

PREVENT Policy

Protecting those who are vulnerable to exploitation and
Radicalisation through a multi-agency Safeguarding approach

Version number :	2
Consultation Groups	Safeguarding Committee , key safeguarding leads , CCG
Approved by (Sponsor Group)	Safeguarding Committee
Ratified by:	Quality Committee
Date ratified:	April 2020
Name of originator/author:	Dinh Padicala
Executive Director lead :	Chief Nurse
Implementation Date :	April 2020
Last Review Date	February 2020
Next Review date:	February 2023

Services	Applicable
Trustwide	x
Mental Health and LD	
Community Health Services	

Version Control Summary

Version	Date	Author	Status	Comment
1.0	13.01.17	Eirlys Evans	Deputy Director of Nursing	Comments from consultation incorporated on 12.04.17
2.0	05.02.20	Dinh Padicala	Associate Director Safeguarding Adults	Next Review February 2023

Contents

- 1. Purpose and Scope**
- 2. Summary**
- 3. Introduction**
- 4. Definitions**
- 5. Training**
- 6. Roles and Responsibilities**
- 7. Exploitation**
- 8. Procedure**
- 9. Raising PREVENT concerns for people that receive services through ELFT**
- 10. Escalating Concerns in relation to Employees**
- 11. Information Sharing**
- 12. Multi –agency Partnership**
- 13. Monitoring**
- 14. Relationship with other policies**
- 15. National Guidance**
- 16. Policy review**
- 17. Equality Impact Assessment**

Appendix A: PREVENT Concerns Referral Process to Channel

Appendix B: NHS England CHANNEL Referral Form

Appendix C: PREVENT action plan.

1. PURPOSE AND SCOPE

The PREVENT policy provides advice, guidance and information for East London Foundation Trust (ELFT) staff, hereafter referred to as trust or ELFT should they wish to raise concerns about an individual who may be at risk of being drawn into terrorism or committing terrorist acts.

Policy Aim

- 1.1 The primary aim of PREVENT policy is to ensure that adults at risk of harm and vulnerable children are protected from any form of radicalisation whilst under the care of trust and that staff members, and volunteers are able to identify any possible signs of radicalisation and raise their concerns with their line manager.
- 1.2 Preventing someone from becoming a terrorist or supporting terrorism is no different from safeguarding vulnerable individuals from other forms of exploitation including child exploitation, domestic abuse, FGM etc. Therefore, the PREVENT policy sits alongside ELFT's existing Safeguarding Adults Policy and the Safeguarding Children's Policy.
- 1.3 In addition, this policy aims to ensure that all staffs will be supported to develop an understanding of the *PREVENT* Duty and how they can utilise their existing knowledge and skills to recognise that someone may have been or is at risk of being radicalised and drawn into terrorism.
- 1.4 This Policy also sets out how *PREVENT* related referrals or requests for information from external agencies will be managed by ELFT (See Appendix A).
- 1.5 It also describes where staff can seek advice from and how to escalate their concerns within the Trust. Where concerns need to be raised with external agencies, this Policy describes how referrals will be managed within the existing multi-agency safeguarding processes- including through Channel panel.

2.0 Summary

- 2.1 The Trust operates a zero tolerance to those who abuse or neglect vulnerable people; this includes staff and the public. All suspected cases of exploitation or radicalisation of patients whilst under the care of the Trust will be thoroughly investigated within the Trust and with partner agencies as per the PREVENT Duty and the Safeguarding Adults/Safeguarding Children's Policy.
- 2.2 The objectives of the policy are to provide clear guidance on reporting any safeguarding concerns or allegations of abuse or exploitation, and to set out the levels of responsibility to ensure that:
 - Staff members are aware of the policy
 - Vulnerable children and adults at risk of harm are safeguarded against the influence of any form of radicalisation whilst under the care of the trust
 - Staff members consider the potential risk of radicalisation and feel confident identifying suspected signs of radicalisation
 - Staff members receive the appropriate levels of PREVENT training
 - Any concerns regarding radicalisation are reported and thoroughly investigated
 - Appropriate action is taken to safeguard the vulnerable patient, service user or staff member or volunteer
 - The Trust complies with relevant legislation and partnership policies

2.3 What this means for staff?

This policy sets out the aims, objectives and scope for the provision and development of measures to safeguard vulnerable patients/service users or staff members and volunteers who are under the care of staff employed by the trust. The policy is relevant to all clinical, managerial and support staff and volunteers. The policy refers to vulnerable children and young people, and adults at risk of harm.

3.0 Introduction

In 2017, we saw a significant shift in the terrorist threat to the UK, with five attacks in London and Manchester that led to the deaths of 36 innocent people and injured many more. The recent attacks across Europe, New Zealand, Sri Lanka and the UK have demonstrated the speed diversity and accessibility of methods, by which individuals who are vulnerable to these radicalising messages can prepare and commit violent attacks often with catastrophic consequences.

