

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

PROCEDURE FOR PREVENT

1.0 INTRODUCTION

1.1 This procedure sets out the requirements for the Trust staff who work with service users where there are concerns regarding terrorism and complies with the Home Office Prevent strategy 2011 'Building Partnerships staying safe' It is relevant for all staff working with child adults and older people.

1.2 CONTEST is the Government's national counter terrorism strategy, aims to reduce the risk to the United Kingdom and its interests overseas from international terrorism, so that people can go about their lives freely and with confidence.

The strategy has four work streams as below and it is the Prevent work stream that is relevant for NHS staff:

- Pursue: to stop terrorist attacks
- Protect: to strengthen our protection against terrorist attack
- Prepare: where an attack cannot be stopped, to mitigate its impact
- **Prevent: to stop people becoming terrorists or supporting terrorism**

1.3 Prevent aims to stop people from becoming terrorists or supporting terrorism. The Department of Health (DH) have worked with the Home Office to develop guidance for healthcare organisations to implement Prevent locally, called "Building Partnerships Staying Safe".

The Prevent Strategy addresses all forms of terrorism including extreme right wing but continues to prioritise according to the threat posed to our national security. The aim of Prevent is to stop people from becoming terrorists or supporting terrorism and operates in the pre-criminal space before any criminal activity has taken place.

1.4 The three key objectives of the Prevent Strategy are to:

- Challenge the ideology that supports terrorism and those who promote it.
- Prevent vulnerable people from being drawn into terrorism and ensure that they are given appropriate advice and support.
- Work with sectors and institutions where there are risks of radicalisation.

Trust staff are expected to be involved in delivering objectives 2 and 3 only.

2.0 NHS ENGAGEMENT WITH THE PREVENT STRATEGY

- 2.1 The Department of Health is a key strategic partner in The Prevent Strategy as Healthcare professionals may meet and treat people who are vulnerable to radicalisation. People with mental health issues or learning disability may be more easily drawn into terrorism. People connected to the healthcare sector have taken part in terrorist acts in the past. Two high profile examples are:
- Nicky Reilly, the man responsible for the Exeter bombings in May 2008. He was known to have mental health and learning disability issues and had been in contact with a number of health agencies prior to this incident. He made a disclosure to a health professional about his intent to bomb two weeks prior to the incident occurring which was not acted upon.
 - The Glasgow Airport bomb attack in 2007 which was staged by two NHS doctors who drove a car bomb into the airport terminal. It is known that in planning this incident, NHS computers (nhs.net) were used to source violent extremist information and to communicate with each other when planning the attack.

3.0 SUPPORTIVE DOCUMENTS

- 3.1 This protocol should be used alongside Trust
- Serious Untoward Incidents
 - Whistle blowing
- 3.2 National Guidance
- Data Protection Act 2018.
 - Human Rights Act 1998.
 - Terrorist Act 2006.
 - Equality Act 2010.
 - Care Act 2014.
 - Working Together to Safeguarding Children 2015.

4.0 DEFINITION OF TERMS

- 4.1 **Terrorism** is defined in the Terrorism Act of 2000 (TACT 2000) as an action that endangers or causes serious violence to a person or people, causes serious damage to property or seriously interferes or disrupts an electronic system. The use of threat must be designed to influence the government or to intimidate the public and is made for the purpose of political, religious or ideological gain.
- 4.2 **Radicalisation** in this protocol refers to the process by which people comes to support terrorism and forms of extremism leading to terrorism.

- 4.3 **Extremism** is vocal or active opposition to fundamental values including democracy, the rule of the law, individual liberty, and mutual respect and tolerance of different beliefs and faiths. We also include in our definition of extremism, calls for the death of members of our armed forces, whether in this country or overseas.
- 4.4 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 by using existing professional judgement of a health or social care member of staff.
- 4.5 **Vulnerability** in the context of Prevent is a person who is **susceptible** to extremists' messages and is at risk of being drawn into terrorism or supporting terrorism at a point in time.

5.0 THE ROLE OF THE TRUST IN DELIVERING THE PREVENT STRATEGY

- 5.1 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.
- 5.2 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 individuals and making safety a shared endeavour. In order to achieve this, the Trust has:
- Identified a PREVENT Lead – who is the Associate Director of Safeguarding
 - Appropriate staff to provide and deliver the Workshop to Raise Awareness of Prevent (WRAP) training to key frontline staff and ensure Prevent awareness is available through the mandatory Safeguarding Children and Adults Training at Level 1-3
 - Ensure staff know how to escalate any concerns relating to a service user or colleague's wellbeing and/or the safety of the public
 - Promoted the responsible and effective use of the internet by all staff, volunteers and patients
 - Build and strengthen local partnership and inter-agency working to prevent vulnerable individuals from becoming the victims or causes of harm.
- 5.3 **Training requirements**
- 5.3.1 Awareness of Prevent issues is incorporated into Safeguarding Level 1-3 training programmes for children and adults.

- 5.3.2 In addition specific staff are required to attend a 1-1.5 hr face to face Workshop to Raise Awareness of Prevent (WRAP) training.
- 5.3.3 All required staff will have this training placed onto the training tracker system and compliance reported monthly at the Safeguarding meeting.
- 5.3.4 The Trust will provide reports on training and Prevent activity to the CCG and Local Safeguarding Boards

6.0 ASSESSING VULNERABILITY

6.1 Identifying Vulnerable People

There are a number of behaviours and other indicators that may indicate that an individual is engaged with an extremist group, cause or ideology. The examples below are not exhaustive and vulnerability may manifest itself in other ways.

There is no single route to terrorism nor is there a simple profile of those who become involved. For this reason, it must not be assumed that these characteristics and experiences will necessarily lead to individuals becoming terrorists.

- Spending increasing time in the company of other suspected extremists;
- Changing their style of dress or personal appearance to accord with the group;
- Their day-to-day behaviour becoming increasingly centred around an extremist ideology, group or cause;
- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause;
- Possession of material or symbols associated with an extremist cause (e.g. The swastika for far right groups);
- Attempts to recruit others to the group/cause/ideology.
- Communications with others that suggest identification with a group/cause/ideology.

7.0 REPORTING A PREVENT CONCERN

- 7.1 Where staff are concerned or suspect that a service user or colleague is involved in Prevent activity or express radical extremist views or vulnerable to grooming or exploitation by others, the usual safeguarding procedure should take place and a discussion with a member of the Safeguarding team is advisable.

7.2 Consent

- 7.2.1 People who are vulnerable to violent extremism or radicalisation are more likely to be reached by supportive services if issues of consent are handled with sensitivity and an informed understanding of the issues. Before making a referral, staff should clarify the information.
- 7.2.2 For children this will ordinarily involve talking to the child/young person and their family (unless the family is implicated in potential extremism), and to other professionals working with the child/young person. Any referral should be made with the young person/family's knowledge and consent, unless to do so would place the child/young person at risk of harm.
- 7.2.3 For adults (over 18 years old) practitioners should seek the consent of the person who may be at risk of extremism or radicalisation before taking action or sharing information. In some cases, where a person refuses consent, information can still lawfully be shared if it is in the public interest to do so. This may include protecting someone from serious harm or preventing crime and disorder.

When there are grounds to doubt the capacity of those aged 16 then a capacity assessment should be considered in line with the Mental Capacity Act 2005 in order to support the person being able to give informed consent

7.3 What to do if concerned

- 7.3.1 Where staff are concerned or suspect that a service user or colleague is involved in Prevent activity or express radical extremist views or vulnerable to grooming or exploitation by others, the usual safeguarding procedure should take place.
- A DATIX should be raised
 - The safeguarding team contacted.
 - A safeguarding children, adult and or Prevent referral form should be completed.
- 7.3.2 Where it is felt there is imminent risk of harm staff should ring Police on 999.
- 7.3.3 If staff are contacted by police enquiring about a service user or individual regarding Prevent activity then they must ask police to contact the Trust Prevent Lead or member of the safeguarding team.

7.3.4 The Safeguarding Team will work with police and other relevant professionals to convene a strategy meeting to determine:

- a) if the concerns presented constitute a Prevent Referral
- b) By sharing the information, the intention is to protect the individual from criminal exploitation, grooming (being drawn into terrorism) or self harm?
- c) In sharing information, is a serious crime being prevented or detected?
- d) In being drawn into terrorism does this individual pose harm to themselves or the wider public?
- e) The Safeguarding Team will consult with the Trust Caldicott Guardian in determining whether to breach confidentiality in the Public Interest under the Data Protection Act.
- f) Where the Prevent Concern is in respect of a staff member, the Trust Director of Workforce and the Area Operational Director will be invited to attend the strategy meeting. Referral to Occupational Health or involvement of Occupational Health at the strategy meeting may also be considered. **The final decision to share information about a member of staff with police remains with the Trust Executive Director of Clinical Governance & Quality.**

8.0 CHANNEL PANELS

8.1 Channel Panels oversee and co-ordinate Prevent referrals and interventions. The panel has a statutory basis: under the terms of the Counter Terrorism and Security Act 2015, and each local authority will have a Panel to:

- Explore the case and risks.
- Develop a support plan for accepted cases and signpost to other support where cases are not accepted.
- Ensure consent is sought prior to support being provided.
- Co-operate with other panel partners.

8.2 A member of the Trust Safeguarding team will attend the panel where appropriate. The Key worker for the child and or adult may also be invited.

8.3 If the panel is satisfied that the risk has been successfully reduced or managed they should recommend that the case exits the process.

8.4 If the panel is not satisfied that the risk has been reduced or managed the case is reconsidered. A new support plan should be developed and alternative support put in place. If the risk of criminality relating to terrorism has increased the Police Prevent team must consider escalating the case through existing police mechanisms.

- 8.5 The minutes of Prevent meetings will be stored securely by the Safeguarding Team and if appropriate will be included in either the service user's clinical records or the relevant electronic staff record.

END
