

Prevent Strategy Policy

Reference No:	P_CIG_21
Version	2
Ratified by:	LCCHS Trust Board
Date ratified:	08 January 2019
Name of originator / author:	Head of Safeguarding
Name of responsible committee / Individual	LCCHS Safeguarding & Patient Safety Group
Date issued:	January 2019
Review date:	November 2020
Target audience:	All staff
Distributed via	Website

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
1.2		Updates to education statement	June 2017	Head of Safeguarding
2		Full Policy Review	October 2018	Head of Safeguarding
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Prevent Strategy Policy

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Procedural Document Statement

The organization has a duty to ensure safe environments where extremists are unable to operate. All staff have a responsibility to know how they can support vulnerable individuals (patients, carers or members of staff) who they feel may be at risk of becoming a terrorist or supporting extremism.

Background Statement

Prevent is part of the Government's counter-terrorism strategy CONTEST, which is led by the Home Office. The health sector has a non-enforcement approach to *Prevent* and focuses on support for vulnerable individuals and healthcare organisations. Section 26 of the Counter-Terrorism and Security Act 2015, places a duty on certain bodies (which includes health) in the exercise of their duties to have 'due regard' to the need to prevent people from being drawn into terrorism'.

Responsibilities

This policy applies equally to staff directly involved in providing care to adults, and staff working with children, the Chief Executive, Directors, Heads of Clinical Services, Service managers and staff.

Training

Newly appointed staff will attend the Trust mandatory induction training. All staff working with children and young people, and/or adults with children must access training in accordance with their role and responsibilities as outlined on the training matrix on LCHS website.

Dissemination

The policy will be available on LCHS website and in the Safeguarding newsletter.

Resource implication

Implications of this policy are primarily in relation to staff capacity to meet the service needs of the population.

1. INTRODUCTION

1.1 What is PREVENT?

The Office for Security and Counter Terrorism (OSCT) in the Home Office is responsible for providing strategic direction and governance on CONTEST (Government counter terrorism strategy). As part of CONTEST, the aim of **PREVENT** is to stop people becoming terrorists or supporting terrorism.

CONTEST is primarily organised around four key principles. Work streams contribute to four programmes, each with a specific objective:

- **PURSUE:** to stop terrorist attacks
- **PREVENT:** to stop people becoming terrorists or supporting terrorism
- **PROTECT:** to strengthen our protection against a terrorist attack
- **PREPARE:** to mitigate the impact of a terrorist attack.

The Health Service is a key partner in **PREVENT** and encompasses all parts of the NHS, charitable organisations and private sector bodies which deliver health services to NHS patients/service users.

PREVENT has 3 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

The Health Sector contribution to **PREVENT** will focus primarily on **Objectives 2 and 3**.

PREVENT training undertaken in line with Objectives 2 and 3 will be known as **HealthWRAP** training.

1.2 Why healthcare staff?

The overall principle for Health providers is to improve the health and wellbeing through the delivery of healthcare services whilst safeguarding those individuals who are vulnerable to any form of exploitation: **PREVENT** is also about protecting individuals.

PREVENT aims to protect those who are vulnerable to exploitation from those who seek to get people to support or commit acts of violence. Healthcare staff are well placed to recognise individuals, whether patients or staff, who may be vulnerable and therefore more susceptible to radicalisation by extremists or terrorists. It is fundamental to our 'duty of care' and falls within our safeguarding responsibilities.

Every member of staff has a role to play in protecting and supporting vulnerable individuals and colleagues who are at risk of radicalisation.

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. SCOPE

The **PREVENT** agenda is relevant to all our staff, including volunteers.

4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

4.1 Chief Executive

The Chief Executive devolves the responsibility for compliance and monitoring to the Director of Nursing, 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.

4.1.2 Director of Nursing

Board level leadership and responsibility for **PREVENT** rests with the Director of Nursing. The Board will receive regular reports on **PREVENT** related matters as appropriate / within the Safeguarding quarterly reports.

4.1.3 Head of Safeguarding

The Head of Safeguarding assumes operational leadership for **PREVENT**, ensuring that quarterly Prevent returns are submitted to the Clinical Commissioning Group as part of the Federated Safeguarding Dashboard and to NHS England in line with current guidance. This data relates to the safeguarding clause of the NHS Standard Contract and progress being made by the organization to implement **PREVENT**. This includes data relating to referrals and the numbers of staff attending the **PREVENT** (HEALTHWRAP) training.

LCCHS is defined as an education provider by the Department for Education and Skills (DfES). The Head of Safeguarding will undertake the role of Designated Learning Safeguarding Person (DLSP) and have responsibility for coordinating action regarding learners within LCCHS and for liaising with other agencies as appropriate.

4.1.4 The Head of Education, Training and Development

The Head of Education is responsible for making arrangements for a suitable number of training places and sessions 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 and providing training reports to Trust Board as required.

4.1.5 Deputy Directors of Nursing and Operations / Heads of Clinical Services

The Deputy Directors of Nursing and Operations and Heads of Clinical Services are responsible for ensuring that all staff are aware of the policy and the relevance to everyday clinical practice and for ensuring that all staff have received appropriate training in relation to **PREVENT**.

