Document name:	Prevent Strategy Implementation
Document type:	Policy Version 2
What does this policy replace?	The Previous Prevent Strategy Implementation
Staff group to whom it applies:	All staff within the Trust
Distribution:	The whole of the Trust
How to access:	Intranet
Issue date:	January 2016
Next review:	January 2018
Approved by:	EMT
Developed by:	Specialist Adviser for Safeguarding Adults, Named Nurses Safeguarding Children
Director leads:	Director of Director of Nursing, Clinical Governance & Safety
Contact for advice:	Emma Cox (Named Nurse Safeguarding Children).

INDEX

Process of Exploitation

Use of Extremist Rationale (often referred to as the 'narrative')

Vulnerability

National Threats

Health and Other Public Sector Partners

Grievances

Raising Concerns about Adults and Children who may be at risk of radicalisation

1.0   Introduction

South West Yorkshire Partnership Foundation Trust (SWYPFT) is committed to safeguarding children and adults and acknowledges Prevent as a component of the 'Safeguarding' agenda.

The Department of Health have stipulated as a mandate that all NHS staff receive awareness of their work on counter terrorism it is the NHS contract and is a legal requirement as part of the Counter Terrorism and Security Act (2015)

Contest is the UK's counter terrorism strategy that aims to reduce the risk we face from terrorism; it is made up of 4 work streams.

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** as it encompasses all parts of the NHS, charitable organisations and private sector bodies which deliver health services to NHS patients.

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** (Workshop to raise awareness of Prevent) training. The Prevent strategy focuses on stopping people becoming terrorists or supporting terrorism. To achieve this, the revised strategy also contains a number of initiatives that can proactively contribute to the protection and safeguarding of vulnerable individuals and children.

There are many opportunities for healthcare staff to help to protect people from radicalisation. The key challenge is to ensure that healthcare workers are confident and knowledgeable in addressing situations that cause concern. It is the aim of this policy to provide support and guidance to Trust staff in achieving this outcome.

Prevent is challenging and different from the other work streams because it operates in the pre-criminal space, before any criminal activity has taken place. The emphasis of Prevent is to support vulnerable individuals not target them.

Why Health Care staff?

The overall principal of health is to improve the health and wellbeing through the delivery of health care services whilst safeguarding those individuals who are vulnerable to any form of exploitation. 'Prevent' is also about protecting individual. 'Prevent' aims to protect those who are vulnerable to exploitation from those who seek to get people to support or commit acts of violence. Health care staff are well placed to recognise individuals, whether patients or staff who may be vulnerable and therefore more susceptible to radicalisation by violent extremist or terrorist. It's fundamental to our 'duty of care' and falls within our safeguarding responsibilities. Each member of staff has a role to play in protecting and supporting vulnerable individuals who pass through our care.

2.0   Purpose

This strategy describes how the Trust will implement the 'Prevent' agenda. The 'Prevent' agenda will ensure that:

- SWYPFT staff know how to safeguard and support vulnerable individuals and children, whether service users or staff, who they feel may be at risk of being radicalised by violent extremists.

- Appropriate systems are in place within SWYPFT for staff to raise concerns if they think this form of exploitation is taking place.

- SWYPFT promote and operate safe environments where violent extremists should not be able to operate.

2.1   Scope

The strategy is relevant to all our staff, including volunteers, in particular those who work with vulnerable people and also acknowledges that staff may also be vulnerable.

3   Definitions

Definition of terrorism

Common definitions of terrorism refer only to violent acts which are intended to create fear, deliberately target the safety of civilians, are perpetrated for ideological goals.

Terrorism is: the use of violence for political ends, including any use of violence for the purpose of putting the public or any section of the public in fear.

Radicalisation: The processes by which people come to support terrorism and violent extremism and in some cases then go on to join terrorist groups.

Violent extremism: the demonstration of unacceptable behaviour by using any means or medium to express views which:

Justifies or glorifies terrorist violence in furtherance of particular beliefs, seek to provoke others to terrorist acts, foment other serious criminal activity or seek to provoke others to serious criminal acts or foster hatred which might lead to intercommunity violence in the UK.

As there is no typical profile for a UK-based terrorist, all public sector agencies will need to work together through this complex area in order to protect the safety of the UK population as a whole.

Ongoing research is contributing to the body of knowledge about how and why individuals become involved with terrorist-related activity. Evidence taken directly from research and case reviews suggests that the path, or radicalisation process, to terrorist-related activity is not linear or predictable and the length of time involved can differ greatly – from a few weeks to a number of years. It should be noted that even if an individual follows a radicalisation path this does not necessarily mean that it will result in terrorist acts.

4.0   Duties

The Director of Nursing, Compliance and Risk will:-

Manage the Prevent strategy and policy documents on behalf of the Trust Liaise with the Specialist Adviser for Adults at Risk and Named Nurse for Safeguarding Children to manage the implementation and the operation of the Prevent strategy.

The Head of Learning and Development is responsible for collating Prevent awareness and HealthWRAP training data and providing reports for use by the SWYPFT Prevent Lead to forward to the regional Prevent co-ordinator and Clinical Commissioning Groups.

Liaise with the HealthWRAP trainers to plan and implement a HealthWRAP training and awareness programme.

The Trust Board - The Trust Board is responsible for approving the policy for the approval, dissemination and implementation of policies and procedures as outlined in this document.

The Executive Management Team (EMT) will approve this policy and address any issues that relate to its implementation or may influence or impact on patient safety and organisational reputation.

