NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Document name:	**Prevent Strategy Implementation (1115)**
Document type:	Policy
What does this policy replace?	Update of previous version
Staff group to whom it applies:	All staff within the Trust
Distribution:	Trustwide
How to access:	Intranet
Issue date:	February 2024
Next review:	February 2027
Approved by:	Executive Management Team on 22 February 2024
Developed by:	Associate Director of Nursing, Quality and Professions
Director leads:	Chief Nurse/Director of Quality and Professions
Contact for advice:	Prevent lead and the Trust Safeguarding Team

Contents

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.

The overall aim of the counter-terrorism strategy, CONTEST, is to reduce the risk of terrorism to the UK, its citizens and interests oversees so that people can go about their lives freely and with confidence. Prevent remains one of the key pillars of CONTEST alongside the other three 'P' work strands:

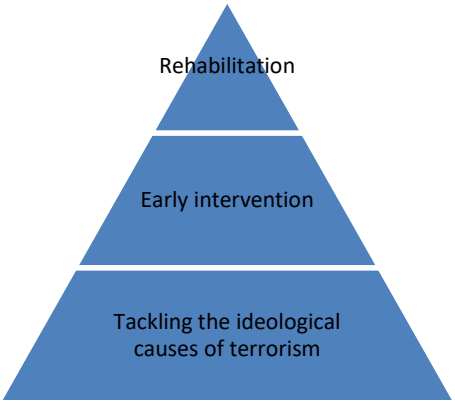
PREVENT: to stop people becoming terrorists or supporting terrorism
PURSUE: to stop terrorist attacks
PROTECT: to strengthen our protection against a terrorist attack
PREPARE: to mitigate the impact of a terrorist attack.

The 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.

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

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

The Prevent delivery model sets how we tackle the ideological causes that lead to radicalisation, intervene early to support those who are susceptible to radicalisation, and rehabilitate those who have already engaged with terrorism.



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 to target them. Where the police assess a radicalisation risk following a Prevent referral, a Channel panel will meet to discuss the referral, assess the risk and decide whether the person should be accepted into Channel. Once accepted, the panel agree a tailored package of support to be offered to the person. The panel is chaired by the local authority and attended by multi-agency partners such as police, education professionals, health services, housing and social care. Channel is a voluntary process, and people must give their consent before they receive support. In cases where the person is under 18 years of age, consent is provided by a parent, guardian or the agency responsible for their care. Where risks cannot be managed in Channel, they will be kept under review by the police. (See page 30 for further detail regarding Channel.)

Rehabilitation seeks to reduce the risk of people who have been involved in terrorist-related activity, including those who have been convicted of offences.

Threat and risks

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

Susceptibility to radicalisation

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

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

A person's susceptibility to radicalisation may be linked to their vulnerability. A person can be vulnerable if they need special care, support or protection because of age, disability, risk of abuse or neglect.

Early intervention referral to prevent

Prevent referrals are likely to be made in the first instance by people who come into contact with those who appear to be at risk of being radicalised. Frontline professionals, when deciding to make a referral, should consider whether they believe the person they are concerned about may be on a pathway that could lead to terrorism.

Anyone making a referral should ensure there is concern that someone may be susceptible to becoming involved in terrorism or supporting it.

1.1 Why Health Care staff?

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

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

Healthcare professionals should consider both the person's best interests and the public interest. For example, if there is concern that a patient/service user was being radicalised, a Prevent referral could allow the patient/service user to get the help and support needed to prevent them from being radicalised into terrorism.

2. Purpose

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

- The Trust 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 the Trust for staff to raise concerns if they think this form of exploitation is taking place
- The Trust promote and operate safe environments where violent extremists should not be able to operate

2.1 Scope

The policy 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 Chief Nurse, Director of Quality and Professions:

The Chief Nurse, Director of 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 training data and providing reports for use by the Trust Prevent lead to forward to the NHS England and the Integrated Care Boards.

4.2 The Trust Board and the Executive Management Team:

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 support staff with the implementation of the strategy.

4.4 The Trust Prevent lead and the safeguarding team:

The Trust Prevent lead and the safeguarding team will support and advise all Trust staff in the implementation of this strategy and provide advice and support to stop people from becoming a terrorist or supporting terrorism.

