

Prevent Strategy Policy

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Prevent Strategy Policy
Version Control Sheet

| Version | Section / Para / Appendix | Version / Description of Amendments | Date | Author / Amended by |
|----------------|----------------------------------|---|--------------|----------------------------|
| 1 | | New Policy | January 2017 | Head of Safeguarding |
| 1.1 | | Updates to education statement | June 2017 | Head of Safeguarding |
| 2 | | Full Policy Review | October 2018 | Head of Safeguarding |
| 3 | | Full Policy Review with no significant changes. | October 2020 | Named Nurse Safeguarding |
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Procedural Document Statement

Background Statement The purpose of this policy is to provide staff with a clear and reliable framework to enable them to identify and report concerns surrounding staff, patients and other members of the public if they have concerns regarding potential radicalisation. Section 26 of the Counter-Terrorism and Security Act 2015 (the Act) places a duty on NHS bodies to have “due regard to the need to Prevent people from being drawn into terrorism”. The policy will ultimately help minimise the potential impact of radicalisation on members of the general public, and minimise the potential harm that the resulting terrorist act could cause.

Responsibilities

Chief Executive

The Chief Executive devolves the responsibility for compliance and monitoring to the Director of Nursing, AHPs and Operations ensuring the organisation meets its statutory and non-statutory obligations in respect of maintaining appropriate standards of safeguarding adults and children at risk, privacy and confidentiality for patients and their carers and for ensuring that the Trust complies proactively with its responsibilities for implementing PREVENT and working with other agencies to protect vulnerable people and by doing so the citizens of Lincolnshire.

Director of Nursing, AHPs and Operations

Executive leadership and responsibility for PREVENT rests with the Director of Nursing, AHPs and Operations. The Board will receive regular reports on PREVENT related matters as appropriate / within the safeguarding assurance reports

The Safeguarding Team

The safeguarding team will operationalise the strategy and are responsible for ensuring accurate reporting and compliance with training.

All Staff

This policy applies to all staff, and all staff have a responsibility for attending PREVENT training, and should report any concerns to

their manager.

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| Training | All staff will be given training on Prevent as part of their induction, and up dates will be provided a minimum of 3 yearly. |
| Dissemination | This policy will be disseminated via the quality assurance meetings, will be shared as part of safeguarding training and will be on the trust website for all staff. |
| Resource implication | No additional resource required |
| Consultation | Not applicable |
| Monitoring | Referrals will be monitored through the safeguarding team. |
| Equality Statement | As part of our on-going commitment to promoting equality, valuing diversity and protecting human rights, Lincolnshire Community Health Services NHS Trust is committed to eliminating discrimination against any individual (individual means employees, patients, services users and carers) on the grounds of gender, gender reassignment, disability, age, race, ethnicity, sexual orientation, socio-economic status, language, religion or beliefs, marriage or civil partnerships, pregnancy and maternity, appearance, nationality or culture. |

1. Introduction

The purpose of this Policy is to provide staff with a clear and reliable framework to enable them to identify and report concerns surrounding staff, patients and other members of the public if they have concerns regarding potential radicalisation. Section 26 of the Counter-Terrorism and Security Act 2015 (the Act) places a duty on NHS bodies to have “due regard to the need to Prevent people from being drawn into terrorism”. The policy will ultimately help minimise the potential impact of radicalisation on members of the general public, and minimise the potential harm that the resulting terrorist act could cause.

If anyone has immediate concerns that an individual is presenting an immediate terrorist risk to themselves, others or property, then they should contact the National Counter-Terrorism Hotline on 0800 789 321, or the police on 999.

This policy should be read in conjunction with the Safeguarding Adult Policy and Safeguarding Children Policy, both located on the staff intranet site under the safeguarding section.

2. Purpose

This policy describes how the Trust implements the PREVENT agenda.

