

Prevent Policy

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1. Introduction

- 1.1 This document defines the Prevent Policy for NHS Kernow, in response to the Counter Terrorism Strategy (CONTEST) 2011 and the Counter Terrorism Act (2015).
- 1.2 Following the introduction of the Counter Terrorism Act in 2015, the revised “Guidance for specified authorities in England and Wales on the duty in the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism” was published and came into force on 1 July 2015.
- 1.3 Prevent is part of the Government’s Counter Terrorism Strategy (CONTEST) 2011, which is led by the Home Office. The health sector has a non-enforcement approach to Prevent and focuses on support for vulnerable individuals and healthcare organisations in helping stop them from becoming terrorists or supporting terrorism.

CONTEST also includes the following elements in addition to Prevent:

- Pursue: to stop terrorist attacks.
 - Protect: to strengthen our protection against a terrorist attack.
 - Prepare: to mitigate the impact of a terrorist attack.
- 1.4 The Home Office are in the process of updating CONTEST and will publish the updated strategy in spring 2018.
 - 1.5 In order to deliver the Prevent agenda, three national objectives have been identified:
 - Objective 1: respond to the ideological challenge of terrorism and the threat we face from those who promote it.
 - Objective 2: prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.
 - Objective 3: work with sectors and institutions where there are risks of radicalisation which we need to address.
 - 1.6 ‘Channel’ forms a key part of Objective 2 and the National Prevent Strategy. The voluntary Channel programme offers and provides tailored support for any individual identified as being vulnerable to being drawn into terrorism through the Channel panel. This is a local authority led multiagency panel, which decides on what the most appropriate support package for that person will be. On this panel, like many others, the health sector plays a pivotal role in providing appropriate health services for an individual’s needs, whether that be

through primary care, clinical commissioning groups (CCGs), mental health services or wider support services.

2. Purpose and Scope

- 2.1 The purpose of this policy is to enable NHS Kernow to demonstrate how it will meet their corporate accountability in meeting the duties under the Counter Terrorism Act 2015 and duties in the NHS England Safeguarding Vulnerable People: the NHS Accountability and Assurance Framework 2015, to demonstrate that they follow national guidance and promote best practice in relation to Prevent and Channel processes, and to reflect effective interagency working between NHS Kernow and their partner agencies.
- 2.2 The health service is a key partner in Prevent and encompasses all parts of the NHS, charitable organisations and private sector bodies which deliver health services to NHS patients. As such, the NHS contract and quality schedules include key requirements and expectations for providers relating to Prevent. Please note, these may be included within CCG policies and/or operating principles.
- 2.3 It is expected that all providers of health services will have their own Prevent Policy. All provider organisations must demonstrate compliance with contractual requirements relating to Prevent. It is the responsibility of the contract manager to monitor compliance and inform the adult safeguarding lead of any risks or challenges.
- 2.4 The principles in this document will provide support, advice and guidance to NHS Kernow in discharging their full counter terrorism (Prevent) duties and responsibilities. It will alert staff to their Prevent responsibilities through early identification and appropriate information sharing and referral. As such, this policy must be read by all staff and will be referred to in safeguarding training delivered internally.
- 2.5 The policy applies to all staff working within NHS Kernow, whether employed, contracted or on a voluntary basis.

3. Policy Statement

- 3.1 This policy describes how NHS Kernow will:
 - Meet and monitor its statutory duty to counter terrorism including Prevent and Channel as part of its safeguarding duties.
 - Assure effective Prevent arrangements in the services it commissions.

- Work with local safeguarding adult and children boards, Devon and Cornwall police, NHS England, local authorities and other key partners to develop and improve Prevent practices across the whole health economy.
- Ensure Prevent is included within safeguarding adult and children responsibilities for CCGs.

4. Roles and Responsibilities

- 4.1 According to the NHS England CCG Prevent Duties Responsibilities July 2015 (Appendix 1 of this policy), “CCGs are not specifically captured in the Prevent Duty Guidance or the Channel Duty; however, they have responsibilities as a result of their roles within the health system.”
- 4.2 This contradicts p26 of the Channel Duty Guidance April 2015 Annex B (schedule 7 of the Act – Partners of Local Panels) where CCGs are specifically mentioned as one of the partners required to cooperate with local panels.
- 4.3 Regardless of this contradiction, NHS England is clear that as commissioners of NHS services named in the Prevent Duty, and as members of safeguarding boards, there is a duty for CCGs to provide oversight to the implementation of the duty within provider organisations and the system. As such, NHS England strongly recommends CCGs to engage in local partnerships in order to meet their safeguarding duties.
- 4.4 The strategic lead role for Prevent within NHS Kernow is the Adult Safeguarding Lead – generic email: KCCG.SCATConcern@nhs.net.
- 4.5 If an urgent response is required in the event of the Prevent Lead’s absence, contact: Prevent@devonandcornwall.pnn.police.uk.