4.1.6 All Staff

Have a responsibility to familiarise themselves with this policy and to adhere to the process. They are responsible for attending the **PREVENT** Training relevant to their role and they have a responsibility to report all **PREVENT** related concerns to their Manager and to assisting their manager in appropriate escalation.

4.1.7 The PREVENT (HealthWRAP) Trainers

The HealthWRAP trainers are responsible for maintaining their own competence and knowledge base to deliver effective training, delivering the Health WRAP training program and keeping records of all staff who have received training related to **PREVENT**.

5. PROCEDURE / IMPLEMENTATION

5.1 The Process of exploitation

It is suggested 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.

5.2 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, cafés, in private homes and/or 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 to 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.

5.3 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.

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

- **Identity crisis**

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

- **Personal crisis**

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

- **Personal circumstances**

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

- **Unemployment or under-employment**

Individuals may perceive their aspirations for career and lifestyle to be undermined by their limited achievements or employment prospects. This can translate to a generalised rejection of civic life and the 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 a group that has links to organised crime and through this can 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 UK government policy is discriminatory (e.g. counter terrorist legislation).

Other Factors

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

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

- Seeking friends and community integration
- Seeking status and identity

6. 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 Manager/HR with advice from the Head of Safeguarding 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 radicalisation. 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. RAISING CONCERNS ABOUT STAFF

If you have concerns that a member of staff is being radicalised, you **MUST** discuss your concerns with your line Manager, the Head of Safeguarding (Trust Prevent Lead) and the Director of 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.

8. TRAINING IMPLICATIONS

All staff are to be made aware of the **PREVENT** strategy and how it is being implemented within the Trust. This will be carried out at induction.

All staff who work with patients / service users will attend HealthWRAP/ PREVENT training.

These sessions will ensure that staff are:

- Aware of their professional responsibilities, particularly in relation to the safeguarding of adults and children at risk
- Familiar with the Trust's protocols, policies and procedures in relation to **PREVENT**
- Aware of the process to follow and the support available when they raise a **PREVENT** concern

9. REVIEW

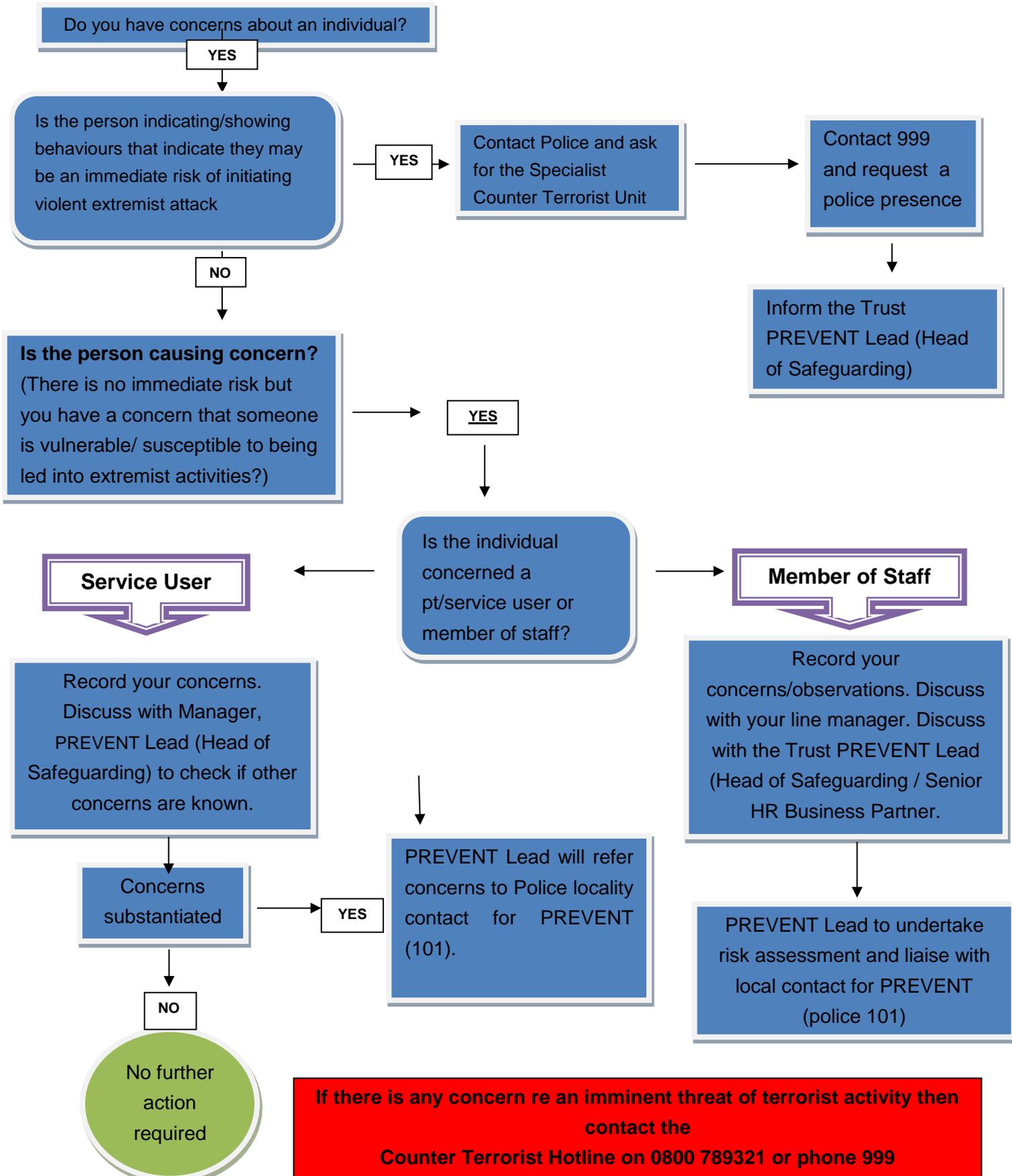
This policy will be reviewed in NOV 2019.