The PREVENT agenda ensures that:

- NHS staff know how to safeguard and support vulnerable individuals, whether patients / service users or staff, who they feel may be at risk of being radicalised by extremists
- Appropriate systems are in place within all NHS organisations for staff to raise concerns if they think this form of exploitation is taking place
- Healthcare organisations promote and operate safe environments where extremists are unable to operate

3. Definitions

3.1 Terrorism

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

3.12 Radicalisation

In this strategy radicalisation refers to the process by which people come to support terrorism and forms of extremism leading to terrorism.

3.13 Extremism

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

3.14 Vulnerability

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. This is a wider group than those defined as at risk of abuse and neglect (vulnerable adults) under safeguarding adults.

3.15 Channel

Channel Panel is a supportive multi-agency process, designed to safeguard those individuals who may be vulnerable to being drawn into any form of terrorism.

4. What is Prevent?

The Office for Security and Counter-Terrorism (OSCT), in the Home Office, works to counter the threat from terrorism. Their work is covered in the government's counter-terrorism strategy CONTEST which is primarily organised around the following four key principles:

- **PURSUE**: to stop terrorist attacks and acts of terrorism
 - **PREVENT**: to stop people becoming terrorists or supporting terrorism
 - **PROTECT**: to strengthen our protection against a terrorist attack or acts of terrorism
 - **PREPARE**: to mitigate the impact of a terrorist attack or acts of terrorism
- The Prevent principle of this strategy has the following three national objectives:
- **Objective 1**: respond to the ideological challenge of terrorism and the threat we face from those who promote it
 - **Objective 2**: Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support
 - **Objective 3**: work with sectors and institutions where there are risks of radicalisation which we need to address

5. The NHS contribution to PREVENT

The NHS is a key partner in the successful implementation of the Prevent agenda particularly as healthcare professionals routinely come into contact with people who may be vulnerable to radicalisation. Service Users and patients who access mental health or learning disability services may be more easily drawn into terrorism and it is also known that staff working within NHS services have previously taken part in terrorist activities. The key challenge for the NHS is

to ensure that where there are signs that someone has been, or is being drawn into terrorism; healthcare staff have the skills to interpret these signs correctly, are aware of the support that is available and is confident in referring the person(s) for further support. The method of delivering the NHS contribution to prevent introduces an escalation process that will enable any professional with concerns, especially front-line workers, to raise them confidently and within agreed structures and processes.

5.1 Why Healthcare Staff and Professionals?

The overall principle of services provided by healthcare staff and professionals is to improve the health and well-being of those who use our services whilst safeguarding those individuals who are vulnerable to any form of exploitation. Preventing someone from becoming a terrorist or from supporting terrorism has similarities with safeguarding vulnerable individuals from other forms of exploitation. Prevent aims to protect those who are vulnerable to exploitation from those who seek to get people to support or commit acts of violence and healthcare staff are well placed to recognise individuals, whether service users, patients or staff, who may be vulnerable and therefore more susceptible to radicalisation by violent extremists or terrorists. Every member of staff has a role to play in protecting and supporting vulnerable individuals who use our services and the implementation of the Prevent agenda is fundamental to our duty of care to such individuals.

5.2 Risk Indicators

Exploitation Evidence suggests that there is no single profile or indication of a person who is likely to become involved in terrorist-related activity. To date there is no universally accepted view of why vulnerable individuals become involved. The factors surrounding exploitation are many and they are unique for each person. The increasing body of information indicates that factors thought to relate to personal experiences of vulnerable individuals affect the way in which they relate to their external environment.

In this sense, vulnerable individuals may be exploited in many ways by radicalisers who target the vagaries of their vulnerability. Contact with radicalisers is also variable and can take a direct form, i.e. face to face, or can happen indirectly through the internet, social networking or other media. More commonly this will occur through a combination of the above. Should any member of staff develop concerns arising from changes in an individual's behaviour which indicates that they may be drawn in to violent extremism, they will need to take in to consideration how reliable or significant these indicators are.