Prevent Leads have responsibility for:

- Collating returns from statutory providers to NHS England via Unify and from non-statutory providers to NHS Kernow, and providing assurance via the assurance framework.
- Working with contract managers of providers and seeking assurance they are meeting their statutory requirements.
- Governance and strategic overview of the health compliance and interface with the Prevent agenda.
- Attendance at local Channel panels as required.
- Advising contract and commissioning teams of Prevent requirements and inclusion within quality schedules.
- Ensuring Prevent is included in human resources (HR) policies and procedures, giving consideration to NHS employees.
- Ensuring Prevent is linked to both adults and children’s safeguarding.

- Considering Prevent in quality and safety, including serious incidents and complaints.
- Ensuring all NHS Kernow staff have an awareness of the Prevent agenda and that all members of NHS Kernow staff requiring level 3, 4 or 5 safeguarding adults or children training receive the Workshop to Raise the Awareness of Prevent (WRAP) training.

4.6 All healthcare workers have a safeguarding duty of care to patients and, where necessary, to take action for safeguarding and crime prevention purposes. Through Prevent, this will include taking preventive action and supporting those individuals who may be at risk of, or are being drawn in to, terrorist-related activity.

5. Confidentiality and Information Sharing

- 5.1 Effective information sharing is the key to the delivery of Prevent, enabling partners to take appropriate, informed action, and is central to providing the best support to those who are vulnerable to radicalisation. This is particularly the case for Objective 2 of the Prevent Strategy, ‘protecting vulnerable people who may be drawn into terrorism, ensuring that they are given appropriate advice and support.’
- 5.2 Everyone who works within the NHS or is a healthcare provider in England (including staff, contractors and volunteers) has a duty of confidentiality and a responsibility to safeguard any NHS England information or data that they access.
- 5.3 Further information regarding sharing information in relation to safeguarding adults can be found on the Social Care Institute for Excellence (SCIE) website, *Adult Safeguarding: sharing information 2015*; more local guidance can be found within the Agreement for the Exchange of Information, in relation to Safeguarding Adults in Devon, Cornwall & the Isles of Scilly, to which NHS Kernow are signatories.
- 5.4 However, healthcare practitioners raised concerns about information sharing for the purposes of Prevent and Channel, particularly when:
- They are requested to share information without the individuals’ prior consent; or
 - The individual has not been explicitly identified as being at risk of harm, abuse or exploitation.
- 5.5 In response to these concerns, NHS England developed the ‘Practical guidance on the sharing of information and information governance for all NHS organisations, specifically for Prevent and the Channel process.’

- 5.6 This guidance is for all NHS organisations specifically for Prevent and the Channel process, and is designed to assist in the decision making process about the appropriateness of sharing information (particularly sensitive health information) such as the decisions made by Caldicott Guardians.

6. Understanding and Recognising Risks and Vulnerabilities of Radicalisation

- 6.1 There is no such thing as a ‘typical extremist’ and those involved in extremism come from a range of backgrounds and experiences. This risk will vary greatly and can change rapidly, but no area, institution or body is risk free. Whilst the type and scale of activity that will address the risk will vary, all specified authorities will need to give due consideration to it. (Section C – Revised Prevent Duty Guidance).
- 6.2 Adults at risk can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include through the influence of family members or friends and/or direct contact with extremist groups and organisations; or through travel to conflict zones or high risk areas, either as part of charitable work or on holiday; or increasingly, through the internet. This can put a person at risk of being drawn into criminal activity and has the potential to cause significant harm.
- 6.3 The risk of radicalisation is the product of a number of factors, and identifying this risk requires that staff exercise their professional judgement, seeking further advice as necessary. It may be combined with other vulnerabilities or may be the only risk identified.
- 6.4 Children and young people can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include exposure through the influence of family members or friends and/or direct contact with extremist groups and organisations; or, increasingly, through the internet. This can put a young person at risk of being drawn into criminal activity and has the potential to cause significant harm.
- 6.5 Children and young people are vulnerable to exposure to, or involvement with, groups or individuals who advocate violence as a means to a political or ideological end. Safeguarding children and young people from radicalisation is no different from safeguarding them from other forms of harm.