4.5 Managers are responsible for:

Arranging for staff to attend the Prevent 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 Trust 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, 2023), 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 Integrated Care Boards (ICBs)

The Integrated Care Board 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 (2023) 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 NHS England.

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 the Trust.

6. 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 (EIA). For revised policies an update of the EIA needs to be undertaken.

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.

Please see Appendix A.

7. Dissemination and Implementation

Once approved, the Corporate Governance Team (for corporate policies) and Quality Improvement and Assurance Team (QIAT) (for clinical policies) will be responsible for ensuring the updated version is added to the document store on the intranet and is included in the weekly communication to staff.

The Corporate Governance Team (for corporate policies) and Quality Improvement and Assurance Team (QIAT) (for clinical policies) will also be responsible for ensuring previous documents are archived prior to the new version being uploaded.

Directors are responsible for ensuring that staff within their area of responsibility are aware of new or amended policies and procedures related to their work.

If local teams download and keep a paper version of procedural documents, the responsible 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.

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

7.1 Training Implications

Prevent training is mandatory for all NHS trusts and foundation trusts. To meet contractual obligations in relation to safeguarding training, as set out in the **NHS Standard Contract.** All relevant healthcare professionals should receive annual updates and three yearly refreshers.

A key expectation for the healthcare sector is to ensure that healthcare professionals are trained to recognise where a person might be susceptible to becoming radicalised into terrorism, know how to refer someone into Prevent, and are aware of available programmes to provide support. To do this the Trust:

- provide a programme to deliver Prevent training, inline with guidance from the Home Office and Health Education England
- have processes in place to ensure that, as well as using the intercollegiate guidance, staff receive Prevent awareness training appropriate to their role as set out in the Prevent training and competencies framework
- undertake risk assessments which help to inform decision on the appropriate training requirements, as well as the broader management of risk both to and from people who may be susceptible to radicalisation into terrorism
- acknowledge their responsibilities in relation to the training requirements as part of the NHS Contract requirements

The training provides all relevant healthcare professionals with the skills to recognise susceptibility to being radicalised into terrorism and what action to take in response. This will include local processes and policies that will enable them to make referrals to Prevent and how to receive additional advice and support.

In addition to the recommended mandatory training, healthcare professionals with Prevent responsibilities are expected to have a good understanding of extremists ideologies as a key driver of radicalisation and should complete ideology training (Trust Prevent lead and safeguarding team).

7.2 Managing Risk (risk assessment)

As the Prevent duty has been in place since 2015, the Trust has established arrangements in place, including:

- understanding where and how people we serve may be at risk of being radicalised into terrorism, tailored to the areas we cover
- ensuring Prevent risk assessments are reviewed where appropriate and refreshed annually
- supporting and participating with the Channel process where necessary
- making appropriate referrals into Prevent

Advice and support can be sought from the Trust Prevent lead and the safeguarding team in regard to any of the above. Details can be found at Home (sharepoint.com)

7.3 Sharing information

The Trust should ensure that they comply with the requirements of data protection legislation, and it is important that healthcare professionals understand how to balance patient confidentiality with the Prevent duty.

When making a referral, healthcare professionals should be aware of any information sharing agreements in place with other sectors.

NHS Information sharing guidance has been developed to help healthcare staff that are involved in sharing and information governance for the purposes of safeguarding people from radicalisation under the Prevent programme. Protecting and sharing service user information (sharepoint.com)

Advice can be sought from the Trust Information Governance Lead/ Prevent lead/ safeguarding team/ Caldicott guardian.

8. Process for Review and Revision Arrangements

Monitor Arrangements

Area for Monitoring	How	Who by	Reported to	Frequency
Attendance at Prevent training sessions (face to face or online)	Numbers attending	Head of learning & development as part of annual training report	Safeguarding Joint Strategic meeting	Quarterly
Concerns raised	Number of concerns reported via the DATIX system	Prevent lead and safeguarding team	Safeguarding Joint Strategic meeting	Quarterly

8.1 Process for Review

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

8.2 Version Control

The front cover indicates the version, date of issue and review date of this document. Following each review the policy will be issued as a new version, whether or not there have been changes to the content. The most recent version will be available on the Trust intranet.

