

Prevention of Extremism & Radicalisation (Prevent) Policy

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Approved by:	Integrated Safeguarding Committee 26.08.2025 (CNO Chair approval) Improving Safety Action Group 02.09.2025
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First Revision Due: This is the most current document and should be used until a revised version is in place	2 nd September 2028
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 outlines the requirements of Worcestershire Acute Hospitals NHS Trust as a 'specified authority' in accordance with Schedule 6 of the Counter Terrorism & Security Act (2015), to whom the Prevent duty, under section 26 of the Act applies.

This Policy is applicable to all age groups.

This Policy should be used in conjunction with the Trust Policies for Safeguarding Adults and Safeguarding Children & Young People.

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
August 2025	Full review and update to include updated CONTEST statutory guidance (published July 2023), Prevent Duty Guidance (updated March 2024), Martyn's Law (April 2025).	Integrated Safeguarding Committee 26.08.2025 Chair approval. ISAG 02.09.2025

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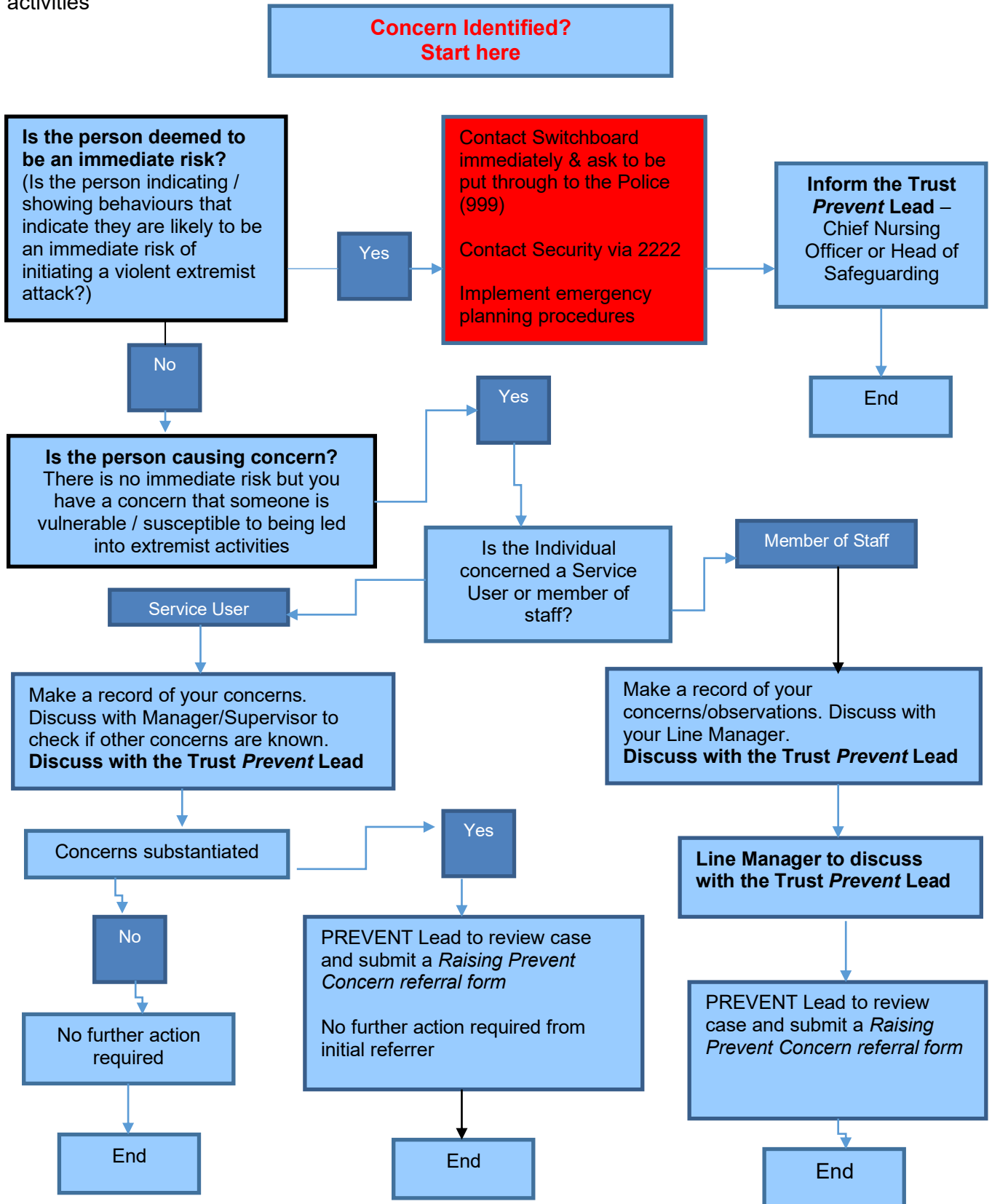
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1. Introduction

1.1 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 to ensure those affected and others are appropriately safeguarded.

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 Safeguarding Adults Policy and Safeguarding Children & Young People Policy.

In addition, this 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 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.

1.2 CONTEST (updated July 2023)

The overall aim of the counter-terrorism strategy, CONTEST (updated 2023), is to reduce the risk from terrorism to the UK, its citizens and interests overseas, so that people can go about their lives freely and with confidence.

1.3 The Prevent Strategy

Prevent remains one of the key pillars of CONTEST, alongside the other three 'P' work strands:

Prevent: to stop people becoming terrorists or supporting terrorism

Pursue: to stop terrorist attacks

Protect: to strengthen our protection against a terrorist attack

Prepare: to mitigate the impact of a terrorist attack

The core CONTEST framework empowers agencies to work together to counter terrorism. The public also play an essential role in Preventing and responding to terrorist attacks and taking action themselves where possible, to reduce risks.

1.4 Prevent Duty – Worcestershire Acute Hospitals NHS Trust

In accordance with Schedule 6 of the Counter Terrorism & Security Act (2015), Worcestershire Acute Hospitals NHS Trust is a '**specified authority**' to whom the Prevent Duty applies.

[Prevent duty guidance: for England and Wales \(accessible\) - GOV.UK](#)

1.5 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.

1.6 What is a Prevent referral?

A Prevent referral can be made by anyone who is concerned that they, or someone they know, is susceptible to radicalisation or might be at risk of becoming involved in terrorism or supporting terrorism. This could be a family member, friend, colleague, or a professional.

If an individual is found to represent a security threat, they will always be referred to the Police for further investigation. Prevent referrals are handled by expert officers within the local police force.

When a referral is made, initial checks will be conducted and if the individual is found to not be at risk of radicalisation, the case is immediately closed to Prevent.

If the referral progresses and it is assessed that there is a genuine risk of radicalisation, the case is considered by a multi-agency 'Channel panel' of professionals who collectively assess the case and decide on a tailored package of support that can be offered to the person.

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 & Young People 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.

This Policy is applicable to all age groups.

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.

Worcestershire Acute Hospitals NHS Trust is a ‘specified authority’ in accordance with the Act.

4.2 Safeguarding children, young people and adults at risk in the NHS - Safeguarding accountability and assurance (SAAF) framework

NHS England has in place the Safeguarding children, young people and adults at risk in the NHS: safeguarding accountability and assurance framework, which sets out clearly the safeguarding roles and responsibilities of all individuals and organisations related to their statutory requirements and appropriate accountabilities for the safeguarding of children, young people and adults at risk of harm or abuse.

The SAAF aims to:

- identify and clarify how relationships between health and other systems work at both strategic and operational levels to safeguard children, young people and adults under the care of the NHS at risk of abuse or neglect
- clearly set out the legal framework for safeguarding children and adults as it relates to the various NHS organisations, in order to support them in discharging their statutory requirements to safeguard children and adults

- outline principles, attitudes, expectations, and ways of working that recognise that **safeguarding is everybody's responsibility** and that the **safety and wellbeing of those in vulnerable circumstances are at the forefront of our business**

[NHS England » Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework](#)

4.3 Duties within Worcestershire Acute Hospitals NHS Trust in delivering the Prevent Strategy

Radicalisation is a process and not a one off 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 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 NHS Data Collection Framework (Safeguarding Commissioning Assurance Tool (SCAT) – Providers) 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.

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.

Partnership Working – Worcestershire Prevent Steering Group

The Head of Safeguarding is the Trust representative on this Group informing the strategic and local response to Prevent activity /monitoring.

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 adult's /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.

For practitioners, it is key that, when carrying out functions under the Prevent duty, they are mindful of the need for proportionality. A risk-based approach should always be followed, using **professional judgement and curiosity**. There should be one consistent and proportionate threshold applied to Prevent activity across all extremist ideologies and radicalisation concerns. Where frontline professionals have identified a concern that they consider requires a referral into Prevent, it is important that they can indicate why this risk is relevant to Prevent. As Prevent is a counter-terrorism capability, the presence, or possible presence, of any terrorist or terrorism-linked ideology will be an important consideration.

Signs that extremist views are being adopted, including changes in behaviour that might signal a concern, can be used to consider whether a referral should be made to seek support under Prevent. In determining whether a concern meets the threshold for referral to Prevent, it is important to

consider the harm posed to the person, as well as whether accessing support through Prevent might stop potential wider societal harm committed by the person.

5. Policy Detail

5.1 The Prevent Duty

The aim of Prevent is to stop people from becoming terrorists or supporting terrorism. Prevent also extends to supporting the rehabilitation and disengagement of those already involved in terrorism.

The Prevent duty requires specified authorities such as education, health, local authorities, police and criminal justice agencies (prisons and probation) to help Prevent the risk of people becoming terrorists or supporting terrorism. It sits alongside long-established safeguarding duties on professionals to protect people from a range of other harms, such as substance abuse, involvement in gangs, and physical and sexual exploitation. The duty helps to ensure that people who are susceptible to radicalisation are supported as they would be under safeguarding processes.

In fulfilling the Prevent duty in Section 26 of the Counter-Terrorism and Security Act 2015 (CTSA 2015), all specified authorities are expected to participate fully in work to Prevent the risk of people becoming terrorists or supporting terrorism.

5.2 Prevent's Objectives

The objectives of Prevent are to:

- tackle the ideological causes of terrorism
- intervene early to support people susceptible to radicalisation
- enable people who have already engaged in terrorism to disengage and rehabilitate

Prevent takes a partnership approach to disrupting radicalisers, including those who sow division and hatred, by working with local, regional and national partners, law enforcement agencies, and other government partners.

Prevent intervenes early by identifying people who are susceptible to radicalisation and providing support to those suitable for intervention. Where the police assess a radicalisation risk following a Prevent referral, a Channel panel will meet to discuss the referral, assess the risk and decide whether the person should be accepted into Channel. Once accepted, the panel agree a tailored package of support to be offered to the person.

5.2.1 Channel Panel

Channel panel is chaired by the local authority and attended by multi-agency partners such as police, education professionals, health services, housing and social services. Channel is a voluntary process, and people must give their consent before they receive support. In cases where the person is under 18 years of age, consent is provided by a parent, guardian or the agency that has responsibility for their care. Where risks cannot be managed in Channel, they will be kept under review by the police.

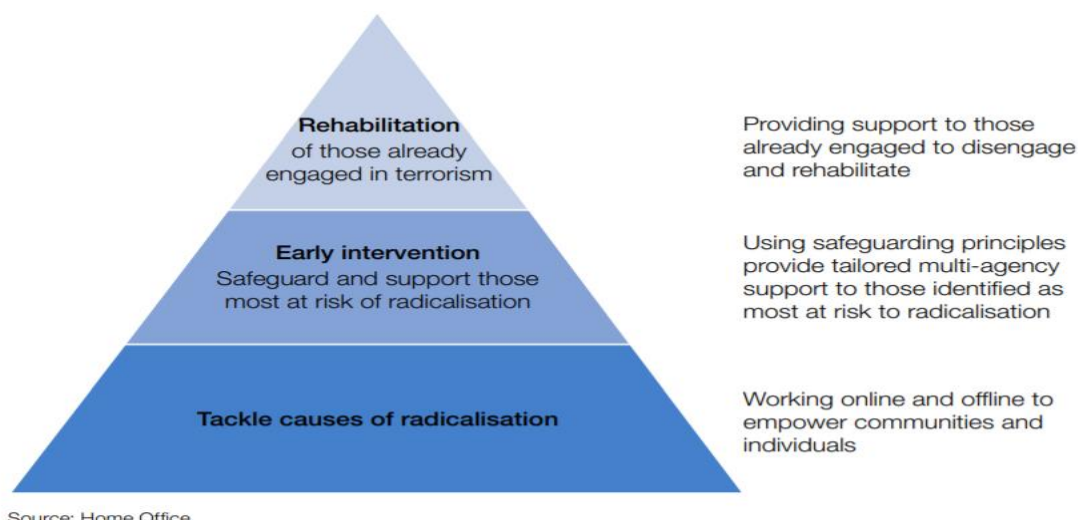
5.2.2 Desistance and Disengagement Programme

Rehabilitation seeks to reduce the risk of people who have been involved in terrorist-related activity, including those who have been convicted of offences. The Desistance and Disengagement Programme provides specialist Home Office-approved intervention providers to give support in the form of theological, ideological and practical mentoring to reduce the offending risk.

5.3 The Prevent Delivery Model

The objectives of Prevent are to:

- tackle the ideological causes of terrorism
- intervene early to support people susceptible to radicalisation
- enable people who have already engaged in terrorism to disengage and rehabilitate



Source: Home Office

To tackle the ideological causes of terrorism, Prevent focuses on reducing the influence of radicalisers on susceptible audiences, as well as reducing the availability of, and access to, terrorist content.

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.

5.4 The Prevent Duty Guidance for England and Wales (Updated 2023)

This is statutory guidance for 'specified authorities' in England and Wales, issued on 7 September 2023 under Section 29 of the Counter Terrorism and Security Act 2015 - it came into force on 31 December 2023.

As a 'specified authority', Worcestershire Acute Hospitals NHS Trust must have regard to the new guidance. The term 'due regard' as used in the Counter Terrorism Security Act 2015 means that the authorities should place an appropriate amount of weight on the need to Prevent people from becoming terrorists or supporting terrorism when they consider all the other factors relevant to how they carry out their usual functions.

[Prevent duty guidance: for England and Wales \(accessible\) - GOV.UK](#)

5.5 Prevent in Healthcare

Healthcare professionals have a key role in Prevent because they will meet and treat people who may be susceptible to radicalisation. This includes not just violent extremism but also non-violent extremism which can reasonably be linked to terrorism, such as narratives used to encourage people into participating in or supporting terrorism.