5.21 Contact with Radicalisers

It is generally more common for vulnerable individuals to become involved in terrorist related activity through the influence of others. Initial contact may be via peers, siblings, other family members or acquaintances, with the process of radicalisation often being a social one. Such social interaction takes place in a range of unsupervised environments such as gyms or cafés, in private homes and via the internet. Access to extremist material is often through leaflets and local contacts. However, the internet plays an important role in the communication of extremist views. It provides a platform for extremists to promote their cause and encourage debate through websites, internet forums and social networking, and is a swift and effective mechanism for disseminating propaganda material. Healthcare organisations should be aware of anyone making frequent visits to websites showing images such as armed conflict around the world and providing speeches and access to material from those involved in the radicalising process.

5.22 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 views and/or persuading others of the legitimacy of their cause is the primary objective of those who seek to radicalise vulnerable individuals.

The Internet and Prevent

Vulnerable individuals may be exploited in many ways by radicalisers and this could be through direct face to face contact, or indirectly through the internet, social networking or other media. Access to extremist material is often through leaflets and local contacts. However, the internet plays an important role in the communication of extremist views. It provides a platform for extremists to promote their cause and encourage debate through websites, internet forums and social networking being a swift and effective mechanism for disseminating propaganda material.

5.3 Indicators of concern

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

- Graffiti symbols, writing or artwork promoting violent extremist messages or images.
- Patients/staff accessing violent extremist material on line, including social networking sites.
- Parent/family reports of changes in behaviour, friendships or action, and requests advice or assistance.
- Patients voicing opinions drawn from violent extremist ideologies and narratives.
- Use of extremist or hate terms to exclude others or incite violence.

- Harmful influences on vulnerable individuals from staff, colleagues, volunteers, parents, spouse, family members, friends, external groups of other patients.
- Inappropriate use of the internet on Trust premises.
- External groups using the Trust premises for meetings, distributing violent extremist materials.

5.4 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 them and therefore should not be considered in isolation but in conjunction with the particular circumstances and any other signs of radicalisation.

• Identity Crisis

Adolescents/vulnerable adults who are exploring issues of identity can feel both distant from their parents/family and cultural and religious heritage, and uncomfortable with their place in society around them. Radicalisers can exploit this by providing a sense of purpose or feelings of belonging. Where this occurs, it can often manifest itself in a change in a person's behaviour, their circle of friends, and the way in which they interact with others and spend their time.

• Personal Crisis

This may, for example, include significant tensions within the family that produce a sense of isolation of the vulnerable individual from the traditional certainties of family life. Preventing

• Personal Circumstances

The experience of migration, local tensions or events affecting families in countries of origin may contribute to alienation from UK values and a decision to cause harm to symbols of the community or state.

• Unemployment or under-employment

Individuals may perceive their aspirations for career and lifestyle to be undermined by limited achievements or employment prospects. This can translate to a generalised rejection of civic life and adoption of violence as a symbolic act.

• Criminality

In some cases a vulnerable individual may have been involved in a group that engages in criminal activity or, on occasion, a group that has links to organised crime and be further drawn to engagement in terrorist-related activity.

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 the UK government policy is discriminatory

Other factors

Similarly to the above, the following have also been found to contribute to vulnerable people joining certain groups supporting terrorist related activity:

- Ideology and politics
- Provocation and anger (grievance)
- Need for protection
- Seeking excitement and action
- Fascination with violence, weapons and uniforms
- Youth rebellion
- Seeking family and father substitutes
- Seeking friends and community
- Seeking status and identity

6. Case Examples

The following are examples of vulnerable individuals who became involved in terrorist attacks:

Example 1 – a patient

Nicky Reilly received a life sentence having attempted to detonate an improvised explosive device at a restaurant in Exeter in May 2008. He was known to have mental health issues and learning difficulties and had regular contact with health and social services. During his trial it was revealed that Nicky was encouraged by radicalisers on the internet.

