

ELFT PREVENT Policy

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

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Contents

Section Number	Title	Page Number
1	Purpose & Scope	4
2	Policy aim	4
3	Summary	4
4	Introduction	5
5	Definitions	7
6	Training	7
7	Roles & Responsibilities	8
8	Exploitation	11
9	Immediate Risks	14
10	Procedure	14
11	Raising a PREVENT concern for people that receive services through ELFT	16
12	Escalating concerns relating to employees	17
13	Information sharing	17
14	Multi-agency partnership	19
15	Monitoring	19
16	Relationships with other policies	20
17	National guidance	21
18	Policy review	21
19	Equality impact assessment	21
20	Mental Capacity	21
Appendices	Appendix A: PREVENT Concerns Referral Process to Channel Appendix B: Local PREVENT referral process Appendix B(a): Bedfordshire PREVENT referral pathway Appendix B(b): Hackney PREVENT referral pathway Appendix B(c): Tower Hamlets PREVENT referral pathway Appendix B(d): Newham PREVENT referral pathway Appendix C: NHS England CHANNEL Referral Form Appendix D: PREVENT action plan Appendix E: PREVENT Ideologies Appendix F: Channel Panel	23

1. PURPOSE AND SCOPE

- 1.1** 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.

2. POLICY AIM

- 2.1** 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.
- 2.2** 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.
- 2.3** 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.
- 2.4** This Policy also sets out how *PREVENT* related referrals or requests for information from external agencies will be managed by ELFT (See Appendix A).
- 2.5** 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.

3. SUMMARY

- 3.1** 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.

- 3.2** 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

- 3.3** 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.

4. INTRODUCTION

- 4.1** 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.

- 4.2 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.
- 4.3 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.
- 4.4 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
- 4.5 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.
- 4.6 When raising a concern or completing a PREVENT referral form, a DATIX Incident Report must be completed.
- 4.7 **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.

5. Definitions

- 5.1 **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”.
- 5.2 **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”.
- 5.3 **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”.
- 5.4 **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 (see Appendix E : Ideology).
- 5.5 **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.
- 5.6 **Vulnerability** - Within PREVENT, this term describes factors and characteristics which may make an individual more susceptible to radicalisation (Home Office, 2011).
- 5.7 **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.

6. TRAINING

- 6.1 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.
- 6.2 The trust also maintains a training needs analysis and a PREVENT action plan to monitor the compliance of the policy.

- 6.3 The PREVENT awareness training is mandatory for all trust staff, including volunteers.
- 6.4 All the trust staff have to complete the Basic PREVENT Awareness level 1-2.
- 6.5 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 Level 3.
- 6.6 Mental Health staff can access the online eLearning PREVENTing Radicalisation (Mental Health): Level 3.
- 6.7 Staff can also access training provided by Local Safeguarding Children/Adult Boards.

7. ROLES AND RESPONSIBILITIES

7.1 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.

7.2 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.

7.3 Chief Executive

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

7.4 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.

7.5 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.

7.6 Corporate Safeguarding Team

- ELFT's Corporate Safeguarding Teams 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 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.

7.7 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.

7.8 Directorate Lead/Assistant Directors

Direktorate 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.

7.9 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).

8. EXPLOITATION

8.1 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.

8.2 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>

8.3 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 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.

8.4 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

9. IMMEDIATE RISKS

- 9.1** 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.

10. PROCEDURE

- 10.1** 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.

- 10.2** The PREVENT referral process can be described in three stages; notice, check and share.

10.3 Notice

Be aware of an individual’s vulnerability to radicalisation, changes in behaviour, ideology and other forms of extremism.

10.4 Check

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.

10.5 Share

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.

10.6 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. Local procedure may vary, it is important that staff follow the appropriate local procedure for raising PREVENT concerns, please see Appendix B.

10.7 Channel Panel

10.7.1 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 (See Appendix F: Channel panel).

10.7.2 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.

10.7.3 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.

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

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

10.7.6 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.

10.7.7 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 18.

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

- 11.1** 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 to 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.
- 11.2** 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.
- 11.3** If it is determined that a safeguarding referral needs to be made, it will be done in accordance with local inter-agency safeguarding procedures, please refer to Appendix B.
- 11.4** All patients open to ELFT community mental health services and who are accepted onto the Channel process, should automatically be placed onto CPA or related process and assigned a care coordinator. This is to ensure regular monitoring, risk assessment and liaison with partner agencies. The assigned care coordinator or team manager are responsible to attend any Channel panel meetings where the patient is being discussed.
- 11.5** 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.

12. Escalating Concerns in relation to Employees

- 12.1** 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.
- 12.2** 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.
- 12.3** 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.
- 12.4** 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.

13. INFORMATION SHARING

- 13.1** 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 place 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.
- 13.2** 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), [PREVENT and the Channel Process in the NHS: information sharing governance Sept 2022 \(Link:](#) <https://www.gov.uk/government/publications/prevent-and-the-channel-process-in-the-nhs-information-sharing-and-governance/prevent-and-the-channel-process-in-the-nhs-information-sharing-and-governance#executive-summary>) and relevant information sharing protocols.

- 13.3** **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.
- 13.4** 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.
- 13.5** In cases where the vulnerable person lacks capacity to give consent, a PREVENT referral may be made without consent and in their best interests.
- 13.6** 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.
- 13.7** 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.
- 13.8** 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 others, 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.
- 13.9** 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.
- 13.10** Any disclosures or discussions on information sharing or consent must always be documented in the patient record.
- 13.11** In the event of a significant concern or immediate risk to others, which requires 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.
- In an emergency where you feel that there is an immediate terrorist threat please call 999
 - 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

- 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.

14. MULTI-AGENCY PARTNERSHIPS

- 14.1** 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.

14.2 Contributing to Counter Terrorism Local Profile (CTLP)

- CTLP are produced annually and provide a strategic overview of the threat and vulnerability from terrorism related activity within the local area at a given time. This enables the local system partners to plan activity to address threats and risks strategically.
- CTLPs provide partners with a practical and consistent approach to sharing Counter-Terrorism related information to help them target activities and resources as effectively as possible.
- ELFT therefore attends CTLP briefings that are arranged via the Channel Panel.

15. 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	Corporate Safeguarding Team	PREVENT referrals	Daily	Escalation to senior member of Corporate

received into the Corporate Safeguarding Adults Team shared inbox		To be copied/received into the team's secure inbox. The inbox is monitored daily via the team admins.		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 be appointed for each directorate to monitor and ensure compliance.	Locality Directors/Assistant Director/ Deputy Director/Service Manager	Reports/ Returns	Monthly and Quarterly	Business Meetings 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.

16. RELATIONSHIP WITH OTHER POLICIES

- 16.1** 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
- ELFT Allegations Against Staff Policy

17. 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
- Domestic Abuse Act 2021

18. POLICY REVIEW

- 18.1** 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.

19. EQUALITY IMPACT ASSESSMENT

- 19.1** 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.

20. Mental Capacity

The Trust supports the following principles, as set out in the Mental Capacity Act (2005):

- A person must be assumed to have capacity unless it is established that they lack capacity
- A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success
- A person is not to be treated as unable to make a decision merely because they make an unwise decision

- An act completed, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in their best interest
- Before the act is completed, or the decision made, regard must be had as to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

