on mental health and vulnerability to be drawn into terrorism.
-  Partnership with CT Case Officers to understand why an individual may be drawn into terrorism.
-  Advice and guidance about how individuals can be engaged and supported according to their individual needs, e.g. by providing effective communication strategies for neurodivergent individuals (including those with autism).
-  Liaison with mainstream mental health providers to direct individuals efficiently into mainstream mental health provision.
-  Support to ensure all individuals are diverted to urgent and crisis mental health care where required.
-  Support to multi agency meetings with advice and support on complex cases. Offer clinical, expert oversight to assist with risk assessment and case management (e.g. MAPPA referral).

The VSS will not:

-  Request clinical /assessment staff undertake any form of policing duty.
-  Manage any terrorism related risk the individual may pose: the responsibility for managing this risk lies with the police.
-  Make any form of covert enquiries or act without the consent of the individual.
-  Make any enquiries with the NHS for investigative purposes.
-  Replace the support provided by Channel or other multiagency services.
-  Share health or police-related information unless it meets the public interest criteria set for all health care professionals and providers. Information is only shared between partners when it is judged necessary and appropriate to safeguard the individual or protect others from harm following the strict ethical guidelines adhered to by all healthcare professionals.
-  Undertake any form of action outside of the healthcare remit or principles.

COUNTERTERRORISM
POLICING



Learning and Development following the VSS Pilot

For some poor mental health is relevant to their vulnerability to being drawn into terrorism. Where this is the case the aim is rapid detection of mental health needs, liaison and referral with mainstream mental health services.

For others, poor mental health is not a primary factor in their vulnerability to being drawn towards extremism. In such cases they may harbour other reasons such as grievance, ideology or influence from others.

Poor mental health is only *one* of a complex series of factors that may overlap and increase the risk of offending. Targeting a single factor is unlikely to change an individual's vulnerability to being drawn into terrorism. Thus requiring support from a range of different services.

The VSS utilises a structured approach for specialist mental health professionals to understand behaviour, which factors are relevant, when and what type of support is likely to be most effective in supporting the individual and minimising risk to the public.

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Why the Vulnerability Support Service is needed

Early intervention improves the likelihood of positive health outcomes for the individual, whilst also reducing risk of harm to the individual and the public. It ensures that individuals who often have disengaged from services are provided with additional support to access or re-engage mental health services. Individuals often present with multiple difficulties, such as substance misuse, risk of offending, and challenging social or situational factors which impact on their mental health. The VSS can consider other avenues to support a range of needs.

How individuals are referred to the Vulnerability Support Service

If a member of the public, or someone working with the public, has a concern about an individual who may be vulnerable to being drawn into terrorism, they can raise these concerns with Police or with their local authority safeguarding team under the Prevent referral pathway.

Once a vulnerability to being drawn into terrorism has been identified the Case Officer can request support from the VSS. Individuals will be supported by the hub if poor mental health is identified or suspected.

Members of the public and other agencies cannot refer directly to the VSS, although it is helpful if they highlight any concerns about mental health and well-being when individuals are referred to Prevent.

How information sharing is managed

Decisions regarding sharing health information with the police, or sharing police information with health partners, are made on a case-by-case basis and must be justifiable on the basis of safeguarding the individual or the prevention of serious harm, and applies to all healthcare professionals and providers. The VSS are able to act on police information as mental health professionals to ensure individuals with mental health difficulties are identified and able to access appropriate support and interventions.

This approach ensures information sharing is always proportionate, with information shared only on a 'need to know' basis.





Project Cicero

Project Cicero's mission is to identify, manage, and mitigate mental ill health vulnerabilities and complex needs in support of UK CT Policing

Our vision is, together with health professionals, to be the leading experts in understanding and addressing the links between mental ill health vulnerabilities, complex needs and the risk of terrorism; putting the individuals safeguarding needs at the heart of all decision making.

What is Project Cicero?

Project Cicero is the name of the transformation project launched and managed by CT Policing to roll out the VSS nationally following a successful pilot.

The Project aims

01 TRANSITION

Transition the project from a pilot to national support service.

02 ENHANCE

Enhance the capability of existing multi disciplinary teams to support the whole CT Network.

03 INCREASE

Increase the awareness of the service and how best to access health expertise.

04 EQUIP

Equip the service to be more efficient and effective as a result of national consistency.

Key benefits of Project Cicero

01 Increased confidence of officers when referring cases to the VSS .

02 Improved identification of health needs.

03 More effective risk management of individuals.

04 More efficient investigation of individuals offending.

05 Increased number of successful interventions.

06 Reduction of risk held by Senior Investigating Officers.

07 Improved health and criminal justice outcomes for individuals.

08 Decreased re-referrals into Prevent.

09 Reduced demand on CT Policing.

Why has CT Policing chosen to invest in the future of the Vulnerability Support Service?

Out of the referrals to the Vulnerability Support Service

30%

had a diagnosable mental illness as the primary vulnerability¹

43%

have complex needs¹

CT Policing is investing in this service because of suspected links between a person's vulnerabilities in life, and their vulnerability to become radicalised.

It is important to note that there is no single process by which people become radicalised, it is always complex and multifaceted. The relationship between mental health and radicalisation is challenging with little published information on the topic, although a mental health condition can be a contributing factor to a person's wider vulnerability and needs.

Evidence from Counter Terrorism Units across the nine regions in England and Wales identified mental health vulnerabilities in approximately 40%² of Channel referrals. Empirical evidence and clinical experience indicates that, as a group, Prevent / Channel referrals present with a wide range of complex mental health, psychological, neurodevelopmental, social and risk needs, including extremist ideologies. They are often managed by complicated multi-agency systems but a significant proportion are not linked to mental health services at the time of referral.

The most common difficulties identified were: psychosis, depression, dysregulated emotions and behaviours, substance misuse, complex communication difficulties or autism. One quarter² had mental health and psychological difficulties but were not known to, or were lost to mainstream services.

Of the group where mental health and psychological difficulties were indicated, 93%² had additional needs, e.g. homelessness, childhood trauma, social and relationship instability or other stressors. Between 30-60%² had convictions for offending and over a third² had past supervision failures.

It is evident that current services were not designed to meet the needs of Prevent/ Channel referrals, some individuals fall below the threshold for intervention by mainstream mental health services whilst presenting a complex set of low level needs that exacerbate the vulnerability to being drawn into terrorism.

It is therefore important the VSS provide mental health support, but also to better understand the links between mental health and vulnerability.

¹Ref: 2020 report into the activity of the West Midlands Vulnerability Support Service hub.

² Ref: Home Office and CTPHQ, 2020

Channel: Channel is part of the Prevent strategy. The process is a multi-agency approach to identify and provide support to individuals who are at risk of being drawn into terrorism.

CO: Case officer

CTU: Counter terrorism unit

CT: Counter terrorism

MAPPA: MAPPA stands for Multi-agency Public Protection Arrangements and concerns the management of offenders.

Prevent: Prevent is a government led programme which aims to safeguard vulnerable people from being drawn into terrorism.

Service: Abbreviation of Vulnerability Support Service

Find out more about Counter Terrorism at
www.counterterrorism.police.uk

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