Example 2 – healthcare worker

Bilal Abdullah, an NHS doctor, and Kafeel Ahmed, a PhD student, were involved in staging the attack on Glasgow Airport in 2007. The academic died from the severe burns he suffered after driving a car bomb into the airport terminal. The NHS doctor was later convicted of conspiracy to murder and to cause explosions. They had both been involved in a previous bombing attempt in central London.

The individuals in these examples came from different cultural and socioeconomic backgrounds and appear to have very little in common. However, they each became victims of radicalisation.

7. Raising Concerns / Prevent Referral Process

Concerns that an individual may be vulnerable to radicalisation do not mean that you think the person is a terrorist, it means that you are concerned they are prone to being exploited by others, and so the concern is one relating to the safeguarding process. If a member of staff feels that they have a concern that someone is being radicalised, then they should in the first instance discuss their concerns with their immediate line manager.

The prevent referral form is on the staff intranet site, in the safeguarding section. Staff should call the safeguarding hub to discuss any concerns.

7.1 Raising concerns about patients

If a member of staff has a concern that someone who uses Trust services is being radicalised, they should discuss their concerns with their manager and/or relevant safeguarding professional, to agree if the concerns are valid.

Once the concern has been recognised as valid, the 'Channel' process should be followed by the safeguarding lead in partnership with the local Police PREVENT Lead.

The local Police PREVENT Lead will carry out a risk assessment on each referral and decide if the case should go forward to a CHANNEL panel.

In working with Adult service users Trust staff may become aware of children and young people who are at risk of radicalization and this must be addressed through the Safeguarding Children Policy.

All concerns, discussions and advice MUST be documented in line with Trust policy.

If anyone has immediate concerns that an individual is presenting an immediate terrorist risk to themselves, others or property, then they should contact the National Counter-Terrorism Hotline on 0800 789 321, or the police on 999.

7.2 Concerns about a staff member

If you have concerns that a member of staff is being radicalised, you MUST discuss your concerns with your line Manager, the Safeguarding Lead (Trust Prevent Lead) and Workforce to decide if the concerns are valid, and to determine the risks and benefits of the individual remaining in a clinical/practitioner role.

Please refer to the flowchart in appendix 1.

7.3 Prevent referral protocol into Channel

Channel is a supportive multi-agency process, designed to safeguard those individuals who may be vulnerable to being drawn into any form of terrorism. Channel works by identifying individuals who may be at risk, assessing the nature and extent of the risk, and where necessary, providing an appropriate support package tailored to their needs.

A multi-agency panel, chaired by the local authority, decides on the most appropriate action to support an individual after considering their circumstances. It is about early intervention to protect and divert people away from the risk they may face at an early opportunity and allows us to intervene to prevent individuals being drawn into terrorist related activity. Partnership involvement ensures that those at risk have access to a wide range of support ranging from mainstream services such as health and education through to specialist mentoring or faith guidance and wider diversionary activities such as sporting activities. Each support package is monitored closely and reviewed regularly by the multi-agency panel.

All referrals to CHANNEL will be made by the Prevent Lead from the safeguarding team

7.4 What happens with the referral?

- Each referral is screened for suitability. If the referral is not deemed appropriate for Channel it will exit the process or be referred to those services which are more appropriate to the vulnerable individual's needs.
- Appropriate referrals will go through a preliminary assessment coordinated by the Channel Coordinator and key statutory partners as appropriate.
- Partners will be asked to check and report back to the Channel coordinator if the vulnerable individual is known to their service and a case profile will be created to assist decision making at the Channel multi-agency panel.
- The multi-agency panel will convene and be chaired by the local authority, where the individual's needs will be identified and a support plan will be put in place to address these needs.
 - Each case is monitored regularly at an interval of no more than 6 weeks. In addition there will be a 6 monthly and 12 monthly review meeting for each case, once the referral has exited the process.

Implementing Training & Raising Awareness of Prevent

The following information will detail Trust arrangements to provide appropriate training for staff and a strategy for raising awareness of the Prevent agenda. The Trust will support and encourage a consistent and proportionate approach to raising awareness of Prevent as part of the wider safeguarding agenda.

The Trust will work to NHS England's Prevent Training, This will provide assurance on the Trust

meeting contractual obligations in relation to safeguarding set out in the NHS Standard Contract.

8.1. Raising Awareness of Prevent

The Trust will provide appropriate information and guidance to staff in order to raise awareness of the Prevent agenda.

This will include the following:

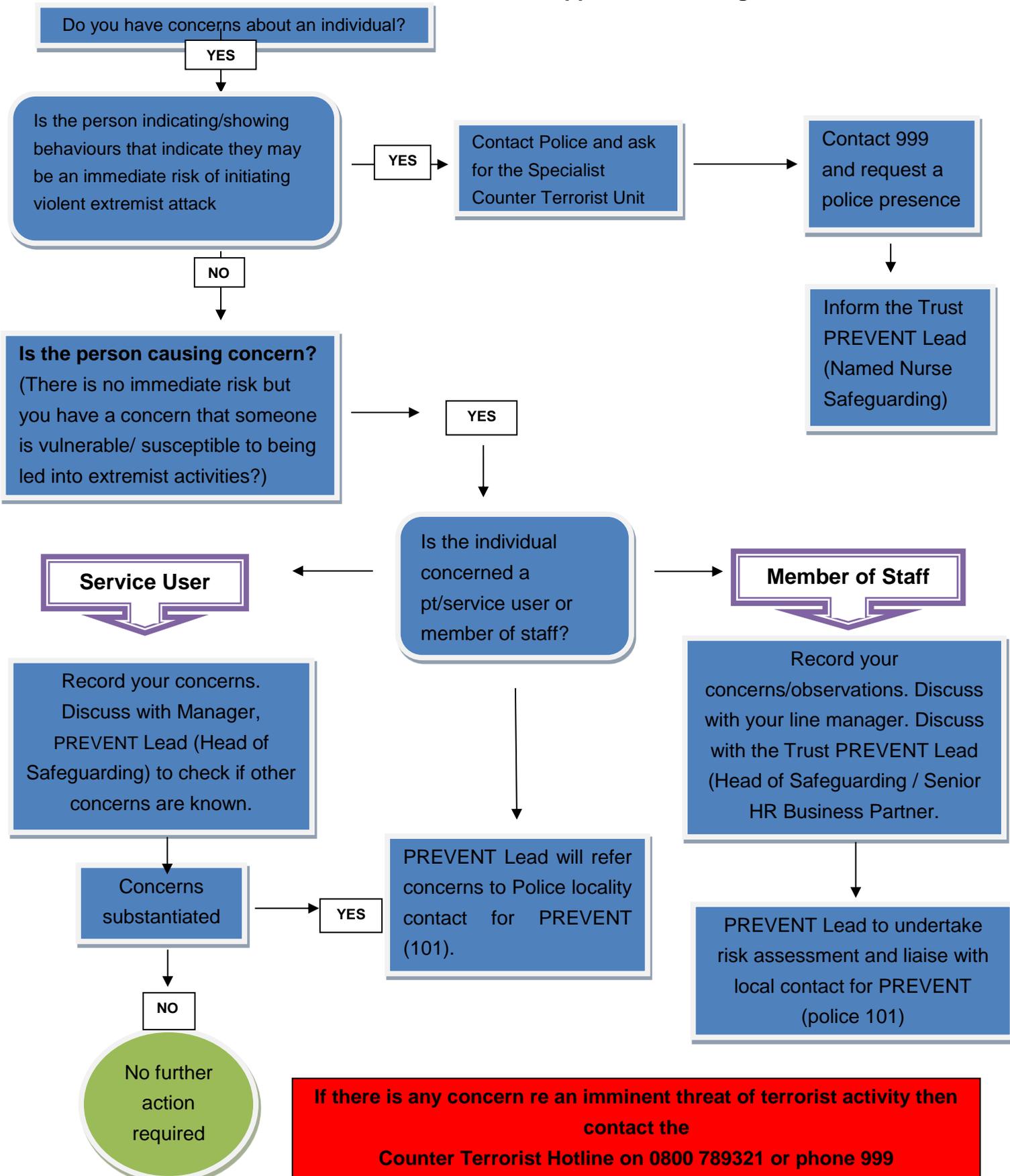
- All new staff will receive information on the Prevent agenda through Trust corporate induction
- All staff to receive update as part of their mandatory update day
- Prevent awareness section part of level 2 Safeguarding Adults training (e-learning) – all patient facing staff
- Prevent awareness part of level 3 Safeguarding Adults/Children training (face to face training)
- Regular information on the Prevent agenda shall be cascaded to staff by the Prevent Lead and updated information kept on Trust Intranet.

9. References

- Counter-Terrorism and Security Act 2015 –
<http://www.legislation.gov.uk/ukpga/2015/6/contents/enacted>
- Channel Duty Guidance - Home Office publication
<https://www.gov.uk/government/publications/prevent-duty-guidance>
- Prevent Duty Guidance for England and Wales – Home Office
<https://www.gov.uk/government/publications/prevent-duty-guidance/revised-prevent-duty-guidance-for-england-and-wales>
- Prevent National Referral Form:
<https://www.devon-cornwall.police.uk/advice/your-community/preventreporting-and-preventing-radicalisation-terrorism-and-extremism/>

10. Appendices

Appendix 1 Raising A Prevent Concern



11. Review of document

A full policy update will be due in 2 years, or earlier following the publication of any relevant national guidance or policy.

Appendix 2 Equality Analysis

NB - It is the responsibility of the author / reviewer of this document to complete / update the Equality Analysis each time it has a full review and to contact the Equality Diversity and Inclusion Lead if a full equality impact analysis is required

Equality Impact Analysis Screening Form

| | | | |
|---------------------|-------------------------|--------------------------------|-------------|
| Title of activity | Prevent Strategy Policy | | |
| Date form completed | 05.10.2020 | Name of lead for this activity | Gemma Cross |

| | | | |
|-------------------------|--------------------------|--------------|--|
| Analysis undertaken by: | Named Nurse Safeguarding | | |
| Name(s) | Job role | Department | |
| Gemma Cross | Named Nurse | Safeguarding | |

| | |
|---|---|
| What is the aim or objective of this activity? | The purpose of this policy is to provide staff with a clear and reliable framework to enable them to identify and report concerns surrounding staff, patients and other members of the public if they have concerns regarding potential radicalisation. |
| Who will this activity impact on? <i>E.g. staff, patients, carers, visitors etc.</i> | All LCHS staff. |

Potential impacts on different equality groups:

| Equality Group | Potential for positive impact | Neutral Impact | Potential for negative impact | Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered) |
|----------------|-------------------------------|--------------------------|-------------------------------|---|
| Age | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No impact. |
| Disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No impact. |

| | | | | |
|--|--------------------------|--------------------------|--------------------------|------------|
| Gender reassignment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No impact. |
| Marriage & civil partnerships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No impact. |
| Pregnancy & maternity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No impact. |
| Race | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No impact. |
| Religion or belief | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No impact. |
| Sex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No impact. |
| Sexual Orientation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No impact. |
| Additional Impacts <i>(what other groups might this activity impact on? Carers, homeless, travelling communities etc.)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No impact. |

If you have ticked one of the above equality groups please complete the following:

Level of impact

| | Yes | No |
|--|--------------------------|--------------------------|
| Could this impact be considered direct or indirect discrimination? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how will you address this? | | |
| | | |

| | High | Medium | Low |
|--|--------------------------|--------------------------|--------------------------|
| What level do you consider the potential negative impact would be? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If the negative impact is high, a full equality impact analysis will be required.

Action Plan

How could you minimise or remove any negative impacts identified, even if this is rated low?

How will you monitor this impact or planned actions?

Future review date: