

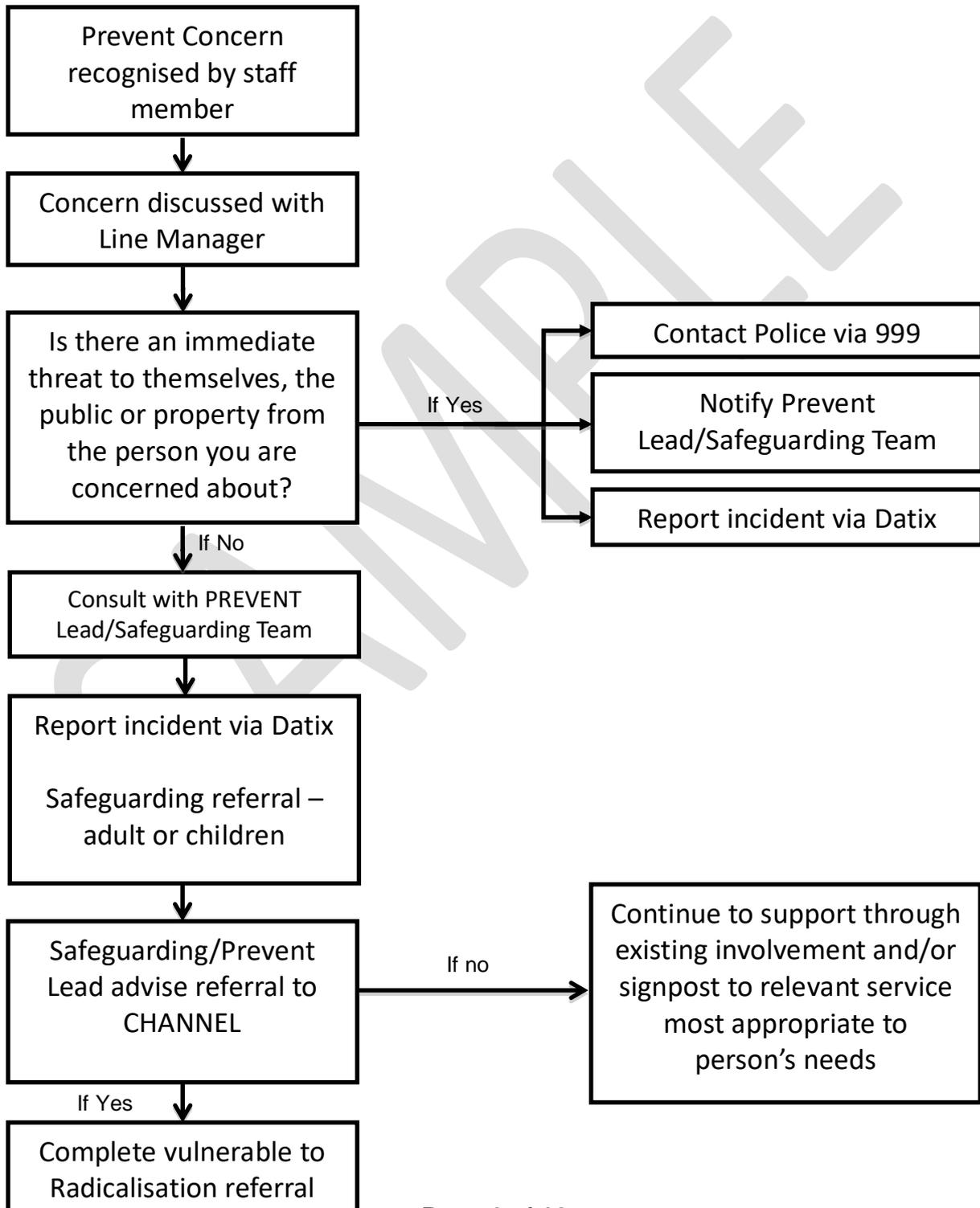
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

PROCEDURE FOR PREVENT

1.0 Quick Reference Guide

1.1 Prevent Escalation Protocol

This process is used where there is a concern that a person may be at risk of radicalisation, supporting, or being drawn in to terrorist activity:



## 2.0 Introduction

2.1 This procedural guidance is relevant for all staff working with children, adults and older people. 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.

