|  |  |
| --- | --- |
| **Document name:** | Prevent Strategy Implementation |
| **Document type:** | Policy |
| **What does this policy replace?** | The Previous Prevent Strategy Implementation |
| **Staff group to whom it applies:** | All staff within the Trust |
| **Distribution:** | Trustwide |
| **How to access:** | Intranet |
| **Issue date:** | October 2020  |
| **Next review:** | October 2023 |
| **Approved by:** | Executive Management Team  |
| **Developed by:** | Safeguarding Adults Advisor |
| **Director leads:** | Director of Nursing, Quality and Professions  |
| **Contact for advice:** | Prevent Lead – Emma Cox and the Trust Safeguarding Team |

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**This includes:**

* **Information Sharing**
* **Partnerships in Action**
* **Process of Exploitation**
* **Use of Extremist Rationale (often referred to as the ‘narrative’)**
* **Vulnerability**
* **National Threats**
* **Health and Other Public Sector Partners**
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* **Grievances**

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**1. 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 within the NHS contract and is a legal requirement as part of the Counter Terrorism and Security Act (2015). The PREVENT duty applies to all NHS Foundation Trusts and NHS Trusts.

**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, as well as 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 focuses primarily on **Objective 2** and **Objective 3**.

PREVENT training undertaken in line with Objectives 2 and 3 is 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.

**1.1 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 the 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 is 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. 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
* Seeks to provoke others to terrorist acts, foment other serious criminal activity or seeks 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. Duties**

**4.1 The Director of Nursing, Quality and Professions will:-**

Manage the PREVENT strategy and policy documents on behalf of the Trust and liaise with the PREVENT Lead Advisor and Safeguarding Team 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.

**4.2 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.

**4.3 Specialist Advisers:**

Local Security Management Specialists, Health and Safety Manager and Emergency Planning and Safety Advisors with other relevant partners will deliver the training and support staff with the implementation of the strategy

**4.4 The Trust Safeguarding Team:**

The Safeguarding Team will support and advise all Trust staff in the implementation of this strategy, as well as deliver Trust PREVENT training

**4.5 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.

**4.6 All Trust staff** - To be effective, all Trust staff must:

* 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), Working Together to Safeguard Children (Department for Education, 2018), 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

**4.7 Role of Clinical Commissioning Groups**

Clinical Commissioning Groups will hold providers to account on the NHS Standard Contract. The PREVENT Training and Competencies Framework (2017) should be used in conjunction with the Safeguarding Children & Young People Intercollegiate Document (2019) and Adult Safeguarding Intercollegiate Document (2018) 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.

1. **Equality Impact Assessment**

Please see Appendix A.

1. **Dissemination and Implementation (including Training)**

Please see Appendix B - Checklist for the Review and Approval of Procedural Document.

**7.1 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 contract 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, the PREVENT pages on the Trust intranet, within mandatory Safeguarding Adults and Safeguarding Children training, local and Trust wide Goverance meetings and via Link Practitioners’ Forums.

**7.2 Basic PREVENT Awareness Training**

NHS England’s PREVENT Training and Competencies Framework (2017) sets out the expected competencies that should be covered within the Basic PREVENT Awareness training. Following completing the training staff should:

* Understand the objectives of the PREVENT strategy and the health sector contribution to the PREVENT agenda
* Know what their professional responsibilities are in relation to the Safeguarding of Adults, Children & Young People at risk
* Understand the vulnerability factors that can make individuals susceptible to radicalisation or a risk to others
* Know who to contact and seek advice from if they have concerns about an individual who may be being groomed into terrorist activity
* Demonstrate an awareness and understanding of indicators or risk relating to individuals being radicalised
* Demonstrate an understanding of appropriate referral mechansims and information sharing
* Understand what impact direct (bullying, be-friending and influencing) or indirect (internet, media, etc.) factors might have on individuals and how it might change their thoughts and behaviours
* Demonstrate ability to raise concerns and take action when they have concerns
* Know who to refer concerns to (PREVENT Lead) and where to access advice;
* 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.

**7.3 HealthWRAP Training**

All clinical staff and staff who work with service users on a regular basis will require attendance at a HealthWRAP training session.

The WRAP training incorporates the basic awareness knowledge and skills identified. In addition to this, staff should also:

* Understand how to support and redirect vulnerable individuals at risk of being groomed into terrorist related activities
* Know how to share concerns, get advice, and make referrals into the Channel process and PREVENT case management.
* Understand Prevent in the context of the 2018 UK CONTEST strategy <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/716907/140618_CCS207_CCS0218929798-1_CONTEST_3.0_WEB.pdf>, 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;
* Have knowledge of the Department of Health document: 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 2011.

**8. Process for Review and Revision Arrangements**

**Monitor Arrangements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area for Monitoring** | **How** | **Who by** | **Reported to** | **Frequency** |
| Attendance at HealthWRAP3 training sessions (face to face or online) | Numbers attending | Head of Learning & Development as part of annual training report | Safeguarding Strategic meeting | Quarterly |
| Concerns raised | Number of concerns reported via the DATIX system | Prevent Lead - Assistant Director of Nursing, Quality & Professions | Safeguarding Stategic meeting  | Quarterly |

**8.1 Process for Review**

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

**8.2 Version Control**

This Policy is Version 4 and replaces Version 3 from March 2018.

**8.3 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.

**8.4 Implementation**

This policy must be implemented via:

• Training

• Link Professional Forum

• Comms

• Link on welcome event

• Arrangements for ensuring the policy or procedure is being followed

• Monitoring and audit arrangement

1. **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 |
| Safeguarding Team | 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 |

* 1. **Approval and Ratification Process**

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

**10. 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.

**11. Monitoring Compliance with the Policy**

This policy will be monitored by:

* Monitoring and analysis of incidents, advice calls and supervision, performance reports and training records
* Audit
* Monitoring of delivery of action plans through the Safeguarding Strategic Group, BDU Governance Groups

**12. References & Associated Documents**

 Department of Health (2011) *Building Partnerships, Staying Safe*

*The health sector contribution to HM Government’s Prevent strategy: guidance for healthcare organisations*. LONDON.

*Caldicott Committee Report on the review of patient-identifiable information* (Department of Health, 1997) [www.dh.gov.uk/en/Publicationsandstatistics/Publications/](http://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)

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf>

*CONTEST: The United Kingdom’s strategy for countering terrorism* (HM Government, 2018) <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/716907/140618_CCS207_CCS0218929798-1_CONTEST_3.0_WEB.pdf>

Data Protection Act (2018)

*Every Child Matters: Change for children* (HM Government, 2004) <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/272064/5860.pdf> :

*Guide to the General Data Protection Regulation (GDPR)* Information Comissioner’s Office (2018)

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*

Home Office (2019) *Individuals referred to and supported through the Prevent programme - England and Wales, April 2018 to March 2019*

*Information Sharing: Guidance for practitioners and managers* (HM Government, 2008) [www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF00807-2008](http://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF00807-2008):

*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/00804-2008BKTEN.pdf](http://www.education.gov.uk/publications/eOrderingDownload/00804-2008BKTEN.pdf)

NHS England (2018) – *Prevent Training and Competencies Framework*

*Prevent strategy* (HM Government, 2011) [www.homeoffice.gov.uk/publications/counter-terrorism/prevent/preventstrategy](http://www.homeoffice.gov.uk/publications/counter-terrorism/prevent/preventstrategy)

 *Safeguarding Adults: The role of health services* (Department of Health 2011)

 [www.dh.gov.uk/en/Publicationsandstatistics/Publications/](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/) PublicationsPolicyAndGuidance/DH\_124882

*Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Intercollegiate Document 4thEdition -* January 2019

*Service User Confidentiality and Data Protection Policy, incorporating Information Sharing* – SWYPFT (2018)

*Adult Safeguarding: Roles and Competencies for Healthcare Staff Intercollegiate Document 1st Edition* – August 2018

1. **Appendices**

**Appendix A – Equality Impact Assessments**

**Date of Assessment: September 2020**

|  |  |  |
| --- | --- | --- |
|  | **Equality Impact Assessment Questions:** | **Evidence based Answers & Actions:** |
| **1** | **Name of the document that you are Equality Impact Assessing** | PREVENT Strategy Implementation Policy |
| **2** | **Describe the overall aim of your document and context?****Who will benefit from this policy/procedure/strategy?** | 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 of Nursing, Quality and Professions  |
| **4** | **Who else was involved in conducting this assessment?** | Safeguarding Team, Equality and Inclusion Lead |
| **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?** | The Policy has been developed in line with a number of guidance documents and it has been presented at the Trust Policy Group, the Trust PREVENT Group and it has been reviewed by the NHS England PREVENT Lead for Yorkshire and Humber |
| **6** | **What equality data have you used to inform this equality impact assessment?** | Guidance from NHS England, Home Office PREVENT Statistics Apr 2018 to Mar 2019. |
| **7** | **What does this data say?** | The Home Office statistics for national PREVENT referrals (March 2018 to April 2019) does not include figures for referrals made by race, however indicates that 24% of referrals were due to Islamist radicalisation and 24% due to far-right radicalisation. PREVENT referrals were primarily male (87%) during this period with a noted increase from the following year. The age group with most referrals were the 15-20 age group (31%) with under 15’s making up 27% of referrals. The statistics indicate the 15-20 age group referrals are higher for far right extremism and with the under 15’s higher for Islamist radicalisation.Within SWYPFT there are four Datix incidents reported 50% of the referrals were male and 50% were females. 75% were aged between 15 and 20.There was no listed data in the statistics for sexual orientation, transgender status, maternity & pregnancy and marriage & civil partnerships.  |
| **8** | **Taking into account the information gathered above, could this policy /procedure/strategy affect any of the following equality group unfavourably:** | **Yes/No** | **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.**The embedded governmental EIA was completed in 2011. There have been no updated EIA’s from the government since 2011. The embedded document has been included for reference. |
| **8.1** | **Race** | Yes | Potential for extra scrutiny ofpeople from a race or religionwhich is prevalent in the popularpress as being involved interrorism. Also recognised the growing radicalisation threats linked to recent and current national political issues (i.e. exiting the EU) and global events (i.e. COVID-19).Factorsthat may contribute to vulnerability include:* Being rejected by peer, faith or social group/ family
* Victim or witness to race or religious hate crime
* Conflict with family over religious beliefs/ lifestyle/politics
* Recent religious conversion
* Mat posses literature related to extreme views
* A series of traumatic events global, national or personal.

**Race Equality**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | White | Asian | Black | Mixed | Chinese & Other |
| **Kirklees** |  |  |  |  |  |
| % average | 79.1 | 15.7 | 1.9 | 2.3 | 0.7 |
| **Barnsley** |  |  |  |  |  |
| % average | 97.9 | 0.7 | 0.5 | 0.7 | 0.2 |
| **Calderdale** |  |  |  |  |  |
| % average | 89.6 | 7 | 0.9 | 1.3 | 0.6 |
| **Wakefield** |  |  |  |  |  |
| % average | 95.4 | 2.6 | 0.77 | 0.9 | 0.29 |

Taken from Census 2011 for each areaAll staff will receive PREVENT training which strongly emphasises and reinforces that no particular group should be targeted. |
| **8.2** | **Disability** | Yes | Anyone can be exposed to exremeist ideas and people from all walks of life can become radicalised. Although the risk is low, it is important to consider how people with social, emotional and learning difficulties may be at risk of being targeted by individuals aiming to radicalise people. Recognised potential for increased requirement of support for vulnerable mentally unwell and learning disabled people at risk of radicalisation. People may be influenced into adopting radicalised views through:* Online platforms
* Face to face
* Media

|  |
| --- |
| **Disability groups Day to day activities limited by disability**  |
|  Not at all  |  A little  |  A lot  |
|  England % av.  |  47.2  |  13.2  |  4.2  |
|  **Kirklees**  |
|  % average  |  45.5  |  12.5  |  13.7  |
|  **Barnsley**  |
|  % average  |  76.1  |  11.3  |  12.6  |
|  **Calderdale** |
|  % average  |  56.5  |  12.2  |  13.8  |
|  **Wakefield**  |
| % average  |  77.93  |  9.33  |  8.31  |

All staff will receive PREVENT training which strongly emphasises and reinforces that no particular group should be targeted and radicalisation can occur for those without disabilities as well as those with. |
| **8.3** | **Gender** | No | From a gender perspective, women’s radicalisation remains relatively under-estimated as there I still a general view that terrorism almost exclusively concerns men, However recent studies indicate that around 550 western women have travelled to ISIL/ Da’esh occupied terrority and that 17% of European fighters are women (2018). Moreover, according to Europol, one in four peple arrested in the EU for terrorist activities was a woman. Gender Male FemaleEngland % av. 49.2 50.8Kirklees % average 49.4 50.6Barnsley % average 49.1 50.9Calderdale % average 48.9 51.1Wakefield All staff will receive PREVENT training which emphasises and reinforces that no particular gender group should be targeted, as radicalisation can occur in all genders. |
| **8.4** | **Age** | No | In the year ending 31 March 2019, a total of 5,738 individuals were referred to Prevent. As in previous yesr, the most individuals referred were male (4991, 87%), and the majority of referrals were for people aged 20 years or younger (3343, 58%).AGE 0-15 16-29 30-44 45-64 65+England % av. 18.9 18.6 20.3 22.4 16.9Kirklees % average 15.8 18.5 20.3 22.2 15.8Barnsley (2011 data) 16-24 25-44 45-59 60+% average 18.5 10.8 26 20.9 23.8Calderdale % average 19.6 16.4 20.1 24.2 16.6Wakefield % average 18.4 17.2 19.6 24.2 17.6All staff will receive PREVENT training which emphasises and reinforces that no particular group should be targeted, as radicalisation can occur at any age. |
| **8.5** | **Sexual orientation** | No | Gender sterotypes and grievances are frequently manipulated and exploited by violent extremist organisations in their propaganda to enhance recruitment.

|  |  |
| --- | --- |
|  | **Living in a civil partnership** |
| England % av. | 0.01 |
| **Kirklees** |  |
| % average | 0.01 |
| **Barnsley**  (2011 data) |  |
| % average | 0.2 |
| **Calderdale** |  |
| % average (2011 data) | 0.3 |
| **Wakefield** |  |
| % average | 0.01 |

All staff will receive PREVENT training which emphasises and reinforces that no particular group should be targeted, as radicalisation can occur regardless of sexual orientation. |
| **8.6** | **Religion or belief** | No | See EA PDF attached. Please note this is from 2011. When respondents were asked whether the proposed strategy would have a negative impact on race, the majority of repsondents (55%) answered ‘no’. 63% stated that the strategy would not have a positive impact either. Christian Hindu Jewish Sikh Muslim Other No religion Kirklees % average 67.2 0.3 0.1 0.7 10.1 0.4 14Barnsley % average 59.4 1.5 0.5 0.8 5 0.9 24.7Calderdale % average 60.6 0.3 0.1 0.2 7.8 0.7 30.2Wakefield % average 66.4 0.25 0.04 0.12 2.0 1.9 24.4All staff will receive PREVENT training which emphasises and reinforces that no particular group should be targeted, as radicalisation can occur in all religions and beliefs. |
| **8.7** | **Transgender** | No | See EIA PDF attached. Please note this is from 2011.Factors which may contribute to vulnerability include:* Feeling isolated, including confusion about one’s identity
* Uncertainty of belonging
* Grievances related to discrimination

All staff will receive PREVENT training which emphasises and reinforces that no particular group should be targeted, as radicalisation can occur regardless of Transgender status or identity. |
| **8.8** | **Maternity & Pregnancy** | No | N/A |
| **8.9** | **Marriage & Civil partnerships** | No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Married** | **Single** | **In a [registered] civil partnership** | **Divorced** | **Widowed** | **Separated** |
| England % av. | 46.6 | 34.6 | 0.2 | 9.0 | 6.9 | 2.7 |
| **Kirklees** |  |  |  |  |  |  |
| % average | 48.4 | 32.4 | 0.2 | 9.3 | 6.8 | 2.8 |
| **Barnsley**  |  |  |  |  |  |  |
| % average | 46.6 | 34.6 | 0.2 | 9 | 6.9 | 2.7 |
| **Calderdale** |  |  |  |  |  |  |
| % average | 46.7 | 32.1 | 0.3 | 10.5 | 7.3 | 3.0 |
| **Wakefield** |  |  |  |  |  |  |
| % average | 48.2 | 30.9 | 0.18 | 10.5 | 7.5 | 2.6 |

 |
| **8.10** | **Carers\*Our Trust requirement\*** | No | See EIA PDF attached. Please note this is from 2011.There are around 160,000 unpaid carers across SWYFT. This is split across SWYFT is as follows :-Calderdale: 21,369Kirklees: 43,665Barnsley 27,167Wakefield: 36,621 |
| **9** | **What monitoring arrangements are you implementing or already have in place to ensure that this policy/procedure/strategy:-** | 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 a 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. |
| **9a** | **Promotes equality of opportunity for people who share the above protected characteristics;** | As above. |
| **9b** | **Eliminates discrimination, harassment and bullying for people who share the above protected characteristics;** | As above. |
| **9c** | **Promotes good relations between different equality groups;** | As above. |
| **9d** | **Public Sector Equality Duty – “Due Regard”** | As above. |
| **10** | **Have you developed an Action Plan arising from this assessment?** | Yes |
| **11** | **Assessment/Action Plan approved by** |  |
|  |  | **Signed:** **Date:** **Title:**  |
| **12** | ***Once approved, you must forward a copy of this Assessment/Action Plan to the partnerships team:*****partnerships@swyt.nhs.uk****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.** |  |

*If you have identified a potential discriminatory impact of this policy, please refer it to the Director of Corporate Development or Equality and Engagement Development Managers 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 or Equality and Engagement Development Managers.*

**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 |  |
|  | 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** |  |  |
|  | 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 procedures which should be followed. Staff need to ensure that they are familiar with policies and procedures on information sharing contained in the Trust Service User Confidentiality and Data Protection Policy, incorporating Information Sharing. In addition, staff also need to be familiar with the policies and procedures within 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); the Data Protection Act (2018) and General Data Protection Regulation (EU) 2016/679 (GDPR).

The Director of Nursing, Qualty and Professions 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 these agreed protocols and procedures to enable these concerns to be raised safely and confidently, and shared appropriately.

Staff will follow these 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**

As of April 2015, the PREVENT agenda was made a statutory requirement under the Counter Terrorism and Security Act (2015) for Health and other specified authorities.

The Statutory Duty of Health Section 26 of the Counter Terrorism &Security 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 ISIS or Al Qa’ida influenced groups, there remains a serious and persistent threat from a range of terrorist groups and organisations. It is recognised that extreme right-wing terrorism is a growing area of concern. In addition, threats linked to Northern Ireland-related terrorism, extreme animal rights groups and other forms of extremism remain areas of ongoing concern. 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, Daesh) 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 / Daesh?**

The Islamic State of Iraq and the Levant (ISIL) or Daesh (Dawlat al Islamiya fi Iraq wa al Sham) 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, extortion and 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. Daesh attempted to form an Islamic Caliphate and at the height of it’s power in 2014 occupied approximately 33% of Syria and 40% of Iraq. During the ongoing conflict in Syria and actions within Iraq, Daesh had lost 95% of its held territory by 2017 and by 2018 lost all territorial control.

Throughout this time Daesh claimed responsibility both directly for and for inspiring global terrorist actions, as well as the recruitment of foreign fighters. Daesh continue to spread their ideology mainly online, and as foreign fighters return to their home countries or go elsewhere in the world there remain significant concerns in relation to radicalised returnees continuing to operate.

**Far-Right Extremism**

PREVENT referrals for far-right extremism have increased year on year and this area of radicalisation is now accepted to be a growing area of concern. In the December 2019 Home Office publication *Individuals referred to and supported through the Prevent programme - England and Wales April 2018 to March 2019* it was identified that far right referrals had increased by 6% on the previous year. This identified a following trend of increases since 2015-2016 and in the March 2019 data showed that far right extremism referrals had now overtaken Islamist radicalisation referrals.

Far right groups have used recent political issues and uncertainty to their advantage in terms of attempting to normalise aspects of their ideologies and draw people to their causes, playing on fears and societal divisions linked to the 2016 referendum, as wll as the current COVID-19 crisis which has also shown a further increase in hate crimes and xenophobia aimed towards indviduals who may have a Chinese or Asian background.

There have been a number of far right organisations that have now been added to the proscribed organisation list within the last few years, most notably National Action in 2016 (and their aliases Scottish Dawn, NS131 and System Resistance Network) and in January 2020 with the Sonnenkrieg Division.

**Mixed, Unstable & Unclear Radicalisation**

Sometimes, radicalisation and extremism concerns do not fall in the more common ideological categories such as Islamist radicalisation, far right extremism, animal rights activism or Northern Irish nationalist / unionist paramilitary groups. Concerns can often be identified in terms of mixed ideologies (combinations of elements from multiple ideologies), unstable ideologies (shifting between differing ideologies) and unclear ideologies (for example, concerns may be raised regarding an individual researching mass shootings / killings performed by lone individuals). This brings additional challenges to identifying individuals who may be self-radicalising or associating with like minded indivduals.

**Proscribed Organisations**

The UK government continues to maintain and update a full 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. This can be accessed at <https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2>

**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 and refer to the escalation process
* 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.

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 the simple format of **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 the Data Protection Act (2018), General Data Protection Regulation (EU) 2016/679 (GDPR), the information sharing agreements of the Caldicott Committee (1997), the Crime and Disorder Act (1998) and the *Duty to Report* under the Counter Terrorrism & Security Act (2015)
* **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 SystmOne 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** regardingpreventing someone becoming radicalised but other possible safeguarding concerns – refer to safeguarding policies and or Care Programme Approach (CPA) process where necessary.

**Police Inquiry to SWYPFT Staff**

**Police Inquiry to SWYPFT Staff**

* 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 Systmone 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

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

* 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 Assistant Director of Nursing, Quality & Professions and can be contacted via 01924 316175 or her NHS net account - Emma.cox7@nhs.net

**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 2013 | 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 Adults | Final  | Sign off from EMT  |
| Version 3Draft | March 2018 | Safeguarding team | Draft  |  |
| Version 4 Draft 1 | July 2020 | Safeguarding Adults Advisor | Draft | Policy reviewed and amended to take into account changes in legislation guidance and other updates. |