South Central Ambulance Service
NHS Foundation Trust

# CSPP 26
# PREVENT Policy

| DOCUMENT INFORMATION | |
|---|---|
| **Author:** | Antony Heselton Head of Safeguarding and Prevent |
| **Ratifying committee/group:** | Patient Safety Group |
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# 1. Introduction

## 1.1 Contest

The Government's national counter terrorism strategy, aims to reduce the risk to the United Kingdom and its interests overseas from international terrorism, so that people can go about their lives freely and with confidence. This strategy is set out in the HM Governments Prevent Duty Guidance 2015. These forms of terrorism include:

- Far Right extremist
- AL-Qaida influenced groups
- Environmental Extremists
- Animal Rights Extremists

CONTEST has four work streams:

- Pursue: to stop terrorist attacks
- Protect: to strengthen our protection against terrorist attack
- Prepare: where an attack cannot be stopped, to mitigate its impact
- Prevent: to stop people becoming terrorists or supporting terrorism

(Appendix 8)

## 1.2 Prevent Strategy

*Prevent* is a Government strategy and is led by the Home office. (DoH Cm8092, 2011) *Prevent* focuses on working with individuals and communities who may be vulnerable to the threat of violent extremism and terrorism. Supporting vulnerable individuals and reducing the threat from violent extremism in local communities is priority for the health service and its partners.

The overall aim of the *Prevent* strategy is to prevent people becoming terrorists or being involved in supporting terrorism or violent extremism. In order to achieve this aim, there are 5 national strategic objectives as follows:

1. Challenge the ideology behind violent extremism and support mainstream voices.
2. Disrupt those who promote violent extremism and support the places where they operate.
3. Support individuals who are vulnerable to recruitment or have already been recruited by violent extremists.
4. Increase the resilience of communities to violent extremism.
5. Address grievances that ideologies are exploiting.

The Prevent strategy supports the reduction of racism and inequalities and promotion of cohesion.

### 1.3 Health Engagement and the Prevent Strategy 2011

The health sector is a key strategic partner in Prevent and by working with other public sector; it can help protect vulnerable individuals and those around them from exploitation or harm.

The main principle of Prevent is to improve health and well-being through the delivery of health care while safeguarding vulnerable individuals. Health care staff may meet and treat people who are vulnerable to radicalisation. Therefore , as part of the health sector contribution , where staff have concerns around the safety of a vulnerable individual there is a framework in place to enable concerns to be raised , which will also assist in the identifying the risk to the vulnerable individual and / or staff and the organisation. This in turn will ensure that those who are at risk or have been influenced by violent extremists will receive help and support from those partners best places to meet the identified need. (Appendix 6)

This can be achieved by employing appropriate and safe information sharing process as well as building on existing partnerships with other Prevent partners. (Appendix 7)

There is a need to balance clinical, professional, individual and organisational responsibilities and staff will need to work within.

• The appropriate codes of conduct on confidentiality.

• Organisational governance and risk structures and mechanisms.

• Multi- professional / multiagency case management of vulnerable individuals.

• Relevant legislation.

It is necessary to make it more difficult for violent extremists to use the health environment as a recruiting ground. Health care organisations are expected to:

• Assess the risk and vulnerability within their own organisation and will need to put in place policies and procedures that make it harder for radicalises to recruit individuals within the organisation.

• Identify whether there are any structural inequalities or discrimination in the course of service delivery that may contribute to genuine grievances among vulnerable communities, patient and staff. (Appendix 9)

## 2. Scope

2.1 This policy applies to all staff employed within the Trust, either directly or indirectly, and to any other person or organisation that uses Trust premises for any purpose.

## 3. Aim

3.1 The purpose of this policy is to identify how staff will be supported to develop an understanding of the *Prevent* Strategy and how they can utilize their existing knowledge and skills to recognize that someone may have been or is being radicalised. The policy will build on existing safeguarding polices and procedure which are already in place within the Trust.

### 3.2 *Prevent* Strategy Key Objectives.

1. Challenge the ideology that supports terrorisms and those who promote it.

2. Prevent vulnerable individuals from being drawn into terrorism and ensure that they are given appropriate advice and support.

3. Work with sectors and institutions where there are risks or radicalisation.

Health sectors are expected to be involved in delivering objectives 2 and 3 only

## 4. Roles and Responsibilities

This policy applies to all staff employed within the Trust, either directly or indirectly, and to any other person or organisation that uses Trust premises for any purpose. Preventing someone from becoming a terrorist or supporting terrorism is no different from safeguarding vulnerable individuals from other forms or exploitation. Therefore, this policy sits along the Trust's Safeguarding policy .

### 4.1 **Chief Executive and the Trust Board**

The Chief Executive and Trust Board have ultimate accountability for actions and inactions in relation to this policy.

### 4.2 **Head of Safeguarding and Prevent Lead**

To ensure that the aims of this policy are implemented across the Trust, provide support and professional advice to all staff, managers and executive team on matters regarding safeguarding and the Prevent strategy.

### 4.3 **Directors, Assistant Directors and Heads of Service**

Be familiar with policy and aware of their own responsibilities. Ensure that staff undertakes Prevent training TNA Have an understanding of the referral process regarding Prevent and who are the key contacts to seek advice and support from.

### 4.4 **Senior Managers for all areas of the Trust**

Be familiar with policy and aware of their own responsibilities. Ensure that staff undertake *Prevent* training TNA Have an understanding of the referral process regarding *Prevent* and who are the key contacts to seek advice and support from

4.5 **Human Resources Director/ Managers**

Be familiar with policy and aware of own responsibilities. Ensure that recruitment and induction arrangements operate in accordance with relevant regulations for the conduct and vetting of staff .Provide management information on staff training, and compliance.

4.6 **All Staff**

Be familiar with policy and awareness of own responsibilities.

## 5. Definitions

5.1 **Vulnerable Adult** - A person over the age of 18years who or may be in need of community care services (including health care) by reason of mental or other disability , age or illness, and who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation.. The Care Act 2014 uses eligibility criteria to determine an adult's needs to function fully as an adult with or without care and support but does not define an adult as vulnerable.

5.2 **Safeguarding Children** - Child/ Children, the definition of child is "anyone who has not yet reached their 18th birthday" (Children's Act 1989 & 2004)

5.3 **Terrorism** - Is defined in the Terrorism Act 2000(as amended in the Counter Terrorism and Securities Act 2015) as an action that endangers or causes serious violence to a person or people causes serious damage to property or seriously interferes or disrupts an electronic system. The use of threat must be designed to influence the government or to intimidate the public and is made for the purpose of political, religious or ideological gain.

5.4 **Radicalisation** - Refers to the process by which people come to support terrorism and forms extremism leading to terrorism

5.5 **Extremism** - Is vocal or active opposition to fundamental values including democracy, the rules of law, Individual liberty and mutual respect and tolerance of different beliefs and faiths. Also included are extremism calls for death to members of the armed forces, whether in this country or overseas.

5.6 **A Prevent Concern**- Does not have to be proven beyond reasonable doubt, however it should be based on something that raises concern which is assessed using existing professional judgement from health or social care staff.

5.7 **Vulnerability and Prevent** - A person who is susceptible to extremist's message and is at risk of being drawn in to terrorism or supporting terrorism at a point in time.

## 6. Abbreviations

All abbreviations within the policy are written in full.

## 7. POLICY PROCESS

### 7.1 **Exploitation**

Evidence suggests that there is no obvious profile of a person who is likely to become involved in a terrorist-related activity, or single indicator of when a person might move to support extremism.

However, the increasing body of information indicates that factors thought to relate to personal experiences of vulnerable individuals affect the way in which they relate to their personal environment and may make them susceptible to exploitation or supporting terrorist activities. Vulnerable individuals who may be susceptible to radicalisation can be patients, carers and/or staff (Appendix 9).

Should any member of staff develop concerns arising from changes in an individual's behaviour which indicates that they may be drawn in to violent extremism, they will need to take in to consideration how reliable or significant these indicators are.

### 7.2 **Indicators of concern**

Indicators that staff may observe or identify regarding individuals behaviour or actions may include:

- Graffiti symbols, writing or artwork promoting violent extremist messages or images.
- Patients/staff accessing violent extremist material on line, including social networking sites.
- Parental / family reports of changes in behaviour, friendships or action and requests for assistance.
- Patients voicing opinions drawn from violent extremist ideologies and narratives.
- Use of extremist or hate terms to exclude others or incite violence.
- Harmful influences on vulnerable individuals from staff, colleagues, volunteers, parents, spouse, family members, friends, external groups of other patients.
- Inappropriate use of the internet on Trust premises.
- External groups using the Trust premises for meetings, distributing violent extremist materials.

(Appendix 9)

### 7.3 **The Internet and Prevent**

Vulnerable individuals may be exploited in many ways by radicalisers and this could be through direct face to face contact, or indirectly through the internet, social networking or other media.

Access to extremist material is often through leaflets and local contacts. However, the internet plays an important role in the communication of extremist views. It 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 is not always possible to regulate.

Trust staff 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 radicalising process.

A dedicated website to report online content that may be illegal is available at www.direct.gov.uk/en/CrimeJusticeAndTheLaw/Counterterrorism/DG_183993

### 7.4 **The Role of the Trust and Delivering the Prevent Strategy**

Radicalisation is a process not an event, and there is no single route or pathway to radicalisation. Evidence indicates that that those targeted by radicalisers may have doubts about what they are doing. It is because of this doubt that frontline healthcare workers need to have mechanisms and interventions in place to support an individual being exploited and to help them move away from terrorist activity. Thus, the Trust has a duty to ensure safe environments where extremists are unable to operate. It is essential, therefore, that all the staff know how they can support vulnerable individuals (patients, carers or members of staff) who they feel may be at risk of becoming a terrorist or supporting extremism. *Prevent* is an on-going initiative and designed to become part of the everyday safeguarding routine for NHS staff.

Trust Board level leadership and responsibility for *Prevent* rests with the Executive Director of Quality & Patient Care. The Trust Board will receive regular reports on *Prevent* related matters.

The Trusts Head of Safeguarding and Prevent has been identified as the Single Point of Contact (SPOC) for *Prevent* and will work in partnership with Safeguarding colleagues across the Trust.

Quarterly reports on *Prevent* related referrals and the numbers of staff undertaking the Home Office and Department of Health Workshop to Raise Awareness of *Prevent* (Health WRAP) training will be reported to the Regional Prevent Co-ordinator for South Central, in line with NHS England guidance.

Anonymised information regarding *Prevent* related incidents, *Prevent* training data and *Prevent* related infrastructure changes/challenges, will be included in the Safeguarding Lead's regular report to the Patient Safety Group.

## 7.5 **Raising Prevent Concerns**

### 7.5.1 **Patients**

In the event that a member of Trust staff has concerns that a patient, or carer may be at risk of being drawn into terrorism, has begun to express radical extremist views or may be vulnerable to grooming or exploitation by others for the purpose radical extremist intent, the primary point of contact will be the Trust's Prevent Lead who will manage such enquires with support from the Assistant Director of Patient Care.

All concerns should be escalated, clearly identifying the precise nature of the concerns. This should be discussed where-ever possible with the member of staff's line manager or supervisor prior to referral. (Appendix 6)

If the Prevent Lead determines that a safeguarding referral needs to be made, it will be done in accordance with local inter-agency safeguarding/ Prevent referral procedures.

The Head of Safeguarding and Prevent Lead will ensure that there is appropriate feedback to the member of staff raising the concern. The Head of Safeguarding and Prevent will advise on appropriate support for staff and the vulnerable individual.

### 7.5.2 **Radicalisation and Children**

Health care professionals may meet and treat people who are vulnerable to radicalisation including children. Working Together to Safeguard Children states "Experience *suggests that young people from their teenage years onwards can be particularly vulnerable to getting involved with radical groups through direct contact with members, or increasingly through the internet. This can put a young person at risk of being drawn in to criminal activity and has the potential to cause significant harm"*

### 7.5.3 **Escalating Concerns In Relation to Employees**

Although there are relatively few instances of Healthcare staff radicalising others or being drawn into extremist acts, it is still a risk that the Trust needs to be aware of and have processes within which to manage any concerns e.g. disciplinary action. Where any Trust employee expresses views, brings material into the organisation, uses or directs patients to extremist websites or acts in other ways to promote terrorism, the Trust will look to use non-safeguarding processes in order to address the concerns.

Where a staff member has a concern about a colleague, this should be raised with their line manager. HR/C10 – Whistleblowing Policy can be referenced and used for reporting concerns. The line manager will discuss the concerns with the Trust's Head of Safeguarding and Prevent Lead and Human Resources Advisor in the first instance.

The Prevent Lead will assess and manage any related safeguarding risks and, where appropriate, the Police Prevent Lead will be contacted. The Human Resources Advisor will lead on advising the line manager in relation to the disciplinary process should this be appropriate.

All Prevent concerns must be discussed/ emailed to safeguarding@scas.nhs.uk

### 7.5.4 **Partnership Working**

It should be stressed that there is no expectation that the Trust will take on a surveillance or enforcement role as a result of Prevent. Rather, it must work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals and making safety a shared endeavour. The Prevent Lead will engage with partnership groups with the responsibility to share concerns raised within the organisation including the Police Prevent Steering Group.

The Head of Safeguarding and Prevent Lead will represent the Trust on Local Prevent Steering Groups and inter-agency meetings.

### 7.5.5 **Information Sharing**

In providing care, the Trust will at times develop partnerships with other agencies to ensure an individual gets the care they need. Being influenced or radicalised by extremism relates to adverse effects upon the individual, family members, the local community and/or the potential creation of unacceptable risk to public protection.

The ultimate responsibility for information sharing in a health care organisation is with the Caldicott Guardian. In the Trust, the Caldicott Guardian is the Executive Director of Patient Care and Service Transformation.

Please see Data Protection and Confidentiality Policy.
(Appendix 7)

## 8. Training

### 8.1 **Mandatory Training**

Training required to fulfil this policy will be provided in accordance with NHS England Prevent Training and Competencies framework 2017 and the Trust's safeguarding/ Prevent Training Needs Analysis. Management of training will be in accordance with the Trust's EPP no.02 Statutory and Mandatory Training Policy It is essential that frontline direct care staff have an understanding of the Prevent and respond to vulnerable individuals who may be being radicalised.

The Home Office has developed a training package which includes Health WRAP to equip healthcare workers in meeting the Prevent related challenges. The Trust has a small number of NHS England accredited trainers, who will be responsible for delivering the face to face Health WRAP workshops across the organisation. WRAP

eLearning has also been developed and this will form part of the Trusts training strategy.

All new staff will receive basic awareness training on Prevent during the Safeguarding presentation on the Trust Induction.

Non clinical staff will receive basic awareness training by completion of the Adults Safeguarding Level 1 eLearning training.
Training and awareness of the Prevent agenda for frontline staff will be delivered through the mandatory Safeguarding Training for all level 3 trained staff.

8.2 **Specific Training not covered by Mandatory Training**

Not applicable to this document

9. Equality and Diversity

9.1 The Equality and Impact assessment is included in appendix 3

10. Monitoring

| Standard / process / issue | Monitoring and audit | | | |
|---|---|---|---|---|
| | Method | By | Committee | Frequency |
| Monitor all notifications. | Via Unify NHS England report | Head of Safeguarding and Prevent Lead | Patient Safety Group | Quarterly |
| Monitor Training compliance | Via Unify NHS England report | Head of Safeguarding and Prevent lead | Patient Safety Group | Quarterly |

Consultation and Review

The policy will be consulted with all staff for a period of two weeks prior to approval from the Patient Safety Group followed by the Quality and Safety Group.

| Stakeholder or Group Title | Consultation Period (From-to) | Comments received (Yes/No) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## Implementation (including raising awareness)

The policy will be publicised in the Trusts news magazines and via PREVENT training, Safeguarding training and the Trusts Intranet and external website.

## References

HM Government PREVENT strategy 2011

Counter –Terrorism and Securities Act 2015

NHS England PREVENT Training and Competencies Framework 2015

## Associated documentation

CSPP 1 Safeguarding Policy

The Trusts Safeguarding and Prevent Training Needs Analysis

Appendix 1: Review Table

| Version | Reason for change | Overview of change |
|---|---|---|
| V1.3 | Update policy | To bring this policy in line with new guidance from both NHS England and the Home Office |
| | | |
| | | |

Appendix 2: Responsibility Matrix – Policies, Procedures and Strategies

| Policy Group | Lead Director / Officer | Working Group | Committee | Board Ratification |
|---|---|---|---|---|
| Strategies | As appropriate | As appropriate | As appropriate | Required |
| Standing Orders & Standing Financial Instructions | Chief Executive + Director of Finance | Not applicable | Audit Committee | Required |
| Corporate Policies | Chief Executive +Director of Patient Care | As appropriate | Quality and Safety Committee | Required/ Committee decision |
| Health and Safety Policies and Procedures | Director of Patient Care | Strategic Health, Safety and Risk Group | Quality and Safety Committee | Health and Safety Policy – Required H&S Appendices – Committee decision |
| Control of Infection Policy and Procedures | Director of Patient Care | Clinical Review Group | Quality and Safety Committee | Required |
| Personnel Policies and Procedures | HR Director | Staff Consultation Group | Quality and Safety Committee | Required for new policies. Committee decision for revisions |
| Financial Policies and Procedures. | Director of Finance | Not applicable | Audit Committee | Required for new Policies. Committee decision for procedural changes. |
| Operational Policies and Procedures | Director Operations | As appropriate or through Team Meeting | Quality and Safety Committee | Committee decision |
| Information and IT Policies and Procedures | Director of IT | Information Governance Steering Group | Quality and Safety Committee | Committee decision |
| Emergency Operational Centre Policies and Procedures | Director Operations | As appropriate | Quality and Safety Committee | Committee decision |

| | | | | |
|---|---|---|---|---|
| Clinical Policies and Procedures | Director of Clinical Services | Clinical Review Group | Quality and Safety Committee | Committee decision |

## Appendix 3: Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy: PREVENT Policy

……..

Officer completing assessment: Dave Sherwood, Assistant Director of Patient Care

Telephone.....

| |
|---|
| 1. What is the main purpose of the strategy, function or policy? |
| To raise awareness within all staff groups thus ensuring Vulnerable individuals are safeguarded from supporting terrorism or becoming a terrorist. |
| 2. List the main activities of the function or policy? (for strategies list the main policy areas) |
| To prevent Vulnerable people adults and Children from being radicalised |
| 3. Who will be the main beneficiaries of the strategy/function/policy? |
| Staff, Patients and Service users |
| 1. Use the table overleaf to indicate the following:-<br>a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them?<br>b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups? |

| | | Positive Impact – it could benefit | Negative Impact – it could disadvantage | Reasons |
|---|---|---|---|---|
| **GENDER** | Women | ✓ | | |
| | Men | ✓ | | |
| **RACE** | Asian or Asian British People | ✓ | | |
| | Black or Black British People | ✓ | | |
| | Chinese people and other people | ✓ | | |
| | People of Mixed Race | ✓ | | |
| | White people (including Irish people) | ✓ | | |
| | **Disabled People** | ✓ | | |
| | **Lesbians, gay men and bisexuals** | ✓ | | |
| | **Trans people** | ✓ | | |
| **AGE** | Older People (60+) | ✓ | | |
| | Younger People (17 to 25) and children | ✓ | | |
| | **Faith Groups** | ✓ | | |

| | | | | |
|---|---|---|---|---|
| | **Equal Opportunities and/or improved relations** | ✓ | | |

Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

| 5. If you have indicated that there is a negative impact, is that impact: | | |
|---|---|---|
| | **Yes** | **No** |
| **Legal** (it is not discriminatory under anti-discriminatory law) | | |
| **Intended** | | |
| | **High** | **Low** |
| **Level of Impact** | | |

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

| 6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below: |
|---|
| |

| 6(b). Could you improve the strategy, function or policy positive impact? Explain how below: |
|---|
| |

| |
|---|
| 7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How |
| |
| Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead. |
| Signed: |
| Name: Antony Heselton Head of Safeguarding and Prevent Lead |
| Date: 6th February 2018 |

Appendix 4: Equality Impact Assessment Form Section Two – Full Assessment

Name of Function, Policy or Strategy:……

……..

Officer completing assessment:……..

Telephone.....

**Part A**

Looking back at section one of the EQIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

Gender

Race

Disability

Sexuality/Transgender

Age

Faith

2. Summarise the likely negative impacts:-

.....

.....

.....

3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

| Equality Target Groups | Summary of consultation planned or taken place |
|---|---|
| Gender | |
| Race | |

| | |
|---|---|
| Disability | |
| Sexuality/Transexuality | |
| Older People | |
| Younger People | |
| Faith | |

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

.....

.....

.....

5. Check that any research, reports, studies concerning the equality target groups and the likley impact have been used to plan the project and guide or indicate what research you intend to carry out:-

| Equality Target Groups | Title/type of/details of reserach/report |
|---|---|
| Gender | |
| Race | |
| Disability | |
| Sexuality/Transexuality | |

| | |
|---|---|
| Older People | |
| Younger People | |
| Faith | |

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

☐ Yes (Please list them and explain how you will obtain their views)

.....

.....

☐ No

**6**

**Part B**

Complete this section when consultation and research has be carried out

7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be a need to be any changes made/planned to the policy, strategy or function.

7b. As a result of this assessment and available evidence is it important that the Trust commission specific research on this issue or carry out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

.....

.....

.....

.....

8. Will the changes planned ensure that negative impact is:

Legal? ☐

(not discriminatory, under anti-discriminatory legislation)

Intended? ☐

Low impact? ☐

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes ☐ No ☐

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

.....

.....

.....

Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed:.....

Name:.....

Date:.....

## Appendix 5: Ratification Checklist

**Section 1: To be completed by Author prior to submission for ratification**

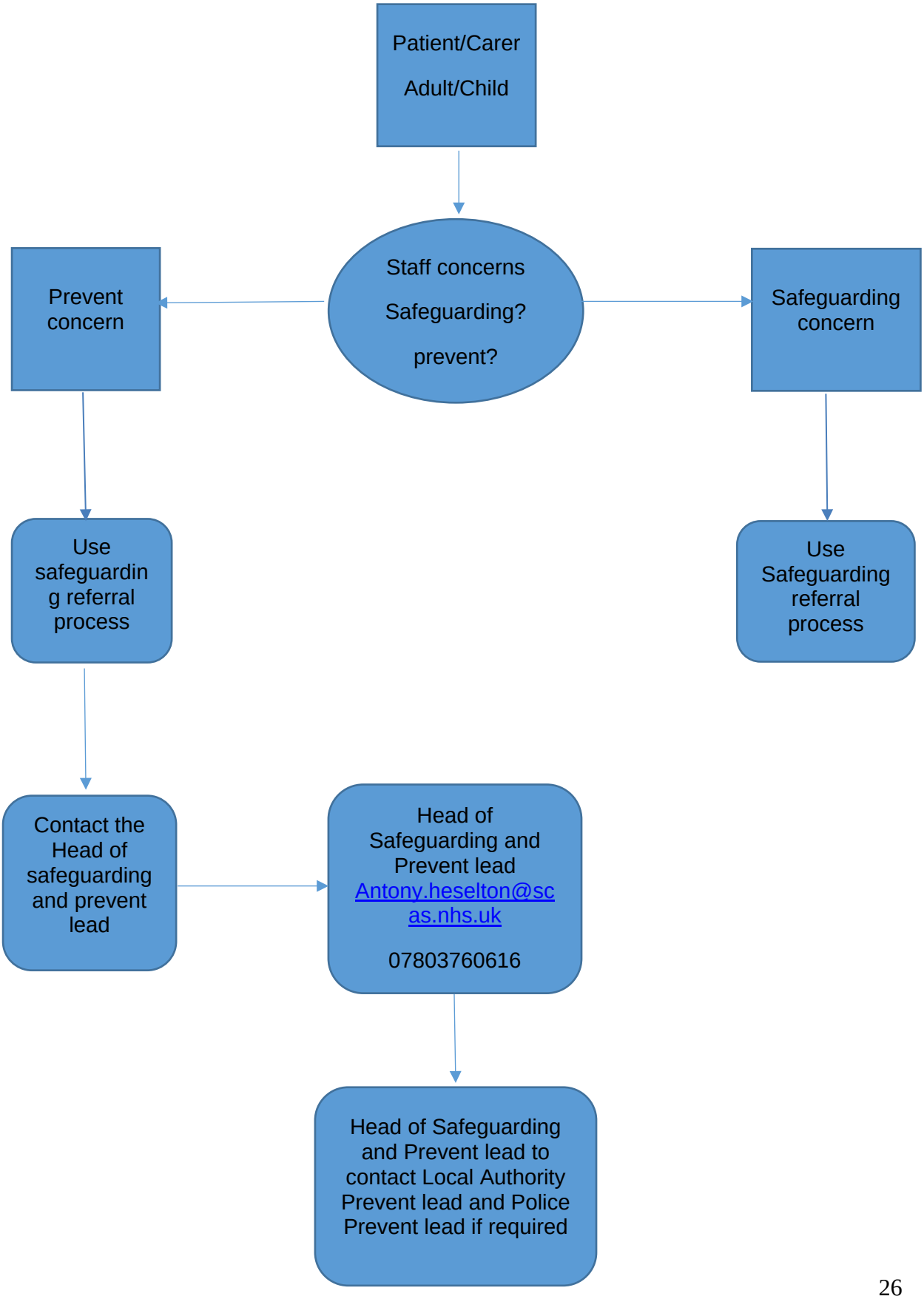
| | |
|---|---|
| **Policy Title** | PREVENT Policy |
| **Author's Name and Job Title** | Antony Heselton Head of Safeguarding and Prevent Lead |
| **Review Deadline** | 1st February 2021 |
| **Consultation From – To (dates)** | |
| **Comments Received? (Y/N)** | |
| **All Comments Incorporated? (Y/N)** | |

| | |
|---|---|
| **If No, please list comments not included along with reasons** | |
| **Equality Impact Assessment completed (date)** | |
| **Name of Accountable Group** | |
| **Date of Submission for Ratification** | |

**Section 2: To be completed by Accountable Group**

| | |
|---|---|
| **Template Policy Used (Y/N)** | |
| **All Sections Completed (Y/N)** | |
| **Monitoring Section Completed (Y/N)** | |
| **Date of Ratification** | |
| **Date Policy is Active** | |
| **Date Next Review Due** | |
| **Signature of Accountable Group Chair (or Deputy)** | |
| **Name of Accountable Group Chair (or Deputy)** | |

## APPENDIX 6: RAISING PREVENT CONCERN



## APPENDIX 7: INFORMATION SHARING

Statutory reasons to share information without consent of the patient or individual according to the following statutory guidelines.

Listed below is the ground in which sharing information is legal:

| | |
|---|---|
| Prevention and detection of crime | Crime and Disorder Act 1998 |
| Prevention and detection of crime and/or the apprehension or prosecution of offenders | Section 29, Data Protection Act (DPA) |
| To protect vital interests of the data subject; serious harm or matter of life or death | Schedule 2 & 3, DPA |
| For the administration of justice (usually bringing perpetrators to justice) | Schedule 2 & 3, DPA |
| For the exercise of functions conferred on any person by or under any enactment (police/social services) | Schedule 2 & 3, DPA |
| In accordance with a court order | |
| Overriding public interest | Common Law |
| Child protection – disclosure to social services or the police for the exercise of functions under the Children Act, where the public interest in safeguarding the child's welfare overrides the need to keep the information confidential | Schedules 2 & 3, DPA |
| Right to life<br>Right to be free from torture or inhuman or degrading treatment | Human Rights Act, Articles 2 & 3 |

## APPENDIX 8: DEFINITION OF TERMS

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

**Radicalisation** in this protocol refers to the process by which people comes to support terrorism and forms of extremism leading to terrorism.

**Extremism** is vocal or active opposition to fundamental values including democracy, the rule of the law, individual liberty, and mutual respect and tolerance of different beliefs and faiths. We also include out definition of extremism calls for the death of members of our armed forces, weather in this country or overseas.

**A *Prevent* Concern** does not have to be proven beyond reasonable doubt; it should however be based on something that raises concern which is assessed by using existing professional judgement of a health or social care member of staff.

**Vulnerability** in the context of *Prevent* is a person who is **susceptible** to extremists' messages and is at risk of being drawn into terrorism or supporting terrorism at a point in time.

The definition of **vulnerable** individual from No Secrets (2000) is "who is or may be in need of community care services by reason of mental or other disability, age or illness; **and who** is or may be unable to take care of him or herself, **or** unable to protect him or herself against significant harm or exploitation".

There is a synergy with these two definitions. "Consequently, the definition of 'vulnerable adult' may apply broadly within healthcare." (No Secrets 2000)

## APPENDIX 9: VULNERABILITY

### Identity Crisis

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 feelings of belonging. Where this occurs, it can often manifest itself in a change in a 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 produce a sense of isolation of the vulnerable individual from the traditional 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.

### 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.
The following have also been found to contribute to vulnerable people joining certain groups supporting terrorist-related activity:

- Ideology and politics
- Provocation and anger (grievance)
- Need for protection
- Seeking excitement and action
- Fascination with violence, weapons and uniforms
- Youth rebellion
- Seeking family and father substitutes
- Seeking friends and community
- Seeking status and identity
- A misconception and/or rejection of UK foreign policy
- A distrust of western media reporting
- Perceptions that UK government policy is discriminatory (eg counter-terrorist legislation)

**Taken from: 'Building Partnerships, Staying Safe – The health sector contribution to HM Government's *Prevent* strategy: guidance for healthcare organisations'**