10. REFERENCES

- Building Partnerships, Staying Safe, The health sector contribution to HM Government's PREVENT strategy: guidance for healthcare workers, Department of Health, November 2011
- PREVENT Strategy, HM Government, June 2011
- PREVENT Strategy: Equality Impact Assessment, HM Government, June 2011
- Channel: Vulnerability Assessment Framework, HM Government, October 2012
- Channel: Protecting vulnerable people from being drawn into terrorism – a guide for local partnerships, HM Government, October 2012

11. APPENDIX 1

Raising A Prevent Concern



Appendix 2 - Monitoring Template

This template should be used to demonstrate compliance with NHSLA requirements for the procedural document where applicable and/or how compliance with the document will be monitored.

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals /group /committee	Frequency of monitoring /audit	Responsible individuals / group / committee (multi-disciplinary) for review of results	Responsible individuals / group / committee for development of action plan	Responsible individuals / group / committee for monitoring of action plan
LCHS provides appropriate training to all staff on induction	Reporting of training figures	Workforce	Monthly	Safeguarding & Patient Safety Group	Safeguarding & Patient Safety Group	Safeguarding & Patient Safety Group
Head of Safeguarding reports the number of referrals made to CHANNEL	Reporting of number of referrals	Head of Safeguarding (Prevent Lead)	Monthly	Safeguarding & Patient Safety Group	Safeguarding & Patient Safety Group	Safeguarding & Patient Safety Group

Appendix 3 - Equality Analysis

Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them. This standard template is designed to help LCHS staff members to comply with the general duty.

Please complete the template by following the instructions in each box. Should you have any queries or suggestions on this template, please contact Rachel Higgins, Equality and Diversity lead.

Prevent Strategy Policy

Equality Analysis Carried out by: Barbara Mitchell

Date: 26.10.2018

Equality & Human rights Lead: Rachel Higgins

Date: 26.10.2018

Director\General Manager: Susan Ombler

Date: 26.10.2018

***In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

Section 1 – to be completed for all policies

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be			
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? Please give details	No		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? Please give details	No		
D.	Will/Does the implementation of the policy\service result in different impacts for protected?	No		
		Yes	No	
	Disability		X	
	Sexual Orientation		X	
	Sex		X	
	Gender Reassignment		X	
	Race		X	
	Marriage/Civil Partnership		X	
	Maternity/Pregnancy		X	
	Age		X	
	Religion or Belief		X	
	Carers		X	

	<p>If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2</p>
<p>The above named policy has been considered and does not require a full equality analysis</p>	
<p>Equality Analysis Carried out by:</p>	<p>Barbara Mitchell</p>
<p>Date:</p>	<p>26.10.2018</p>

Section 2 - Equality analysis

Title:

Relevant line in:

What are the intended outcomes of this work? *Include outline of objectives and function aims*

Who will be affected? *e.g. staff, patients, service users etc*

Evidence *The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results. You must understand your responsibilities under the transparency agenda before completing this section of the assessment.*

What evidence have you considered? *List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.*

Disability *Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.*

Sex *Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).*

Race Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.

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Age Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.

Gender reassignment (including transgender) Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.

Sexual orientation Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.

Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.

Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.

Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.

Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.

Engagement and involvement

Was this work subject to the requirements of the Equality Act and the NHS Act 2006 (Duty to involve) ? (Y/N)

How have you engaged stakeholders in gathering evidence or testing the evidence available?

How have you engaged stakeholders in testing the policy or programme proposals?

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Summary of Analysis *Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.*

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

Eliminate discrimination, harassment and victimisation *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

Advance equality of opportunity *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

Promote good relations between groups *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

What is the overall impact? *Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?*

Addressing the impact on equalities *Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.*

Action planning for improvement *Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.*

Please give an outline of your next steps based on the challenges and opportunities you have identified. Include here any or all of the following, based on your assessment

For the record

Name of person who carried out this assessment:

Date assessment completed:

Name of responsible Director/ General Manager:
Date assessment was signed: 20