

Prevention of Extremism & Radicalisation (Prevent) Policy

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This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Trustwide
Target staff categories	This Policy applies to all staff employed by Worcestershire Acute Hospitals NHS Trust either directly or indirectly, including volunteers, sub-contractors, and agency workers across all service lines, both clinical and non-clinical and any other person or organisation that uses Worcestershire Acute Hospitals NHS Trust premises for any purpose.

Policy Overview:

This Policy sets out the aims, objectives and scope for the provision and development of prevention of radicalisation of vulnerable patient safeguarding within Worcestershire Acute Hospitals NHS Trust. The Policy is relevant to all clinical, Managerial and support staff and volunteers. The Policy refers to vulnerable adults, children and young people who are under the care of staff employed by Worcestershire Acute Hospitals NHS Trust.

Key amendments to this document

Date	Amendment	Approved by:
Sept 2019	Full review with NHSE PREVENT Lead	Safeguarding Committee 24.09.2019 CGG 01.10.2019
Sept 2022	Review and update further to revised Prevent Duty Guidance April 2021	Integrated Safeguarding Committee 27 th Sept 2022 CGG 4 th October 2022 TME 19 th October 2022

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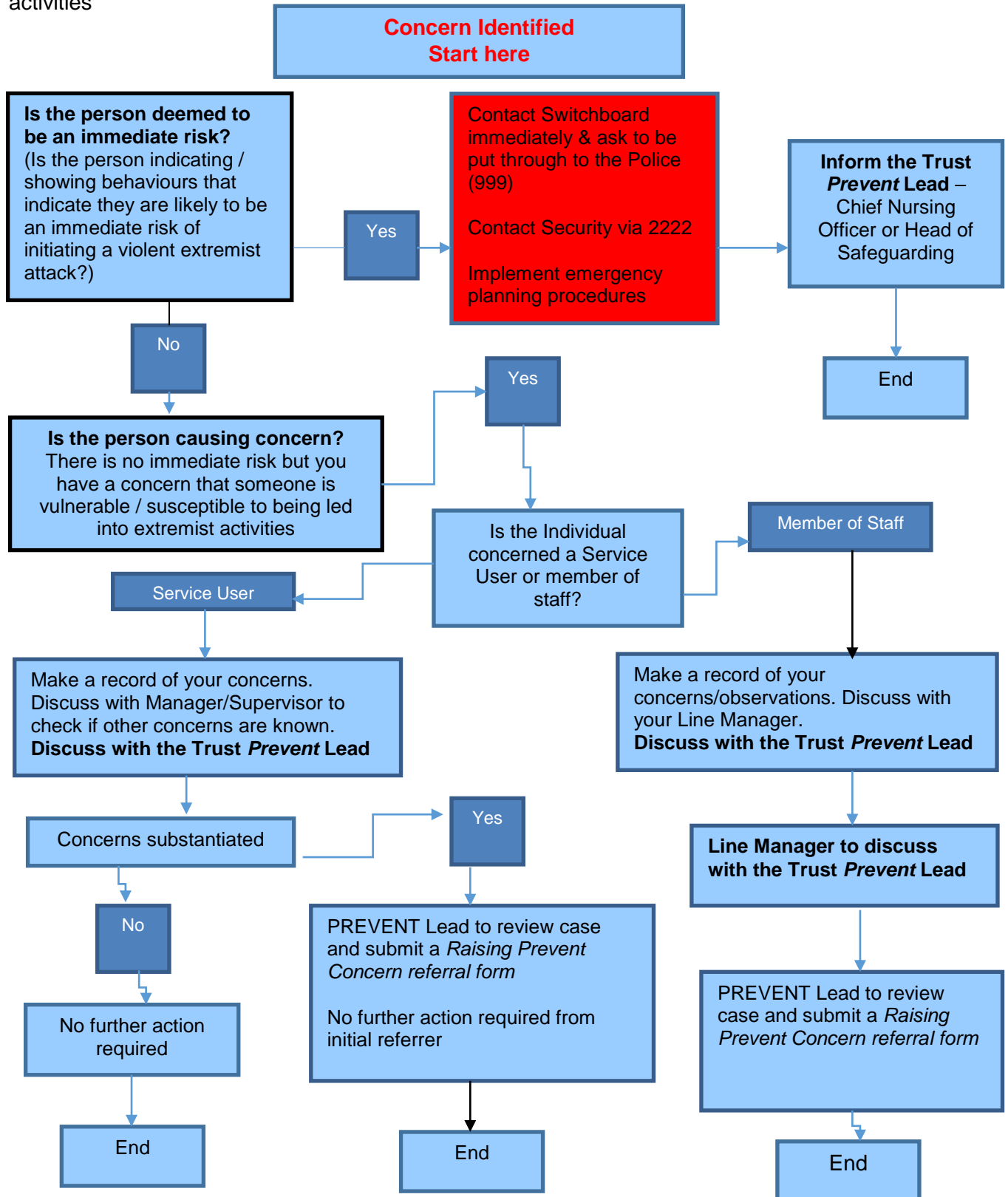
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1. Introduction

1.0 Policy Aim

The primary aim of this Policy is to ensure that vulnerable adults and children are protected from any form of radicalisation whilst under the care of Worcestershire Acute Hospitals NHS Trust and that staff members are able to identify any possible signs of radicalisation and raise their concerns with their Line Manager.