3.2 This has also had a profound effect on the threat to the UK, and the current UK National Threat Level is SEVERE¹, meaning an attack is highly likely. Although Islamist terrorism is the foremost terrorist threat to the UK, extreme right-wing terrorism is an ever-increasing threat. In December 2016, National Action was the first extreme right-wing group to be prohibited, under the Terrorism Act 2000. The Government took further action in September 2017, prohibiting Scottish Dawn and National Socialist Anti-Capitalist Action (131) as aliases of National Action.

3.3 The CONTEST strategy was updated in 2018 to reflect the findings from a review of all aspects of counter-terrorism and to future-proof the strategy in its response to heightened threats.

CONTEST is primarily organised around four key principles or work streams:

PREVENT: To stop individuals becoming terrorists or supporting terrorism.

PURSUE: To disrupt or stop terrorist attacks occurring.

PROTECT: To strengthen our borders, infrastructure, buildings and public spaces from a terrorist attack.

PREPARE: To reduce the impact of an attack if an act of terrorism occurs.

3.4 The Counter Terrorism and Security Act (2015) places a duty on a range of organisations to have due regard to the need to prevent people being drawn into terrorism.

3.5 On raising a concern or completing a PREVENT referral form, a Datix Incident Report must be completed.

3.6 PREVENT has three national objectives:

- **Objective 1:** respond to the ideological challenge of terrorism and the threat we face from those who promote it.
- **Objective 2:** deter people from being drawn into terrorism
- **Objective 3:** work with sectors and institutions where there are risks of radicalisation which need to be addressed.

The health sector contribution to PREVENT focuses primarily on objectives 2 and 3.

4. Definitions

Radicalisation

The PREVENT Strategy (Home Office, 2011) defines the term 'radicalisation' as "the process by which a person comes to support terrorism and forms of extremism, leading to terrorism".

Terrorism

The current UK definition of terrorism is given in the Terrorism Act 2000 (TACT 2000). This legislation defines terrorism as "an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause".

Extremism

The Home Office (2011) defines this term 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".

Ideology

An ideology is a set of beliefs.

In the context of PREVENT, there are a wide range of organisations and groups who may share a common ideology which motivates people associated with the group to become involved in or support terrorist related activity. Ideologies may be underpinned by beliefs about animal rights, environmentalist issues, politics, religion or conceptions of power and status, which are all relevant to the PREVENT agenda.

Workshop to Raise Awareness of PREVENT, Third Version (WRAP3)

WRAP3 is the national training programme currently provided for health staff which has been designed by the Home Office.

Vulnerability

Within PREVENT, this term describes factors and characteristics which may make an individual more susceptible to radicalisation (Home Office, 2011).

Safeguarding

The process of protecting vulnerable people of all ages from crime, other forms of abuse or (in the context of this policy) from the risk of being drawn in or supporting terrorism.

5. TRAINING

The trust follows the guidelines provided in the NHS England PREVENT Training and Competencies Framework which provides clear guidelines on the level of training required for staff members.

- 5.1. The trust also maintains a training needs analysis and a PREVENT action plan to monitor the compliance of the policy.
- 5.2. The PREVENT awareness training is mandatory for all trust staff, including volunteers.
- 5.3. All the trust staff have to complete the Basic PREVENT Awareness level 1-2 .
- 5.4. PREVENT training is provided within the mandatory Safeguarding Adults Level 2 e-learning courses.
- 5.5. All qualified staff required to either attend face to face Level 3 Workshop to Raise Awareness of PREVENT (WRAP) training provided by accredited trainers or complete the eLearning PREVENTing Radicalisation- Awareness of PREVENT Level3
- 5.6. Mental Health staff can access the online eLearning PREVENTing Radicalisation (Mental Health): Level3
- 5.7. Staff can also access training provided by Local Safeguarding Children/Adult Boards.

6. ROLES AND RESPONSIBILITIES

6.1. NHS Role and responsibilities

The Clinical Commissioning group are a statutory member of the Local Safeguarding Adults and Local Safeguarding Children Boards. Health services have a vital role to play in preventing harm, abuse or neglect from occurring, identifying the signs of abuse or exploitation and reporting concerns to the Local Authorities.

6.2. Trust Board

The Trust Board has a responsibility to set Safeguarding Adults and Children within their strategic objectives, ensure that there is Board level leadership, this overarching policy incorporates the PREVENT strategy and an organisational culture which places service users and their wellbeing at the centre of safeguarding, and endeavours to prevent harm, abuse and neglect from happening.

6.3. Chief Executive

The Chief Executive is responsible for identifying an Executive Lead for PREVENT and ensuring the Trust meets its contractual and safeguarding obligations.

6.4. Chief Nurse

The Chief Nurse is the Trust Executive Lead for Safeguarding including PREVENT, on behalf of the Chief Executive, who is supported by the Director and Associate Director's for Safeguarding Adults and Children.