Specialist Advisers – including Local Security Management Specialists, Health and Safety Manager and Emergency Planning and Safety Advisor with other relevant

partners will deliver the training and support staff with the implementation of the strategy

Specialist Adviser for Adults/Named Nurse for Children - The Specialist Adviser for Safeguarding Adults and the Named Nurse for Safeguarding Children will support and advise all Trust staff in the implementation of this strategy.

Managers are responsible for:

Arranging for staff to attend the HealthWRAP3 training as required, advising staff on the processes to escalate a concern and by facilitating the appropriate escalation of the Prevent concern; as in escalation process.

All Trust staff - to be effective, Trust staff need to:

Report all radicalisation related concerns to their manager and via Datix in line with the escalation process. Assist their manager in appropriate escalation with any further information.

Much of the work that SWYPFT staff are already doing will help to contribute to the goal of stopping vulnerable individuals being drawn into terrorist-related activity.

For example, staff can build on work they already do in safeguarding adults and children through meeting their corporate governance responsibilities:

- By being compliant with the guidance aligned to the Care Act (2014), No Secrets (Department of Health, 2000), Working Together to Safeguard Children (Department for Education, 2010), the Guidance from the Counter Terrorism and Security Act (2015) and local multi agency policies and procedures for both Safeguarding Adults and safeguarding children.

- Working with partners to prevent vulnerable, susceptible individuals becoming the victims or cause of harm

- Working with partners and other agencies to build community networks that can provide advice and guidance to healthcare organisations.

- Supporting sensitively and confidentially, staff who might be suspected of becoming radicalised

Role of Clinical Commissioning Groups

Clinical Commissioning Groups will hold providers to account on the NHS Standard Contract. The Prevent Training and Competencies Framework has been developed in conjunction with the 2014 Intercollegiate Document in order to ensure a consistent approach to training and provide parity between the expectations to safeguard both children and adults with care and support needs. High priority areas report on a

monthly basis via the prevent assurance framework directly to the NHSE Prevent lead.

5. Principles

The main aims / principles of the Prevent strategy implementation policy are to ensure a comprehensive and consistent approach to the prevent agenda across SWYPFT.

6. Equality Impact Assessment Appendix A

7. Dissemination and Implementation (including Training) Appendix B - Checklist for the Review and Approval of Procedural Document

Training Implications

SWYPFT acknowledge their responsibilities in relation to the training requirements as part of the NHS Contract requirements:

This responsibility is contained in the contact under SC32 of the section referring to Safeguarding:

32.5 The Provider must include in its policies and procedures and comply with the principles contained in:

32.5.1 Prevent; and

32.5.2 The Prevent Guidance and Toolkit.

32.6 The Provider must include in its policies and procedures a programme to deliver Health WRAP and sufficiently resource that programme with accredited Health WRAP facilitators.

32.7 The provider has appointed and must maintain a Prevent Lead. The Provider must ensure that at all times the Prevent Lead is appropriately authorised and resources to procure the full and effective performance of the Provider's obligations under Service Conditions 32.5 and 32.6

32.8 The provider must notify the Co-ordinating Commissioner in writing of any change to the identity of the Prevent Lead as soon as practicable as and in any event no later than 10 Operational Days after the change.

All staff are to be made aware of the Prevent strategy and how it is being implemented within the Trust. This is facilitated by Trust-wide communication processes such as the weekly Comms newsletter, and should be discussed via workplace induction.

NHS England February 2015 Prevent Training and Competencies Framework identifies that:
Basic Awareness includes the listed knowledge and skills

That staff are aware:

- Of the objectives of the Prevent strategy and the health sector contribution to the Prevent agenda;

- What their professional responsibilities are in relation to the safeguarding of vulnerable adults, children and young people;

- And understand vulnerability factors that can make individuals susceptible to radicalisation or a risk to others; and

- Who to contact and seek advice from if they have concerns a vulnerable individual is being groomed in to terrorist activity.

- to recognise potential indicators that an individual might be vulnerable to radicalisation or at risk of involvement in acts of terrorism;

and able
- To understand the impact of influence on vulnerable individuals (whether this is via a virtual method (indirect radicalisation) or (direct – radicalisation) affiliation with an individual or group.

- What action to take if they have concerns, including to whom you should refer your concerns and from whom to seek advice;

- And have an understanding of the importance of sharing information (including the consequences of failing to do so).

All staff working in the health sector requires basic awareness, for example all staff who do not have regular contact with service user, such as non-clinical staff. This can be achieved via the reading of the leaflet and the submission of the attachment to Learning and Development.

All clinical Staff and staff who work with service users on a regular basis will attend a HealthWRAP training session.

The WRAP training incorporates the **basic awareness knowledge and skills** identified and will also inform staff:

- How to support and redirect vulnerable individuals at risk of being groomed into a terrorist related activities; and
- How to share concerns, get advice, and make referrals into the Channel process and Prevent Case Management.
- Understand Prevent in the context of the CONTEST strategy, and the concept of pre-criminal space;
- Understand that radicalisation uses normal social processes, and the "power of influence" on all;

- Recognise influence, and understand the concepts of polarisation and the use of narratives and ideology;
- Understand the current threat level and that Prevent can be applied to all forms of terrorism, present or emerging;
- Understand the term "vulnerable" in the context of Prevent and what vulnerabilities are exploited by terrorist groups;
- Understand there is no single checklist or profile of a terrorist, and that health staff are a key group and must use their professional judgement in assessing behaviours and risks;
- Understand how to recognise, understand, share concerns, seek support and advice, and make referrals within their own organisations and with other agencies where appropriate;
- Understand Channel multi-agency arrangements to provide support and redirection to individuals at risk of radicalisation
- Be aware of Building Partnerships, Staying Safe: The health sector contribution to HM Government's Prevent strategy: guidance for healthcare workers and their organisations relevant policies, procedures and systems for Prevent.