Preventing someone from becoming a terrorist or supporting terrorism is no different from safeguarding vulnerable individuals from other forms of exploitation. Therefore, this Policy sits alongside Worcestershire Acute Hospitals NHS Trust existing Safeguarding Adults Policy and Safeguarding Children's Policy.

In addition, the Policy aims to ensure that staff are 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 being radicalised, or is at risk of being radicalised and drawn into terrorism.

This Policy also sets out how *Prevent* related referrals or requests for information from external agencies will be managed by Worcestershire Acute Hospitals NHS Trust.

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 the multi-agency Channel panel.

1.1 What this means for staff

The Trust operates a zero tolerance approach to those who abuse or neglect vulnerable people; this includes staff, patients and the public. All suspected cases of abuse 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*. The Trust's Disciplinary Procedure will be followed in any suspected cases involving staff and the appropriate action will be taken.

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
- Children and vulnerable adults are not subjected to any form of radicalisation whilst under the care of Worcestershire Acute Hospitals NHS Trust
- Staff members receive the appropriate levels of Prevent training
- Staff members consider the potential for radicalisation where appropriate and feel supported in identifying suspected signs of radicalisation
- Any concerns regarding radicalisation are reported and thoroughly investigated
- Appropriate action is taken
- The Trust complies with relevant legislation and works with partner agencies in the delivery of the *Prevent* duty and associated safeguarding responsibilities.

2. Scope

Preventing someone from becoming a terrorist or supporting terrorism is no different from safeguarding vulnerable individuals from other forms of exploitation. Therefore, this Policy sits alongside the Worcestershire Acute Hospitals NHS Trust Safeguarding Adults Policy and Safeguarding Children's Policy.

This Policy applies to all staff employed by Worcestershire Acute Hospitals NHS Trust either directly or indirectly, including volunteers, sub-contractors, and agency workers across all services, both clinical and non-clinical and any other person or organisation that uses Worcestershire Acute Hospitals NHS Trust premises for any purpose.

3. Definitions

See Appendix 1

4. Responsibilities and Duties

4.1 Health Specified Authorities

Section 26 of the Counter-Terrorism and Security Act 2015 (the Act) places a duty on certain bodies ("specified authorities" listed in Schedule 6 to the Act), in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism". The Act states that the authorities subject to the provisions must have regard to this guidance when carrying out the duty.

NHS Trusts are "specified authorities" in accordance with the Act.

4.2 Duties within the organisation in delivering the *Prevent* Strategy

Radicalisation is a process and not an event, and there is no single route or pathway to radicalisation. Evidence indicates that those targeted by radicalisers may sometimes have doubts or call into question about what they are doing and there may therefore be opportunities to intervene and safeguard them or others from harm. It is because of this doubt that frontline health and social care workers need to have mechanisms and interventions in place to support a person being exploited and to help safeguard them from being drawn into criminal activity and terrorism.

Thus, Worcestershire Acute Hospitals NHS Trust has a duty to ensure safe environments where extremists are unable to operate or exploit others. It is essential, therefore, that all staff know how they can recognise and support vulnerable people (patients, service users, carers or members of staff) who they feel may be at risk of being radicalised or drawn into terrorism. *Prevent* is a legal duty for all NHS Trusts and Foundation Trusts and is a contractual requirement for any service provider who is subject to the Standard NHS Contract. It is also part of the everyday safeguarding routine for NHS staff and those providing NHS services.

The Chief Executive: is responsible for ensuring that the Trust has policies in place and complies with its legal and regulatory obligations. The Chief Executive will provide the means necessary to ensure that staff develop and promote good practice in *Prevent*. As such, the Chief Executive has delegated a number of responsibilities to the following Managers and key workers within the Trust:

Organisational Executive Prevent Lead (Chief Nursing Officer): The Chief Nurse is the Executive Lead for Prevent. The Prevent Lead is responsible for the development or review of the Prevent Policy as well as ensuring the implementation and monitoring is communicated effectively throughout the Trust and that monitoring arrangements are robust. The Prevent Lead will ensure that quarterly Prevent returns are submitted to the Integrated Care Board, and through the SDCS portal in line with NHS England guidance. This data requirement relates to the Safeguarding clause of the NHS Standard Contract and the progress being made by the organisation to implement the Prevent Duty. This includes collating organisational data relating to Prevent referrals and the numbers of staff attending Level 1-3 Prevent training.

Head of Safeguarding: The Head of Safeguarding will oversee the progression of work in relation to Prevent. The post holder will act as a key person in supporting and guiding clinical, non-clinical and Managerial staff. The Head of Safeguarding will be a crucial member of the Integrated Safeguarding Committee and will ensure that the Safeguarding assurance framework in relation to Prevent is updated and that the resulting work plan is progressed in line with the Trust Policy, The Trust's strategic plan and divisional business plans. The Head of Safeguarding will assist the Executive Director in implementing, monitoring and reporting on the progress of implementation, uses and outcomes related to this Policy.

