

# **Prevent policy**

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# Document control sheet

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**Give reasons for exemption if no:** N/A

## Version control

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V1.1	May 2021	Lead for adult safeguarding and prevent	Policy rewrite and update awaiting committee ratification
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V2.1	January 2022	Quality team	Accessibility checks completed
V2.2	24 March 2022	Lead for adult safeguarding and prevent	Update to Government links
V3	June 2022	Governance team	Further accessibility and governance checks

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# 1. Introduction

NHS Kernow is the clinical commissioning group ('the CCG') for Cornwall and the Isles of Scilly.

In 2017, 3 out of 5 terrorist attacks were carried out by lone perpetrators at Westminster Bridge, Finsbury Park and Parsons Green. Many people were injured and the 5 attacks in London and Manchester killed 36 people (United Kingdom's Strategy for Countering Terrorism, 2018).

On 1 February 2021 a Cornish teenager was convicted for neo-Nazi terrorism.

This document outlines the policy and practice for NHS Kernow with regards to the prevent part of HM Government Anti-Terrorism Strategy. Prevent focuses on all forms of terrorism and operates in a pre-criminal space.

## Prevent

The Prevent duty is a duty for specified authorities to prevent people being drawn into terrorism. The duty is from the [Counter Terrorism and Security Act 2015](#).

## CONTEST

Prevent is part of CONTEST, the [United Kingdom's Strategy for Countering Terrorism 2018](#).

CONTEST includes the following elements:

- 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 aim is to reduce the risk from terrorism so people can go about their lives freely and with confidence.

Prevent has 3 objectives in CONTEST:

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.
3. Enable those who have already engaged in terrorism to rehabilitate.

# 2. Purpose

This policy focuses on safeguarding adults and children to provide support to prevent people from being drawn into terrorist activities. It:

- applies to all staff working within NHS Kernow whether employed, contracted or on a voluntary basis
- aims to ensure that NHS Kernow is able to provide assurance that the services it commissions have implemented Prevent and have appropriate systems in place to continually monitor that assurance
- makes clear the duties of NHS Kernow's employees and members' practices in relation to Prevent
- enables NHS Kernow to meet its corporate and statutory duties with regards to the Prevent strategy
- will alert staff to their Prevent responsibilities through early identification and appropriate information sharing and referral
- describes NHS Kernow's roles and responsibilities to develop and improve Prevent practices across the whole health economy through working with:
  - local safeguarding adult and children boards
  - Devon and Cornwall police
  - NHS England
  - local authorities
  - other key partners

This policy should be read in conjunction with NHS Kernow's [Adult Safeguarding Policy](#), [Child protection policy and procedure](#), and the [Cornwall and Isles of Scilly Adult Safeguarding Board adult safeguarding policy, operational policy, and general guidance](#).

This policy is a corporate policy.

### 3. Definitions

#### Prevent

The [Prevent strategy](#), published by the Government in 2011, is part of the overall counter-terrorism strategy, CONTEST. The Prevent strategy aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

#### Channel

The Home Office's [Channel Duty guidance: protecting people vulnerable to being drawn into terrorism \(2020\)](#) is statutory guidance for Channel panel members and their partners. This is a voluntary programme; individuals consent to receive support. Channel operates in England and Wales as part of the Prevent strategy. It is a multiagency safeguarding program to protect those who have been identified as at risk

of being drawn into terrorism. This uses a multiagency approach to protect vulnerable people by:

- identifying individuals at risk
- assessing the nature and extent of that risk
- developing the most appropriate support plan for the individual concerned

The partners of this panel must cooperate with the panel and the police in carrying out their functions for Channel. On this panel, like many others, the health sector plays a pivotal role in providing appropriate health services for an individual's needs, which could be through primary care, the clinical commissioning group (CCG), mental health, or wider services.

## **Terrorism**

The Crown Prosecution Service's (CPS) [Terrorism Act \(2000\)](#) defines terrorism as 'the use or threat of action, both in and outside of the UK, designed to influence any international government organisation or to intimidate the public. It must be for the purpose of advancing a political, religious, racial or ideological cause.' See [Terrorism Act 2000 \(legislation.gov.uk\)](#).