8.3 Dissemination

This document will be disseminated centrally in line with the Trust policy for the development, approval and dissemination of policy and procedural documents. Staff will be alerted to the policy and to any new versions, at service and team meetings via the Trust's briefing process. Implementation of this policy will be through the key roles and

responsibilities of the accountable director and the Executive Management Team, as outlined above.

8.4 Implementation

This policy must be implemented via:

- Training
- Prevent forum
- Link professional forum
- Comms
- Link on welcome event
- Arrangements for ensuring the policy or procedure is being followed
- Monitoring and audit arrangement

9. Stakeholder Involvement

The following list identifies some of the individuals and groups who have been consulted during the development and/or subsequent reviews of this policy:

1. Executive Management Team
2. Chief Nurse, Director of Quality and Professions
3. Associate Directors of Nursing, Quality and Professions
4. Prevent Forum members
5. Clinical policy ratification review group
6. Equality and Inclusion team
7. Safeguarding team

9.1 Approval and Ratification Process

This policy has been reviewed by the Trust Policy Review Group and approved by the EMT, which has overarching responsibility for the approval, development, and subsequent reviews of this document, including any amendments following review. The policy was originally developed by the Prevent Forum and approved by the Trust wide policies and procedure group. Updates are approved through the Trust wide policy and procedure group.

The Checklist for review and approval of the document is found as Appendix B in this document.

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 Joint Strategic Group

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.
https://www.gov.uk/government/publications/building-partnerships-staying-safe-guidance-for-healthcare-organisations

Department of Health (2014) *Care and Support Statutory Guidance issued under the Care Act* (2014) guidance Crown Copyright
https://www.gov.uk/government/publications/care-act-statutory-guidance

Confidentiality: NHS Code of Practice (Department of Health, 2003)
https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice

CONTEST: The United Kingdom's strategy for countering terrorism (HM Government, 2023) Counter-terrorism strategy (CONTEST) 2023 - GOV.UK (www.gov.uk)

Data Protection Act (2018) https://www.gov.uk/data-protection

Every Child Matters: Change for children (HM Government, 2004)
https://www.gov.uk/government/publications/every-child-matters

HM Government (2023) *Channel Duty Guidance: Protecting people susceptible to radicalisation. Crown Copyright* Channel Duty Guidance: Protecting people susceptible to radicalisation (publishing.service.gov.uk)

Home Office (2019) *Individuals referred to and supported through the Prevent programme - England and Wales, April 2021 to March 2022*
https://www.gov.uk/government/statistics/individuals-referred-to-and-supported-through-the-prevent-programme-april-2021-to-march-2022/individuals-referred-to-and-supported-through-the-prevent-programme-april-2021-to-march-2022

NHS England (2022) – *Prevent Training and Competencies Framework* NHS Prevent training and competencies framework - GOV.UK (www.gov.uk)

Policy and Procedures on the Protection, Safeguarding and Promoting the Welfare of Children (incorporating the Safeguarding Children Supervision Guidance). 778.docx (sharepoint.com)

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

Safeguarding Adults at Risk of Abuse or Neglect policy - 1156.docx (sharepoint.com)

Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Intercollegiate Document 4th Edition - 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

13. Appendices

Equality Impact Assessment template
to be completed for all policies, procedures and strategies

Date of EIA: November 2023 **Review Date: November 2026**

Completed By: Associate director of nursing, quality and professions

	QUESTIONS	ANSWERS AND ACTIONS
1	**What is being assessed?** Prompt: what is the function of this document (new or revised)	PREVENT Strategy Implementation Policy (revised)
2	**Description of the document** Prompt: What is the aim of this document	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 the Trust for staff to raise concerns if they think this form of exploitation is taking place; The Trust promote and operate safe environments where violent extremists are unable to operate.
3	**Lead contact person for the Equality Impact Assessment**	Emma Cox - Associate director of nursing, quality and professions
4	**Who else is involved in undertaking this Equality Impact Assessment**	Trust Safeguarding Team
5	**Sources of information used to identify barriers etc** Prompts: service delivery equality data – refer to equality dashboards (BI Reporting - Home (sharepoint.com) satisfaction surveys, complaints, local demographics, national or local research & statistics, anecdotal. Contact InvolvingPeople@swyt.nhs.uk for insight **What does your research tell you about the impact your proposal will have on the following equality groups?**	The Policy has been developed in line with a number of guidance documents; • Prevent duty guidance: guidance for specified authorities in England and Wales (2023) • Individuals referred to and supported through the Prevent Programme, April 2021 to March 2022 Individuals referred to and supported through the Prevent Programme, April 2021 to March 2022 - GOV.UK (www.gov.uk) 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 In the year ending 31 March 2022, there were 6,406 referrals to prevent, this is an increase of 30% compared to the year ending March 2021 (4,91%). As in previous years, where gender was specified (6,403), most referrals were males (5,725; 89%). Of the referrals where age of an individual was known (6,393), those aged 15 to 30 again accounted for the largest proportion (1,902; 30%). The Home Office statistics for national prevent referrals does not include figures for referrals made by race, and the category 'vulnerability present but no ideology or CT risk' accounted for the largest proportion of referrals (33%) in the year ending