2.2 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 happening in the UK and overseas
- Protect: to strengthen our protection against terrorist attack in the UK and overseas
- Prepare: mitigate the impact of terrorist incidents if they occur
- **Prevent: Safeguard people becoming terrorists or supporting terrorism**

2.3 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.

2.4 This policy provides an escalation process to raise concerns. This policy describes the role of the Trusts Prevent Lead and Caldicott Guardian to ensure appropriate information sharing to identify and support vulnerable individuals.

The objectives of Prevent are:

1. Tackle the causes of radicalisation and respond to the ideological challenge of terrorism.
2. Safeguard and support those most at risk of radicalisation through early intervention, identifying them and offering support
3. Work with sectors and institutions where there are risks of radicalisation
4. Enable those who have already engaged in terrorism to disengage and rehabilitate

For further information see [Prevent Duty Guidance for England and Wales](#)

- 2.5 The health sector has a role in objectives two and three only. The DH guidance indicates the importance of escalating information about an individual, within a healthcare organisation.
- 2.6 This process closely aligns to safeguarding child and adult care pathways. The Prevent strategy (2011) aligns to existing safeguarding care pathways. The DH states: "Measures should be put in place so vulnerable people are supported and protected whilst receiving NHS care from any risk of radicalisation. Healthcare staffs already have a duty to report concerns about abuse or exploitation of vulnerable adults. Raising concerns through Prevent will be no different."

### 3.0 Definition of terms

- 3.1 **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.
- 3.2 **Radicalisation** in this protocol refers to the process by which people come to support terrorism and extremism and, in some cases, to then participate on terrorist activity.
- 3.3 **Extremism** is 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 the armed forces whether in UK or overseas.
- 3.4 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.
- 3.5 **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.
- 3.6 **CHANNEL** is a key element of the Prevent strategy. It is a multi-agency approach to protect people at risk from radicalisation, with the Local authority as Lead agency. Channel uses existing collaboration between local authorities, statutory partners (including education, health, social services, children's and youth services and offender management services), the police and the local community to:
- Identify individuals at risk of being drawn into terrorism;

- Assess the nature and extent of that risk;
  - Develop the most appropriate support plan for the individuals concerned.
- Participation in Channel is entirely voluntary.

#### **4.0 Purpose**

- 4.1 This Policy aims to support PREVENT referrals to outside agencies and it covers the process to follow where concerns have been identified relating to staff, patients and visitors to the Trust.
- 4.2 The document is designed to signpost and support PREVENT Leads and other key staff implementing PREVENT. The Policy will ensure information sharing is appropriate for the purpose of preventing an individual from being drawn into terrorism through radicalisation.

#### **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:
- Chief Executive - with accountability for ensuring the provision of high quality, safe and effective services within the Trust. He/she has overall responsibility and is accountable for safeguarding children, young people and vulnerable adults accessing services delivered by EPUT. Chief Medical Officer
  - 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.
  - 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.
  - As a key partner the Trust will participate with the Channel panel process

### **5.3 Training requirements**

5.3.1 All staff within the Trust are required to undertake Prevent training (NHS England, 2014). Awareness of Prevent issues is incorporated into Safeguarding Level 1-3 training programmes for children and adults

5.3.2 In addition specific staff may be required to complete Workshop to Raise Awareness of Prevent (WRAP) training or equivalent which is provided either face to face or through e-learning. (The Home Office will be procuring a new supplier to support the delivery of the Pre-vent training strategy over the next three years and replace WRAP)

Current Home Office eLearning packages are:

<http://www.elearning.prevent.homeoffice.gov.uk>

<https://www.elearning.prevent.homeoffice.gov.uk/preventreferrals>

<https://www.elearning.prevent.homeoffice.gov.uk/channelawareness>

5.3.3 EPUT expectation in relation to Prevent training is described in the Statutory and Mandatory Risk Management Training Matrix. 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 Vulnerability is assessed using a framework built around three dimensions:

- Engagement with a group, cause or ideology;
- Intent to cause harm;
- Capability to cause harm.

The dimensions are considered separately as experience has shown that it is possible to be engaged without intending to cause harm and that it is possible to intend to cause harm without being particularly engaged. Experience has also shown that it is possible to desist (stop intending to cause harm) without fully disengaging (remaining sympathetic to the cause); though losing sympathy with the cause (disengaging) will invariably result in desistance (loss of intent).