## **Radicalisation**

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups [Prevent duty guidance - GOV.UK \(www.gov.uk\)](#) (Prevent Duty Guidance 2015, revised 2019).

## **Extremism**

There is no clear or well understood definition of extremism. HM Government Prevent Strategy (2011) states '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.'

## **CONTEST**

This is a Home Office strategic national counter-terrorism strategy designed to reduce the risk to the United Kingdom and its citizens and interests overseas.

## **4. Responsibilities**

As commissioners of provider services named in the Prevent duty and contract holders of health organisations, utilising the NHS Standard Contract and as members of the safeguarding boards, NHS Kernow has a responsibility to provide health advice, oversight, and performance management regarding the implementation of the Prevent duty.

NHS England (2019) [NHS England » Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework](#) outlines the accountability and assurance needed for commissioners of local health services that the commissioned organisations have effective safeguarding in place. NHS England will seek assurance from NHS Kernow that they are undertaking their duties and requirements.

Prevent is part of NHS Kernow's safeguarding responsibilities so has the same accountabilities and responsibilities for the organisation as outlined in NHS Kernow's safeguarding adult policy and safeguarding children policy.

The governing body is responsible and accountable for NHS Kernow's organisational response. Ensuring the organisation is compliant with its statutory duties, staff are aware of the Prevent strategy and are compliant, and there are resources in place to enable NHS Kernow to meet its responsibilities.

The accountable officer has overall responsibility for the operational management and strategic direction. This responsibility for compliance, monitoring and management is devolved to the head of nursing and the Prevent lead.

The director of nursing is responsible at board level for monitoring progress against the Prevent agenda. Processes are in place to ensure NHS Kernow compliance and quality, provider compliance and quality, including within the contractual obligations, this includes training compliance.

The Prevent lead is responsible for:

- providing advice and support on Prevent concerns and assisting staff to take concerns to the relevant authority appropriately
- ensuring all NHS Kernow staff undertake Prevent training commensurate to their role in accordance with the Prevent training and competencies framework and Adult Safeguarding: Roles and Competencies for Health Care Staff (RCN 2018) and Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (RCN 2019)
- advising the contracting and commissioning teams of the Prevent requirements
- providing assurance with the service line managers, such as quality and contract managers that providers are meeting their statutory requirements
- ensuring the implementation, monitoring, and review of the Prevent strategy, delivery plan, including within policy documents, including in human resources (HR) policies and documents
- ensuring engagement at local and regional forums and boards
- ensuring there is a suitable health representation at Channel panel
- ensuring there is compliance to the statutory needs of the Prevent agenda within NHS Kernow and provider organisations
- ensuring as partners to Channel panel and the Prevent agenda, information sharing is facilitated to ensure health partners are providing and receiving relevant information



- to be a responsible part of NHS Kernow's involvement with Devon and Cornwall's Counter Terrorism Local Profile (CTLP)

All NHS Kernow staff, including temporary and agency staff, are:

- responsible for implementing this policy, alongside NHS Kernow's safeguarding policy for adults and safeguarding policy for children
- complying with the statutory requirements
- identifying training needs and ensuring they are met
- keeping updated with education and policy changes
- reporting Prevent related concerns, including to the Prevent lead and their manager
- should exercise due diligence when they invite or are asked to host speakers to ensure the topic or speaker is appropriate

Providers are responsible to ensure their organisations are compliant with their statutory requirements, contractual obligations and meet their staff's training needs commensurate to their role.

## **Contract and performance management**

NHS Kernow has a responsibility to provide oversight and performance management for the implementation of the Prevent duty by provider organisations as part of the NHS Standard Contract.

## **Safeguarding boards**

NHS Kernow is a statutory partner of organisations who need to provide system oversight of the Prevent duty and provide representation on these boards. This includes the Cornwall and Isles of Scilly prevent board, the [Safer Cornwall](#) community safety partnership and the Devon and Cornwall contest board.

## **Governance**

Governance of the safeguarding process is defined in the NHS England document [Safeguarding Vulnerable People in the NHS-Accountability & Assurance Framework \(2015 updated 2019\)](#).

The CCG is accountable for all duties and responsibilities through its governing body.