<table>
<tr>
<td></td>
<td></td>
<td>March 2022. The number of referrals for extreme right-wing radicalisation concerns (42%), followed by those with concerns regarding Islamist radicalisation (19%) and those with conflicted ideology (15%).

The embedded governmental EIA was completed in 2011. There have been no updated EIAs from the government since 2011. The embedded document has been included for reference.

prevent-review-eia.pdf</td>
</tr>
<tr>
<td>5a</td>
<td>Disability Groups:

Prompt: Learning Disabilities or Difficulties, Physical, Visual, Hearing disabilities and people with long term conditions such Diabetes, Cancer, Stroke, Heart Disease etc. Accessible information standard</td>
<td>Anyone can be exposed to extremist 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

<u>Disability groups</u>

<table>
<tr><th></th><th>Not Disabled</th><th>Disabled</th></tr>
<tr><td>England % av.</td><td>47.2</td><td>13.2</td></tr>
<tr><td>Kirklees</td><td></td><td></td></tr>
<tr><td>% average</td><td>82.6</td><td>17.4</td></tr>
<tr><td>Barnsley</td><td></td><td></td></tr>
<tr><td>% average</td><td>78</td><td>22</td></tr>
<tr><td>Calderdale</td><td></td><td></td></tr>
<tr><td>% average</td><td>81.7</td><td>18.3</td></tr>
<tr><td>Wakefield</td><td></td><td></td></tr>
<tr><td>% average</td><td>79.9</td><td>20.1</td></tr>
</table>
Taken from Census 2021 for each area

<table>
<tr><th>Disability</th><th>Total</th><th>%</th></tr>
<tr><td>Not Recorded</td><td>63032</td><td>54.17</td></tr>
<tr><td>Not disabled</td><td>37268</td><td>32.03</td></tr>
<tr><td>Disability NOS</td><td>5670</td><td>4.87</td></tr>
<tr><td>Registered disabled</td><td>7313</td><td>6.29</td></tr>
<tr><td>Disability status not given - patient refused</td><td>3067</td><td>2.64</td></tr>
<tr><td>Total Patients</td><td>116350</td><td>100%</td></tr>
</table>
Trustwide Information 2021/2022 data
All staff will receive PREVENT training which strongly emphasises and reinforces that no particular group should be targeted.</td>
</tr>
</table>

<table>
<tr><th></th><th>QUESTIONS</th><th>ANSWERS AND ACTIONS</th></tr>
<tr><td>5b</td><td>Gender:

Prompt: Female & Male issues should be considered</td><td>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 territory and that 17% of European fighters are women (2018). Moreover, according to Europol, one in four people arrested in the EU for terrorist activities was a woman.

Datix incident data demonstrate that males are more likely to be referred into prevent, since 2022 a total of 21 referrals have been made of which 20 involved males.