Most people who commit terrorism offences do so of their own volition and dedication to an ideological cause. A person's susceptibility to radicalisation may be linked to them having underlying vulnerabilities (see Appendix 2). A significant proportion of work under the Prevent duty in healthcare relates to safeguarding vulnerable people at risk of exploitation or abuse. Vulnerability is defined in different ways by different organisations and services. This may impose safeguarding duties, for example, relating to age or certain mental or physical health conditions. It can also include wider vulnerabilities related to personal, family or social circumstances.

Healthcare professionals should consider both the person's best interests and the public interest. For example, if they were concerned that a patient was being radicalised, a Prevent referral could allow the patient to get the help and support needed to Prevent them being radicalised into terrorism.

5.6 Threat and Risk

5.6.1 National Threat Levels

The threat level for the UK is set by the Joint Terrorism Analysis Centre (JTAC). The Threat levels are designed to give a broad indication of the likelihood of a terrorist attack. There are five levels:

- LOW means an attack is unlikely
- MODERATE means an attack is possible, but not likely
- SUBSTANTIAL means an attack is a strong possibility
- SEVERE means an attack is highly likely
- CRITICAL means an attack is expected imminently.

[Terrorism and national emergencies: Terrorism threat levels - GOV.UK](#)

5.7 Threat Levels & Ideology

The threat from terrorism is enduring and evolving. Despite a prevalence of lower sophistication attacks in the UK, the threat we see today and likely to see in the coming years, is more diverse, dynamic and complex:

- a domestic terrorist threat which is less predictable, harder to detect and investigate

- a persistent and evolving threat from Islamist terrorist groups overseas
- an operating environment where accelerating advances in technology provide both opportunity and risk.

Prevent deals with all kinds of terrorist threats to the UK. Prevent's first objective is to tackle the ideological causes of terrorism. The ideological component of terrorism is what sets it apart from other acts of serious violence. Islamist ideology is resilient and enduring. Extreme Right-Wing ideology is resurgent. Other ideologies are less present, but still have the potential to motivate, inspire and be used to justify terrorism.

Islamist Terrorism

In the UK, the primary domestic terrorist threat comes from Islamist terrorism. Islamist terrorism is the threat or use of violence as a means to establish a strict interpretation of an Islamic society. For some this is a political ideology which envisions, for example, the creation of a global Islamic caliphate based on strict implementation of shari'ah law, drawing on political and religious ideas developed in the 20th century by Sayyid Qutb and Abdallah Azzam. Many adherents believe that violence (or 'jihad' as they conceive it) is not only a necessary strategic tool to achieve their aims, but an individual's religious duty.

Extreme Right-Wing Terrorism

Extreme Right-Wing Terrorism describes those involved in Extreme Right-Wing activity who use terrorist violence to further their ideology. These ideologies can be broadly characterised as Cultural Nationalism, White Nationalism and White Supremacism. Individuals and groups may subscribe to ideological trends and ideas from more than one category. Unlike Islamist terrorist groups, Extreme Right-Wing terrorists are not typically organised into formal groups with leadership hierarchies and territorial ambitions, but informal online communities which facilitate international links.

Other Ideologies

Prevent also tackles other ideologies and concerns that may pose a terrorist threat. Established terrorist narratives exhibit common themes such as antisemitism, misogyny, anti-establishment, anti-LGBT grievances and religious or ethnic superiority. Left-Wing, Anarchist and Single-Issue Terrorism currently represents a significantly smaller terrorist threat to the UK than Islamist terrorism or Extreme Right-Wing Terrorism and is not currently present in the UK at any significant scale (although there has been some activity that has met a terrorism threshold in recent years). The majority of related activity in the UK has consisted of lawful protest, and where these have involved violence, it has resulted in offences relating to public order.

Conspiracy Theories

Conspiracy theories can act as gateways to radicalised thinking and sometimes violence. In some cases, a blurring of ideologies with personal narratives makes it harder to assess the risk that people may pose. The need to understand motivation and intent is why in some cases it can take time for an incident to be declared terrorism or not, and why sometimes it remains unclear.

Personal & Ideological Motivation

Counter-terrorism efforts encounter a range of personal and ideological motivations to violence, where a traditional terrorist narrative may only be part of a much more complex picture. Terrorists can hold a range of personal grievances alongside the primary ideology for committing an attack. Individuals are increasingly adopting a mix of ideas from different ideologies into their grievance narratives. This contributes to the increasing challenge of assessing the motivation behind an individual's violence, determining the most appropriate mitigations to put in place and judging whether or not that violence constitutes an act of terrorism. It is possible that violent adherents to movements and subcultures, such as Involuntary Celibacy (Incels), could meet the threshold of terrorist intent or action, should the threat or use of serious violence be used to influence the government or intimidate the public.

Prevent work should always be aware of the risk presented by the people or group in question and recognise the agency of people in aligning with extremist groups. Encouraging susceptible people to commit acts of terrorism on their own initiative is a deliberate strategy of terrorist groups in their propaganda and is exacerbated by communities who glorify acts of violence against society or specific groups within it.