These duties are described in the NHS Kernow safeguarding accountability and assurance framework

The quality committee is a subcommittee of the CCG's governing body. The role of the quality committee is to ensure systems are in place to monitor and improve the safety and quality of healthcare commissioned by the CCG and that any areas of concern are addressed. In relation to safeguarding, it is the role of the committee to ensure that safeguarding standards are integrated into the organisation's objectives and strategies.

The committee meets once every two months, and minutes are presented to the governing body.

The reporting and recommendations to the quality committee are prepared through the CCG safeguarding assurance meeting. The safeguarding assurance meeting is a subcommittee of the NHS Kernow quality committee. The safeguarding assurance meeting is also the route of escalation to the quality committee.

Safeguarding expertise is also provided to the primary care committee, enabling triangulation of information and escalation to the quality committee if required.

## **NHS Kernow's assurance framework**

NHS England will seek assurance that NHS Kernow is well led, meeting its statutory requirements which includes safeguarding.

NHS England (2022) NHS Standard Contract 2022/23 Service Conditions (Full Length) <https://www.england.nhs.uk/wp-content/uploads/2022/03/03-full-length-standard-contract-22-23-service-conditions.pdf> in SC32 Safeguarding Children and Adults states the provider must:

- nominate a Prevent lead
- protect service users from abuse, exploitation, radicalisation, serious violence, grooming, neglect and improper or degrading treatment, and must take appropriate action to respond to any allegation or disclosure of any behaviours in accordance with the law
- comply with the requirements and principles in relation to Prevent guidance
- include and comply within the CCG policies and procedures the principles contained in the Prevent strategy and Prevent guidance.
- include in the policies and procedures a comprehensive awareness programme of the government's Prevent strategy among staff and volunteers as per the NHS Prevent Training and Competencies Framework and the Intercollegiate Guidance
- in Relation to Safeguarding Training.

## **5. Making a referral and training**

### **Vulnerability assessment framework**

All Prevent referrals are first triaged through the gateway assessment of risk and vulnerability by the police. Those which are appropriate for Channel consideration have a vulnerability assessment led by the Channel case officer. The local authority or police request information from panel partners to make an initial assessment of the nature and extent of the person's vulnerability.

### **Capacity to consent**

Individuals vulnerable to radicalisation or violent extremism are more likely to engage with supportive services if consent is handled with sensitivity and there is informed consent with an understanding of the issues.

For adults (over 18 years old) practitioners should try to seek the consent of the person who may be at risk of radicalisation or extremism. Capacity is always assumed. If capacity regarding the decision to consent to this process is questionable, such as a person is being coerced, see the Mental Capacity Act (MCA) 2005 and discuss with the trust's MCA lead, Prevent lead or safeguarding lead for adults or designated nurse for children or the designated lead for looked after children (LAC), as appropriate. If a person refuses consent, information can still lawfully be shared if it is in the public interest to do so, and this can include protecting someone from serious harm or preventing crime.

If the person is under 18 years old discuss with the Prevent lead or the safeguarding lead for adults or designated nurse for children or the designated lead for looked after children so that the matter or content is fully considered and where necessary addressed.

See also NHS Kernow's safeguarding adult policy and safeguarding children's policy.

## **Confidentiality and the sharing of information**

Appropriate information sharing for Prevent and to safeguard individuals is central to prevent significant harm and radicalisation. It enables vulnerable people to be supported by the multiagency partners at an early intervention stage, preventing the risk of harm to the individual.

Staff, contractors and volunteers, healthcare providers and those working within the NHS have a duty of confidentiality and must safeguard the NHS information or data. The request for sharing information should be stated clearly. The grounds to share must be legitimate and in accordance with the law. Frameworks such as the Human Rights Act 1998, UK General Data Protection Regulation (GDPR) and Data Protection Act 2018 provide a structure to share appropriately and should not be barriers to fulfilling the statutory function as outlined in the Counter Terrorism and Security Act 2015.

Health staff can also refer to their professional organisations, such as the Nursing and Midwifery Council (NMC) and General Medical Council (GMC), and employees concerned about sharing information can refer to the [NHS \(2017 b\) Practical guidance for the sharing of information and information governance for all NHS organisations specifically for Prevent and the Chanel process.](#)

Any queries regarding the sharing of information should be discussed with the Prevent lead, Caldicott guardian or the information governance team.