<table>
<tr><th></th><th>Male</th><th>Female</th></tr>
<tr><td>England % av.</td><td>49.2</td><td>50.8</td></tr>
<tr><td>Kirklees</td><td></td><td></td></tr>
<tr><td>% average</td><td>49.4</td><td>50.6</td></tr>
<tr><td>Barnsley</td><td></td><td></td></tr>
<tr><td>% average</td><td>49.1</td><td>50.9</td></tr>
<tr><td>Calderdale</td><td></td><td></td></tr>
<tr><td>% average</td><td>48.9</td><td>51.1</td></tr>
<tr><td>Wakefield</td><td></td><td></td></tr>
<tr><td>% average</td><td>49</td><td>51</td></tr>
</table>
Taken from Census 2021 data

<table>
<tr><th>Gender</th><th>Total</th><th>%</th></tr>
<tr><td>F</td><td>63629</td><td>54.68</td></tr>
<tr><td>M</td><td>52666</td><td>45.26</td></tr>
<tr><td>I</td><td>39</td><td>0.03</td></tr>
<tr><td>U</td><td>16</td><td>0.01</td></tr>
<tr><td>Total Patients</td><td>116350</td><td></td></tr>
</table>
Trustwide Information 2021/2022 data

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.</td></tr>
<tr><td>5c</td><td>Age:

Prompt: Older people & Young People issues should be considered</td><td>National data demonstrated that, those aged 15-20 accounted for the largest proportion of referral, year ending March 2021, and those under 15 accounted for the largest proportion of cases that were discussed at Channel panel.

14.6% of Datix incidents reported between April 2020 and November 2023 include children under the age of 18.
<table>
<tr><td></td><td>4yrs & under</td><td>5-9</td><td>10-15</td><td>16-19</td><td>20-24</td><td>25-34</td><td>35-49</td></tr>
<tr><td>Barnsley</td><td>13463</td><td>14366</td><td>16953</td><td>9653</td><td>12448</td><td>32951</td><td>44859</td></tr>
<tr><td>%</td><td>5.5%</td><td>5.9%</td><td>6.9%</td><td>3.9%</td><td>5.1%</td><td>13.5%</td><td>18.3%</td></tr>
<tr><td>Calderdale</td><td>11317</td><td>12803</td><td>15877</td><td>9038</td><td>10125</td><td>24920</td><td>39471</td></tr>
<tr><td>%</td><td>5.5%</td><td>6.2%</td><td>7.7%</td><td>4.4%</td><td>4.9%</td><td>12.1%</td><td>19.1%</td></tr>
<tr><td>Kirklees</td><td>25144</td><td>27647</td><td>34153</td><td>21328</td><td>25844</td><td>54869</td><td>83410</td></tr>
<tr><td>%</td><td>5.8%</td><td>6.4%</td><td>7.9%</td><td>4.9%</td><td>6.0%</td><td>12.7%</td><td>19.3%</td></tr>
<tr><td>Wakefield</td><td>20074</td><td>20994</td><td>24764</td><td>13933</td><td>18001</td><td>48974</td><td>67143</td></tr>
<tr><td>%</td><td>5.7%</td><td>5.9%</td><td>7.1%</td><td>3.9%</td><td>5.1%</td><td>13.9%</td><td>19.0%</td></tr>
</table>

<table>
<tr><td></td><td>50-64</td><td>65-74</td><td>75-84</td><td>85+</td></tr>
<tr><td>Barnsley</td><td>52285</td><td>26462</td><td>15765</td><td>5371</td></tr>
<tr><td>%</td><td>21.4%</td><td>10.8%</td><td>6.4%</td><td>2.2%</td></tr>
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</table>

Calderdale	43769	21958	12688	4661
%	21.2%	10.6%	6.1%	2.3%
Kirklees	84012	42461	25146	9208
%	19.4%	9.8%	5.8%	2.1%
Wakefield	72882	36927	22110	7573
%	20.6%	10.4%	6.3%	2.1%

Taken from Census 2021 data

Age Band	Total	%
18-29	20134	17.3
Under 16	19244	16.5
30-39	16393	14.15
50-59	12450	10.7
40-49	12351	10.62
70-79	10512	9.0
80-89	9610	8.26
60-69	8512	7.32
16-17	4873	4.2
90-99	2271	1.95
Total Patients	**116350**	100%

Trustwide Information 2021/2022 data

All staff will receive PREVENT training which emphasises and reinforces that no particular group should be targeted, as radicalisation can occur at any age.

5d **Sexual Orientation:**

Prompt: Heterosexual, Bisexual, Gay, Lesbian groups are included in this Category

Gender stereotypes and grievances are frequently manipulated and exploited by violent extremist organisations in their propaganda to enhance recruitment.

At this time the Trust is not able to extract this data from Datix.