Fixation/ fascination with Violence

Exposure to violent material and other inappropriate information can also serve to fuel extremist beliefs.

Online Services / Internet

There is rapid proliferation of terrorist content on multiple online services. Research has demonstrated that the internet has become the 'preferred' avenue for those searching for terrorist propaganda or contacts. The internet continues to make it simpler for individuals and groups to promote and to consume radicalising content.

This can involve people, including a concerning number of children under the age of 18, committing offences by downloading and disseminating terrorist materials.

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.

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>

Graffiti /Stickering

Graffiti and stickering can sometimes be used by extremist groups in order to promote their agenda.

Further information on the signs /symbols to be alert to can be found on the Safeguarding Hub page.

Incidents of extremist graffiti or stickering should be reported to Police via 101.

Key information for staff:

Local reporting can be made to the Community Safety Team: hwbadmin@worcestershire.gov.uk

5.8 Susceptibility to radicalisation

Radicalisation is the process of a person legitimising support for, or use of, terrorist violence. Most people who commit terrorism offences do so of their own agency and dedication to an ideological cause.

There is no single profile of a radicalised person, nor is there a single pathway or ‘conveyor belt’ to being radicalised. There are many factors which can, either alone or combined, lead someone to subscribe to terrorist or terrorism-supporting ideology. These factors often include exposure to radicalising influences, real and perceived grievances – often created or exacerbated through grievance narratives espoused by extremists – and a person’s own susceptibility.

A person’s susceptibility to radicalisation **may be linked to their vulnerability (see Appendix 2)**. A person can be vulnerable if they need special care, support or protection because of age, disability, risk of abuse or neglect. A person’s vulnerabilities may be relevant to their susceptibility to radicalisation and to the early intervention approach that is required to divert them away from radicalisation.

In other cases, vulnerabilities may not be present or relevant to the early intervention approach required. Not all people susceptible to radicalisation will be vulnerable, and there are other circumstances, needs or other underlying factors that may make a person susceptible to radicalisation but do not constitute a vulnerability.

Key information for staff: the information below will help front line health and care staff use their trusted relationships with patients, families and communities to address the impact of vulnerabilities:

[Vulnerabilities: applying All Our Health - GOV.UK](#)

5.9 Potential indicators of Radicalisation (please note this list is not exhaustive)

- Spending increased amounts of time online.
- Creating scapegoats for personal issues.
- Interest in, and sharing of, crisis narratives and conspiracy theories.
- Showing an interest in extreme groups and figures.
- Displaying personal crisis in person and online.
- Espousing anti-government sentiment.
- Gathering news from unregulated sources.

5.10 What might make someone susceptible to Radicalisation?

- Socially and /or physically isolated.
- Unstable social/personal circumstances.
- Exposure to violence.
- Poor mental health.
- Personal crisis.
- Young impressionable individuals.
- Those searching for a sense of identity or community.
- Personal grievance.

5.11 Confidentiality, Information Sharing and Disclosure

Specified authorities may need to share information about people to ensure, for example, that a person at risk of radicalisation is given appropriate support, such as on the Channel programme. When sharing personal data, specified authorities must comply with the requirements of data protection legislation as it applies to them.

The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children, young people and adults safe. It is important to remember that data protection legislation is not intended to Prevent the sharing of personal data, but to ensure that it is done lawfully and with appropriate safeguards in place.

There may be some circumstances where specified authorities, in the course of Prevent-related work, identify someone who may already be engaged in illegal terrorist-related activity. If someone is suspected of being involved in such activity, the police should be informed immediately.

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:
[Confidentiality: good practice in handling patient information - professional standards - GMC](#)

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 the Caldicott Guardian or Information Governance Officer. All information sharing of patient personal or sensitive data must comply with all Caldicott Principles, GDPR and the law.

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

***Remember, you should not hold the risk, if you have a concern please seek advice from the Prevent Lead or if urgent, by calling 999.**

Key information for staff:

The Information Commissioner's Office provides advice on the requirements of the data protection legislation for organisations:

[A guide to the data protection principles | ICO](#)

Information sharing advice for safeguarding practitioners:

[Information sharing advice for safeguarding practitioners - GOV.UK](#)

Caldicott Guardian: Chief Medical Officer

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/>

5.12 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.

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 2024 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.

Key information for staff:

[Confidentiality: good practice in handling patient information - professional standards - GMC](#)

5.13 Prevent Freedom of Information (FOI) requests

Arrangements exist within Worcestershire Acute Hospitals NHS Trust for responding to 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.

5.14 Reducing permissive environments

One way that Prevent seeks to tackle the ideological causes of terrorism is by limiting exposure to radicalising narratives, both online and offline, and to create an environment where radicalising ideologies are challenged and are not permitted to flourish.

Radicalisers create and take advantage of permissive environments to promote or condone violence and to spread poisonous ideologies that undermine our values and society. When considering how to tackle the ideological causes of terrorism, it is also important to consider how radicalisers use extremist ideas and narratives to encourage people into participating in or supporting terrorism. This includes instances where the exact ideology is unclear. Established terrorist narratives exhibit common themes such as antisemitism, misogyny, anti-establishment, anti-LGBT grievances and religious or ethnic superiority.