Information should remain confidential and should not be shared outside of the process.

## Identifying individuals vulnerable to radicalisation

There is no such thing as a typical terrorist. There are no definitive determinates as to who might be vulnerable. Vulnerable individuals may be adults, children, young people, staff, or patients.

Some factors which might make someone vulnerable to radicalisation include:

- peer or family pressure, family tensions
- other people's influence, including via the internet
- bullying, lack of self-esteem, identity crisis
- being lonely
- being a perpetrator or victim of crime, hate crime
- personal or political grievances
- mental health

Research involving individuals who have engaged in terrorist activity demonstrates that there is no single pathway or socio-demographic profile which makes predicting terrorist activity involvement inherently difficult to predict. Vulnerability to radicalisation depends on complex interactions from different risk factors (NHS England 2017, a).

The factors involved are individual for each person. Vulnerable individuals may be exploited in many different ways. They may be contacted either directly or indirectly, for example, face to face or via the internet.

Potential indicators might include:

- becoming disengaged and or isolated and withdrawn
- changes in existing relationships
- expressing extremist views
- fascination with weapons, chemicals, or explosives
- fascination with extremism and or extremist activities
- scripted speech
- trying to recruit others

## How does the vulnerable individual have contact with radicalisers?

Vulnerable people, including children and young people, can be exposed to and drawn into violence or the possibility of being radicalised by many means. Vulnerable individuals can be drawn into criminal activities, which can lead to coercion and control and also to the potential for violent extremism.

Contact can occur through:

- peers or relatives

- social interaction, such as, gyms, over the internet, meetings
- media such as leaflets, internet chat sites
- direct or indirect contact with extremist groups
- political or ideological groups
- travel, for example, to conflict zones, charitable work in risk areas

People seeking to radicalise can groom and exploit vulnerable people, adults, and children, offering a narrative and a place to belong. The internet with its power, speed and reach eases access to online extremist materials. This enables people to adopt the extremist views and either take part in or plan extremist acts, which can be violent and harm others, as an individual or group activity.

## Staff action – what to do

If you think you have seen someone acting suspiciously or if you see a vehicle, unattended package or bag which might be an immediate threat, move away and call the police on 999. If there is an immediate risk to an individual, group, the public or property, please contact the police on 999.

Any Prevent concern should be discussed with your line manager or senior manager and NHS Kernow's Prevent lead must be informed. Consideration will then be given regarding the action taken. If the Prevent lead is unavailable, please contact one of the safeguarding leads or the head of nursing and email a referral to Devon and Cornwall police Prevent (see <https://www.devon-cornwall.police.uk/advice/your-community/prevent-reporting-and-preventing-radicalisation-terrorism-and-extremism/>) and copy in NHS Kernow's Prevent lead. Once a referral has been made to the police referral mechanism, it will be considered by the Channel panel. Raising a concern does not mean you think an individual is a terrorist, it means you think they are vulnerable to radicalisation or are being radicalised and you want to safeguard the individual.

Children and young people will need to be safeguarded (see NHS Kernow's child safeguarding policy 2022) and referred to the local authority social care (see capacity and consent and information sharing in this policy). Adults with care and support needs as defined by the Care Act 2014 will need to be safeguarded (see CCG adult safeguarding policy 2022) and referred to the local authority (see [capacity and consent](#) and [information sharing](#) in this policy).

Information about reporting terrorist activities can be found [here](#). Information about reporting online material promoting terrorism or extremism can be found [here](#). This would include videos of terrorist attacks or those which promote terrorism or encourage violence, websites made by terrorists or extremist organisations, articles, or speeches.

If you see or hear anything that could be terrorist-related you can also call the National Counter Terrorism Security Office (NaCTSO) confidential hotline 0800 789 321.

## Training

Healthcare workers should be trained to recognise the safeguarding signs correctly and be aware of and can locate available support, including the Channel programme where necessary. Preventing someone from being drawn into terrorism is substantially comparable to safeguarding in other areas, including child abuse or domestic violence ([Prevent Duty Guidance](#)).

NHS Kernow should ensure that all CCG staff undertake Prevent training commensurate to their role in accordance with the NHS England Prevent training and competencies framework and the Adult Safeguarding: Roles and Competencies for Health Care Staff (RCN 2018) and Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (RCN 2019).

How we ensure that all staff receive the correct training for prevent is addressed in the CCG safeguarding training strategy.

Prevent training is mandatory on induction, thereafter, should be undertaken every 3 years or as indicated if there is a change in role.

Within NHS Kernow staff should undertake the basic Prevent e-learning awareness training. Those requiring higher levels 3, 4 or 5 as identified in the intercollegiate documents will require enhanced Prevent training, such as by attending a workshop to raise awareness of Prevent (WRAP) or by completing an approved e-learning package.

### Level 1 and 2 training

NHS Kernow training such as level 1 or 2 children safeguarding, level 1 or 2 adult safeguarding training, or Prevent-basic Prevent e-learning awareness, is accessed via the Electronic Staff Record (ESR) portal.

[E-learning for Healthcare preventing radicalisation level 1 and 2](#) or via ESR or via [e-learning basic Prevent training](#)

### Level 3 training

Face to face WRAP training

[E-learning for Healthcare Preventing Radicalisation level 3](#) or via ESR

[Mental health staff e-learning](#) or via ESR

See [NHS England \(2017\) guidance for mental health services in exercising duties to safeguard people from the risk of radicalisation](#)

## 6. Implementation plans and monitoring effectiveness

## Training and awareness

This document after the standard ratification process will be published within NHS Kernow's policies so it can be accessed and shared by all CCG staff.

NHS Kernow is committed to the monitoring of safeguarding and Prevent training within its own organisation to ensure effectiveness in monitoring safeguarding and Prevent as an integral part of all contracting and provider services work.

## Quality assurance and monitoring

Where review is necessary due to legislative change, this will happen immediately.

NHS Kernow will ensure that comprehensive and effective monitoring mechanisms are in place for safeguarding and Prevent throughout the organisation. This will be presented quarterly and annually to the governing body via the indicated governance stream. How we do this is described in the NHS Kernow safeguarding accountability and assurance framework.

NHS Kernow has systems in place for quality assuring the safeguarding and Prevent governance systems within provider organisations from which they directly commission services.

## 7. Update and review

All policies and similar documents must be dated when approved and a review date also included. This will usually be 3 years unless there is an indication to the contrary. It is the responsibility of the author (or nominated officer) to be aware of influencing factors and to initiate reviews promptly within the 3 years if appropriate.

## 8. Policies referred to in this document

- [Care Act 2014](#)
- [Crown Prosecution Service \(no date\) Terrorism](#)
- [HM Government Prevent Strategy \(2011\)](#)
- [Home Office \(2015, revised 2019\) Prevent Duty Guidance](#)
- [Home Office, 2018. Counter terrorism strategy \(CONTEST\)](#)
- [Home Office \(2020\) Channel Duty Guidance Protecting people vulnerable to being drawn into terrorism](#)
- [Human Rights Act 1998](#)
- [Mental Capacity Act \(MCA\) 2005](#)
- [NHS England \(2019\) Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework](#)
- [NHS England \(2017 a\) Guidance for mental health services in exercising duties to safeguard people from the risk of radicalisation](#)

- [NHS \(2017 b\) Practical guidance for the sharing of information and information governance for all NHS organisations specifically for Prevent and the Chanel process](#)
- NHS (2022) Full-length NHS Standard Contract 2022/23 Service conditions (full length. <https://www.england.nhs.uk/publication/full-length-nhs-standard-contract-2022-23-particulars-service-conditions-general-conditions/>)
- RCN (2018) Adult Safeguarding: Roles and Competencies for Health Care Staff
- RCN (2019) Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff
- [UK General Data Protection Regulation \(UK GDPR\) and Data Protection Act 2018](#)



## Equality impact assessment

An equality impact assessment is used to establish how a policy or similar document may impact on individuals, communities, or equality groups to identify and minimise or remove any disproportionate impact. A full impact assessment should be undertaken for policies, strategies, procedures, or projects which are anticipated to have an impact on members of the public. [Read guidance on how to complete this document.](#)

**Name of policy or service to be assessed:** Prevent policy

**Department or section:** Safeguarding

**Date of assessment:** 24 March 2022

**Person(s) responsible for the assessment:** Sarah Pulley

**Is this a new or existing policy?** Existing

## Aims, objectives and purpose of the policy

### **Describe the aims, objectives, and purpose of the policy.**

For all staff employed by NHS Kernow CCG to be aware of their statutory, corporate, roles and responsibilities with regard to Prevent. For Kernow CCG staff to ensure commissioned organisations are aware of why there is the need to make safeguarding and Prevent core business throughout all commissioned work streams.

### **Who is intended to benefit from this policy, and in what way?**

This policy will benefit all staff (permanent, fixed-term, seconded or temporary and volunteers) of Kernow CCG as well as all people who work on behalf of the CCG (including independent contractors).

It will enable Kernow CCG Staff by enhancing their knowledge and by providing a robust structure with regards to Prevent. Kernow CCG as a major commissioner of local health services needs to assure itself that the organisations from which they commission have effective safeguarding and Prevent arrangements in place.

It will also benefit all people in receipt of our care, including employees who require safeguarding

### **What outcomes are wanted from this policy?**

All Kernow CCG staff to be able to safeguard children, young people and adults with regards to Prevent; understand the legislation and guidance and why this is needed to be the thread through commissioning services.

To protect all staff, public and providers from terrorist activities, especially at an early stage.

A fundamental aim of this policy is to provide information about how we advance equality of opportunity for those who are disadvantaged and between those who identify by a certain characteristic and those who do not

**What factors or forces could contribute or detract from the outcomes?**

- Local and National changes in legislation, procedures and guidance, including outcomes of any serious enquiry.
- Staffing being under requirement.
- National and local pressures, for example COVID.

**Who are the main stakeholders in relation to the policy?**

NHS Kernow Clinical Commissioning Group

**Who implements the policy, and who is responsible for the policy?**

All staff working in the CCG will implement the policy. The Executive lead for safeguarding is responsible for the effective implementation of the policy

**Differential impacts**

**Does this have a positive or negative impact on people who have a black, Asian and minority ethnic (BAME) background?**

**How will any negative impact be mitigated?**

We are fully committed to equity and diversity equality both as an employer and for the services we commission.

A fundamental aim of this policy is to provide information about how we advance equality of opportunity for those who are disadvantaged and between those who identify by a certain characteristic and those who do not

**Does this have a positive or negative impact on people who identify as male, female or intersex? How will any negative impact be mitigated?**

No impact bias expected. We are fully committed to equity and diversity equality both as an employer and for the services we commission. A fundamental aim of this policy is to provide information about how we advance equality of opportunity for those who are disadvantaged and between those who identify by a certain characteristic and those who do not

**What is the positive or negative differential impact on people from the perspective of disability? How will any negative impact be mitigated?**

Positive impact due to the additional support Prevent provides, especially for under 18's or vulnerable 18 or over people. Prevent recognises the additional risks to people with mental health conditions and disabilities and seeks additional support to prevent radicalisation.

**Does this have a positive or negative impact on people who identify as heterosexual, lesbian, gay, bisexual, pansexual or asexual? How will any negative impact be mitigated?**

No impact bias expected. We are fully committed to equity and diversity equality both as an employer and for the services we commission.

**What is the positive or negative differential impact on people from the perspective of age? How will any negative impact be mitigated?**

Positive impact due to the additional support Prevent provides, especially for under 18's or vulnerable 18 or over people.

**What is the positive or negative differential impact on people from the perspective of religion or belief? How will any negative impact be mitigated?**

Any negative impacted will be mitigated by specialist training and input, which will be sensitive to the needs of different religions or beliefs. We are fully committed to equity and diversity equality both as an employer and for the services we commission.

**What is the positive or negative differential impact on people from the perspective of marriage and civil partnership? This is particularly relevant for employment policies. How will any negative impact be mitigated?**

No impact bias expected. We are fully committed to equity and diversity equality both as an employer and for the services we commission.

**Does this have a positive or negative impact on people who identify as trans or transgender, non-binary, or gender fluid? How will any negative impact be mitigated?**

No impact bias expected. We are fully committed to equity and diversity equality both as an employer and for the services we commission.

**Does this have a positive or negative impact on people who are pregnant, breast feeding mothers, or those on maternity leave? How will any negative impact be mitigated?**

No impact bias expected. We are fully committed to equity and diversity equality both as an employer and for the services we commission.

**Are there any other identified groups? How will any negative impact be mitigated?**

Positive impact due to the additional support Prevent provides, especially for under 18's or vulnerable 18 or over people. Prevent recognises the additional risks to people with mental health conditions and disabilities and seeks additional support to prevent radicalisation.

## Human rights values

**How have the core [human rights values](#) of fairness, respect, equality, dignity, and autonomy been considered in the formulation of this policy, service, or strategy?**

This policy is embedded from the Human Rights Act, Equality Act, Mental capacity Act, Care Act and Children Act.

**Which of the human rights articles does this document impact?**

- ☒ To life
- ☒ Not to be tortured or treated in an inhuman or degrading way
- ☒ To liberty and security
- ☒ To a fair trial
- ☒ To respect for home and family life, and correspondence
- ☒ To freedom of thought, conscience, and religion
- ☒ To freedom of expression
- ☒ To freedom of assembly and association
- ☒ To marry and found a family
- ☒ Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention
- ☒ To peaceful enjoyment of possessions

**What existing evidence (either presumed or otherwise) do you have for this?**

This policy is embedded from the Human Rights Act, Equality Act and takes into account the Mental capacity Act.

**How will you ensure that those responsible for implementing the policy are aware of the human rights implications and equipped to deal with them?**

Yes, this is embedded in this policy and they will have received appropriate training to their role.

## **Public Sector Value Act 2020**

NHS Kernow is committed and obliged to fulfil the requirements of the Public Sector Social Value Act 2012. This Act requires the organisations to consider how services commissioned or procured might improve the economic, social, and environmental wellbeing of an area.

**Please describe how this will support and contribute to the local system, wider system, and community.**

This Policy will support the organisation when commissioning or providing services, with particular respect to safeguard individuals.

**Describe how the policy contributes towards eliminating discrimination, harassment, and victimisation.**

This policy ensures the Equality Act 2010 and Human Rights Act 2003 is embedded throughout this organisation and any organisation which are commissioned. We are committed to promoting equality and diversity in all its activities to promote inclusive processes, practices and culture. We will strive to work to eliminate any unlawful or unfair discrimination including direct or indirect discrimination.

**Describe how the policy contributes towards advancing equality of opportunity.**

This policy ensures the Equality Act 2010 and Human Rights Act 2003 is embedded throughout this organisation and any organisation which are commissioned. We are committed to promoting equality and diversity in all its activities to promote inclusive processes, practices and culture. We will strive to work to eliminate any unlawful or unfair discrimination including direct or indirect discrimination.

**Describe how the policy contributes towards promoting good relations between people with protected characteristics.**

This policy ensures the Equality Act 2010 and Human Rights Act 2003 is embedded throughout this organisation and any organisation which are commissioned. We are committed to promoting equality and diversity in all its activities to promote inclusive processes, practices and culture. We will strive to work to eliminate any unlawful or unfair discrimination including direct or indirect discrimination.

**If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services and or the working environment for that group of people.**

It will ensure their rights are respected. We aim to promote equality by ensuring that health inequalities are addressed and are at the heart of our values. The Policy outlines referrals to safeguard vulnerable individuals.

**Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.**

The policy has been reviewed and re-written to ensure that new evidence has been considered, including ensuring minority groups are treated fairly.

**If the negative impacts identified have been unable to be mitigated through amendment to the policy or other mitigating actions, explain what your next steps are using the following equality impact assessment action plan.**

No negative impacts expected.

### Equality impact assessment action plan

Issue to be addressed	Action required	Responsible person	Timescale for completion	Action taken
Nil	N/A	N/A	N/A	N/A

**Comments on action plan:**

No action plan.

**Signed (completing officer):** Sarah Pulley

**Date:** 24 March 2022

**Signed (head of department or section):** Charlotte Brown, head of nursing

**Date:** 17 May 2022

Please ensure that a signed copy of this form is sent to both the corporate governance team with the policy and the equality and diversity lead.