7. Training

- 7.1 NHS Kernow ensures all staff receives the appropriate level of training on Prevent as per NHS England Prevent Competency Framework. Those requiring awareness training will receive this as part of safeguarding children /

adults training. Those requiring levels 3, 4 and 5 safeguarding training will receive separate Home Office WRAP training.

7.2 Online training and other resources relating to:

- Prevent (level 1 and 2) and the Channel Process, can be accessed via the [NHS England Prevent Website](#).
- [Guidance relating to Mental Health Services](#) was published by NHS England on 2 November 2017 and can be accessed via their website or the link. This is supported by specific e-learning developed by the Home Office, which can be accessed via www.elearning.prevent.homeoffice.gov.uk/mentalhealth.

8. How to recognise those at risk of being radicalised

8.1 Indicators may include:

- Graffiti symbols, writing or artwork promoting extremist messages or images. Please report incidences of graffiti promoting extremist messages or images as an incident.
- Patients/staff accessing terrorist-related material online, including through social networking sites.
 - Inappropriate content includes speeches calling for racial or religious violence or videos glorifying terrorists who have committed atrocities, inciting racial hatred.
 - There is a dedicated internet page where inappropriate content can be reported.



- Parental/family reports of changes in behaviour, friendships or actions and requests for assistance.
- Partner healthcare organisations, local authority services and police reports of issues affecting patients in other healthcare organisations.
- Patients/staff voicing opinions drawn from terrorist-related ideologies and narratives.
- Use of extremist or hate terms to exclude others or incite violence.

8.2 Further information can be obtained from Prevent Tragedies website <http://www.preventtragedies.co.uk/return> from conflict zones.

9. What to do if you are concerned

- 9.1 If a member of staff has concerns that a member of the public or another member of staff as either possibly being vulnerable to extremism or radicalisation, or has been or is in the process of being radicalised, then the Prevent Lead must be contacted, following discussion with your line manager, to ensure appropriate support is provided to that person. If the Prevent Lead is not available, please make an email referral to prevent@devonandcornwall.pnn.police.uk and copy in the NHS Kernow Prevent Lead. Follow the Prevent referral flow chart on Appendix 2.
- 9.2 Children, adults at risk or adults with children identified as being vulnerable to radicalisation should be referred to the relevant local authority safeguarding team for triage (follow the CCG/Local Authority Safeguarding policies for details on how to contact the local authority).
Adults: AdultSafeguardingReferrals@cornwall.gcsx.gov.uk
Children: MultiAgencyReferralUnit@cornwall.gcsx.gov.uk
- 9.3 Staff members who think they may have cause for concern should always seek further advice and guidance. The guiding principle should always be to report concerns through normal procedures so that an informed judgement can be made within the context of all available information.
- 9.4 Further information on reporting possible terrorist activity can be obtained from the Home Office website www.direct.gov.uk/reportingonlineterrorism
- 9.5 Once a referral has been made via the police referral mechanism, a multi-agency Channel panel will determine if it meets the threshold for it to be considered for submitting to a formal multiagency process. Within the south west, the multi-agency Channel panel is a part of a process moving responsibilities for panels from the police to the local authorities.
- 9.6 There are currently no thresholds in place as to what level of concerns require a Channel process; this is determined on an individual basis by the pilot multi-agency Channel panel using a recognised vulnerability assessment framework.
- 9.7 The government provides foreign travel advice through its website and identifies those countries to where travel is actively discouraged. At present, these countries include Syria or Iraq, and if a person has travelled to any of these countries you should make a Prevent referral so that the person can be provided with support on their return.

10. Quality and Assurance Monitoring

- 10.1 Commissioned Services

- NHS Kernow has systems for quality assuring the safeguarding processes, including Prevent, of the provider organisations from which they directly commission services. All commissioned services are supported by the NHS Standard Contract which sets out through the Service Conditions for Safety & Safeguarding, in the full length contract, the need for providers to nominate a Prevent Lead. This information is captured through the contract particulars. Smaller providers who have a short form contract are required to adhere to the law with regards to safeguarding.
- Providers must evidence compliance through contract review meetings and contract leads should seek the advice of the Prevent Leads if they have any concerns regarding compliance. Providers are also expected to submit quarterly Prevent returns to the relevant CCG; and if an NHS trust or NHS foundation trust, to also submit their return to NHS England via Unify2.