Limiting the potential harm and influence of radicalisers, as well as extremist narratives and content reasonably linked to terrorism, can help to stop people from becoming terrorists or supporting terrorism. This includes limiting the use of permissive online environments or other platforms, which can contribute to radicalisation by facilitating exposure to terrorist and extremist content, and enabling networking with like-minded people.

Encouragement of terrorism, including glorifying the commission or preparation of acts of terrorism, fundraising for the purposes of terrorism, and inviting support for a proscribed terrorist organisation, are all criminal offences.

It is important for specified authorities to identify and consider opportunities to disrupt those who seek to radicalise others into conducting terrorism-related activity or supporting terrorism, or who perpetuate extremist ideologies linked to terrorism. This may mean having policies in place that, where appropriate, limit radicalising influences (including online), or ensure that facilities are not used inappropriately. It could mean challenging extremist ideas often linked to terrorism or a terrorist ideology, some of which may encompass more broadly harmful ideas, such as misogyny and antisemitism, or the concept of blasphemy to justify or condone violence.

5.15 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

5.15.1 What is meant by ‘terrorism’ in the proscription context?

“Terrorism” as defined in the act, means the use or threat of action which: involves serious violence against a person; involves serious damage to property; endangers a person’s life (other than that of the person committing the act); creates a serious risk to the health or safety of the public or section of the public or is designed seriously to interfere with or seriously to disrupt an electronic system.

The use or threat of such action must be designed to influence the government or an international governmental organisation or to intimidate the public or a section of the public, and must be undertaken for the purpose of advancing a political, religious, racial or ideological cause.

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.

84 terrorist organisations are currently proscribed under the Terrorism Act 2000 (Home Office).

Key information for staff:

A list of current proscribed terrorist groups can be found here:

[Proscribed terrorist groups or organisations - GOV.UK](#)

**** Remember - you may be committing a criminal offence by accessing information in respect of any proscribed groups outside of the gov.uk website.**

5.16 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, for both adults and children 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.

5.16.1 Supplementary Prevent Training availability (your ESR should be used as first line to ensure your mandatory training is completed/recorded).

[Prevent duty training: Learn how to support people susceptible to radicalisation | Prevent duty training](#)

5.16.2 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 (this training is currently via ESR)
- Include refresher training delivery for all staff as described in the Prevent Training & Competencies framework

5.17 Prevent Duty: core standards for healthcare commissioners and providers

Sets out the standards that commissioners and providers of NHS healthcare should meet in their work to protect people at risk of radicalisation.

Key information for staff:

[Prevent duty: core standards for healthcare commissioners and providers - GOV.UK](#)

5.18 Prevent Duty Guidance for Healthcare Professionals (updated Oct 2024)

Key information for staff:

[Prevent duty: guidance for healthcare professionals - GOV.UK](#)

5.19 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 \(accessible\) - GOV.UK](#)

5.20 Partnership Arrangements

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.

5.20.1 Channel Panel

Channel is a multi-agency programme which identifies and supports at risk individuals, and which delivers this strategic aim of Prevent. Having identified an individual at risk, the Channel panel will assess the nature and extent of the risk, and subsequently develop the most appropriate support plan for the individual concerned.

Herefordshire & Worcestershire Health & Care NHS Trust represents 'health' at Channel meetings as a standing member.

[Channel and Prevent Multi-Agency Panel \(PMAP\) guidance - GOV.UK](#)

5.21 Contributing to the Counter Terrorism Local Profile (CTLP)

CTLPs 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 CTLP 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 CTLP via the Worcestershire Prevent Strategy Group.

[Counter-terrorism local profiles \(CTLPs\) - GOV.UK](#)

5.22 Intelligence Reporting

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

Internal Prevent Leads

Intelligence can also be shared via the Trust Prevent leads. This information will then be passed securely to Counter Terrorism Policing for assessment.

5.23 Protect Duty – Martyn’s Law

The Terrorism (Protection of Premises) Act 2025, also known as Martyn’s Law, received Royal Assent on Thursday 3 April 2025.

This Act delivers the Government’s manifesto commitment to strengthen the security of public premises and events.

The Government intends for there to be an implementation period of at least 24 months before the Act comes into force.

Key information for staff:

In the event of any concern staff should refer to the Trust Emergency Planning & Response information: available via the Source A-Z – ‘E’

[Emergency Preparedness, Resilience and Response - EPRR](#)

Worcestershire Local Authority information can be found at:

[Protect - Protection of Premises \(Terrorism\) Bill | Worcestershire County Council](#)

RAISING CONCERNS - PROCEDURE TO BE FOLLOWED

5.24 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 re-direct 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.

Prevent is not a tool for spying or surveillance, and the Prevent duty does not place any restrictions on free speech. It is part of the wider safeguarding obligations we have towards protecting people from harm.