As the Executive Lead for Safeguarding and PREVENT, the Chief Nurse is responsible for:

- Ensuring that organisational policies support core organisational values and support staff in raising genuine concerns;
- Ensuring such referral processes are sufficient, well managed and have clinical oversight;
- Ensuring staff know how to safely escalate any concerns relating to a patient or colleagues wellbeing and/or safety of the public;
- Building and strengthening local partnerships and interagency working to prevent vulnerable individuals from becoming victims or causes of harm;
- Ensuring that the Trust is represented at local PREVENT Strategic Forums;
- Ensuring senior clinical representation (mental health) at all Channel Panels at which a Trust case is being discussed;
- Liaison with appropriate external partner agencies to ensure successful implementation of the PREVENT strategy.

6.5. Associate Director for Safeguarding Adults and Children

The Associate Director's for Safeguarding Adults and Children is responsible for:

- Ensuring PREVENT is referenced in safeguarding and other relevant policies;
- Supporting work with external partner agencies and attendance at multi-agency groups to ensure successful implementation of the PREVENT strategy;

- Monitoring training compliance and implementation of PREVENT referral process;
- Co-ordinating data on PREVENT activities and produce reports;
- Representing the Trust at the regional NHS England PREVENT Network;
- Supporting the Director for Safeguarding in the implementation of the PREVENT Policy;
- Supporting the PREVENT training programme;
- Raising awareness of PREVENT amongst all staff through safeguarding training and when providing advice and support;
- Providing support and advice on PREVENT concerns raised by staff;
- Liaising with external agencies within the reporting process;
- Engaging with multi-agency work through Local Safeguarding Adults and Children Boards and other forums.

6.6. Corporate Safeguarding Team

- ELFT's Corporate Safeguarding Teams purpose is to support members of the trust staff and the organisation to fulfil its obligation to service users and their carers' to work effectively to prevent harm, abuse and neglect and to act positively to enable and protect adults and children where there are concerns that the person may have been, or is at risk of radicalisation.
- Members of the ELFT Corporate Safeguarding Team provide advice and support to all Trust staff on all matters relating to PREVENT.
- The members of the Corporate Safeguarding Team currently deliver the PREVENT WRAP3 training programme to trust staff.
- The members of the Corporate Safeguarding Team are engaged in a range of multi-agency forums relating to PREVENT in order to represent the trust and provide contributions from health perspective to aid thorough assessment of risk and ensure proportionate decision making.

6.7. Service Directors

Service directors are responsible for:

- Building and strengthening local partnerships and interagency working to prevent vulnerable individuals from becoming victims or causes of harm;
- Identifying a named senior clinical representative PREVENT Lead to lead directorate implementation liaising with the Safeguarding Teams as appropriate;

- Identify staff to undertake the DoH 'Train the Trainer' accredited course to enable them to deliver Health WRAP (Workshops to Raise Awareness of PREVENT);
- Ensuring that the directorate/service is represented at local PREVENT Strategic Forums;
- Ensuring senior clinical representation (mental health) at all Channel Panels at which a Trust case is being discussed.

6.8. Directorate Lead/Assistant Directors

Directorate leads/Assistant Directors are responsible for:

- Supporting the implementation of the PREVENT policy with their directorate/service area;
- Releasing identified staff to attend Health WRAP training;
- Ensuring Senior Clinical representation at Channel Panels;
- Ensuring appropriate referrals are made to Channel Panels (adults) or MASH/Triage/Children's Social Care (under 18s);
- Ensuring service user records are kept updated and Datix Incident forms completed as appropriate;
- Liaising with the Associate Director for Safeguarding Adults/Children and Safeguarding Team Administrator regarding all developments including referrals;
- Service user records should be updated as appropriate and a Datix completed. Out of hours staff should report concerns to the Duty Manager who will then contact the nominated directorate PREVENT Lead at the earliest opportunity.

6.9. All Staff

All staff are responsible for:

- Ensuring they have a general awareness of PREVENT to enable them to correctly identify signs that someone is being drawn in to terrorism and know what to do ;
- Undertaking PREVENT awareness training and any additional training as required (See Section 5);
- Reporting all PREVENT related concerns to their Manager/Safeguarding Professionals (See Appendix A) ;
- Ensuring appropriate referrals are made to Channel Panels (adults) or MASH/Triage/Children's Social Care (under 18s) (See Appendix A).

7. EXPLOITATION

7.1. Understanding the Process of Exploitation

- It is suggested that there is no single profile or indication of a person who is likely to be radicalised. To date, there is no universally accepted view of why vulnerable individuals become involved.
- The factors surrounding exploitation are many and they are unique for each person. It is thought that factors relating to personal circumstance and experiences of vulnerable individuals affect the way in which they relate to their external environment.
- Vulnerable individuals may be exploited in many ways by radicalisers who target their vulnerability. Contact with radicalisers is also variable and can take a direct form i.e. face to face, or can happen indirectly through the internet, social networking or other media sources.
- More commonly, this will occur through a combination of the above.

