JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
'PREVENT' (SUPPORTING VULNERABLE INDIVIDUALS WHO ARE AT RISK OF BEING RADICALISED) POLICY

NHS
James Paget
University Hospitals
NHS Foundation Trust

'Prevent' (supporting vulnerable individuals who are at risk of being radicalised) Policy

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V3.1	June 2018	Named Lead for Safeguarding Adults	Amend Document
V4.0	January 2020	Kelly Boyce Named Lead for Safeguarding Adults	Update Document
V4.1	March 2020	Kelly Boyce – Named Lead for Safeguarding Adults	Update Suffolk referral form

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V5.0	March 2023	Kelly Boyce – Head of Safeguarding	Review document
V6	October 2024	Kelly Boyce – Head of Safeguarding	Update National Referral Form

Previous Titles for this Document:

Previous Title/Amalgamated Titles	Date Revised
None	Not applicable

EXECUTIVE SUMMARY

The Prevent Duty 2015 was introduced through the Counter-Terrorism and Security Act 2015 and duty requires health bodies, local authorities, schools, colleges, higher education institutions, prisons and probation and the police to consider the need to safeguard people from being drawn into terrorism. It sits alongside long-established existing duties on professionals to safeguard vulnerable people from exploitation from a range of other harms such as knife crime drugs, and sexual and criminal exploitation.

The Duty is designed to help ensure that vulnerable individuals who are at risk of radicalisation are supported as they would be under other safeguarding processes; and provided with appropriate care from a health perspective if required. It does not require health professionals to do anything new and we all have a duty to safeguard vulnerable people.

James Paget University Hospital (the Trust) has a duty to help ensure a safe environment where extremists are unable to operate or exploit others. It is essential, therefore, that all staff know how they can recognise and support vulnerable people (patients, service users, carers or members of staff) who they feel may be at risk of being radicalised or drawn into terrorism. Prevent is a legal duty for all NHS Trusts. It is also part of the everyday safeguarding routine for NHS staff and those providing NHS services.

The primary aim of this policy is to ensure that adults at risk of harm and vulnerable children are protected from any form of radicalisation and that staff members, and volunteers are able to identify any possible signs of radicalisation and raise their concerns with their line manager.

Preventing someone from becoming a terrorist or supporting terrorism is no different from safeguarding adults and children from other forms of exploitation including child exploitation, domestic abuse, FGM etc. Therefore, this Policy sits alongside existing Adults Safeguarding and Safeguarding Children's arrangements within the Trust.

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1.0   INTRODUCTION

1.1   Background

The Prevent strategy, published by the Government in 2011, is part of an overall counter-terrorism strategy, CONTEST. The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. In the Act this has simply been expressed as the need to "prevent people from being drawn into terrorism".

Since 2017, there has been a significant shift in the terrorist threat to the UK, with attacks in London and Manchester that led to the deaths of innocent people and injured many more. The pattern of attacks in the UK are subject to change and the specific sources of threat locally are reviewed in the Counter Terrorism Local Profile. The array of terrorist activity evident has demonstrated the speed, diversity and accessibility of methods, by which individuals who are vulnerable to these radicalising messages can prepare and commit violent attacks often with catastrophic consequences.

This includes an increasing threat from 'lone actor' attacks which has increased significantly in recent years, reflecting a trend towards low cost, low complexity and often spontaneous attacks using knives, or vehicles. Lone actors often derive their ideologies and perpetuate their grievances on social media sites and encrypted online chatrooms.

Although Islamist terrorism has been the foremost terrorist threat to the UK, Right Wing Extremist related terrorism is an ever-increasing threat and can be the largest type of concerns locally. There is also the needed to be mindful of the concept of incels of Involuntary Celibacy. Whilst this not currently part of the definition of terrorism the patterns of behaviour including online grooming and a sense of injustice about not being able to engage in sexual relationships may benefit from a referral into Channel.