8. Process for Review and Revision Arrangements

Monitor Arrangements

Area for Monitoring	How	Who by	Reported to	Frequency
Attendance at HealthWRAP3 training sessions	Numbers attending	Head of Learning & development as part of annual training report	Safeguarding Strategic meeting, Specialist Adviser for Safeguarding Adults and Safeguarding Children Named Nurses	Quarterly. Monthly
Concerns raised	Number of concerns reported via the DATIX system	Assistant Director of Clinical Risk	Safeguarding Committee Specialist Adviser for Vulnerable Adults and Safeguarding Children's Named Nurse	Quarterly Monthly

			Clinical Commissioning Groups	Quarterly

Stakeholder Involvement

The lead director is responsible for ensuring relevant stakeholders have been consulted during the development of the policy. The following identifies some of the individuals or groups who have been consulted with. This is not an exhaustive list.

Stakeholder	Level of Involvement
Executive Management Team	Approval
Directors	Initiation, lead, development, receipt, circulation
Business Delivery Units (BDUs)	Development, consultation, dissemination, implementation, monitoring
Specialist advisors, Named Nurses for safeguarding children	Development, consultation, dissemination, implementation
Trust Action Groups	Development, consultation, dissemination, implementation
Staff side	Development, consultation, dissemination
Trust learning networks	Consultation
Local Authorities	Development, consultation
Police	consultation
Other NHS Trusts	Development, consultation

- **Approval and Ratification Process**

    This Policy to be approved by the EMT after a presentation by the lead director.

9.   Process for Review

    This Policy shall be reviewed on a 2 yearly basis or as and when national policy or guidance changes.

- **Version Control**

This Policy is Version 2

- **Dissemination**

On approval, the integrated governance manager will be responsible for ensuring that the updated version is added to the document store on the intranet and is included in the staff brief.

The integrated governance manager is responsible for ensuring the document being replaced is removed from the document store and that an electronic copy, clearly marked with version details, is retained as a corporate record.

If local teams down load and keep a paper version of procedural documents, the manager must identify someone within the team who is responsible for updating the paper version when a policy change is communicated via the staff brief.

- **Implementation**

This policy must be implemented via:

- Training

- Comms

- Link on welcome event

- Arrangements for ensuring the policy or procedure is being followed

- Monitoring and audit arrangements

- **Document Control and Archiving**

Current policy and procedure is available on the intranet in read only format.

Documents will be retained in accordance with requirements for retention of non-clinical records.

- **Monitoring Compliance with the Policy**

This policy will be monitored by:

- Monitoring and analysis of incidents, performance reports and training records

- Audit

- Monitoring of delivery of action plans through Safeguarding TAGS, BDUs

10. References

Department of Health. 2011. Building Partnerships, Staying Safe
The health sector contribution to HM Government's Prevent strategy:
guidance   for healthcare organisations. LONDON.

Associated Documents

Caldicott Committee Report on the review of patient-identifiable information
(Department of Health, 1997)
www.dh.gov.uk/en/Publicationsandstatistics/Publications/
PublicationsPolicyAndGuidance/DH_4068403

Department of Health (2014) Care and Support Statutory Guidance issued
under the Care Act (2014) guidance Crown Copyright

Confidentiality: NHS Code of Practice (Department of Health, 2003)
www.dh.gov.uk/en/Publicationsandstatistics/Publications:PublicationsPolicyAn
dGuidance/DH_4069253

CONTEST: The United Kingdom's strategy for countering terrorism (HM
Government, 2011) www.homeoffice.gov.uk/publications/counter-
terrorism/counter-terrorismstrategy

Every Child Matters: Change for children (HM Government, 2004)
www.education.gov.uk/publications/eOrderingDownload/DFES10812004:

Guidance on the Data Protection Act (Information Commissioner's Office,
1998) www.ico.gov.uk/for_organisations/data_protection.aspx:

HM Government (2015) *Channel Duty Guidance: Protecting vulnerable
people from being drawn into terrorism: Statutory guidance for Channel panel
members and partners of local panels Crown Copyright*

Information Sharing: Guidance for practitioners and managers (HM
Government, 2008)
www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-
00807-2008:

Information sharing: Advice for practitioners providing safeguarding services
to children, young people, parents and carers HM Government March 2015
https://www.gov.uk/government/publications/safeguarding-practitioners-
information-sharing-advice

*Learning Together to be Safe: A toolkit to help schools contribute to the
prevention of violent extremism* (Department for Children, Schools and

Families, 2008)
www.education.gov.uk/publications/eOrderingDownload/00804-2008BKT-EN.pdf

No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (Department of Health, 2000)
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486

NHS England (2015) – Prevent Training and Competencies Framework

Prevent strategy (HM Government, 2011)
www.homeoffice.gov.uk/publications/counter-terrorism/prevent/prevent-strategy

Safeguarding Adults: The role of health services (Department of Health 2011)
www.dh.gov.uk/en/Publicationsandstatistics/Publications/
PublicationsPolicyAndGuidance/DH_124882

The Safeguarding children and young people: roles and competences for Health care Staff Intercollegiate document Third edition: March 2014
http://www.apagbi.org.uk/sites/default/files/images/Safeguarding%20Children%20-%20Roles%20andCompetences%20for%20Healthcare%20Staff%20%2002%200....pdf