7.2. Internet

- Islamist and Extreme Right-Wing radicalisers fully exploit the power and speed of the internet to promote their narratives, influencing extremists within our own communities to disrupt our way of life through acts of violence. They groom the vulnerable and the young to join or support their cause, inspiring people within our own communities to harm others.
- Vulnerable individuals may be exploited in many ways by radicalisers and this could be through often through leaflets, direct face to face contact, or increasingly through the internet, social networking or other media.
- The power of the internet in the radicalisation process cannot therefore be underestimated and radicalisers are making ever more sophisticated use of social media to spread their extremist messages and ideologies.
- The internet provides a platform for extremists to promote their cause and encourage debate through websites, internet forums and social networking. It is a swift and effective mechanism for disseminating propaganda material and mobilising support but is not always easy or possible to monitor or regulate.
- Trust staff should be aware of anyone making frequent unwarranted visits to websites showing extremist images and speeches or providing access to material from those involved in the radicalisation process and how they should raise their concerns.

- A dedicated website to report suspected terrorism or suspicions that some may be involved in terrorism is available at: <https://www.gov.uk/report-terrorism>

7.3. Contact with Radicalisers

- It is generally more common for vulnerable individuals to become involved in terrorist related activity through the influence of others. Initial contact may be via peers, siblings, other family members or friends, the process of radicalisation often being a social one. Such social interactions take place in a range of unsupervised environments such as gyms and cafes, in private homes and via the internet.
- Contact with radicalisers is also variable and can take a direct form i.e. face to face, or can happen indirectly through the internet, social networking or other media sources.
- Access to extremist material is often through leaflets, the intranet and local contact. However, the internet the factors surrounding exploitation are many and they are unique for each person. It is thought that factors relating to personal circumstance and experiences of vulnerable individuals affect the way in which they relate to their external environment. Vulnerable individuals may be exploited in many ways by radicalisers who target their vulnerability
- Health care organisations should be aware of anyone making frequent visits to websites showing images such as armed conflict around the world and providing speeches and access to material from those involved in the radicalisers process.

7.4. Use of Extremist Rationale

- Radicalisers usually attract people to their cause through a persuasive rationale contained within a storyline or narrative that has potential to influence views. Inspiring new recruits, embedding the beliefs of those with established extremist views and / or persuading others of the legitimacy of their cause is the primary objective of those who seek to radicalise vulnerable individuals. What factors might make someone vulnerable?
- In terms of personal vulnerability, the following factors may make individuals susceptible to exploitation. None of these are conclusive and therefore should not be considered in isolation, but, in conjunction with the particular circumstances and other signs of radicalisation.
- Identity Development: Adolescents/vulnerable adults who are exploring issues of identity can feel both distant from their parents/family and cultural and religious heritage, and uncomfortable with their place in society around them. Radicalisers can exploit this by providing a sense of purpose or feeling of belonging. Where this occurs, it can often manifest itself in a change in the person's behaviour, their circle of friends, and the way in which they interact with others and spend their time.
- Personal Crisis: This may for example include significant tensions within the family that produces a sense of isolation for the vulnerable individual from the certainties of family life.

- **Personal Circumstances:** The experience of migration, local tensions, or events affecting families in countries of origin, may contribute to alienation from UK values and a decision to cause harm to symbols of the community or state. Where there is unemployment or under employment individuals may perceive their aspirations for career and lifestyle to be undermined by limited achievements or employment prospects. This can translate to a generalised rejection of civic life and adoption of violence as a symbolic act.
- **Criminality:** In some cases, a vulnerable individual may have been involved in a group that engages in criminal activity, or on occasion, a group that has links to organised crime and be further drawn to engagement in terrorist related activity.
- **Grievance:** The following are examples of grievances which may play an important part in the early indoctrination of vulnerable individuals into the acceptance of a radical view and extremist ideology;
 - A misconception and/or rejection of UK foreign policy;
 - A mistrust of western media reporting;
 - Perceptions that the Government policy is discriminatory (e.g. counter terrorism legislation).
- **Other Factors:** Similarly to the above, the following have also been found to contribute to vulnerable people joining certain groups supporting terrorist related activity:
 - Provocation and anger (grievance)
 - Need for protection
 - Seeking excitement and action
 - Fascination with violence, weapons and uniforms
 - Seeking family and father substitutes
 - Seeking friends and community
 - Seeking status identity

8. Immediate Risks

If anyone has immediate concerns that an individual is presenting an immediate terrorist risk to themselves, others or property, they should contact:
National Counter Terrorism Hotline 0800 789321
or
The Police on 999.

9. PROCEDURE

- 9.1. PREVENT operates in the 'pre-criminal space'. It is about supporting individuals who are at risk of radicalisation before they commit acts of terrorism, or a terrorist-related criminal offence. Raising concerns that an individual may be vulnerable to radicalisation does not automatically mean that you think the person is a terrorist but rather that you are concerned that the individual may be prone to being exploited by others, is at risk of or potentially has been radicalised and as such, the concern is a safeguarding concern.