The Head of Education, Training and Development: is responsible for:

- Making arrangements for a suitable number of training places and events to be delivered to allow all relevant staff identified in the training needs analysis to access the Prevent training programme.
- Ensuring that a Training Plan is in place for Prevent Training at Level 1- 3.
- Providing training reports to the Trust Board as required

Matrons/ Departmental Managers: Matrons have been identified as key figures in supporting the safeguarding vulnerable adults/children agenda; including Prevent, within their areas, working with the Head of Safeguarding, ensuring clinical staff know what action to take should *Prevent* safeguarding concerns be disclosed.

Managers are responsible for ensuring policies are implemented, communicated to their staff and that staff adhere to the Policy detail:

- They are responsible for ensuring staff attend relevant training.
- Supporting staff with the processes to escalate a concern
- Liaising with Human Resources Department if the concern raised is about a member of staff

All Staff: All Trust staff have duties and responsibilities in relation to the *Prevent* Strategy in keeping with statutory requirements and best practice guidance. All Trust staff, including volunteers have a responsibility to familiarise themselves with this Policy and to adhere to its process.

Any *Prevent* concerns must be reported to the relevant Line Manager. Staff members have a responsibility to respond sensitively to a safeguarding disclosure and act in a professional manner and take appropriate action.

5. Policy Detail

5.1 Prevent Strategy

The *Prevent* strategy, published by the Government in 2011, is part of the overall counter-terrorism strategy, CONTEST. The aim of the *Prevent* strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. In the Act this has simply been expressed as the need to “prevent people from being drawn into terrorism”.

The 2011 *Prevent* strategy has three specific strategic objectives:

- respond to the ideological challenge of terrorism and the threat we face from those who promote it
- prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support
- work with sectors and institutions where there are risks of radicalisation that need to be addressed.

Terrorist groups often draw on extremist ideology, developed by extremist organisations. Some people who join terrorist groups have previously been members of extremist organisations and have been radicalised by them. The Government has defined extremism in the Prevent strategy as: “vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. Also included in the definition of extremism are calls for the death of members of our armed forces”.

The *Prevent* strategy was explicitly changed in 2011 to deal with all forms of terrorism and with non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views which terrorists then exploit. It also made clear that preventing people becoming terrorists or supporting terrorism requires challenge to extremist ideas where they are used to legitimise terrorism and are shared by terrorist groups. The strategy also means intervening to stop people moving from extremist (albeit legal) groups into terrorist-related activity.

Prevent work is intended to deal with all kinds of terrorist threats to the UK. The most significant of these threats is currently from terrorist organisations in Syria and Iraq, and Al Qa’ida associated groups. But terrorists associated with the extreme right also pose a continued threat to our safety and security.

More recent attacks have seen the use of low sophisticated methods such as bladed weapons, lone actor attacks undertaken by individuals, often self-radicalised online.

There has also been the emergence of newer groups such as involuntary celibates (INCEL), an online subculture of men who express rage at women for denying them sex and who frequently fantasize about violence and celebrate mass shooters in their online discussion groups.

Left Wing, Anarchist and Single Issue Terrorism (LASIT) ideologies have also been emerging since 2020 e.g. animal rights, anti vax protests.

5.2 CONTEST

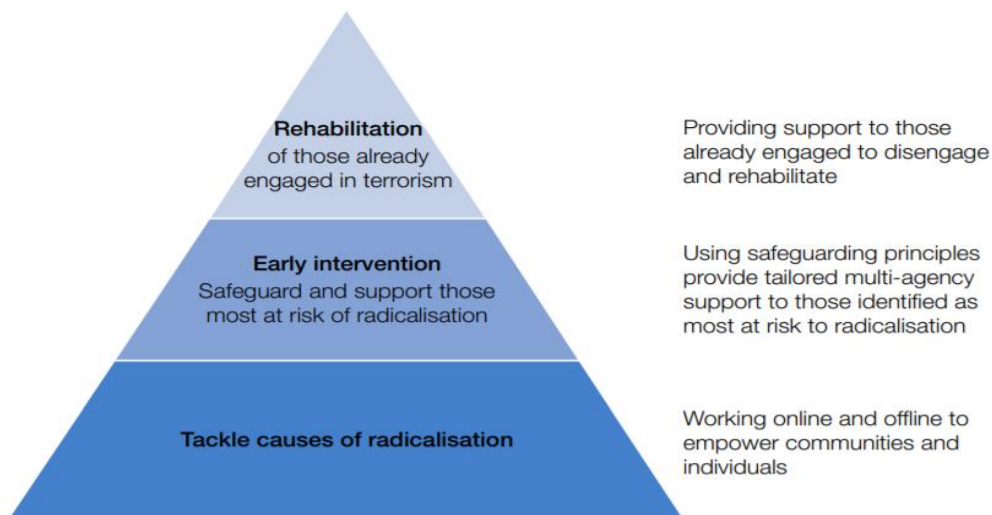
CONTEST is the Government’s national counter terrorism strategy. It aims to reduce the risk to the United Kingdom and its interests overseas from international terrorism, so that people can go about their lives freely and with confidence. The CONTEST strategy (CONTEST 3.0) was updated in 2018 to reflect the findings from a review of all aspects of counter-terrorism and to future-proof the strategy in its response to heightened threats.