12. Appendices

Appendix A - Equality Impact Assessment Tool

Date of Assessment November 2015

	Equality Impact Assessment Questions:	Evidence based Answers & Actions:
1	**Name of the policy that you are Equality Impact Assessing**	Prevent Strategy Implementation Policy
2	**Describe the overall aim of your policy and context?** **Who will benefit from this policy?**	This policy describes how the Trust will implement the Prevent agenda. The policy is further supported by the Prevent strategy document. The Prevent agenda will ensure that: • NHS staff know how to safeguard and support vulnerable individuals and children, whether service users or staff, who feel may be at risk of being radicalised by violent extremists;

		• Appropriate systems are in place within SWYPFT for staff to raise concerns if they think this form of exploitation is taking place; • SWYPFT promote and operate safe environments where violent extremists are unable to operate.
3	**Who is the overall lead for this assessment?**	Director of Director of Nursing, Clinical Governance & Safety,
4	**Who else was involved in conducting this assessment?**	Specialist Adviser for Safeguarding Adults, Named Nurses for Safeguarding Children, Equality, Inclusion development manager
5	**Have you involved and consulted service users, carers, and staff in developing this policy?** **What did you find out and how have you used this information?**	Yes The Care Act (2014), Counter Terrorism and Security Act (2015) and the Safeguarding children and young people: roles and competences for Health Care Staff Intercollegiate document Third edition: March 2014 emphasised the importance of health within partnership working in relation to Prevent and Channel process.
6	**What equality data have you used to inform this equality impact assessment?**	Guidance from NHS England
7	**What does this data say?**	That a policy should be in place
8	**Taking into account the information gathered, does this policy affect one group less or more favourably than another on the basis of:**	**Where Negative impact has been identified please explain what action you will take to remove or mitigate this impact.** **If no action is to be taken please explain your reasoning.**
		YES	**NO**	

			No	prevent-review-eia.pdf
	Race		No	prevent-review-eia.pdf
	Disability		No	As above
	Gender		No	As above
	Age		No	As above
	Sexual Orientation		No	As above
	Religion or Belief		No	As above
	Transgender		No	As above
	Carers		No	As above
9	**What monitoring arrangements are you implementing or already have in place to ensure that this policy:** • **promotes equality of opportunity who share the above protected characteristics** • **eliminates discrimination, harassment and bullying for people who share the above protected characteristics** • **promotes good relations between different equality groups**	This policy aims to standardise the approach to responding to concerns about radicalisation, It is not intended to target any specific groups however individuals may feel exposed to level of scrutiny and challenge in relation to their religion, culture or belief. The Training package which is to be cascaded across the Trust clarifies to staff that no particular group are excluded from being victims of radicalisation. Education is the way to challenge negative stereotype views.		
10	**Have you developed an Action Plan arising from this assessment?**	Yes		
11	**Who will approve this assessment and when will you publish this assessment.**	The policy will be monitored via the Prevent Trainers meeting.		
12	**Once approved, please forward a copy of this**			

	assessment to the Equality & Inclusion Team: **inclusion@swyt.nhs.uk**	

If you have identified a potential discriminatory impact of this policy, please refer it to the Director of Corporate Development or Head of Involvement and Inclusion together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the Director of Corporate Development or Head of Involvement and Inclusion.

Appendix B - Checklist for the Review and Approval of Procedural Document
To be completed and attached to any policy document when submitted to EMT for consideration and approval.

	Title of document being reviewed:	**Yes/No/ Unsure**	**Comments**
1.	**Title**		
	Is the title clear and unambiguous?	YES	
	Is it clear whether the document is a guideline, policy, protocol or standard?	YES	
	Is it clear in the introduction whether this document replaces or supersedes a previous document?	YES	
2.	**Rationale**		
	Are reasons for development of the document stated?	YES	
3.	**Development Process**		
	Is the method described in brief?	YES	
	Are people involved in the development identified?	YES	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	YES	
	Is there evidence of consultation with stakeholders and users?	yes	
4.	**Content**		
	Is the objective of the document clear?	YES	
	Is the target population clear and unambiguous?	YES	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	Are the intended outcomes described?	YES	
	Are the statements clear and unambiguous?	YES	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	YES	
	Are key references cited?	YES	
	Are the references cited in full?	YES	
	Are supporting documents referenced?	YES	
6.	**Approval**		
	Does the document identify which committee/group will approve it?	YES	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	YES	
7.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	YES	
	Does the plan include the necessary training/support to ensure compliance?	YES	
8.	**Document Control**		
	Does the document identify where it will be held?	YES	
	Have archiving arrangements for superseded documents been addressed?	YES	
9.	**Process to Monitor Compliance and Effectiveness**		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	YES	
	Is there a plan to review or audit compliance with the document?	YES	
10.	**Review Date**		

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	Is the review date identified?	YES	
	Is the frequency of review identified? If so is it acceptable?	YES	
11.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible implementation and review of the document?	YES	

Appendix C Guidance for Staff

Information Sharing

SWYPFT have in place effective information sharing and communication. Staff need to ensure that they are familiar with policies and procedures on information sharing contained in Information Sharing: Guidance for practitioners and managers (HM Government, 2009, 2015); The Caldicott Committee's Report on the Review of Patient-Identifiable Information (Department of Health, 1997); Confidentiality: NHS Code of Practice (Department of Health, 2003); and the Data Protection Act 1998.

The Director of Nursing is The Caldicott Guardian for the Trust; Policy is available via the intranet.