The CONTEST strategy was updated in 2018 to reflect the findings from a review of all aspects of counter-terrorism and to future-proof the strategy in its response to heightened threats.

The four 'P' work strands remain unchanged:

- 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

Preventing someone from becoming a terrorist or supporting terrorism is no different from safeguarding vulnerable individuals from other forms of exploitation.

1.2   Scope

The Prevent strategy has three strategic objectives;

- respond to the ideological challenge of terrorism and threat we face from those who promote it

- prevent people from being drawn into terrorism safeguarding and protecting them from exploitation and radicalisation

- work with sectors and institutions where there are risks of radicalisation

The health sector has a duty in objectives 2 and 3 only.

Staff who engage with the public should understand what radicalisation means and why people may be vulnerable to being drawn into terrorism as a consequence of it.

Staff need to know what measures are available to prevent people from becoming drawn into terrorism and how to challenge the extremist ideology that can be associated with it. They need to understand how to obtain support for people who may be being exploited by radicalising influences.

1.3   Responsibilities

Chief Executive
The Trust Chief Executive as Accountable Officer has overall responsibility for ensuring the aims of this Policy and Procedure are met.

Chief Nurse/ Deputy Chief Nurse
Will provide executive lead in maintaining a focus and direction on the management of safeguarding procedures and ensure provision of a quality service to all.

Safeguarding Group:
The Trust's Safeguarding Group meets every quarter. This group is responsible for assurance in relation to all safeguarding in the Trust. The chair of this group is the Chief Nurse, and the group includes senior representation from all Divisions.

Safeguarding Team: Head of Safeguarding and Named Nurses for Safeguarding Adults and Children
Act as a contact for Trust staff if they have any safeguarding concerns. Can support the patient or member of staff and assist in making a referral to relevant agencies/departments.

Act as a contact point for agencies involved in monitoring Prevent.

All Employees
All those working in the Trust must be clear that it is not possible to keep information about safeguarding a secret, and staff have a responsibility to report it. All staff employed by the Trust will be aware of their responsibilities in relation to safeguarding. They will be able to achieve this through full compliance with the Policy and Procedures and attendance at appropriate mandatory training. Not all employees will work on a regular basis with children or adults at risk (whether they be patients, their families or their visitors) however, most will at some time and each of these employees is responsible for safeguarding such people.

1.4   Monitoring and Review

The Safeguarding Team will monitor and review this policy every 3 years.

Training

All staff to receive Prevent Basic Awareness training on induction. Mandatory training targeted to staff according to Prevent Training and Competencies Framework NHS England (2015). (See Trust TNA).

Reporting

The Safeguarding Team will record all Prevent returns for assurance. These will be reported to Integrated Care Board and Department of Health as required.

1.5 Related Documents

• NHS England-Prevent Training and Competencies Framework (2015)
• Department of Health (2009) Building Partnerships Staying Safe, London
• NHS England-Prevent Training and Competencies Framework (2015)
• Home Office (2018) Counter Terrorism Strategy. https://www.gov.uk/government/publications/counter-terrorism-strategy-contest-2018
• Home Office (2019) Revised Prevent duty guidance: for England and Wale. https://www.gov.uk/government/publications/prevent-duty-guidance/revised-prevent-duty-guidance-for-england-and-wales

Local Documents

• Safeguarding Adults Policy
• Safeguarding Policy
• Information Sharing Agreement (working within the Caldicott Guardian Principals)
• Training Needs Analysis
• Adverse Events Policy
• Access Policy
  Freedom To Speak Up Policy

Legislation

• Data Protection Act (1998)
• Human Rights Act (1998)
• Terrorism Act (2000)
• Equality Act (2010)
• Counter-Terrorism and Security Act (2015)
• Prevent Duty Guidance (2015)

1.6 Reader Panel
The Safeguarding Group is the responsible reader panel for this policy.

1.7 Trust Values
This Policy conforms to the Trust's values of putting patients first, aiming to get it right, recognising that everybody counts and doing everything openly and honestly. The Policy incorporates these values throughout and an Equality Impact Assessment is completed to ensure this has occurred.

1.8 Glossary

The following terms and abbreviations have been used within this Policy:

Term	Definition
Having due regard'	means that the authorities should place an appropriate amount of weight on the need to prevent people being drawn into terrorism when they consider all the other factors relevant to how they carry out their usual functions.
'Extremism'	is defined in the 2011 Prevent strategy as vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
'Interventions'	are projects intended to divert people who are being drawn into terrorist activity. Interventions can include mentoring, counselling, theological support, encouraging civic engagement, developing support networks (family and peer structures) or providing mainstream services (education, employment, health, finance or housing).
'Non-violent extremism'	is extremism, as defined above, which is not accompanied by violence.
Prevent Concern	A Prevent Concern does not have to be proven beyond reasonable doubt; however it should be based on something that raises concern which is assessed with the professional judgment of the Safeguarding Team, Executive Team and/or Caldicott Guardian.
'Prevention'	in the context of this document means reducing or eliminating the risk of individuals becoming involved in terrorism. Prevent includes but is not confined to the identification and referral of those at risk of being drawn into terrorism into appropriate interventions. These interventions aim to divert vulnerable people from radicalisation.
'Radicalisation'	refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.
'Safeguarding'	is the process of protecting vulnerable people, whether from crime, other forms of abuse or (in the context of this document) from being drawn into terrorist related activity.
Terrorism	The current UK definition of 'terrorism' is given in the Terrorism Act 2000 (TACT 2000). In summary this defines terrorism as an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.
Terrorist-related offences'	'are those (such as murder) which are not offences in terrorist legislation, but which are judged to be committed in relation to terrorism

'Vulnerability'	describes the condition of being capable of being injured; difficult to defend; open to moral or ideological attack. Within Prevent, the word describes factors and characteristics associated with being susceptible to radicalisation

1.9   Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

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2.0 STATEMENT OF POLICY

The Trust has a duty to ensure safe environments where extremists are unable to operate. It is essential, therefore, that all staff know how they can support vulnerable individuals (patients or members of staff) who they feel may be at risk of becoming a terrorist or supporting extremism.

It should be stressed that there is no expectation that the Trust will take on a surveillance or enforcement role as a result of Prevent. Rather, it must work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals and making safety a shared endeavour.

In order to achieve this, the Trust will carry out the objectives listed in 2.1 of this policy.

This policy highlights the role of the Safeguarding Team, and in appropriate information

Building
relationships, Staying

sharing to identify and support vulnerable individuals.

The Department of Health (2009) Building Partnerships, Staying Safe guidance indicates the importance of escalating information about an individual, within a healthcare organisation.

2.1 Policy Objectives

The objectives of the Policy are to:

- Raise awareness of Prevent amongst all staff by delivering the subject in Mandatory Safeguarding training
- Ensure Trust staff know how to safely escalate any concerns and refer to Police, supported by the Safeguarding Team, relating to a patient's or colleague's wellbeing and/or the safety of the public.

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3.0   DETAILS SECTION

This policy aims to support Prevent referrals to outside organisations and activity.

This policy is designed to signpost and support the Safeguarding Team and other staff to ensure information sharing is appropriate for the purpose of preventing an individual from being drawn into terrorism. This process is referred to as radicalisation.

All NHS organisations are accountable to NHS England to prevent people from being drawn into terrorism and ensure they are given appropriate support. This policy is intended to provide guidance on what to do if concerns are raised about an individual who may be at risk of being drawn into terrorism.

The Trust has a duty to increase awareness of frontline staff of the Prevent agenda and local mechanisms to raise a concern for people who may be at risk of being drawn into terrorism. The Trusts duties include training and awareness of the Prevent agenda for all staff.

Specific reference to the Prevent agenda is included in the Safeguarding Children and Safeguarding Adults Policies & Procedures to protect and support individuals (patient's, visitors and staff) who may be vulnerable to the messages of violent extremists. Any person who may be vulnerable to the messages of violent extremists is entitled to a Safeguarding service.

Information sharing is based upon various legislation see Appendix A.

3.1   Procedure for Managing Concerns

Managing Concerns relating to Patients, Relatives or Visitors

If staff have concerns regarding a patient, relative or visitors they should raise this to a senior member of staff within their team, who will escalate to the Safeguarding Team; one of whom will then inform the Chief Nurse/Deputy Chief Nurse.

If any of these leads is of the opinion that a PREVENT referral needs to be made, it will be done in accordance with local inter-agency procedures.

This may take the form of a disclosure of information. If urgent, a phone call directly to the Police can be made on 101 by any member of staff. In an emergency, a 999 call should be made. This call would then be directed to the relevant Police department for action. If non-urgent the Prevent National Referral Form will be completed by the Safeguarding Team. See Appendix B.

The lead will ensure that there is appropriate feedback to the member of staff raising the concern, and will advise on appropriate support for staff and the vulnerable individual.

Managing Concerns relating to Employees

There are reported instances of healthcare staff radicalising others or being radicalised themselves, so this is a risk that the Trust needs to be aware of and have processes in place to manage such concerns.

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Where any Trust employee expresses views, brings material into the organisation, uses or directs anyone to extremist websites or acts in other ways to promote terrorism or extremism, the Trust will look to use non-safeguarding processes in order to address the concerns.

Staff should raise their concern to a senior member of staff within their team, who will escalate to the Safeguarding Team who will ensure that the Chief Nurse/Deputy Chief Nurse is informed.

If any of the leads is of the opinion that a PREVENT referral needs to be made, it will be done in accordance with local inter-agency procedures.

This may take the form of a disclosure of information. If urgent, a phone call directly to the Police can be made on 101 by any member of staff. In an emergency, a 999 call should be made. This call would then be directed to the relevant Police department for action. If non-urgent the Prevent National Referral Form will be completed by the Safeguarding Team. See Appendix B.

The lead completing the referral will ensure that there is appropriate feedback to the member of staff raising the concern, and will advise on appropriate support for staff and the vulnerable individual.

The line manager will discuss the concerns raised with the Safeguarding Team and a senior member of Workforce. Where appropriate, Safeguarding Team will liaise with the Police, and the Workforce Business Partner will advise the line manager in relation to the disciplinary process.

Appendix A – Information Sharing

Statutory reasons to share information without consent of the patient or individual according to the following -

Prevention and detection of crime	Crime and Disorder Act 1998
Prevention and detection of crime and/or the apprehension or prosecution of offenders	Schedule 2 part 1 DPA 2018
To protect vital interests of the data subject; serious harm or matter of life or death	Schedule 3 part 2 DPA 2018
For the administration of justice (usually bringing perpetrators to justice)	Schedule 2 part 1 DPA 2018
For the exercise of functions conferred on any person by or under any enactment (police/social services)	Schedule 2 part 2 DPA 2018
In accordance with a court order	
Overriding public interest	Common Law
Child protection – disclosure to social services or the police for the exercise of functions under the Children Act, where the public interest in safeguarding the child's welfare overrides the need to keep the information confidential	Schedule 3 part 2 DPA 2018 and Schedule 3 part 3 DPA 2018
Right to life Right to be free from torture or inhuman or degrading treatment	Human Rights Act, Articles 2 & 3

Appendix B – PREVENT National Referral Form

PDF

PREVENT National
Referral Form- OCT 2

Appendix C - Equality Impact Assessment

Policy or function being assessed: Prevent (supporting vulnerable individuals who are at risk of being radicalised) Policy
Department/Service: Safeguarding
Assessment completed by: Kelly Boyce Head of Safeguarding
Date of assessment: March 2023

1.	Describe the aim, objective and purpose of this policy or function.	To support Trust staff in escalating concerns regarding terrorism.		
2i.	Who is intended to benefit from the policy or function?	**Staff** □ **Patients** □ **Public** □ **Organisation** □		
2ii	How are they likely to benefit?	Well-being and safety		
2iii	What outcomes are wanted from this policy or function?	Well-being and safety of patients, visitors, relatives and staff		
For Questions 3-11 below, please specify whether the policy/function does or could have an impact in relation to each of the nine equality strand headings:				
3.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **race/ethnicity?**	Y	N x	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
4.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **gender?**	Y	N x	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
5.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **disability?** Consider Physical, Mental and Social disabilities (e.g. Learning Disability or Autism).	Y	N x	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data

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6.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **sexual orientation?**	Y	N x	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
7.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **pregnancy or maternity?**	Y	N x	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
8.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **religion/belief?**	Y	N x	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
9.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **transgender?**	Y	N x	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
10.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **age?**	Y	N x	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
11.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **marriage or civil partnership?**	Y	N x	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
12.	Could the impact identified in Q.3-11 above, amount to there being the potential for a disadvantage and/or detrimental impact in this policy/function?	Y	N x	*Where the detrimental impact is unlawful, the policy/function or the element of it that is unlawful must be changed or abandoned. If a detrimental impact is unavoidable, then it must be justified, as outlined in the question above.*
13.	Can this detrimental impact on one or more of the above groups be justified on the grounds of promoting equality of opportunity for another group? Or for any other reason? E.g. providing specific training to a particular group.	Y	N x	*Where the detrimental impact is unlawful, the policy/function or the element of it that is unlawful must be changed or abandoned. If a detrimental impact is unavoidable, then it must be justified, as outlined in the question above.*
14.	**Specific Issues Identified**			

		Please list the specific issues that have been identified as being discriminatory/promoting detrimental treatment			Page/paragraph/section of policy/function that the issue relates to
		1.			1.
		2			2
		3.			3
15.	**Proposals**				
		How could the identified detrimental impact be minimised or eradicated?			
		If such changes were made, would this have repercussions/negative effects on other groups as detailed in Q. 3-11?	Y	N	
16.		Given this Equality Impact Assessment, does the policy/function need to be reconsidered/redrafted?	Y	N	
17.	**Policy/Function Implementation**				
		Upon consideration of the information gathered within the equality impact assessment, the Director/Head of Service agrees that the policy/function should be adopted by the Trust. Please print: **Name of Director/Head of Service:** Paul Morris **Title:** Chief Nurse **Date:** March 2023 **Name of Policy/function Author:** Kelly Boyce **Title:** Head of Safeguarding **Date:** March 2023 (A paper copy of the EIA which has been signed is available on request).			

	Proposed Date for Policy/Function Review
	Please detail the date for policy/function review (3 yearly): March 2026
19.	**Explain how you plan to publish the result of the assessment?** *(Completed E.I.A's must be published on the Equality pages of the Trust's website).*
	Standard Trust process
20.	**The Trust Values**

	In addition to the Equality and Diversity considerations detailed above, I can confirm that the four core Trust Values are embedded in all policies and procedures.
	They are that all staff intend to do their best by:
	
	Putting patients first, and they will:
	    Provide the best possible care in a safe clean and friendly environment,
	    Treat everybody with courtesy and respect,
	    Act appropriately with everyone.
	
	Aiming to get it right, and they will:
	    Commit to their own personal development,
	    Understand theirs and others roles and responsibilities,
	    Contribute to the development of services
	
	Recognising that everyone counts, and they will:
	    Value the contribution and skills of others,
	    Treat everyone fairly,
	    Support the development of colleagues.
	
	Doing everything openly and honestly, and they will:
	    Be clear about what they are trying to achieve,
	    Share information appropriately and effectively,
	    Admit to and learn from mistakes.
	
	I confirm that this policy/function does not conflict with these values. ☑

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