- 9.2. The PREVENT referral process can be described in three stages; notice, check and share.
- 9.3. Notice
- 9.4. Be aware of an individual's vulnerability to radicalisation, changes in behaviour, ideology and other forms of extremism.
- 9.5. Check:
- 9.6. Check out your concerns with the individual where possible, and where safe, with your line manager, colleagues and Multi-Disciplinary Team meetings. Checking out your concerns with the ELFT Corporate Safeguarding Team will help to ensure a proportionate response to the concerns.
- 9.7. Share:
- 9.8. Share your concerns with partner agencies, and as far as possible be open and honest with the individual about the duty to share your concerns.
- 9.9. Through the PREVENT referral, information is shared to the Multi-Agency Safeguarding Hub (MASH)/Early Help Team/PREVENT Coordinator, where it is screened for acceptance into the Channel process.
- 9.10. Channel Panel

Channel Panel is a multi-agency process, much like safeguarding adults/children, where partner agencies share expertise and resources to create a bespoke support package for vulnerable individuals.

If a service user is accepted into the Channel process, involved staff can be expected to be asked to become involved in the process, share relevant information and attend the multi-agency Channel panel if appropriate.

Staff must cooperate fully with Channel Panel, continue to support the service user to manage identified risks and to engage with the Channel process. Channel is a consensual process whereby agreement from the service user is fundamental to the provision of interventions. The service user is therefore a key partner in the process and staff must seek to empower the individual to play an active role in support planning processes.

Staff must escalate all concerns relating to PREVENT to the ELFT's Corporate Safeguarding Team. A copy of the PREVENT referral/ Safeguarding alert form and contacts for the Corporate Safeguarding Team can be found in Appendix B.

As with any other Safeguarding incident, a Datix incident report must be completed under the cause group 'PREVENT'/ 'safeguarding'.

If the concern relates to a member of Trust staff, the Trust's Human Resources (HR) Department must be contacted for advice and support following a discussion between the relevant Senior Manager and Associate Director For Safeguarding Adult/Children. Any internal processes or forms of investigation will be deferred if a Police investigation is in progress to ensure there is no risk of compromising criminal proceedings.

The Safeguarding Team administrator will take responsibility for keeping a tracker database regarding all referrals to local Channel Panels. It will be the responsibility of the Directorate PREVENT Lead to ensure that the Associate Director for Adults, the Associate Director for Safeguarding Children if an U18 is involved and the Safeguarding Team administrator are kept apprised of all developments regarding any referrals.

10. Raising PREVENT Concerns on People that receive services through ELFT

- 10.1. During daily work, healthcare workers may face situations that give them cause for concern about the potential safety of a patient, their family, staff or others around them. Early intervention can re-direct a vulnerable individual away from being drawn into criminality and terrorism- thereby harming themselves and others. By working closely with partners, such as local authorities, social services, the police and others, healthcare organisations can improve their effectiveness in how they protect vulnerable individuals from causing harm too themselves or the wider community. The health sector will need to ensure that the crucial relationship of trust and confidence between patient and clinician is balanced with the clinician's professional duty of care and their responsibility to protect wider public safety.
- 10.2. In the event that a member of ELFT staff has concerns that a colleague patient, service user or carer may be at risk of being drawn into terrorism or may be vulnerable to grooming or exploitation by others, the primary point of contact will be the will be their Line Manager/ Named Professional for Safeguarding/ELFT PREVENT Lead.
- 10.3. If it is determined that a safeguarding referral needs to be made, it will be done in accordance with local inter-agency safeguarding procedures and will involve an initial referral to the relevant local authority Multi Agency Safeguarding Hub (MASH) or appropriate children or adult social care contact within the relevant local authority.
- 10.4. PREVENT referrals are confidential and take place in the non-criminal space. In many cases, no further action will be required, or the vulnerability is assessed as not related to radicalisation and the individual concerned is signposted to other support which may be required. All patient/staff information must be shared in accordance with General Data Protection Regulations (GDPR)/Data Protection Act 2018 /Caldecott Principles and Human Rights legislation and meet the same rigour required for sharing information for any other safeguarding concern.

11. Escalating Concerns in relation to Employees

- 11.1. Although there are relatively few instances of staff being at risk of radicalisation or encouraging others or become involved in extremist activity, it is still a risk that ELFT needs to be aware of and have processes in place within which to manage any concerns e.g. raising a safeguarding concern /PREVENT Concern.

- 11.2. Where any employee expresses views, brings material into ELFT premises uses or directs colleagues, patients, service users or carers to extremist websites or acts in other ways to promote terrorism, the trust will look to use at all potential safeguarding and non-safeguarding processes to address the concerns.
- 11.3. Where a staff member has a concern about a colleague, this should be raised with their Line Manager. The Line Manager will discuss the concerns with the Associate Director for Safeguarding Adults/Children, PREVENT Lead and Human Resources Department in the first instance. If deemed necessary, the *PREVENT* Lead will support the completion of/complete the relevant Raising a *PREVENT* Concern Referral Form/ Safeguarding referral form on behalf of the staff member.
- 11.4. The Associate Director/ PREVENT Lead will liaise with colleagues in the Local Authority social care teams to assess and manage any related safeguarding risks and, where appropriate, and or the Local Authority PREVENT Lead. The Human Resources Advisor will lead on advising the Line Manager in relation to the disciplinary process; should this be appropriate.