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 cafes, in private homes and via the internet.

Access to extremist material

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 it is a swift and effective mechanism for disseminating propaganda material. Staff should be aware of anyone making frequent visits to websites showing images such as armed conflict around the world and providing speeches and access to material from those involved in the radicalising process with the clinician's professional duty of care and their responsibility to protect wider public safety.

Therefore, in order to contribute to the Prevent agenda, staff need to:

- work in partnership with local agencies involved in Prevent to protect vulnerable individuals in their care from becoming radicalised into terrorist-related activity

- ensure that appropriate governance requirements are in place, including the sharing of appropriate information, professional accountability, confidentiality and Caldicott principles

- establish effective working relationships between healthcare organisations and other public sector organisations within the community

Partnerships in Action

Safeguarding adults is also a key role for local authorities. Under the Care Act 2014, from April 2015 local authorities are required to have Safeguarding Adults Boards in their area. These boards provide strategic leadership to the work Local authorities (including children's and adult social care services), NHS organisations, the police, therefore the work of the SAB and their guidance on safeguarding adults is relevant in England and to Prevent in this context.

The Trust will provide a Prevent lead to work with partners and the police to ensure the organisation gains an overview of local issues and can give valuable support and advice on issues concerning terrorist-related activity.

Joint agency working involves a range of partners working together, including the police and other statutory and voluntary agencies.

Local Community Safety Partnership meetings

Joint agency working with partners will also help healthcare organisations to further understand any tensions within the local community that might impact local people. In the course of healthcare delivery, staff have access to patients through hospitals, clinics and GP surgeries and in their own homes. Additionally, in the course of their contact with patients staff may face situations that give them cause for concern about the potential safety of a patient, their family or others around them. It is therefore important that staff follow this agreed protocols and procedures to enable these concerns to be raised safely and confidently, and shared appropriately.

Staff will follow this policies and procedures and be able to recognise those who are susceptible to exploitation and:

- Undertake timely interventions to prevent radicalisation of vulnerable individuals that may lead to terrorism in line with this policy

- Share information where necessary

- Document fully actions taken

- Alert their manager as to action taken

- Inform the Prevent lead via completion of the Datix reporting procedure

Channel

From April of this year (2015) the Prevent agenda was made a statutory requirement under the Counter Terrorism and Security Act (CT & S) (2015) for Health and other specified authorities.

The Statutory duty of Health Section 26 of the CT&S Act 2015 places a duty on certain bodies in the exercise of their functions to have 'due regard to the need to prevent people from being drawn into terrorism'.

The Counter terrorism and Security Act 2015 is intended to secure effective local co-operation and delivery of Channel in all areas and to build on the good practice already operating in many areas. In practice, the legislation requires:

- local authorities to ensure that a multi-agency panel exists in their area;

- the local authority to chair the panel;

- the panel to develop a support plan for individuals accepted as Channel cases;

- the panel to consider alternative forms of support, including health and social services, where Channel is not appropriate; and

- all partners of a panel (as specified in Schedule 7), so far as appropriate and reasonably practicable, to cooperate with the police and the panel in the carrying out of their functions.

As part of this agenda there have been Channel Panels organised in the 4 localities and therefore it is required that SWYPFT have a representative and a deputy for each of the localities.

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 in radicalised activity.

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 radicalises who target the vagaries of their vulnerability. Contact with radicalisers is also variable and can take a direct form, of the above.

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.

Vulnerability

As stated previously there is not one identified group that have been identified as being vulnerable. Staff, service users, and others may be vulnerable.

In terms of personal vulnerability, the following factors may make individuals susceptible to exploitation. None of these are conclusive on their own and therefore should not be considered in isolation but monitored in relation to potential grooming process possibly 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.

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.

- factors such as a change in a person's behaviour may be an example of increased vulnerability

- the particular risks to vulnerable individuals within communities will vary across the country

National Threats

- The Government assesses that the UK is a high priority target for terrorism. There is also a threat from British national and UK-based radicalisers as well as from terrorist organisations based overseas.

- The Joint Terrorism Analysis Centre (JTAC) independently sets the threat level for the UK. More information can be found at www.mi5.gov.uk/output/ threat-levels.html

- In addition to the threat posed by Al Qa'ida-influenced groups, there remains a serious and persistent threat from a range of terrorist groups and organisations including those linked to Northern Ireland-related terrorism or extreme right-wing terrorism, extreme animal rights groups. These groups often aspire to campaigns of violence against individuals, families and particular communities and, if left unchecked, may provide a catalyst for alienation and disaffection within some communities. The issue of religion is often brought up when discussing terrorism although religion is only one of the tools that may be used.

- The threat from ISIL, (AKA ISIS, IS, Da'eesh) differs significantly from that posed by Al-Qa'ida.

- Al-Qa'ida encouraged a tiny minority to travel and engage in training to carry out terrorist acts. ISIL appeal to all Muslims to make hijrah (migrate) to Syria and kill Muslims and non-Muslims. If people don't want to migrate then ISIL's appeal is for them to engage in violence in their home countries.

The Ideology of Al-Qa'ida is broadly similar to that of ISIL. But their tactics differ significantly. Al-Qa'ida is secretive, elitist, and cellular. ISIL inspire others to Do-It-Yourself terrorism on a significant scale. We've seen examples of this in France, Tunisia and elsewhere. ISIL's reach into communities has therefore got to be greater for their strategy to work. Their industrial use of social media makes this come alive.

What is ISIL?

The Islamic State of Iraq and the Levant (ISIL) is a proscribed terrorist group that uses sophisticated propaganda and online messaging to recruit new members. They are a brutal group that has regularly used violence and extortion; it is a violent terrorist organisation that has caused huge suffering in the name of an Islamist extremist ideology.
Having previously been affiliated to the al-Qa'ida network in Iraq, ISIL were expelled from the network following its move into Syria in 2014.

A list of the groups or movements that espouse the use of violence and meet the conditions for being banned or proscribed under counter-terrorism legislation is at
www.homeoffice.gov.uk

Health and Other Public Sector Partners

In the course of 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 harm or 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.

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.

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.

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).

- **The Channel: vulnerability assessment framework** October (2012) identifies 22 elements that are divided into 3 areas:

Engagement with a group, cause or ideology

- Engagement factors are sometimes referred to as "psychological hooks". They include needs, susceptibilities, motivations and contextual influences and together map the individual pathway into terrorism

- **Intent to cause harm** not all those who become engaged by a group, cause or ideology go on to develop an intention to cause harm, so this dimension is considered separately. Intent factors describe the mind-set that is associated with a readiness to use violence and address what the individual would do and to what end.

- **Capability to cause harm** not all those who have a wish to cause harm on behalf of a group, cause or ideology are capable of doing so, and plots to cause widespread damage take a high level of personal capability, resources and networking to be successful. What the individual is capable of is therefore a key consideration when assessing risk of harm to the public

- The vulnerability assessment forms the basis of the decision to refer into the channel process.

  Raising Concerns about People and Children who may be at risk of radicalisation

- Always complete a DATIX incident report, refer to the escalation process in Appendix A.

- Concerns that an individual may be vulnerable to radicalisation does 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 a safeguarding concern.

- If a member of staff feels that they have a concern that someone is being radicalised, then they should discuss their concerns with their manager and/or relevant safeguarding professional. Please refer to the flowchart in Appendix A.

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.

PREVENT ESCALATION PROCESS

The purpose of this bulleted process is to support staff with any concerns that they may have in regards to the prevent agenda. To further support staff there is an accompanying glossary of terms / information as an appendix. The process follows a simple format **NOTICE, CHECK, SHARE** i.e. you **noticed** that there was concern, and you **checked** that concern with others and you thought that it was appropriate to **share** that concern with others.

A Member of Staff identifies a possible radicalisation concern (**NOTICE**)

- Is there the indication of an **ideology** or
- have **radicalisation** concerns been raised in relation to the person or
- Is there intent by another person to radicalise (i.e. is this person thought to be a radicaliser) or is the person being led by a radicaliser.
- **If so discuss with your manager or** on-call manager (**CHECK**) if urgent and out of hours and or Safeguarding Adults Adviser, or **Prevent** Trainers.
- **Conside**r Data Protection Act (1998), the amended Data Protection Act (2003) the Crime and Disorder Act (1998) and the information sharing agreements of the Caldicott Committe (1997) principles
- **Agree whether** there is sufficient concern / risks to support **the sharing of information. (SHARE)** Whatever the outcome keep a written record of your discussion
- **Manager takes the concern forward by:** contacting local Police 101 and asks for the Prevent Lead for the local area.
- **Act on advice received –** document all conversations and advice received on Rio if known to SWYPFT
- **If not already done –** report by completing a form on the electronic recording system (**Datix incident report**) - if the individual is known to SWYPFT
- **If there is no concern** regarding preventing someone becoming radicalised but other possible safeguarding concerns – refer to safeguarding policies and or Care Programme Approach (CPA) process where necessary.

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Police Inquiry to SWYPFT Staff

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- There are times when a Prevent officer from the Police may make contact with us regarding whether a person is known to our services, or to speak to an individual. This could be by visiting a ward or requesting further information from a member of staff.

- A Datix and Rio (or System 1) entry must be completed if the person is known to SWYPFT. Identify the 'person affected' as the service user – even if the person's consent was not sought and also indicate there is third party information.

- There is a specific drop down section for Prevent on Datix for children (under the Type Child Protection and for adults under category of Adult Safeguarding) Category -Radicalisation Affecting an Adult - Radicalisation Affecting a Child

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If a **member of staff** is implicated:

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- If the staff member is a **clinical member** of staff, then advice should be sought from the BDU general Manager and if required, Human Resources advice may be sought.
- If the staff member is from Corporate Services then advice may be sought from the Head of Service and if required, Human Resources advice may be sought.
- Contact details for the Prevent Lead and Prevent Trainers can also be found on this site. For the Trust the Prevent Lead is the Safeguarding Adults Adviser and the contact number is 01924 328630 or NHS net account carol.morgan8@nhs.net

Also there is a Prevent Trainers group contact email address that is preventconcerns@swyt.nhs.uk

Appendix D - Version Control Sheet

This sheet should provide a history of previous versions of the policy and changes made

Version	Date	Author	Status	Comment / changes
1	January 2013	Specialist Adviser for vulnerable Adults and the Safeguarding Children's lead Nurse	Draft 1	
1 draft 2	May	Specialist Advisers Safeguarding adults and Personal safety Specialist adviser	Draft 2	To incorporate comments from previous draft
1	June 2013	Specialist adviser vulnerable adults	Final	Sign off from EMT 13.6.13
Version 2 Draft 1	November 2015	Specialist Adviser Safeguarding Adults	Draft 1	Incorporated comments received
Version 2	January 2016	Specialist Adviser Safeguarding	Final	Sign off from EMT

		Adults		

Stakeholder	Level of involvement
Executive Management Team	Approval – (may also be involved at the outset in confirming the requirement for a new policy or agreeing the development process)
Directors	Initiation, lead, development, receipt, circulation
Business Delivery Units (BDUs)	Development, consultation, dissemination, implementation, monitoring
Specialist advisors	Development, consultation, dissemination, implementation
Service user and carers	Development, consultation
Professional groups and leaders	Development, consultation, dissemination, implementation
Trust Action Groups	Development, consultation, dissemination, implementation
Staff side	Development, consultation, dissemination
Trust learning networks	Consultation
Local Authorities	Development, consultation
Police	Development, consultation
Other NHS Trusts	Development, consultation
University	Consultation

For this document, the Clinical Governance Support Team and the Executive Management Team were consulted. The Trust Board agreed when developing the Scheme of Delegation that responsibility for determining policy approval arrangements should be a decision reserved to the Board.

6.3 Equality Impact Assessment
The Trust aims to ensure its policies and procedures promote equality both as a provider of services and as an employer. All new policies and procedures should be subject to an Equality Impact Assessment. A tool to support this process is included at appendix B to this document.

If any negative impact is identified, the policy should be amended or (if this is not possible) an action plan to mitigate the negative impact must be included.

7. Approval and ratification process
Procedures and guidance notes may be approved and issued by the lead director.

Policies for approval that have not been identified as requiring Trust Board approval should be submitted by the lead director to the Approvals EMT which meets monthly. The checklist at appendix C should be completed by the lead director.

Policies where authority to approve is reserved to the Board should be submitted to the Trust Board by the lead director after they have been discussed by the EMT.

8. Process for review
At the time of approval, all policies should have a clearly defined review date. This may be brought forward if earlier review is required, for example because of an identified risk or change in national policy.

The Integrated Governance Manager will notify the lead director two months before the policy is due for review.

The lead director will check the policy. If no amendment is required, this should be reported to the Executive Management Team or Trust Board for ratification by the review date and the policy will be reissued.
If the policy requires minor amendments, the revised policy should be presented to the EMT or Trust Board.

If significant amendment is required, the process described in section 5 should be followed.

An equality impact assessment (EIA) must be completed for all policies that have not previously been subject to EIA.

It should be noted that, for services that came to the Trust as part of the Transforming Community Services agenda, there will be a number of policies that, over time, will need to be aligned. Existing policies will continue to be followed until this work takes place. Each appointed Director lead for a policy will need to ensure that reviews include all existing policies that have been produced by previous organisations and that new/updated polices are clear which policies they replace.

9. References
Documents referred to in the development of the policy and documents that should be read in conjunction with the policy should be listed.

10. Version control
All policies and procedures must have the version number, date of issue and the review date clearly marked on the front cover and as a footnote.

Draft policies should be marked v1 draft, v2 draft etc during the consultation phase. Once approved the document becomes Version 1. Each time the policy or procedure is updated the version number must be changed.

The introduction to the Policy should make it clear whether a document replaces or supersedes a previous document, including the title(s) of any superseded or replaced documents.

11. Dissemination

Once approved, the integrated governance manager will be responsible for ensuring the updated version is added to the document store on the intranet and is included in the staff brief.

The integrated governance manager is responsible for ensuring the document being replaced is removed from the document store and that an electronic copy, clearly marked with version details, is retained as a corporate record.

If local teams down load and keep a paper version of procedural documents, the manager must identify someone within the team who is responsible for updating the paper version when a policy change is communicated via the staff brief.

12. Implementation
All policies and procedures must identify the arrangements for implementation, including:

➢ any training requirements, including which staff groups this affects and the arrangements and timescale for delivering training;
➢ any resource requirements, including staff, and how these will be met;
➢ support available to assist implementation;
➢ arrangements for ensuring the policy or procedure is being followed;
➢ monitoring and audit arrangements.

13. Document control and archiving
13.1 Current policies and procedures
Current policies and procedures will be available on the intranet in read only format.

13.2 Historic policies and procedures
A central electronic read only version will be kept in a designated shared folder to which all staff have access.

Documents will be retained in accordance with requirements for retention of non-clinical records.

14. Monitoring compliance with the policy
All policies and procedure must identify the arrangements that are in place for ensuring and monitoring compliance. This should include ensuring compliance with all external requirements, such as legal requirements, Care Quality Commission standards, NHSLA Risk Management Standards and Monitor Compliance.

Methods may include:

➢ monitoring and analysis of incidents, performance reports and training records;
➢ audit;
➢ checklists;
➢ monitoring of delivery of actions plans through TAGS or BDUs.

The document should identify the methods that will be used to ensure timely and efficient implementation.

For this policy implementation:

➢ is the responsibility of the Director lead for individual policies to ensure that this policy is followed in the development and presentation of individual policies;
➢ is monitored through presentation to EMT and Trust Board, evidenced by the minutes of meetings where policies are approved, or the appropriate ratifying body, again evidenced by the minutes of meetings where policies are approved;
➢ is monitored by the ratifying body through the policies checklist;
➢ is assured through occasional audit by the Trust's internal auditors.

15. Associated documents and supporting references

This document has been developed in line with guidance issued by the NHS Litigation Authority and with reference to model documents used in other trusts. It should be read in conjunction with

➢ the Trust Branding Policy;
➢ the Records Management Strategy, Non-Clinical Records management policy and non-clinical records retention and disposal schedule.

Appendix A

Style and format template for policies and procedural documents

Each policy and procedure should have a cover sheet (as set out on the cover of this policy), which includes the Trust's branding. Each page of the document should be numbered at the bottom in a footer.

Policies and procedural documents should include the following sections.

1. Introduction
   This section should include a brief explanation of the reason for the policy.

2. Purpose and scope of the policy
   This section will include why the policy needed, the rationale for development, what will it cover and an outline of the objectives and intended outcomes.

3. Definitions
   This section will include a list and/or description of the meaning of terms used in the context of the policy or procedure.

4. Duties
   - who is responsible for developing and implementing the policy
   - who in the organisation is required to do what
   - who is responsible for communicating the policy
   - who is responsible for consultation with stakeholders
   - who is responsible for approving the policy/procedure

5. Principles
   The fundamental action points of the policy or procedure to be adopted.

6. Equality Impact Assessment

7. Dissemination and implementation arrangements (including training)

8. Process for monitoring compliance and effectiveness
   This section will include arrangements for compliance and effectiveness, responsibility for conducting any audit, review or monitoring, the methodology to be used for audit, review or monitoring, its frequency, the process for reviewing the results and monitoring of key performance indicators.

9. Review and revision arrangements (including archiving)

10. References

11. Associated documents

12. Appendices

All policies should include completed versions of the following:

Equality Impact Assessment (see appendix B);
Checklist for the Review and Approval of Procedural Document (see appendix C);
Version control sheet (see appendix D).

Appendix B - Equality Impact Assessment Tool

To be completed and attached to any policy document when submitted to the Executive Management Team for consideration and approval.

Date of Assessment: _____

	Equality Impact Assessment Questions:		Evidence based Answers & Actions:
1	Name of the document that you are Equality Impact Assessing		
2	Describe the overall aim of your document and context? Who will benefit from this policy/procedure/strategy?		
3	Who is the overall lead for this assessment?		
4	Who else was involved in conducting this assessment?		
5	Have you involved and consulted service users, carers, and staff in developing this policy/procedure/strategy? What did you find out and how have you used this information?		
6	What equality data have you used to inform this equality impact assessment?		
7	What does this data say?		
8	Taking into account the information gathered above, could this policy /procedure/strategy affect any of the following equality group unfavourably:	Yes/No	Evidence based Answers & Actions. Where Negative impact has been identified please explain what action you will take to remove or mitigate this impact.
8.1	Race	No	N/A

	Equality Impact Assessment Questions:		Evidence based Answers & Actions:
8.2	Disability	No	N/A
8.3	Gender	No	N/A
8.4	Age	No	N/A
8.5	Sexual Orientation	No	N/A
8.6	Religion or Belief	No	N/A
8.7	Transgender	No	N/A
8.8	Maternity & Pregnancy	No	N/A
8.9	Marriage & Civil partnerships	No	N/A
8.10	Carers*Our Trust requirement*	No	N/A
9	**What monitoring arrangements are you implementing or already have in place to ensure that this policy/procedure/strategy:-**		
9a	**Promotes equality of opportunity for people who share the above protected characteristics;**		
9b	**Eliminates discrimination, harassment and bullying for people who share the above protected characteristics;**		
9c	**Promotes good relations between different equality groups;**		
9d	**Public Sector Equality Duty – "Due Regard"**		
10	**Have you developed an Action Plan arising from this assessment?**		No
11	**Assessment/Action Plan approved by**		**Signed:** **Date:** **Title:**

	Equality Impact Assessment Questions:	Evidence based Answers & Actions:
12	***Once approved, you <u>must forward a</u> copy of this Assessment/Action Plan to the Equality and Inclusion Team:*** **<u>inclusion@swyt.nhs.uk</u>** **Please note that the EIA is a public document and will be published on the web.** **Failing to complete an EIA could expose the Trust to future legal challenge.**	

Appendix C - Checklist for the Review and Approval of Procedural Document

To be completed and attached to any policy document when submitted to EMT for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	**Title**		
	Is the title clear and unambiguous?	YES	
	Is it clear whether the document is a guideline, policy, protocol or standard?	YES	
	Is it clear in the introduction whether this document replaces or supersedes a previous document?	YES	
2.	**Rationale**		
	Are reasons for development of the document stated?	YES	
3.	**Development Process**		
	Is the method described in brief?	YES	
	Are people involved in the development identified?	YES	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	YES	
	Is there evidence of consultation with stakeholders and users?	EMT	
4.	**Content**		
	Is the objective of the document clear?	YES	
	Is the target population clear and unambiguous?	YES	
	Are the intended outcomes described?	YES	
	Are the statements clear and unambiguous?	YES	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	YES	
	Are key references cited?	YES	
	Are the references cited in full?	YES	
	Are supporting documents referenced?	YES	
6.	**Approval**		
	Does the document identify which committee/group will approve it?	YES	
	If appropriate have the joint Human Resources/staff side committee (or equivalent)	N/A	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	approved the document?		
7.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	YES	
	Does the plan include the necessary training/support to ensure compliance?	N/A	
8.	**Document Control**		
	Does the document identify where it will be held?	YES	
	Have archiving arrangements for superseded documents been addressed?	YES	
9.	**Process to Monitor Compliance and Effectiveness**		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	YES	
	Is there a plan to review or audit compliance with the document?	YES	
10.	**Review Date**		
	Is the review date identified?	YES	
	Is the frequency of review identified? If so is it acceptable?	YES	
11.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible implementation and review of the document?	YES	

Appendix D - Version Control Sheet

This sheet should provide a history of previous versions of the policy and changes made

Version	Date	Author	Status	Comment / changes
1				
2				
3				
4				
5				
6				
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