5.24.1 Immediate risk /threat

Call 2222 and ask for 999 (Police) and other emergency services dependent upon the risk giving as much detail as possible.

5.24.2 Radicalisation of Children & Young People

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.

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.

Key information for staff:

Prevent concerns in relation to a child or young person should be raised with the Trust Prevent Lead.

In addition to this, a referral should be made to Children's Services in accordance with multi-agency safeguarding procedures (**Working Together to Safeguard Children, 2023**).

[Refer to Children's Social Care | Worcestershire County Council](#)

Department for Education: Further resources: security advice and guidance. Updated 12 July 2024
[Further resources: security advice and guidance - GOV.UK](#)

5.24.3 Concerns in relation to family & friends – Action Counters Terrorism (ACT) Early

More important than any one sign is the feeling that something is not right. Friends and family are often the first to spot worrying changes taking place. These can be big or small changes that take place very quickly or over a longer period. Trust your instincts and if you're concerned seek advice.

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/>

5.24.4 Initial Procedure to be followed (colleague, patient, service user, carer etc)

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 support completion of the Raising Prevent Concern Form.

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.

5.24.5 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.

5.24.6 Counter Terrorism Policing (CTP) Initial Screening

The police screen all referrals to check whether the individual is already part of, or should be part of, a terrorism investigation, as these individuals are not appropriate for Channel support. Depending upon the type and level of terrorism risk identified by police, these cases may be adopted for management via a police-led partnership or escalated into an investigation. Once this has taken place, the initial assessment may conclude that no further action is required. In other cases, an individual's vulnerability may be assessed as not linked to radicalisation and they may be referred to another form of support.

All Prevent referrals are confidential and do not result in a criminal record or any other form of sanction.

***Please note that the referrer may not receive feedback on their submission from CTP.**

5.25 Supplementary training availability

NOTICE – CHECK – SHARE

The Home Office have introduced 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>.

5.26 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. [RUN HIDE TELL | ProtectUK](#)



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 5.16

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.

Data is uploaded quarterly to the NHS Data Collection Framework by the Head of Safeguarding and also reported to the ICB.

Trust Policy

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?
	Compliance with the Prevent Duty as a 'specified authority'	Quarterly return submission to NHS Data Collection Framework – SCAT – Providers	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:

Action Counters Terrorism: Prevent Radicalisation and Extremism by Acting Early
<https://actearly.uk/>

Counter-Terrorism and Security Act 2015

Care Act 2014

Crime and Disorder Act 1998

Data Protection Act 2018/General Data Protection Regulations
<http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>

Department for Education: Further resources: security advice and guidance. Updated 12 July 2024
[Further resources: security advice and guidance - GOV.UK](#)

Department of Health & Social Care: Prevent duty: core standards for healthcare commissioners and providers
[Prevent duty: core standards for healthcare commissioners and providers - GOV.UK](#)

Department of Health: Common Law Duty of Confidentiality (CLDC)
<https://www.health-ni.gov.uk/articles/common-law-duty-confidentiality>

Department for Health & Social Care: Updated October 2024
[Prevent duty: guidance for healthcare professionals - GOV.UK](#)

Equality Act 2010
<https://www.gov.uk/guidance/equality-act-2010-guidance>

Freedom of Information Act (2000)

GDPR and Data Protection Act (2018)

General Medical Council
[Confidentiality: good practice in handling patient information - professional standards - GMC](#)

gov.uk: Report online material promoting terrorism or extremism
<https://www.gov.uk/report-terrorism>

gov.uk, Department for Education(DfE) 2024

[Information sharing advice for safeguarding practitioners - GOV.UK](#)

gov.uk: Vulnerabilities: applying All Our Health, Published 29 March 2022

[Vulnerabilities: applying All Our Health - GOV.UK](#)

gov.uk: Prevent duty training: Learn how to support people susceptible to radicalisation

[Prevent duty training: Learn how to support people susceptible to radicalisation | Prevent duty training](#)

gov.uk Prevent duty training: Learn how to support people susceptible to radicalisation

[Prevent duty training: Learn how to support people susceptible to radicalisation | Prevent duty training](#)

gov.uk Statutory guidance: Working together to safeguard children. Updated 2023

[Working together to safeguard children - GOV.UK](#)

gov.uk Caldicott review: information governance in the health and care system:

<https://www.gov.uk/government/publications/the-information-governance-review>

gov.uk: Terrorism and national emergencies

[Terrorism and national emergencies: Terrorism threat levels - GOV.UK](#)

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>

Home Office: Prevent duty toolkit for local authorities (accessible). Updated 12 February 2024

[Prevent duty toolkit for local authorities \(accessible\) - GOV.UK](#)

Home Office

[Counter-terrorism local profiles \(CTLPs\) - GOV.UK](#)

Home Office

[Prevent duty guidance: for England and Wales \(accessible\) - GOV.UK](#)

Home Office

[Channel and Prevent Multi-Agency Panel \(PMAP\) guidance - GOV.UK](#)