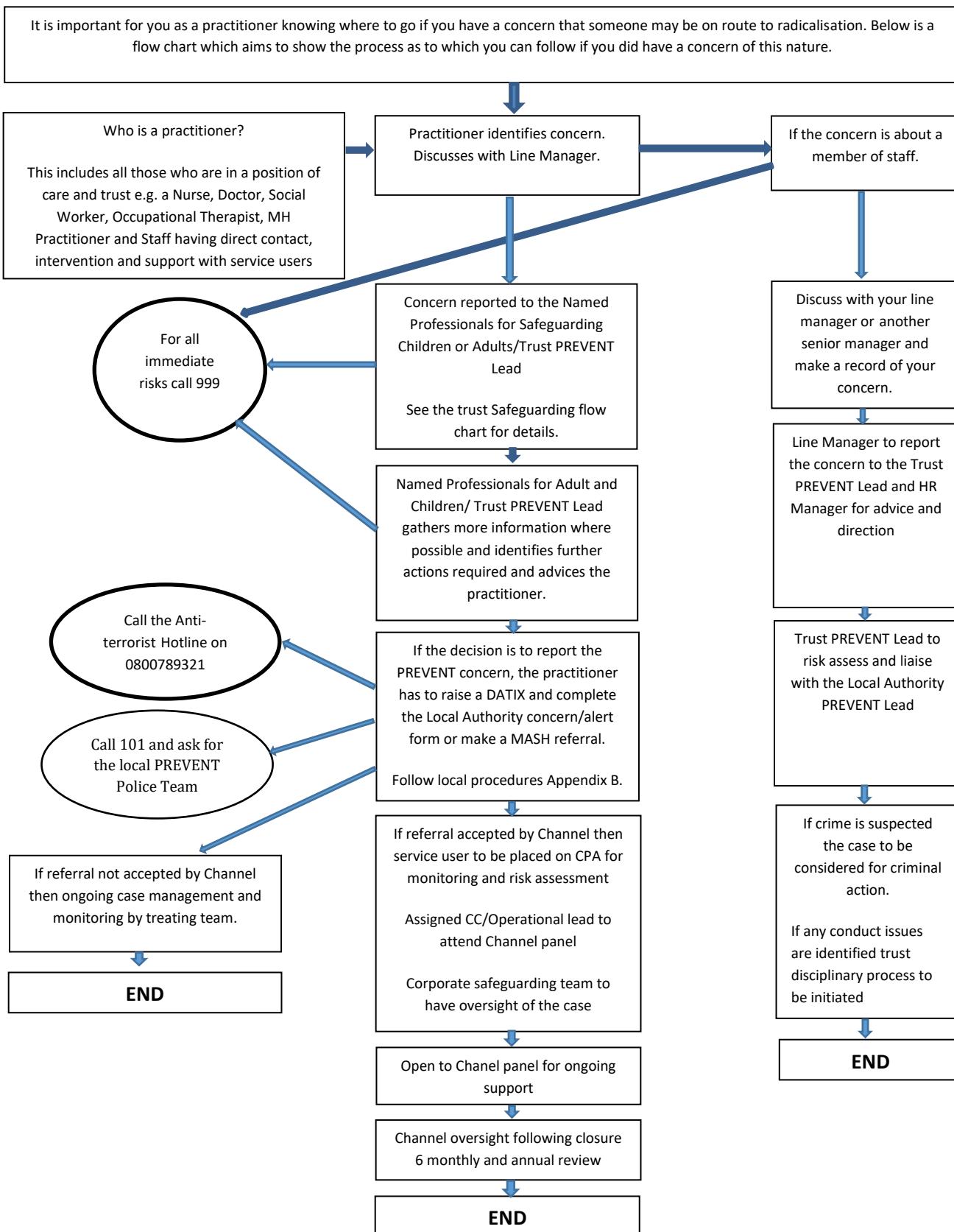
Clinicians should pay particular attention to any person who is identified as being vulnerable to exploitation and who is assessed as lacking mental capacity (for what it is decision specific). In these circumstances if there is a concern relating to radicalisation or extremism, referral should be made as soon as possible.

Any related relevant information must be made clear when raising and escalating concerns and associated Mental Capacity Act (2005) procedures.

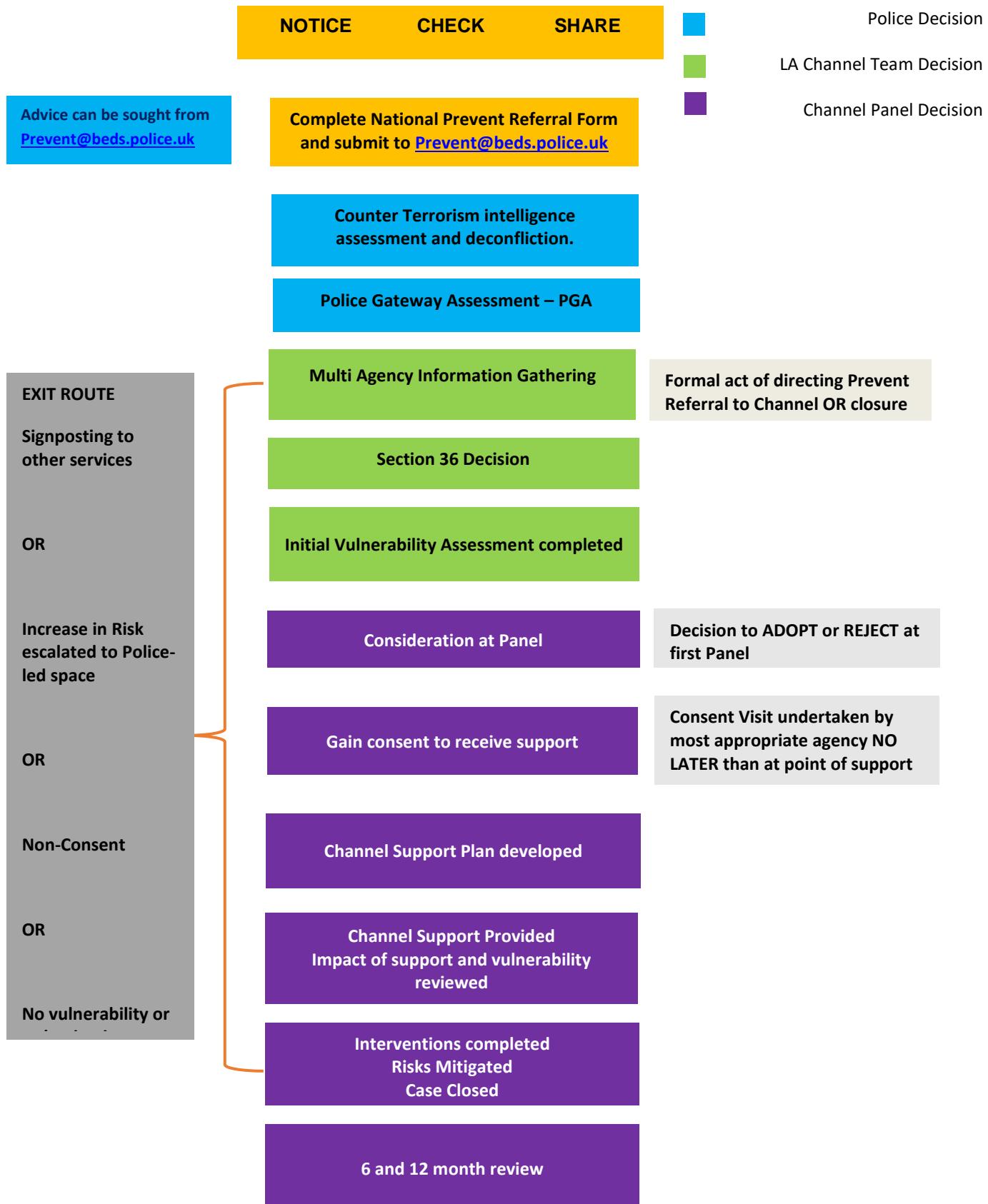
Any other associated adult and/or child safeguarding concerns must be raised following identified procedures.

Appendix A. PREVENT Referral Process

PREVENT Concerns Referral Process to Channel



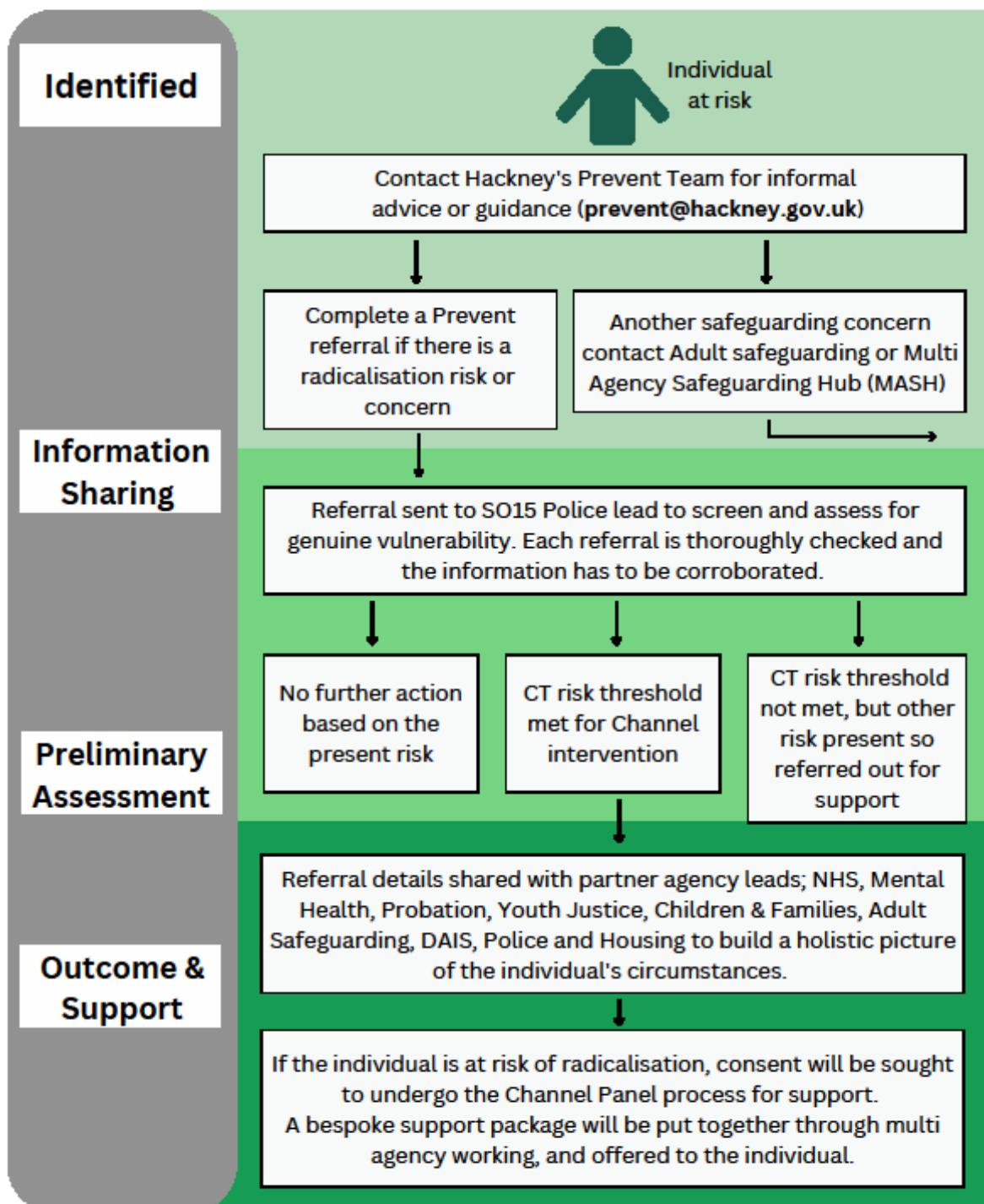
Appendix B(a): Bedfordshire PREVENT Referral Pathway



Appendix B(b): Hackney PREVENT Referral Pathway

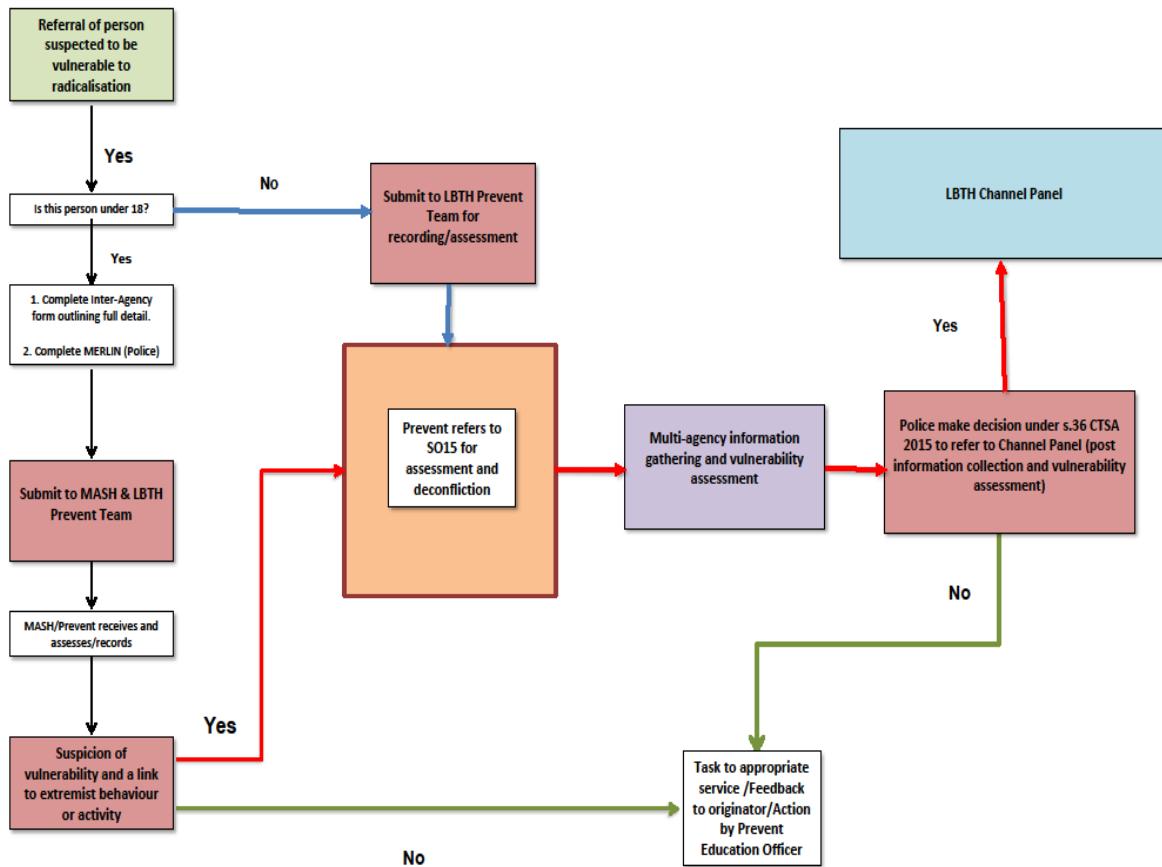


Prevent Referral Pathway



KEY CONTACTS - MASH: MASH@hackney.gov.uk | Adult Safeguarding: adultprotection@hackney.gov.uk

Appendix B(c). Tower Hamlets PREVENT Referral Pathway



Appendix B(d). Newham PREVENT Referral Pathway

Newham PREVENT Referral Pathway

Follow the below link for information on Newham local referral options

<https://www.newham.gov.uk/health-adult-social-care/safeguarding-prevention/7>

Safeguarding and prevention

Contents

1. Safeguarding and prevention
2. Newham High Risk Panel
3. Allegations against People in Positions of Trust
4. Fire safety at home
5. Nutritional support for adults at risk
6. Self-neglect and hoarding
7. You are here: Supporting adults at risk of radicalisation
8. Missing people - The Herbert Protocol
9. Hate Crimes, Mate Crimes and Cuckooing
10. E-bike and e-scooter safety

Supporting adults at risk of radicalisation

BSL Support

On this page you will find links to resources to support with the Prevent strategy. The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people:

- Being radicalised
- Becoming terrorists
- Supporting terrorism.

Prevent is one of the four elements of **CONTEST**, the UK's counter-terrorism strategy launched in 2006 to combat violent and non-violent extremism. It is a four-pronged strategy that includes:

1. Protect: To strengthen our protection against terrorist attacks
2. Prepare: Where an attack cannot be stopped, to mitigate against its circumstances
3. Pursue: To stop terrorist attacks
4. Prevent: to reduce the number of people becoming or supporting violent extremists, bottom of the pyramid, operates in the pre-criminal space.

How Prevent operates

Prevent is unique in that it operates in the pre-criminal space, i.e. before a crime has been committed. Prevent revolves around the below three stands of work:

- Ideology: Respond to the ideological challenge of terrorism and the threat we face from those who promote it
- Individuals: Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support
- Institutions: Work with sectors and institutions where there are risks of radicalisation which we need to address.

Since July 2015, section 26 of the Counter-Terrorism and Security Act 2015 has come into effect, thus rendering Prevent a statutory duty for local authorities, educational provisions, the health sector, police and prisons.

This, in effect, means all of these sectors are now obliged by law to have "due regard to the need to prevent people from being drawn into terrorism."

Newham Adults Multi Agency Safeguarding (MASH) Team

Staff and provider organisations should consider, or discuss with Newham Adults MASH Team, how reliable or significant these changes are.

Team members are available to:

- Discuss any potential concerns
- Put the staff member in touch with local and regional advisers with relevant experience and expertise.

How to raise a referral

Anyone, including members of the public or professionals/staff members who are concerned that a person is at risk of radicalisation or may have become radicalised should make a PREVENT referral using our online form:

Prevent referral form

Newham PREVENT Referral

https://newham-self.achieveservice.com/service/PREVENT_Referral_Form?src=adults

APPENDIX C

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?

Appendix D

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.	
2	Online 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		
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 Quarterly returns to Unify2	Prevent Lead	Ongoing	Quarterly	
8	Operational and Safeguarding Adult and Children's staff to attend Channel Panel.	Prevent Lead/Safeguarding Adult/Children	Ongoing	Monthly	

Appendix E: **PREVENT Ideologies**

Prevent: Ideologies

Animal rights extremists and environmental extremists

Some animal rights extremists and environmental extremists believe violence is needed to stop those they think are hurting animals or the environment. These violent extremists usually don't seek to kill or injure people, but their crimes, which include property damage, vandalism, threats, cyber-attacks and arson, cause millions of pounds in damage. Violent animal rights extremists attack those they believe to be linked to the abuse of animals whilst environmental extremists target those they believe to be destroying the environment.

The far right

The far right or extreme right is a label used to identify parties and movements based on fascist, racist or extremely reactionary ideologies. Officially those on the far right embrace the concept that one group is better than another. They favour concepts such as white supremacy, segregation, mass deportation of non-white people and sometimes even genocide.

The left wing

An umbrella term for anti-fascist groups with the intention of de-stabilising democracy, law and order and even governments. This could be by stealing data, digitally destabilising powerful organisations like hospitals and the police or fuelling opportunities for confrontation by countering far right events.

Northern Ireland-related terrorism

Northern Ireland-related terrorism continues to pose a serious threat. Although the Provisional Irish Republican Army (PIRA) has ceased its terrorist campaign and is now committed to the political process, some dissident republican groups continue to mount terrorist attacks, primarily against the security forces.

International terrorism

International terrorism from groups such as the Islamic State in Iraq and the Levant (ISIL) and Al Qaeda present a threat in the UK. They hold territory in places without functioning governments, making it easier for them to train recruits and plan complex, sophisticated attacks. Drawing on extreme interpretations of Islam to justify their actions, these groups often have the desire and capability to direct terrorist attacks against the west, and to inspire those already living there to carry out attacks of their own. Groups operate globally and are very active however, we hear most about them when there are western attacks that are close to home.

Mixed, unclear and unstable ideologies

Individuals with mixed, unclear and unstable (MUU) ideologies represented half of all referrals to Prevent in the year ending March 2020. Numbers are increasing of individuals who hold a worldview with elements of more than one ideology (mixed), no clear ideology (unclear), or who switch from one ideology to another (unstable). Evidence from Channel practitioners suggests vulnerable individuals without clear ideologies can be strongly influenced by previous high-profile cases of mass violence. There are consistent themes in the content produced by those who go on to perpetrate or attempt mass violence. This includes an adulation of mass killers, coupled with a morally accepting attitude towards mass murder, often along with a generalised or specific hatred towards a particular group of people based on grievance.

Incels

Incels are an online community of misogynistic boys and men who consider themselves unable to attract women sexually. They are typically associated with views that are hostile towards women and men who are sexually active. This can often lead to the verbal shaming of, promotion of physical punishment of women and in extreme cases to sexual assault and beyond. Incels tend to be between the ages of 13 and 30, and in the most popular online communities around 50 per cent come from Europe, 38 per cent from the USA and 12 per cent from elsewhere around the world.

Incels often blame women for their celibacy and come to resent the upward mobility of females in society, harbouring violently misogynistic views. Several high-profile attacks and mass shootings have been attributed to Incels. There is also some cross over in parts of the subculture with right wing extremism. Merely identifying with these groups does not in itself make a person an extremist - some elements of the Incel community are rooted in a relatively harmless, satirical meme culture.

Appendix F: Channel Panel

What happens to a referral?

All referrals are carefully assessed by the police and the local authority to see if they are suitable for Channel or may require another intervention. If suitable, the case is discussed with all relevant partners at a Channel panel to decide what support, if any, is needed. Referred individuals are informed and must give consent (or via a parent or guardian if they are children) before an intervention can take place.

How does a Channel panel work?

The Channel panel is chaired by the local authority and works with multi-agency partners to collectively assess the risk to an individual and decide whether an intervention is necessary. If a Channel intervention is required, the panel works with local partners to develop an appropriate tailored support package. The support package is monitored closely and reviewed regularly by the Channel panel.

Who sits on a Channel panel?

The Channel panel is chaired by the local authority and can include a variety of statutory partners such as the police, children's services, social services, education professionals and mental health care professionals.

What kind of support is offered via Channel?

The type of support available is wide-ranging, and can include help with education or career advice, dealing with mental or emotional health issues, drug/alcohol abuse, online safety training for parents and specialist mentoring from a Channel intervention provider.

A Channel journey

If you've been referred into Prevent, don't worry. This may mean someone is worried that you might be vulnerable to being groomed into extremism. This could be online or in person, by someone you know, by a stranger, or even by what you are reading or watching. You may not feel like this is happening to you, and on some occasions it might not be, but just to make sure we may need to do some checks. Although these checks are being made, remember that your information remains confidential, and it does not mean you are being accused of a criminal offence.

Channel panel

After the checks, if we're still concerned we will refer you to something called a Channel panel. A Channel panel is run by your local council and is a group of people from different services, such as schools, the local council, healthcare and the police. This group meet regularly to explore how best to help people that have been referred just like you. The people at the panel will decide if they can offer any support that could help you and build up your resilience to grooming and radicalisation.

First conversations

If we feel the Channel panel can offer you some extra help, someone called a Channel co-ordinator will get in touch with you or your parent or guardian. This may be the first time you hear about your referral, and that's okay. The Channel co-ordinator will give you information about the ways the Channel panel can help, and will ask for you, or your parent's consent. You can let the Channel co-ordinator know if there is anything you would like the panel to do for you. You don't have to consent, but most people do. It's up to you.

Individual support

If you agree you would like this extra help, we will then have another discussion at the Channel Panel to see the best ways to help you. This might include inviting any service that has been working with you along to it. The Channel co-ordinator will also let the panel know any help and support you have asked for. From all this information, the panel will start to build a plan which would help you in the best way possible. This will be specific to you and your needs.

If you choose to take up the support, it should start pretty quickly. If you are a child or young person, your plan may include:

- Help with school or college
- Careers advice
- A youth worker
- Opportunities to access activity groups
- Physical or mental health support
- Something called an IP.

An IP is an intervention provider. All that means is a specialist mentor who meets with you one to one and can help you explore some of the thoughts and feelings you may have about the world around you.

If you are an adult your support may include:

- Help with education
- Skills or employment
- Money advice
- Housing help opportunities to access activity groups
- Physical or mental health support
- An intervention provider (IP).

Ongoing support

The Channel panel will continue to support you and make sure your plan is working for what you need. The panel will discuss how this is going for you on a regular basis. You will remain open to the panel for as long as you need the support.

Finishing with Channel

There will come a time where you may no longer need our support. You may still want to work with some of the agencies that have been helping you, but the Channel panel will no longer oversee this. Of course, we will tell you when this happens and will make sure you are fully supported going forward.

Six month and 12 month check in

After six and 12 months, we will check in with you to make sure everything is still okay. If you need some more support, we can help. If you don't, your case will remain closed.