### **6.2 Identifying Vulnerable People**

6.2.1 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.

Example indicators that an individual is engaged with an extremist group, cause or ideology include:

- 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.

Example indicators that an individual has an intention to use violence or other illegal means include:

- Clearly identifying another group as threatening what they stand for and blaming that group for all social or political ills;
  - Using insulting or derogatory names or labels for another group;
  - Speaking about the imminence of harm from the other group and the importance of action now;
  - Expressing attitudes that justify offending on behalf of the group, cause or ideology;
  - Condoning or supporting violence or harm towards others;
  - Plotting or conspiring with others.
- Example indicators that an individual is capable of contributing directly or indirectly to an act of terrorism include:
- Having a history of violence;
  - Being criminally versatile and using criminal networks to support extremist goals;

- Having occupational skills that can enable acts of terrorism (such as civil engineering, pharmacology or construction); or
- Having technical expertise that can be deployed (e.g. IT skills, knowledge of chemicals, military training or survival skills).

## **7.0 Reporting a Prevent Concern**

- 7.1 Where staff are concerned or suspect that a service user or colleague may be 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.

[Please see Quick reference Guide](#)

## **8.0 Reporting a Prevent Concern**

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[Please see Quick reference Guide](#)

- 8.2 Consent.

- 8.2.1 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.

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- 8.2.2 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 and over 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

Engagement with Channel is voluntary and work with the individual concerned cannot take place without the agreement

Any member of staff who is in doubt about whether or not they should share information, or whether they have consent either to share information or carry out a piece of work, should consult their line manager or Prevent Lead. Advice on information sharing can also be sought from the Information Governance Team or the Caldicott Guardian. Any worker who believes a crime is being committed, or planned, or is aware of any terrorist activity, should contact Essex Police without delay.

8.3 What to do if concerned ([See quick reference guide](#))

8.3.1 Where staff are concerned or suspect that a service user or colleague is involved in Prevent activity or expressing 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 or adult form should be completed.
- Following discussion with Safeguarding Team/Prevent Lead completion of a Prevent Referral may be requested. The Vulnerable to Radicalisation(VTR) referral form will be available through the Safeguarding Team and should be returned to Safeguarding team who will forward to prevent team

8.3.2 Where it is felt there is imminent risk of harm staff should ring Police on 999

8.3.2 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

8.3.3 The Safeguarding Team will work with police and other relevant professionals 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 may 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.

<b>9.0 Channel Panel</b>
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- 9.1 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
  - (South East Counter Terrorism Unit 2015)
- 9.2 A member of the Trust Safeguarding team will attend the panel where appropriate. The Key worker for the child and or adult will also be invited.
- 9.3 If the panel is satisfied that the risk has been successfully reduced or managed they should recommend that the case exits the process.
- 9.4 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.
- 9.5 The minutes of Prevent meetings will be stored securely by the Safeguarding Team and if appropriate relevant information will be included in either the service user's clinical records or the relevant electronic staff record. The existing research into Prevent casework acknowledges the complexity of the issues around: maintaining consent and trust when dealing with complex and highly emotive issues, delivering help to families where there may be either pressure or a need to monitor and report back, balancing human rights and individual liberties against the risk of harm, operating as a confident and challenging practitioner in a politically charged environment, & understanding cultural issues

**10.0 Prevent related referrals for assessment of mental health**

Mental disorder/illness is recognised as a factor which may impact on or increase a person's vulnerability, but it may also cause a person to be referred to Prevent.

Concerns around a person's mental health may be identified either during the initial screening of a referral by police or after progression to Channel.

There is an expectation from NHS England that where a referral is received by the Prevent Lead from the Channel Panel/Police citing a potential Mental Health need that could be relevant to their vulnerability and therefore need assessment, the person is offered an assessment within one week.

**11.0 References**

Department of Health (2009) Building Partnerships Staying Safe, London

Home Office, (2011) Contest, The United Kingdom's Strategy. Available from <http://www.homeoffice.gov.uk/>

HM Government (2011) Prevent Strategy, Available from <http://www.homeoffice.gov.uk>

NHS England (2014) NHS England PREVENT training and competencies framework. NHS England.

**END**