Home Office: Counter-terrorism strategy (CONTEST) 2023

[Counter-terrorism strategy \(CONTEST\) 2023 - GOV.UK](#)

Home Office: Updated July 2025

[Proscribed terrorist groups or organisations - GOV.UK](#)

Home Office: Notice, Check, Share

<https://www.elearning.Prevent.homeoffice.gov.uk/Preventreferrals>

Home Office: Prevent and Channel factsheet - 2024

[Prevent and Channel factsheet – 2024 – Home Office in the media](#)

Home Office: Channel and Prevent Multi-Agency Panel (PMAP) guidance. Updated Aug 2025
[Channel and Prevent Multi-Agency Panel \(PMAP\) guidance - GOV.UK](#)

Human Rights Act 1998
<https://www.legislation.gov.uk/ukpga/1998/42/contents>

Information Commissioners Office Guidance
[A guide to the data protection principles | ICO](#)

Joint Terrorism Analysis Centre (JTAC):
[Joint Terrorism Analysis Centre | MI5 - The Security Service](#)

National Counter Terrorism Security Office:
[RUN HIDE TELL | ProtectUK](#)

NHS the Code of Practice on Confidentiality (2003 as amended)
[Confidentiality: NHS Code of Practice - GOV.UK](#)

NHS Digital: Code of practice on confidential information
[Code of practice on confidential information - NHS England Digital](#)

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: Updated July 2025:
[NHS Prevent training and competencies framework - GOV.UK](#)

NHS England: Practical Guidance on the sharing of information and information governance for all NHS organisations specifically for Prevent and the Channel process (2017)
<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/>

NHS England: Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework
[NHS England » Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework](#)

Royal College of Nursing: Adult Safeguarding: Roles and Competencies for Health Care Staff. Published July 2024
[Adult Safeguarding: Roles and Competencies for Health Care Staff | Publications | Royal College of Nursing](#)

Safeguarding children and young people: roles and competences for health care staff Intercollegiate Document: Jan 2019. Updated March 2025
[Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing](#)

Skills for Health

[Core Skills Training Framework | Skills for Health](#)

Terrorism (Protection of Premises) Act 2025

[Martyn's Law: the SIA's new regulatory role - GOV.UK](#)

Worcestershire Children's Services referral portal:

[Refer to Children's Social Care | Worcestershire County Council](#)

Internal Policy & Procedures available via Key Documents:

- Safeguarding Adults Policy
- Safeguarding Children & Young People Policy
- Emergency Preparedness, Resilience and Response - EPRR
- Safeguarding and Internet and Social Media Use
- Freedom to Speak Up
- Information Governance
- HR Policy & Procedures

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 representatives
Sarah Shingler, Chief Nursing Officer, Executive Lead for Prevent, Worcestershire Acute Hospitals NHS Trust
David Andrewartha – CHANNEL Panel Chair Worcestershire, Worcestershire County Council
Jim Bayliss, Prevent Lead, Public Health Practitioner, Worcestershire County Council
Jules Walton, Caldicott Guardian, Worcestershire Acute Hospitals NHS Trust
Ali Koeltgen, Chief People Officer, Worcestershire Acute Hospitals NHS Trust
Reena Rane, EmbRACE network (Chair) Worcestershire Acute Hospitals NHS Trust

Donna Scarrott, DAWN Network, Worcestershire Acute Hospitals NHS Trust
Bec Harris, LGBTQ+ Network Chair ,Worcestershire Acute Hospitals NHS Trust
Karen Apps, Patient Safety Team, Worcestershire Acute Hospitals NHS Trust
R Rees, Data Governance and Compliance 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
Improving Safety Action Group

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
14.08.25	Full review and update to include updated CONTEST statutory guidance published (July 2023), Prevent Duty Guidance (updated March 2024), Martyn's Law (April 2025).	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 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 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.
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



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	Sarah Shingler – Chief Nursing Officer, Executive Prevent Lead
----------------------------------	--

Details of individuals completing this assessment	Name	Job title	e-mail contact
	Deborah Narburgh	Head of Safeguarding	deborah.narburgh@nhs.net
Date assessment completed	14.08.2025		

Section 2

Activity being assessed (e.g. Policy/procedure, document, service redesign, Policy, strategy etc.)	Title: Prevention of Extremism & Radicalisation (Prevent) Policy			
What is the aim, purpose and/or intended outcomes of this Activity?	This Policy outlines the requirements of Worcestershire Acute Hospitals NHS Trust as a 'specified authority' in accordance with Schedule 6 of the Counter Terrorism & Security Act (2015), to whom the Prevent duty, under section 26 of the Act applies.			
Who will be affected by the development & implementation of this activity?	x <input type="checkbox"/> Service User	x <input type="checkbox"/> Staff		
	x <input type="checkbox"/> Patient	x <input type="checkbox"/> Communities		
	x <input type="checkbox"/> Carers	<input type="checkbox"/> Other		

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	<input checked="" type="checkbox"/> Visitors <input type="checkbox"/>
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 <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
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
Religion & Belief				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
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;

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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	14.08.2025
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