CONTEST has four main 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

It has defined three core aims of the Prevent strategy to reduce the threat to the UK from terrorism by:

- Safeguarding and support those at most risk of radicalisation through early intervention, identifying them and offering support.
- Enabling those who have already engaged in terrorism to disengage and rehabilitate.
- Tackling the causes of radicalisation and respond to the ideological challenge of terrorism.



Source: Home Office

Health’s primary role will continue to be under the safeguarding element of these approaches, and is no different from the duty of care to safeguard vulnerable individuals from other forms of exploitation including protecting people from gang activity, drug abuse, and physical and sexual abuse. All healthcare staff have a duty to safeguard the vulnerable and raise concerns if they suspect that someone may be at risk of harm.

5.3 Proscribed Groups

Under the Terrorism Act 2000, the Home Secretary may proscribe an organisation if they believe it is concerned in terrorism, and it is proportionate to do. For the purposes of the Act, this means that the organisation:

- commits or participates in acts of terrorism
- prepares for terrorism
- promotes or encourages terrorism (including the unlawful glorification of terrorism)
- is otherwise concerned in terrorism

Proscription makes it a criminal offence to:

- belong, or profess to belong, to a proscribed organisation in the UK or overseas
- invite support for a proscribed organisation (the support invited need not be material support, such as the provision of money or other property, and can also include moral support or approval)
- express an opinion or belief that is supportive of a proscribed organisation, regardless as to whether a person to whom the expression is directed will be encouraged to support a proscribed organisation
- arrange, manage or assist in arranging or managing a meeting in the knowledge that the meeting is to support or further the activities of a proscribed organisation, or is to be addressed by a person who belongs or professes to belong to a proscribed organisation; or to address a meeting if the purpose of the address is to encourage support for, or further the activities of, a proscribed organisation
- wear clothing or carry or display articles in public in such a way or in such circumstances as to arouse reasonable suspicion that the individual is a member or supporter of a proscribed organisation
- publish an image of an item of clothing or other article, such as a flag or logo, in the same circumstances

The penalties include lengthy prison sentences and/or a fine.

5.4 Prevent Training.

NHS England has incorporated *Prevent* into its safeguarding arrangements, so that *Prevent* awareness and other relevant training is delivered to all staff who provide services to NHS patients.

To ensure contractual obligations in relation to safeguarding as set out in the NHS Standard Contract, Worcestershire Acute Hospitals NHS Trust will follow the guidance provided in the NHS England *Prevent Training and Competencies Framework*.

The intercollegiate guidance, *Safeguarding Children and Young people: roles and competences for health care staff* includes *Prevent* information and identifies competencies for all healthcare staff.

All staff groups are assigned the relevant level of Prevent training required, in accordance with their job role.

5.4.1 Prevent Training Delivery Plan

The organisation must have a *Prevent* Training Delivery Plan that describes how the organisation will:

- Undertake and maintain a training needs analysis
- Ensure all staff receive appropriate basic Prevent awareness training
- Ensure sufficient accredited WRAP trainers appropriate to the size of the organisation, is included in the Trust's safeguarding training plan
- Include refresher training delivery for all staff as described in the Prevent Training & Competencies framework

5.5 NHS Guidance and Toolkit – Building Partnerships, Staying Safe: guidance for healthcare organisations

The document provides guidance and a toolkit for leaders and Managers in healthcare organisations.

Further information can be found here:

<https://www.gov.uk/government/publications/building-partnerships-staying-safe-guidance-for-healthcare-organisations>

5.6 Guidance on Booking Meeting Rooms

Worcestershire Acute Hospitals NHS Trust is committed to ensuring the correct usage and booking of meeting rooms by staff, public, patients or visitors in order that they do not provide a platform for extremists and are not used to disseminate extremist views. This includes:

- The hirer undertakes to uphold fundamental British values as defined within the Counter-Terrorism and Security Act 2015 and will not seek to express or allow any individual in their organisation to express radical or extremist views. Fundamental British values are defined as:
 - Democracy
 - The rule of law
 - Individual liberty
 - Mutual respect
 - Tolerance of different faiths and beliefs
- The hirer shall not promote, or permit, the voicing of views in support of extremism, terrorism, radicalisation or any proscribed organisations. Neither shall they promote or allow the expression of extreme views about individuals who have one or more of the protected characteristics specified by the 2010 Equality Act.

In the event of any concern, this should be raised with the *Prevent* Lead.
(Prevent Duty Toolkit for Local Authorities and Partner Agencies, Supplementary Information to the Prevent Duty Guidance for England and Wales, Sept 2018)

5.7 Process of Exploitation

Radicalisation is a process and not an event and Government and academic research has consistently indicated that there is no single socio-demographic profile of a terrorist in the UK and no single pathway, or ‘conveyor belt’, leading to involvement in terrorism. Terrorists come from a broad range of backgrounds and appear to become involved in different ways and for differing reasons.