12. INFORMATION SHARING

- 12.1. Timely and effective information sharing has been identified as a key element within the PREVENT Duty. It is therefore vital that healthcare organisations are familiar with their organisational policies and procedures on information sharing and have arrangements in so that information can be shared with partners when necessary for PREVENT purposes. This should include clear guidance as to how PREVENT concerns are noted on patient records and handed over when patients are transferred.
- 12.2. Staff or other workers providing services on behalf of ELFT must ensure that they share information appropriately both professionally and legally when there is a safeguarding concern. This should be in line with [HM Governments Information Sharing Guidance June 2018: Dept. of Health NHS Confidentiality Code of Practice 2003](#) (as amended), [GMC Confidentiality: good practice in handling patient information guidance :May 2018](#) and relevant information sharing protocols.
- 12.3. *PREVENT* is based on the active engagement of the vulnerable individual and is at a pre-criminal stage before any crime has been committed, therefore *appropriate consent* should be obtained from the individual involved (or their parents or guardian if aged under 18 years) prior to a referral to PREVENT. This is both to comply with *NHS the Code of Practice on Confidentiality* and to establish an open relationship with the vulnerable individual at the start of the process.
- 12.4. However, if you consider that failure to disclose the information would leave individuals or society exposed to a risk or harm so serious that it outweighs the patient's and the *public*

interest in maintaining confidentiality, you should disclose relevant information promptly to an appropriate person or authority.

- 12.5. In cases where the vulnerable person lacks capacity to give consent, a PREVENT referral may be made without consent and in their best interests.
- 12.6. The decision and rationale for making a PREVENT referral without the individual's informed consent should be, subject to a case-by-case basis assessment which considers whether the informed consent of the individual can be obtained and the proposed sharing being necessary, proportionate and lawful. This should clearly be documented and recorded. This is described in greater detail in [GMC Confidentiality: good practice in handling patient information guidance](#) (See 19.0 Legislation Compliance & References).
- 12.7. Additionally agencies may share limited and proportionate information prior to seeking informed consent when this is urgently required to establish whether the case should be managed under *PREVENT* or as a counter terrorism case. Again, this must be carried out in line with the principles outlined in the *GMC Confidentiality Guidance*.
- 12.8. Where there is concern or evidence that an individual is engaged in the planning or undertaking of terrorist acts, then consent is not required to share any information that may be required to assess and manage the risk of a serious criminal offence occurring. In these cases, and to ensure the safety of other, the individual should not be informed that information is being shared, and the 7th Caldicott principle (i.e. that the duty to share information can be as important as the duty to protect patient confidentiality) should be applied.
- 12.9. If staff are not sure regarding information sharing or consent issues, they should seek advice from their organisational Caldicott Guardian or Information Governance Officer or Named Professionals for Safeguarding. All information sharing of patients personal or sensitive data must comply with all Caldicott Principles and the law.
- 12.10. Any disclosures or discussions on information sharing or consent must always be documented in the patient record.
- 12.11. In the event of a significant concern or immediate risk to others, which needs a more urgent PREVENT response (e.g. if there is a significant concern –particularly it is out of hours) there are some useful telephone numbers that you can call. Remember: -you should always trust your instincts.

The 101 number is designed encourage people to contact the police at an early stage to PREVENT or detect crime. In terms of PREVENT, the earlier authorities can be involved

the greater the chance we can intervene with partners and stop someone from being radicalised.

Confidential Anti-Terrorist Hotline

If you are suspicious that someone is being radicalised or that the call is terrorism related you can call the confidential Anti-Terrorist Hotline on 0800 789 321

In an emergency where you feel that there is an immediate terrorist threat please call 999

13. MULTI-AGENCY PARTNERSHIPS

13.1 PREVENT and Safeguarding have a multi-agency approach. The Trust is represented on relevant strategic partnership forums. Senior Directorate operational leads will attend local multi-agency groups. ELFT is represented on Local Safeguarding Children/Adults Boards which have a responsibility for overseeing policies and procedures relating to children and young people vulnerable to extremist activity or radicalisation.

14. MONITORING

Measurable policy objectives	Lead	Tool	Frequency	Reporting arrangements
Electronic incident report forms Datix	Datix Team	PREVENT should be a cause group on Datix. Daily review of Datix via the Referral/ Safeguarding inbox.	Daily	Escalation to senior member of Corporate Safeguarding Team to discuss further actions required
PREVENT referrals received into the Corporate Safeguarding Adults Team shared inbox	Corporate Safeguarding Adults Team	PREVENT referrals To be copied/ received into the team's secure inbox. The inbox is monitored daily via the team admins.	Daily	Escalation to senior member of Corporate Safeguarding Team to discuss further actions required
All Trust staff to completed appropriate levels of training	Area Managers /Service Leads	Managers' Training record and trust training records.	Ongoing review by Training and Development as advised by the SME's and Operational Managers	Training compliance will be incorporated into quarterly reporting Requirements.
PREVENT leads to e appointed for each	Locality Directors/Assistant Director/ Deputy	Reports/ Returns	Monthly and Quarterly	Business Meetings

directorate to monitor and ensure compliance.	Director/Service Manager			Directorate Management Team Meetings Health and Quality Committee
Trust staff to represent at Channel Panel, CONTEST Board, PREVENT Board and any other PREVENT related meetings.	Service Managers/Operational leads/Named Professionals and Associate Directors of Safeguarding	Minutes of the meeting.	Monthly and Quarterly	Report to the Safeguarding Committee and Quarterly PREVENT returns.
Individual Directorates to complete PREVENT returns.	Directors/ PREVENT Lead/Named Professionals for Adult Safeguarding	Quarterly Returns and Monthly Safeguarding Reports.	Quarterly and Monthly	Report to the Safeguarding Committee.

15. RELATIONSHIP WITH OTHER POLICIES

This policy should be read in conjunction with other related Trust Safeguarding policies and other related national guidance and legislation which safeguard and protect the rights of service users.

- ELFT Safeguarding Adults Policy
- ELFT Safeguarding Children Policy
- ELFT Information Sharing Policy
- ELFT Whistleblowing Policy
- ELFT Serious Incidents Policy

16. NATIONAL GUIDANCE

- Building Partnerships, Staying Safe, The health sector contribution to HM Government's PREVENT strategy: guidance for healthcare workers, Department of Health, November 2011
- PREVENT Strategy, HM Government, June 2011
- PREVENT Strategy: Equality Impact Assessment, HM Government, June 2011
- Channel: Vulnerability Assessment Framework, HM Government, October 2012
- Working Together to Safeguard Children, HM Government 2015
- Channel: Protecting vulnerable people from being drawn into terrorism – a guide for local partnerships, HM Government, October 2012
- Data Protection Act 1998
- Human Rights Act 1998
- Terrorist Act 2006

- Equality Act 2010
- Care Act 2014
- Counter-Terrorism and Security Act 2015

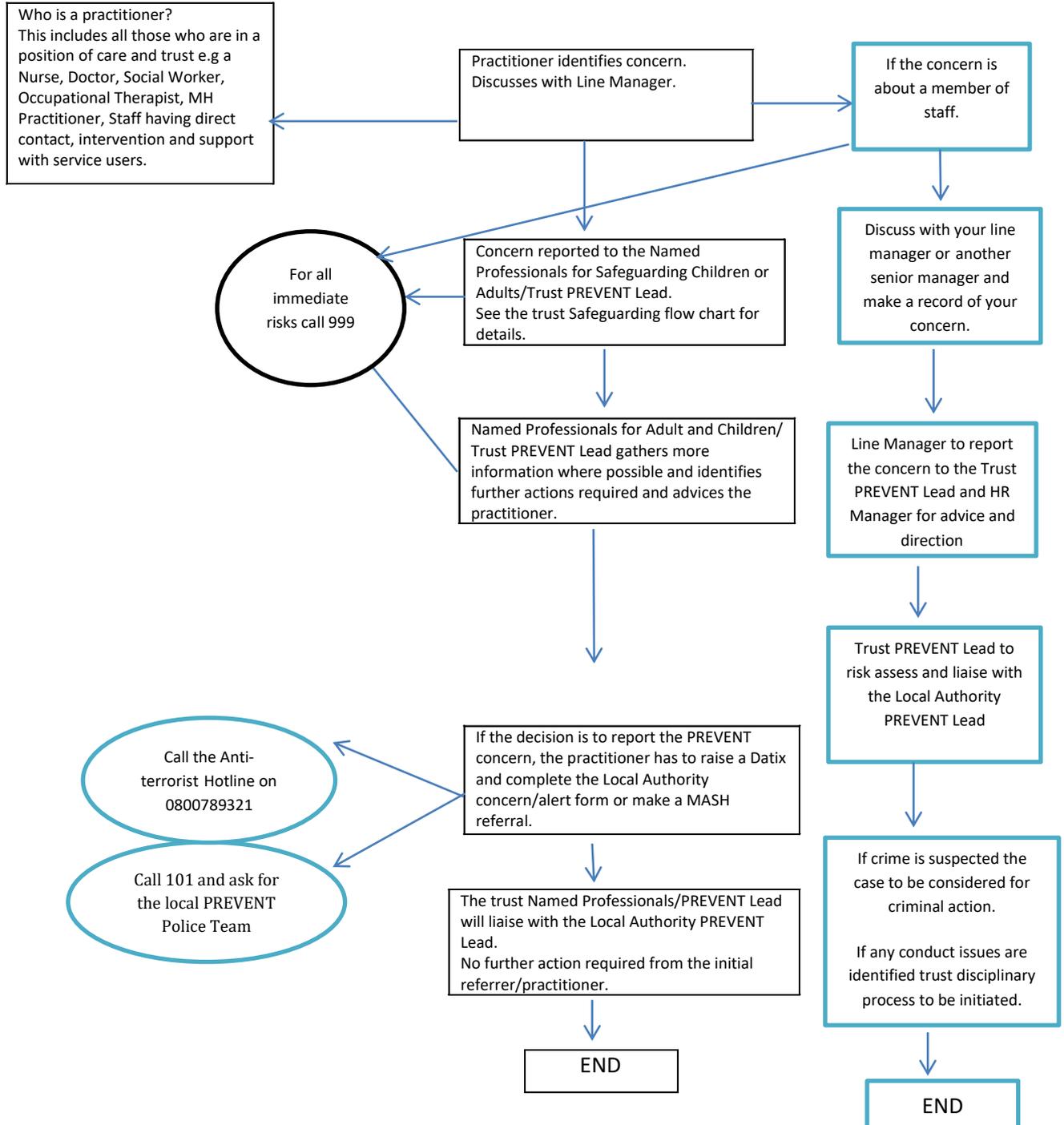
17. Policy review

The review of this Policy should take place once every three years and when necessary to align to any changes to relevant Policies and Procedures or changes to National policy or legislation.

18. Equality Impact Assessment

18.1. ELFT is committed to promoting an environment that values diversity. The Trust 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.

It is important for you as a practitioner knowing where to go if you have a concern that someone may be on route to radicalisation. Below is a flow chart which aims to show the process as to which you can follow if you did have a concern of this nature.





APPENDIX B

NHS England CHANNEL Referral Form

To submit send **TO** and **FROM** a secure email address

RESTRICTED when complete

DETAILS OF THE INDIVIDUAL BEING REFERRED INTO CHANNEL	
Name of the individual	Has the individual consented to be part of this process?
*	
Date of birth	Does the individual have mental capacity? (i.e. are they able to make decisions for themselves)
Address	Gender
DETAILS OF THE REFERRING ORGANISATION	
Name of the organisation making the referral	Date of the referral
Name of staff contact	Contact number
Secure email address (i.e. NHS net)	
REFERRAL FACTORS	
Please give a short description as to why the referral is being made and explore the following three supporting questions:	

SHORT DESCRIPTION

ENGAGEMENT - Is there any information to indicate that this individual is showing any signs of becoming involved with a group, cause or ideology that justifies the use of violence and other illegal conduct in pursuit of its objectives?

INTENT - Is there any information supporting that this individual has indicated that they may be willing to use violence or other illegal means?

CAPABILITY - Is there any information supporting what this individual may be capable of doing?

**Prevent Action Plan for ELFT
December 2019-20**

NO	ACTION	BY WHO	BY WHEN	PROGRESS	RAG
1	Use the Prevent Training and Competency Framework to map staff for the Basic Prevent Awareness Training (BPAT) and Workshop to Raise Awareness of Prevent (WRAP) training.	Safeguarding Team	Completed	Updated Competency framework obtained from NHS England.  prevent-training-competencies-framework	
2	Online/Face to face WRAP training is a mandatory requirement for all staff who have responsibility to assessing, planning, intervening and evaluating the needs of adults. This could range from staff members from band 4 and above.	Operational Teams	Completed	https://www.elearning.prevent.homeoffice.gov.uk/mentalhealth	
4	Prevent policy to be circulated to all staff members.	Operational Teams	Completed	 ELFT Prevent Policy 2017.pdf	
5	Guidance for mental health services in exercising duties to safeguard people from the risk of radicalisation	Team managers and ward managers with support from safeguarding team	Completed	 Guidance for MH services.pdf	

6	Ensuring all staff know where to find Prevent information and advice	Operational teams/Consultants/Clinicians	Completed	 Prevent leaflet (1).docx	
7	Prevent lead to provide monthly returns to CCG.	Prevent Lead	Ongoing	Monthly	
9	Quarterly WRAP training programme to be set up on a rolling basis to ensure that new staff are WRAP trained with the first 12 months of joining the trust.	Prevent Lead/Train the trainer qualified staff.	Ongoing	Quarterly	
10	Prevent lead to provide Quarterly returns to Unify2.	Prevent Lead	Ongoing	Quarterly	
11	Prevent Lead/ Safeguarding Adult and Children to attend Channel Panel.	Prevent Lead/Safeguarding Adult/Children	Ongoing	Monthly	
12	WRAP face to face training sessions to be set up by Prevent lead/Safeguarding Children's and Adults leads	Prevent Lead/Safeguarding Adult and Children's Leads	Completed	.	
13	TNA for Adult Teams in Luton completed by the Prevent Lead.	Prevent Lead	Completed		
14	TNA for CAMHS to be completed by Children's Safeguarding Lead.	31 st December 2017	Completed		
15	Operational Teams/Safeguarding teams to keep a local register of the staff who have completed the WRAP training and	Operational Teams/safeguarding Teams	Completed		