	Straight/ Heterosexual	Gay/ Lesbian	Bisexual	Pansexual
Barnsley	182948	2990	1817	290
%	91.6%	1.5%	0.9%	0.1&
Calderdale	149815	2811	1968	395
%	89.9%	1.7%	1.2%	0.2%
Kirklees	311501	4340	3697	504
%	90.0%	1.3%	1.1%	0.2%
Wakefield	261615	4321	2968	504
%	91%	1.5%	1.0%	0.2%

	Asexual	Queer	Other	Not Given
Barnsley	69	14	23	11638
%	0%	0%	0%	6.9%
Calderdale	71	62	22	11488
%	0%	0%	0%	6.9%
Kirklees	147	58	61	25742
%	0%	0%	0%	7.4%
Wakefield	126	29	30	17945
%	0%	0%	0%	6.2%

Taken from Census 2021 data

Sexual orientation	Total	%
Not Recorded	53576	46.04
Heterosexual	57001	48.99
Sexual orientation unknown	2614	2.24
Sexual orientation not given - patient refused	821	0.71
Bisexual	1082	0.94
Female homosexual	739	0.64
Male homosexual	517	0.44
Total Patients	**116350**	100%

Trustwide Information 2021/2022 data

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.

5e **Religion & Belief:**

Prompt: Main faith groups and people with no belief or philosophical belief issues should be considered

Potential for extra scrutiny of people from a race or religion which is prevalent in the popular press as being involved in terrorism. 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).

Factors that 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 possess literature related to extreme views
- A series of traumatic events global, national or personal.

At this time the Trust is not able to extract this data from Datix.

	Christian	Buddhist	Hindu	Jewish	Sikh	Muslim	Other	No religion
England % av.	71.8	0.3	1	0.5	0.7	10.1	0.2	15.1
Kirklees								
% average	67.2	0.2	0.3	0.1	0.7	10.1	0.2	14
Barnsley								
% average	59.4	0.5	1.5	0.5	0.8	5	0.4	24.7
Calderdale								
% average	60.6	0.3	0.3	0.1	0.2	7.8	0.4	30.2
Wakefield								
% average	66.4	0.16	0.25	0.04	0.12	2.0	0.3	24.4

Taken from 2011 Census data

Religion	Total	%

		Not Recorded	38437	33
		Not religious	20517	17.6
		Church of England, follower of religion	6686	5.7
		Religion NOS	7180	6.18
		Patient religion unknown	4591	3.9
		Christian	15395	13.2
		Religion not given - patient refused	3269	2.8
		Church of England	1999	1.7
		Muslim	3209	2.8
		Roman Catholic	1662	1.4
		Christian religion	629	0.5
		Atheist	669	0.5
		Methodist	447	0.4
		Agnostic	335	0.3
		Religion (Other)	1495	1.3
		Declines to disclose religious beliefs	4321	3.7
		Religious affiliation	136	0.1
		Mormon	114	0.1
		Spiritualist	91	0
		Protestant	85	0
		Pagan	163	0.1
		Baptist	36	0
		Sikh	120	0.1
		Buddhist	101	0
		Hindu	58	0
		Anglican	41	0
		Pentecostalist	25	0
		Catholic: non Roman Catholic	65	0
		Nonconformist	55	0
		Church of Scotland, follower of religion	19	0
		Church Of God	8	0
		Orthodox Christian	12	0
		Rastafarian	13	0
		Quaker	9	0

Patient religion could not be communicated	12	0		
Wesleyan Methodist	6	0		
Sunni Muslim	15	0		
Church of Ireland, follower of religion	7	0		
Apostolic Pentecostalist	7	0		
Eastern Catholic	10	0		
Seventh Day Adventist	4	0		
Ismaili Muslim	9	0		
Evangelical Christian	7	0		
Coptic Orthodox	3	0		
Presbyterian	8	0		
Russian Orthodox	16	0		
Follower of United Reformed Church	5	0		
Christadelphian	3	0		
Unitarian	2	0		
Orthodox Jew	10	0		
Independent Methodist	3	0		
Greek Orthodox	6	0		
Salvation Army member	4	0		
Greek Catholic	2	0		
Serbian Orthodox	2	0		
Shiite Muslim	2	0		
Old Catholic	1	0		
Heathen		0		
Congregationalist	7	0		
Jain	2	0		
British Israelite		0		
Celtic Christian	2	0		
Uniate Catholic	1	0		
Christian Spiritualist	2	0		
Jewish	20	0		
Wiccan	5	0		
Church in Wales, follower of religion	2	0		
Romanian Orthodox	4	0		

		Reformed Christian 2 0 Total Patients *Trustwide Information 2021/2022 data* All 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.
5f	**Marriage and Civil Partnership** Prompt: Single, Married, Co-habiting, Widowed, Civil Partnership status are included in this category	This policy aims to be applicable to all service users affected by radicalisation regardless of their individual characteristics. The application of the policy is not expected to have a negative impact on any particular group. At this time the Trust is not able to extract this data from Datix.

	Married	Single	In a [registered]	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

Source unknown

Marital Status	Total	%
Single person	62828	54.0
Married	21158	18.2
Widowed	8063	6.9
Not Recorded	18209	15.6
Divorced	4240	3.6
Separated	1852	1.9
Total Patients	**116350**	100%

5g	**Pregnancy and Maternity** Prompt: Currently pregnant or have been pregnant in the last 12 months should be considered	This policy aims to be applicable to all service users affected by radicalisation regardless of their individual characteristics. The application of the policy is not expected to have a negative impact on any particular group. There is no local area information available as this is not collected by the Trust.
5h	**Gender Re-assignment** Prompt: Transgender issues should be considered	This policy aims to be applicable to all service users affected by radicalisation regardless of their individual characteristics. The application of the policy is not expected to have a negative impact on any particular group. At this time the Trust is not able to extract this data from Datix.

	Total	%

		Gender reassignment		
		No	116143	99.8
		Gender reassignment patient	207	0.2
		Total Patients	**116350**	100%

Trustwide Information 2021/2022 data

5l	**Carers** Prompt: Caring responsibilities paid or unpaid, hours this is done should be considered	No specific data is available however it is acknowledged that anyone may experience some form of radicalisation. This policy aims to be applicable to all service users affected by radicalisation regardless of their individual characteristics. The application of the policy is not expected to have a negative impact on any particular group.
5j	**Race** Prompt: Indigenous population and BME Groups such as Black African and Caribbean, Mixed Heritage, South Asian, Chinese, Irish, new Migrant, Asylum & Refugee, Gypsy & Travelling communities.)	At this time the Trust is not able to extract this data from Datix. This policy aims to be applicable to all service users affected by radicalisation regardless of their individual characteristics. The application of the policy is not expected to have a negative impact on any particular group. Race equality

	White	Asian	Black	Mixed	Chinese & Other
England % av.	81%	9.6%	4.2%	3%	2.2%
Kirklees					
% average	73.6%	19.4%	2.3%	3.1%	1.5%
Barnsley					
% average	96.9%	0.9%	0.7%	0.9%	0.5%
Calderdale					
% average	86.1%	10.5%	0.7%	1.9%	0.8%
Wakefield					
% average	93%	3.6%	1.3%	1.4%	0.7%

Taken from Census 2021 for each area

Ethnicity	**Sum of All Patients**	
Any other Asian background	496	0.30%
Any other black background	302	0.26%
Any other Ethnic group	815	0.7%
Any other mixed background	575	0.49%
Any Other White background	2591	2.22%
Bangladeshi	87	0.075%
Black African	554	0.48%
Black Caribbean	426	0.36%
Chinese	82	0.07%

		Indian	975	0.58%
		Not Recorded	1543	1.32%
		Not Stated	2070	1.78%
		Pakistani	3513	3.01%
		White and Asian	340	0.29%
		White and Black African	177	0.15%
		White and Black Caribbean	624	0.53%
		White British	100730	86.57%
		White Irish	450	0.38%
		Total Number of Patients	116350	100%
		Trustwide Information May 2021/2022 data		

Action Plan

When thinking about actions look at the impacts you have identified and add **1-3 annual actions** that will mitigate against impacts and ensure service improvement.

Potential themes for actions could cover anything from geographical location, built environment, timing access to a service, make up of workforce, stereotypes and assumptions, improved equality monitoring, community relations/cohesion, ward environments and care, or any other specific issues/barriers you would like to address. Complete one action for each form below and RAG rate your progress.

Who will benefit from this action? (tick all that apply)		Action 1: This is what we are going to do	Lead/s	By when	Update	RAG
Age		Policy to be amended if legislation changes or if there are any notable changes to practice in this area.	Trust Safeguarding Team – Emma Cox	As required		
Disability						
Gender reassignment						
Marriage and civil partnership						
Race						
Religion or belief						
Sex						
Sexual Orientation						
Pregnancy maternity						
Carers						

Who will benefit from this action? (tick all that apply)		Action 2: This is what we are going to do	Lead/s	By when	Update	RAG
Age		The Safeguarding Team will liaise with the Datix team to look at whether it is feasible to capture protected characteristics when a Datix with the type 'radicalisation' is submitted.	Trust Safeguarding Team – Emma Cox	March 2025		
Disability						
Gender reassignment						
Marriage and civil partnership						
Race						
Religion or belief						
Sex						
Sexual Orientation						
Pregnancy maternity						
Carers						

Who will benefit from this action? (tick all that apply)		Action 3: This is what we are going to do	Lead/s	By when	Update	RAG
Age						
Disability						
Gender reassignment						
Marriage and civil partnership						
Race						
Religion or belief						
Sex						
Sexual Orientation						
Pregnancy maternity						
Carers						

Involvement & insight:

- Have you reviewed existing insight i.e. patient experience, complaints, previous surveys to support EIA completion?
- Have you gathered the views of people to support EIA completion?

If yes, please add any reports or evidence in the box below

7 Describe the forums where you will share and monitor progress on the actions 1-3

8 Will you publish the Equality Impact Assessment? Please state where the EIA will be shared or published.

As an appendix to the updated policy.

9 EIA assessment by equality and involvement manager

Name: Zahida Mallard

Date: 9th January 2024

Rating: Developing

EIAs are now reviewed using a grading approach which is in line with our Equality Delivery System (EDS). The team have reviewed and rated the EIA using the following:

- **Under-developed** – red – **No data**. **No strands** of equality
- **Developing** – amber – **Some census data plus workforce**. **Two strands** of equality addressed
- **Achieving** – green – **Some census data plus workforce. Five strands** of equality addressed
- **Excelling** – purple –**All the data and all the strands** addressed

Comments:
Where we have equality data available in the Trust does that show any themes emerging against the national picture which can then be put into the local/trust narrative?
We need to ensure as a Trust that we can capture the equality strand data for every strand via Datix in particular when the narrative regionally and nationally is around Race as well as Religion/Belief, alongside Gender for this subject reported.

10 Lead manager for EIA

Name:
Title:
Date:

Once approved, you must forward a copy of this Assessment and completed action plans by email to:
InvolvingPeople@swyt.nhs.uk

Please note that the EIA is a public document and may be published. Failing to complete an EIA could expose the Trust to future legal challenge.

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

The Trust 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.

The Chief Nurse, Director of Quality and Professions is the Caldicott Guardian for the Trust.

Information Governance - THINK IG (sharepoint.com)

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

Channel is a multi-agency programme across England and Wales that provides support to people susceptible of becoming terrorists or supporting terrorism, underpinned by Section 36 of 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
- 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 four localities and therefore it is required that the Trust 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 Threat Levels | MI5 - The Security Service

- 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 Islamiyah 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 its 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 well as the COVID-19 crisis which has also shown a further increase in hate crimes and xenophobia aimed towards individuals 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 individuals.

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 regard 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 team
- **Conside**r the Data Protection

- **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 the Trust
- **If not already done –** report by completing a form on the electronic recording system (**Datix incident report**) - if the individual is known to the Trust
- **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

Police Inquiry to Trust 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 the Trust. 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, advice may be sought from the Peoples Directorate/Human Resources
- If the staff member is from Corporate Services then advice may be sought from the Head of Service and if required, the Peoples Directorate advice may be sought
- The Prevent lead is the Associate Director of Nursing, Quality & Professions and can be contacted via 01924 316175 or emma.cox2@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 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 3 Draft	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.
Version 5 Draft 1	January 2024	Associate Director of Nursing, Quality and Professions	Final	Policy reviewed and amended to take into account changes in legislation guidance and other updates. EIA and links updated accordingly.