While there is no one single reason to cause someone to become involved in terrorism, several factors can converge to create the conditions under which there is a cognitive opening where radicalisation can occur. There are also certain engagement factors sometimes referred to as “psychological hooks” related to personal circumstances which may make some individuals more susceptible to being drawn into terrorism

However, the increasing body of evidence indicates that factors relating 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 (see **APPENDIX 2- VULNERABILITY FACTORS**). Vulnerable individuals who may be susceptible to radicalisation can be patients, carers and/or staff, and everyone’s pathway is different.

Radicalisers often use a persuasive rationale or narrative to promote their extremist ideology and are usually charismatic individuals who can attract people to their cause which is based on an interpretation or distortion of history, politics and/or religion.

The key challenge for the health sector is to ensure that, where there are signs that someone is vulnerable to being drawn into terrorism that health and social care workers are aware of the support that is available and are confident in referring the person for further support when a concern is identified.

5.8 Internet

Islamist and Extreme Right-Wing radicalisers exploit 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 their movement, inspiring people within our own communities to harm others.

Vulnerable individuals may be exploited in many ways by radicalisers and this could be 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.

Worcestershire Acute Hospitals NHS 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.

Key information for staff

Report illegal or harmful information, pictures or videos you've found on the internet. You can report things like:

- articles, images, speeches or videos that promote terrorism or encourage violence
- websites made by terrorist or extremist organisations
- videos of terrorist attacks

<https://www.gov.uk/report-terrorism>

5.9 Raising *Prevent* Concerns in relation to People that receive services through Worcestershire Acute Hospitals NHS Trust

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 redirect a vulnerable individual away from carrying out an act of terrorism. 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.

Key information for staff:

The website is supported by a national Police Prevent advice line, where families and friends can seek help and support in confidence from specialist Counter Terrorism officers.

<https://actearly.uk/>

In the event that a member of Worcestershire Acute Hospitals NHS Trust staff has concerns that a colleague, patient, service user 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, the primary point of contact will be their ward or department Manager. Staff can also seek general advice from their Manager and any On-Call Manager.

All concerns should initially be discussed with the care team supporting the person prior to referral. If agreed that escalation is appropriate, the Head of Safeguarding (in consultation with the Executive Prevent Lead) will complete the relevant organisational *Raising Prevent Concern Form*.

All referrals for children (age under 18 years) to the *Prevent* Lead must also be referred to the local children's social care service as a child protection referral.

If it is determined that a safeguarding adults concern needs to be raised, it will be done in accordance with inter-agency safeguarding procedures.

Staff can also seek general advice from the Integrated Safeguarding Team or Worcestershire Acute Hospitals NHS Trust *Prevent* Lead or Head of Safeguarding.

NOTICE – CHECK – SHARE

The Home Office have introduced new Prevent awareness training which introduces users to the NOTICE-CHECK-SHARE procedure for evaluating and sharing concerns. The package shares best practice on how to articulate concerns about an individual, and ensure that they are robust and considered.

[https://www.elearning.prevent.homeoffice.gov.uk/preventreferrals.](https://www.elearning.prevent.homeoffice.gov.uk/preventreferrals)

5.10 Escalating Concerns in relation to Employees

Although there are relatively few instances of staff radicalising others or being drawn into extremist activity, it is still a risk that Worcestershire Acute Hospitals NHS Trust needs to be aware of and have processes within which to manage any concerns.

Where any employee expresses views, brings material into Worcestershire Acute Hospitals NHS Trust, uses or directs patients to extremist websites or acts in other ways to promote terrorism, Worcestershire Acute Hospitals NHS Trust will look to use non-safeguarding processes to address the concerns.

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 *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.

The *Prevent* Lead will liaise with colleagues in the Local Safeguarding Team to assess and manage any related safeguarding risks and, where appropriate, 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.

5.11 Weapons /Firearms attacks

Run, hide, tell is a simple technique used for public security in the United Kingdom in the event of a firearms- or weapons-based terrorist attack. It was introduced by the Metropolitan Police Service in 2017: <https://www.npcc.Police.uk/NPCCBusinessAreas/WeaponAttacksStaySafe.aspx>



5.12 Radicalisation and Children

There is no single way of identifying an individual who is likely to be susceptible to a terrorist ideology. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Children at risk of radicalisation may display different signs or seek to hide their views. Even very young children may be vulnerable to radicalisation by others, whether in the family or outside, and display concerning behaviour. The *Prevent* duty does not require providers to carry out unnecessary intrusion into family life but as with any other safeguarding risk, healthcare staff must take action when they observe behaviour of concern.

(Department for Education, *The Prevent Duty*, June 2015).

5.13 Partnership Working

It should be stressed that there is no expectation that Worcestershire Acute Hospitals NHS Trust will take on a surveillance or enforcement role because of identifying a *Prevent* concern. Rather, it must work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals and making safety and harm prevention a shared endeavour.

The organisational *Prevent Lead* will engage with partnership groups with the responsibility to share concerns raised within the organisation including the Local Authority *Prevent Lead*, or local *Prevent Strategy Group*.

The *Prevent Lead* will represent Worcestershire Acute Hospitals NHS Trust as appropriate on the Local *Prevent Strategy Group*, and attend Channel meetings (as required) and in accordance with the Channel Duty Guidance. Herefordshire & Worcestershire Health & Care NHS Trust represents 'health' at Channel meetings as a standing member.

5.14 Channel

Channel is the multi-agency safeguarding process through which statutory partners agree the appropriate level of support to an individual at risk of being drawn into terrorism or committing terrorist acts.

Channel panels meet on a monthly basis to discuss new cases received and the progress of ongoing cases. During these meetings they will:

- identify individuals at risk of radicalisation
- assess the extent and nature of that risk; and
- develop appropriate support plans for the individuals concerned; and review on a monthly basis whether the risk has been successfully managed.

The Home Office have produced a bespoke eLearning training product which explains how the Channel process works. This training package is available for anyone who may contribute to, sit on, or even run a Channel Panel. It is aimed at all levels, from a professional asked to input and attend for the first time, to a member of staff new to their role and organising a panel meeting <https://www.elearning.prevent.homeoffice.gov.uk/channelawareness>

5.15 Contributing to the Counter Terrorism Local Profile (CTLTP)

CTLTPs provide partners with relevant information to help them target activities and resources as effectively as possible, providing them with a practical and consistent approach to sharing Counter Terrorism related information.

Health providers are a key partner in countering terrorism at a local level. Therefore, while the CTLTP is produced by the Police, it is imperative that local authorities, and their partners, including commissioners and providers with the health sector are able contribute to it. Worcestershire Acute Hospitals NHS Trust contribute to the CTLTP via the Worcestershire *Prevent* Strategy Group.

5.16 Confidentiality, Information Sharing and Disclosure

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.

Staff or other workers providing services on behalf of Worcestershire Acute Hospitals NHS Trust must ensure that they share information appropriately both professionally and legally when there is a safeguarding concern.

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 (2003 as amended)* and to establish an open relationship with the vulnerable individual at the start of the process. 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.

In cases where the vulnerable person lacks capacity to give consent, a referral may be made without consent and in their best interests.

The decision and rationale for making a referral without the individual's informed consent should be, subject to a case-by-case basis assessment which considers whether the informed consent of the individual can be obtained and the proposed sharing being necessary, proportionate and lawful. This should clearly be documented and recorded. This is described in greater detail in GMC *Confidentiality: good practice in handling patient information guidance*.

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. Disclosure is permitted when:

- Disclosure is required by law
- Approved under a statutory process that sets aside the common law duty of confidentiality
- The disclosure can be justified in the public interest

If Worcestershire Acute Hospitals NHS Trust staff are not sure regarding information sharing or consent issues, they should seek advice from their organisational Caldicott Guardian or Information Governance Officer. All information sharing of patient personal or sensitive data must comply with all Caldicott Principles and the law.

Any disclosures or discussions on information sharing or consent must always be documented in the patient record.

Arrangements should include access to Police Prevent advice (out of hours where available) and clearly demonstrate when immediate Police support is required. Policies include advice on when and how to access Police Prevent advice in the event of a significant concern or immediate risk to others.

If you feel that a call needs a more urgent Prevent response (e.g. if there is a significant concern – particularly if it is out of hours) there are some useful telephone numbers, you can call:

Remember, you should always trust your instincts.

2222 – ask switchboard to be put through to Police (999) if threat is deemed imminent

The 101 number is designed encourage people to make contact with the Police at an early stage to prevent or detect crime. In terms of Prevent, the earlier authorities can be involved the greater the chance we can intervene with partners and stop someone from being radicalised.

Confidential Anti-Terrorist Hotline (Tel: 0800 789 321)

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**

Key information for staff:

NHS England: Practical Guidance on the sharing of information and information governance for all NHS organisations specifically for Prevent and the Channel process:

<https://www.england.nhs.uk/publication/practical-guidance-on-the-sharing-of-information-and-information-governance-for-all-nhs-organisations-specifically-for-prevent-and-the-channel-process/>

If unsure, further advice can be obtained from the Trust Caldicott Guardian - via intranet

Requests for Information about an Individual raised by another organisation:

Generally, requests for patient information should be made in writing, justifying the grounds for disclosure and submitted to the Data Controller of the data system from which the information is sought. The seriousness of the potential crime and the risk of harm to the individual or the public may outweigh the need to maintain patient confidentiality. The amount of information shared should be appropriate and responsive to the concern raised.

In situations where disclosures to (or information sharing with) the Police may become routine, it is considered as good practice to have a purpose specific information protocol and agreed between the organisation and the Police, so that all staff involved know what to do.

Note that the Crime and Disorder Act 1998 (does not in itself constitute a statutory requirement for NHS organisations to disclose patient information to other agencies). This should be determined on a case by case basis with an informed *Prevent* Lead for each organisation.

If a *Prevent* Lead is asked to share information for the purposes of preventing an individual from being drawn into terrorism the following questions should be considered:

- By sharing the information, is the intention to safeguard the individual from criminal exploitation, grooming (being drawn into terrorism) or self-harm
- In sharing information, is a serious crime being prevented or detected
- Is the information that has been requested appropriate to the risk of the serious crime of exploitation to the individual who may be drawn into supporting terrorism
- In being drawn into terrorism does this individual pose a risk of harm to themselves or the wider public
- Can the public interest justification be clearly stated (If in doubt, seek advice from the Caldicott Guardian)
- The GMC *Confidentiality: good practice in handling patient information guidance updated May 2018* also provides a framework to help you decide when you can share information and helps you to think about why you are sharing the information. This may be for the direct care or protection of the patient, to protect others or for another reason.

Arrangements exist within Worcestershire Acute Hospitals NHS Trust for responding to *Prevent* Freedom of Information Act 2000 FOI requests in line with existing DHSC guidance. Any FOI requests in relation to *Prevent* should be directed via the *Prevent* Lead.

Information Governance Policy and Procedures should be used alongside this document.

6 Implementation

6.1 Plan for implementation

The latest version of this Policy can be found on the Trust intranet site.

6.2 Dissemination

Staff will be advised of the updated Policy via *Prevent* annual newsletter and dissemination by attendees of the Trust Integrated Safeguarding Committee

6.3 Training

See Section 5.4

7 Monitoring and compliance

Prevent Training data will be maintained by Worcestershire Acute Hospitals NHS Trust Training and Development Team.

A record of all *Prevent* concerns raised by Worcestershire Acute Hospitals NHS Trust will be held as highly confidential on the Worcestershire Acute Hospitals NHS Trust Safeguarding database.

Collection dates for the quarterly *Prevent* assurance data collection are listed on the NHS Digital *Prevent* collection page. *Prevent* leads are asked to check that arrangements are in place to submit their data before each quarterly deadline. If there is a need to change or update SDCS registrations, contact NHS Digital for advice on 0300 303 5678. *Prevent* leads are reminded that organisations can have two people registered with SDCS, and that anyone new to using SDCS should read all the guidance on the NHS Digital *Prevent* collection page.

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Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
	Compliance with the Prevent Duty as a 'specified authority'	Quarterly return submission to SDCS	Quarterly	Head of Safeguarding	Integrated Safeguarding Committee and onward reporting to respective Trust Governance Committees	Quarterly report Annual Report

8 Policy Review

This Policy will be reviewed in accordance with Key Document review timeframes set by the Trust or in light of any relevant changes to legislation.

9 References

The following legislation, regulation and guidance has been used to inform this Policy:

- *NHS Contract SC32*
<https://www.england.nhs.uk/publication/nhs-standard-contract-2017-18-and-2018-19-service-conditions-full-length/>
- NHS England *Prevent Training and Competencies Framework*
<https://www.england.nhs.uk/publication/prevent-training-and-competencies-framework/>
- Data Protection Act 2018/General Data Protection Regulations
<http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>
- Information Commissioners Office Guidance
<https://ico.org.uk/>
- Human Rights Act 1998
<https://www.legislation.gov.uk/ukpga/1998/42/contents>
- Equality Act 2010
<https://www.gov.uk/guidance/equality-act-2010-guidance>
- Common Law Duty of Confidentiality (CLDC)
<https://www.health-ni.gov.uk/articles/common-law-duty-confidentiality>
- Caldicott and Caldicott 2
<https://www.gov.uk/government/publications/the-information-governance-review>
- Information sharing advice for safeguarding practitioners (HM Government, 2018)
<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>
- Crime and Disorder Act 1998
<http://www.legislation.gov.uk/ukpga/1998/37/contents>
- Counter Terrorism and Security Act 2015
<http://www.legislation.gov.uk/ukpga/2015/6/contents/enacted>
- Prevent Duty Guidance 2015, updated April 2021
<https://www.gov.uk/government/publications/prevent-duty-guidance>
- Channel Duty Guidance 2015
<https://www.gov.uk/government/publications/channel-guidance>

- Guidance for mental health services in exercising duties to safeguard people from the risk of radicalisation:2017
<https://www.england.nhs.uk/publication/guidance-for-mental-health-services-in-exercising-duties-to-safeguard-people-from-the-risk-of-radicalisation>
- Care Act 2014
<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
<https://www.gov.uk/guidance/equality-act-2010-guidance>
- Safeguarding children and young people: roles and competences for health care staff Intercollegiate Document: Jan 2019.
<https://www.rcn.org.uk/professional-development/publications/007-366>

Working Together to Safeguard Children 2018
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf
- Adult Safeguarding: Roles and Competencies for Health Care Staff 2018
<https://www.rcn.org.uk/professionaldevelopment/publications/pub-007069>

10. Background

10.1 Equality requirements

Refer to Supporting Document 1

10.2 Financial risk assessment

Refer to Supporting Document 2

10.3 Consultation

See contribution list below

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Integrated Safeguarding Committee
Executive Lead for Prevent – Paula Gardner
Paul Kinsella – CHANNEL Panel Chair Worcestershire, Advanced Public Health Practitioner, Worcestershire County Council
Jim Bayliss, Prevent Lead, Public Health Practitioner, Worcestershire County Council
Jules Walton, Caldicott Guardian, Worcestershire Acute Hospitals NHS Trust
Annie Osborne-Wylde, Information Governance Manager, Worcestershire Acute Hospitals NHS Trust

This key document has been circulated to the chair(s) of the following committees / groups for comments;

Committee
Integrated Safeguarding Committee 27th Sept 2022
CGG 4th October 2022
TME 19th October 2022

10.4 Approval Process

Approval will be via the Integrated Safeguarding Committee and onward ratification via respective Trust Governance Committees.

10.5 Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment	By:
02.09.22	Full revision further to updated Prevent Duty Guidance April 2021, ACT Early, Proscription, CTLP information incorporated	D Narburgh Head of Safeguarding

APPENDIX 1- DEFINITIONS

Terrorism	Actions of individuals or groups who seek to bring about social or political change through actions intended to cause serious harm, loss of life or raise attention through fear and/or damage to property to cause loss of life, disruption or raise attention by fear and/or damage to property
Radicalisation	The process of grooming an individual to support, encourage or condone violence to advance terrorist ideology
Extremism	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 in the definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
CONTEST 3.0 Strategy	Sits under the Home Office and is a national strategy or long-term plan of action designed to reduce the risk of terrorism, by stopping people becoming terrorists, preventing terrorist attacks, strengthening the UK's resilience to terrorism and facilitating emergency preparedness procedures in the event of attack
Prevent Strategy	<p>Safeguarding and support those at most risk of radicalisation through early intervention, identifying them and offering support.</p> <p>Enabling those who have already engaged in terrorism to disengage and rehabilitate.</p> <p>Tackling the causes of radicalisation and respond to the ideological challenge of terrorism.</p>
Vulnerability	In the context of <i>Prevent</i> 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.
Channel	<p>Multi-agency approach to protect people at risk from radicalisation. Channel uses existing collaboration between local authorities, statutory partners (such as education and health sectors, social services, children's and youth services and offender management services, the Police and the local community) to:</p> <ul style="list-style-type: none"> • identify individuals at risk of being drawn into terrorism; • assess the nature and extent of that risk; and • develop the most appropriate support plan for the individual concerned. <p>Channel is about safeguarding children and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert away from the risk they face before illegality occurs</p>

APPENDIX 2 - VULNERABILITY FACTORS

Use of extremist rationale (often referred to as ‘narrative’)

Radicalisers usually attract people to their cause through a persuasive rationale contained within a storyline or narrative that has the potential to influence views. Inspiring new recruits, embedding the beliefs of those with established extreme view 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 in themselves and therefore should not be considered in isolation but should be contextualised and considered in conjunction with the circumstances of the case and any other signs of radicalisation. Remember Prevent does not require you to do anything in addition to your normal duties. What is important is that if you have a concern that you raise these in line with the Worcestershire Acute Hospitals NHS Trust policies and procedures

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.

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

Personal Grievances:

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 distrust of Western media reporting
- Perceptions that UK government Policy is discriminatory (e.g. counter-terrorism legislation)
- Ideology and politics
- Provocation and anger (grievance)
- Need for protection
- A distrust of Western media reporting
- 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

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.

Key information for staff:

<https://www.gov.uk/government/publications/channel-vulnerability-assessment>

Supporting Document 1 – Equality Impact Assessment form

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Paula Gardner – Chief Nursing Officer, Executive Prevent Lead
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Deborah Narburgh	Head of Safeguarding	deborah.narburgh@nhs.net
Date assessment completed	02.09.2022		

Section 2

Activity being assessed (e.g. Policy/procedure, document, service redesign, Policy, strategy etc.)	Title: Prevent Policy
What is the aim, purpose and/or intended outcomes of this Activity?	This Policy sets out the aims, objectives and scope for the provision and development of prevention of radicalisation of vulnerable patient safeguarding within Worcestershire Acute Hospitals NHS Trust. The Policy is relevant to all clinical, Managerial and support staff and volunteers. The Policy refers to vulnerable adults, children and young people who are under the care of staff employed by Worcestershire Acute Hospitals NHS Trust.

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**Worcestershire
Acute Hospitals**
NHS Trust

Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Carers <input checked="" type="checkbox"/> Visitors	<input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> Communities <input type="checkbox"/> Other _____
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?	
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	Prevent associated activity NHS requirements as a 'specified authority' in accordance with the Prevent Duty.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Not required –update to existing Policy. Legal framework surrounding <i>Prevent</i> related concerns as part of the Terrorism Act 2000.	
Summary of relevant findings	N/A	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age				No impact – Policy applicable to all
Disability				No impact – Policy applicable to all
Gender Reassignment				No impact – Policy applicable to all
Marriage & Civil Partnerships				No impact – Policy applicable to all
Pregnancy & Maternity				No impact – Policy applicable to all
Race including Traveling Communities				No impact – Policy applicable to all

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Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Religion & Belief				No impact – Policy applicable to all
Sex				No impact – Policy applicable to all
Sexual Orientation				No impact – Policy applicable to all
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				No impact – Policy applicable to all
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				No impact – Policy applicable to all

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	D A NARBURGH
Date signed	02.09.2022
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval