

## Prevent Policy

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Developed in association with:	<i>Safeguarding Children Nurse Advisor</i>
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Name of responsible committee/individual for reviewing:	<i>Safeguarding Team</i>

### Review and Amendment Log

*(To be completed only when changes are made to this version following ratification, any change will need to be approved by PRG)*

<b>Version No</b>	<b>Type of Change</b>	<b>Date</b>	<b>Description of Change</b>
3.1	<i>New section added at 6.4 to reflect national advice</i>	<i>24/07/2018</i>	<i>New section added at 6.4</i>
3.2	<i>Change of email accounts to send referrals &amp; amendment to section 13.</i>	<i>12/08/19</i>	<i>Change of email addresses in Appendix D. Reference to 2013 Communications policy removed &amp; Clinical Record Keeping added. Agreed at PRG 170919</i>

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## 1 Introduction

*Prevent* is part of the government's counter terrorism strategy CONTEST and comprises one of four work streams with the other three being pursue, protect and prepare. The NHS, and other healthcare organisations, have an important role to play in supporting the *Prevent* strategy and has been a key partner in delivering it nationally and locally. Healthcare organisations are key to raising awareness of the *Prevent* agenda as healthcare professionals will meet, and treat, people who may be vulnerable to being radicalised and drawn into terrorism. Being radicalised and drawn into terrorism includes not just violent extremism but also non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views which terrorists can exploit.

***Prevent* is inextricably linked to safeguarding and the radicalisation of children, young people and adults at risk should be viewed as abuse. Supporting vulnerable individuals and reducing the threat from radicalisers is therefore a priority for the health service and its partners.**

The Building Partnerships, Staying Safe guidance (2011) and *Prevent* Duty guidance (2015) was produced to support the health sector in its role in the prevention of people becoming terrorists or supporting terrorism and this policy should be read in conjunction with:

Department of Health (2011) Building Partnerships, Staying Safe  
<https://www.gov.uk/government/publications/building-partnerships-staying-safe-guidance-for-healthcare-organisations>

HM Government (2015) *Prevent* Duty Guidance for England and Wales  
<https://www.gov.uk/government/publications/prevent-duty-guidance>

## 2 Purpose

This policy is intended to raise awareness of, and outline all colleagues' responsibility in respect of, the *Prevent* strategy to address the threat from terrorism.

## 3 Target Population

These procedures are intended for all Locala colleagues, including those on temporary contracts as well as bank colleagues, volunteers and students.

## 4 Explanation of Terms

**Extremism** is defined in the 2011 *Prevent* strategy as vocal or active opposition to fundamental British values including democracy, the rule of law, individual liberty, and mutual respect and tolerance of different faiths and beliefs. Extremism can be violent or non-violent.

**Interventions** are projects intended to divert people who are being drawn into terrorist activity. Interventions can include mentoring, counselling, theological support, developing support networks or providing mainstream services.

**Radicalisation** refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

**Terrorism** is defined in the Terrorism Act (2000) as an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously disrupts an electronic system. The use or threat must be designed to influence government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

**Vulnerability** within *Prevent* describes factors and characteristics associated with being susceptible to radicalisation.

**Workshop Raising Awareness of *Prevent* (WRAP)** is a recognised workshop used to raise awareness of *Prevent*. Only a WRAP facilitator registered with NHS England and the Home Office can deliver face to face WRAP training sessions.

## 5 Duties

### 5.1 Individual colleague's responsibility

Individuals are responsible for following the procedures described in this policy by:

- Ensuring that they are familiar with *Prevent* policy.
- Recognising potential indicators that an individual might be vulnerable to radicalisation and be able to recognise when further action is required.
- Ensuring that they are aware of the process for sharing concerns, obtain advice as required and make referrals to relevant agency
- Ensuring that they follow Local Safeguarding Board procedures in cases where there are immediate and significant safeguarding risks.
- Ensuring that they undertake a programme of training and learning in accordance with requirements of NHS England –*Prevent* training and Competencies Framework 2015
- Informing their line manager if the concern regarding an individual relates to a work colleague.

### 5.2 Manager's responsibility

It is the responsibility of all line managers to ensure that they and the people they manage are conversant with this policy and its contents.

### 5.3 Responsible committee

It is the responsibility of the Clinical Policy Overview Group to monitor this policy and the Policy Ratification Group to ratify all corporate and clinical procedures.

#### 5.4 *Prevent* lead/Safeguarding team

The safeguarding team will provide expert advice, support and guidance in relation to *Prevent* and radicalisation and they will maintain a database of *Prevent* related colleague enquiries. The *Prevent* lead is responsible for ensuring a compliance rate of 85% for WRAP training is maintained within the organisation and for providing quarterly statistical returns to NHS England for monitoring purposes. The *Prevent* lead must also attend regular regional meetings or arrange for a deputy to attend if they are unable to do so. The *Prevent* lead will also provide information for, and attend as required, Channel Panels.

#### 5.5 Chief Executive

The Chief Executive is ultimately accountable of the implementation of these organisation-wide processes.

## 6 The *Prevent* strategy

### 6.1 Raising *Prevent* concerns

Indications that a person is being exploited for terrorism, or is at risk of being exploited, are many and varied and a list is included at Appendix C. Where there is a concern that a patient, patient's associate or colleague is being exploited for the purpose of radicalisation, concerns should be escalated and managed in a proportionate way by speaking with your team leader or a member of the safeguarding team. As *Prevent* exists in the pre-criminal space i.e. before a crime has been committed, all concerns should be treated with sensitivity and confidentiality. Referrals into the *Prevent* mechanism should be made with consent, however, if there is a perceived risk to the public a referral can be made without consent i.e. in the public interest. Consideration needs to be given as to how reliable or significant the indicators of radicalisation relating to the individual are. The routes to raising a *Prevent* concern are outlined in Appendix D. As with other safeguarding concerns use notice, check, share. Notice the signs, check your concerns with a colleague or the safeguarding team and share appropriately with the correct agencies.

### 6.2 *Prevent* and safeguarding

Radicalising an individual for the purposes of drawing someone into extremist or terrorist-related behaviours should be viewed as grooming and is substantially comparable to safeguarding in other areas including child sexual exploitation and domestic abuse. The radicalisation, or perceived risk of radicalisation, of a child or young person should always be viewed as a safeguarding concern and an appropriate safeguarding referral into Children's Social Care should be made. If an adult at risk is being radicalised, or there is a perceived risk of radicalisation, and they lack the mental capacity, to understand the risks associated with

radicalisation, then a concern should be raised with Adult Social Care in their best interests. An adult at risk who has capacity may not meet the threshold for referral into Adult Social Care unless there are concerns they are being coerced and controlled.

### 6.3 Interventions following a prevent referral

There are many interventions available intended to divert an individual who is being drawn into terrorist activities. One of these is the Channel Panel whereby a multi-agency group meet to discuss available responses and support. Consent is required to refer a person into the Channel Panel as it requires the full engagement of the individual concerned and the referral is usually undertaken by the *Prevent* co-ordinator following a referral into the *Prevent* mechanism.

### 6.4 Syrian Returnees

Individuals returning from Syria should be identified by the port authorities upon their return who will notify the police. Robust pathways should then be developed by the counter terrorism police, in conjunction with other relevant professionals, in order to complete an assessment of the potential risks posed by the individual and identify any health and support needs they may have. Should a colleague become aware that a person has returned from Syria undetected, and that these pathways have not been followed, a referral should be made into the Prevent mechanism. If the person is a child or a young person, or the individual has returned with children, a referral must also be made for to children's social care in the Local Authority area where they are staying.

## 7 Equality Impact Assessment

Locala Community Partnerships aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. The Equality Impact Assessment Tool (Appendix A) provides evidence of analysis undertaken to establish whether its policies and practices would further, or had furthered, the aims set out in the section 149 (1) of the [Equality Act 2010].

## 8 Consultation Process

Please see consultation process as outlined in Appendix B

## 9 Dissemination and Implementation

### 9.1 Dissemination

The Quality Team will place the ratified document in the Clinical Policy section of the colleague SharePoint. Any previous versions will be archived.

- Policy to be discussed at Induction
- Policy to be publicised throughout business units and via service leads
- Policy to be linked to LCP safeguarding intranet site (Elsie)

## 9.2 Competence including Training

All colleagues must undertake the Workshop Raising Awareness of *Prevent* (WRAP) as either face to face training or by e-learning. WRAP is a once in an employment training requirement (NHS employment not an organisation's employment) and new starters to Locala who can demonstrate they have completed this training in another NHS organisation will not be required to complete it again. New starters who have not already completed this training should do so within three months of their start date. The safeguarding team will provide annual updates for all colleagues. An awareness of radicalisation is an essential component of children's safeguarding competencies.

## 10 Monitoring Compliance with the Document.

### 10.1 Process for Monitoring Compliance

Workforce produce monthly mandatory training reports and compliance with safeguarding training is reviewed at monthly business unit meetings. The safeguarding committee is responsible for monitoring compliance rates.

### 10.2 Key Performance Indicators

This will be measured by monitoring numbers of:

- Colleagues undertaking mandatory e-learning
- Prevent enquiries made by colleagues

## 11 References / Bibliography

Department of Health (2011) Building Partnerships, Staying Safe Available From: <https://www.gov.uk/government/publications/building-partnerships-staying-safe-guidance-for-healthcare-organisations> [Accessed 01/02/2018]

HM Government (2015) *Prevent* Duty Guidance for England and Wales Available from: <https://www.gov.uk/government/publications/prevent-duty-guidance> [Accessed 01/02/2018]

NHS England (2015) NHS England *Prevent* Training and Competencies Framework

## 12 Associated Policy Documentation

Department for Constitutional Affairs (2005) Mental Capacity Act 2005 Code of Practice.

[Mental Capacity Act Code of Practice](#)

Department of Health (2009) Reference Guide to Consent for Examination or Treatment. Second Edition.

[DH Consent to Treatment](#)

Locala CIC (2019) Clinical Record Keeping

Locala CIC (2015) Safeguarding children and child protection policy

Locala CIC (2017) Safeguarding adults at risk policy

Locala CIC (2016) Managing Safeguarding Allegations Against Staff Policy



## Appendix A – Equality Impact Assessment

		Yes/No	Comments
<b>1.</b>	<b>Does the document/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender (including gender reassignment)	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
<b>2.</b>	<b>Is there any evidence that some groups are affected differently?</b>	No	
<b>3.</b>	<b>If you have identified potential discrimination, are there any valid exceptions, legal and/or justifiable?</b>	No	
<b>4.</b>	<b>Is the impact of the document/guidance likely to be negative?</b>	No	
<b>5.</b>	<b>If so, can the impact be avoided?</b>	N/A	
<b>6.</b>	<b>What alternative is there to achieving the document/guidance without the impact?</b>	None	
<b>7.</b>	<b>Can we reduce the impact by taking different action?</b>	N/A	

## **Appendix B – Consultation Process with Key Stakeholders**

For stakeholder comments please contact the Clinical Policy Overview Group Chair or Administrator.

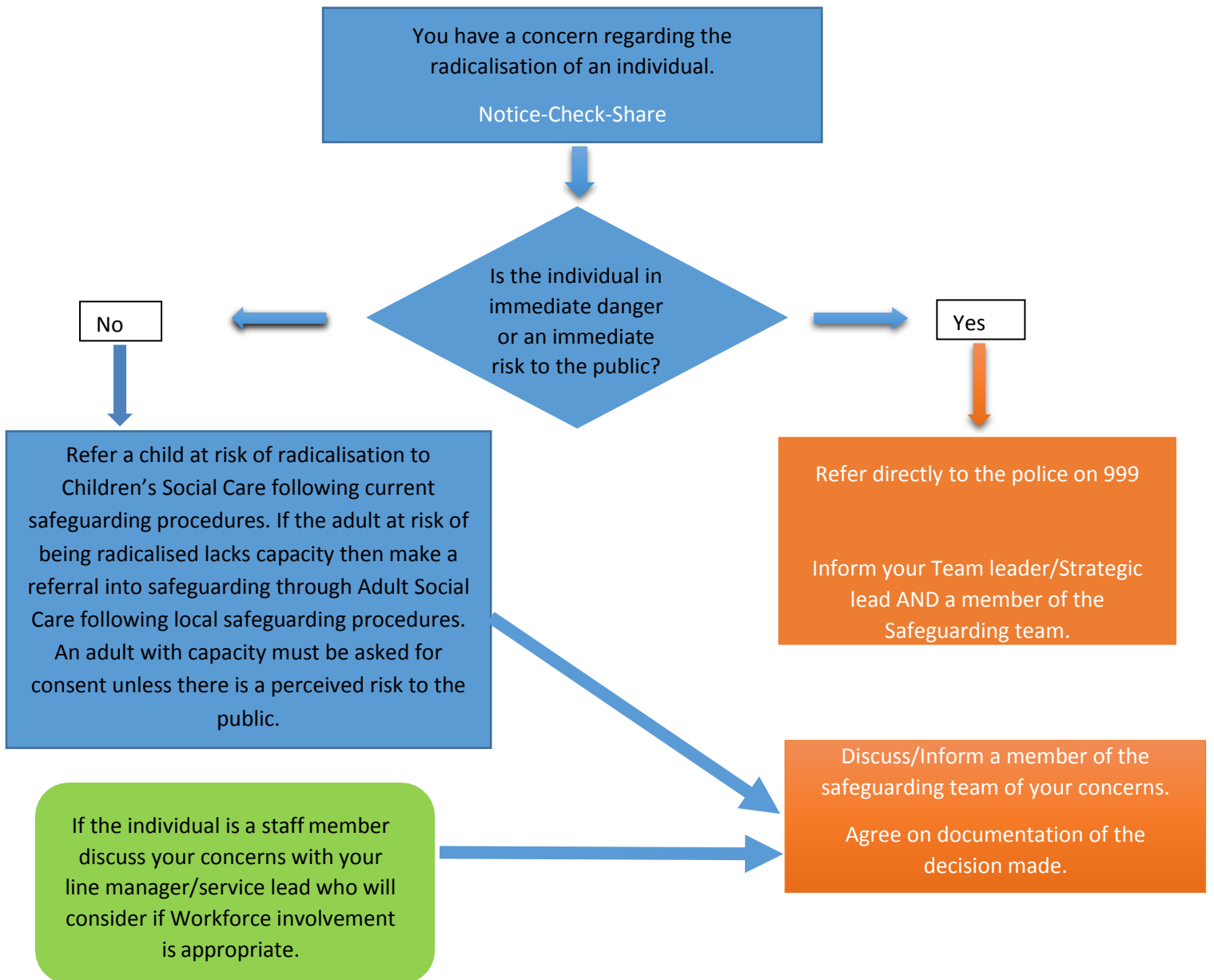
## Appendix C – Possible indicators of radicalisation

The following indicators are not exhaustive and should be viewed in context.

What might make someone vulnerable to radicalisation?	
Unemployment	Severe emotional state
Substance misuse	Mental health issues
Links to crime	Lack of an identity
Peer pressure	Wish to conform
Social exclusion	Low self-esteem
Unease at domestic and foreign policies	Looking for excitement, adventure
Sense of injustice/grievance	

What are the signs someone might be being radicalised?	
Distancing from existing friends/peers	Significant change in dress/appearance
Becoming argumentative/aggressive	Increasing secretiveness
Rapid and recent change in religion	Being abusive to those who share different views
Reporting feelings of persecution	Justifying extremism
Expressing sympathy with the ideology of extremist groups	Attempting to join an extremist group
Accessing extremist videos/literature	Attempting to persuade others to join an extremist cause

Appendix D – Raising a *Prevent* concern flowchart



**If the decision is taken to make a *Prevent* referral:****For further advice or to make a *Prevent* referral contact**

**Kirklees** – 01924 483747 OR complete, and email, referral form (available on Elsie) to  
[PreventReferrals@kirklees.gov.uk](mailto:PreventReferrals@kirklees.gov.uk)

**Calderdale** – Prevent Coordinator Sadia Hussain 07702656834 or Field officers on 01422 337266

**Bradford** – 07595005638 or Email [christopher.green1@westyorkshire.pnn.police.uk](mailto:christopher.green1@westyorkshire.pnn.police.uk)

**Copies of ALL referral forms relating to *Prevent* should be sent to:**

[lcp.localasafeguardingteam@nhs.net](mailto:lcp.localasafeguardingteam@nhs.net)