10.2 Reporting and Policies

- NHS Kernow is expected to meet their statutory duties in respect of safeguarding adults and children, and Prevent.
- Annual reports based on safeguarding adult and children arrangements will be presented to the NHS Kernow Governing Body in Common, with assurance reports provided through the individual CCG assurance process.
- The Prevent Policy will be reviewed every two years by the Prevent Leads, or sooner if there is significant local or national legislative change.

Appendix 1: NHS England CCG Prevent Duties Responsibilities July 2015

The Duty as it applies to CCGs (taken from NHS England CCG Prevent Duties Responsibilities published July 2015)

CCGs are not specifically captured in either the Prevent or the Channel Duty; however, they have responsibilities as result of their role within the health system.

Contract and Performance Management

As commissioners of services from NHS trusts and Foundation trusts named in the Prevent duty and contract holders of a number of health organisations utilising the NHS Standard Contract, CCGs have a responsibility to provide oversight and performance management regarding implementation of the Prevent Duty within provider organisations.

As statutory partners of safeguarding boards for both adults and children, CCGs are among the organisations that need to provide oversight to the implementation of the duty in the system.

As part of the NHS CCG Assurance Framework, CCGs are required to ensure they are demonstrating they are a well led organisation, including meeting statutory requirements placed upon them and that they are meeting NHS performance requirements, including safeguarding standards. NHS England will seek assurance from CCGs regarding how they undertake these duties and fulfil their requirements.

Key considerations for monitoring provider performance

- Are providers meeting the training requirements in the NHS Training and Competencies Framework? Prevent awareness in line with safeguarding levels 1 and 2 and 85% WRAP 3 for relevant staff.
- Do providers have policies and procedures in place?
- Are providers identifying Prevent concerns and making Channel referrals?
- Are providers engaged with Channel panel when relevant?

Governance Oversight

CCGs will need to ensure they have in place robust governance systems that provide both internal and wider system assurance that the statutory duties are being implemented, and organisations are meeting their requirements to safeguard individuals at risk or radicalisation.

Partnership Working

As partners to Channel panels, CCGs can facilitate information sharing to ensure all relevant health partners are both providing relevant input into panel, and that panel is sharing information to assist partners manage and support patients.

CCGs as the commissioners of health services for their local population are also well placed to provide advice to panel members regarding the health partners that should be brought into discussions and the health services that are available that may be appropriate to an individual's support package.

There is no statutory requirement for CCGs to engage with partners in local Prevent forums, to feed into Counter Terrorism Local Profiles (CTLP) and to work with health partners regarding Prevent. However, in order to have governance and oversight regarding provider performance, NHS engagement in Channel panel and local risks and strategies, it is strongly recommended that CCGs engage in these local partnerships and contribute to the CTLP – adhering to the required national information governance standards. If access to the CTLP is required, either contact the Prevent Lead or the director on-call for initiation of the protocol to access the document.

CCG Internal Training

In order to undertake the responsibilities as outlined above, CCGs and individual staff within the CCG will need to understand what Prevent is, how it impacts the organisation and how it is applied to different job roles.

Consideration should be given to:

- Providing returns for NHS England and providing assurance via the assurance framework.
- Contract management of providers and seeking assurance they are meeting their statutory requirements.
- Governance and strategic overview – what are the groups and boards that will provide this, and who will the CCG board assure themselves of system compliance with the duties?
- Linking contracts and commissioning teams – is Prevent part of the quality schedule?
- Including Prevent in HR policies and procedures, giving consideration to NHS employees.
- Ensuring Prevent is linked to both adults and children's safeguarding.
- Considering Prevent in quality and safety, including serious incidents and complaints.

Prevent in the NHS Standard Contract

The NHS Standard Contract 2017/18 outlines specific Prevent requirements under the safeguarding and safety section, specifically SC32 Safeguarding, Mental Capacity and Prevent.

The requirements set out in the contract are generally in line with those detailed in the Prevent Duty which includes:

- Protecting individuals from abuse and improper treatment.
- Nominating a Prevent Lead.
- Developing a Prevent policy and procedure.

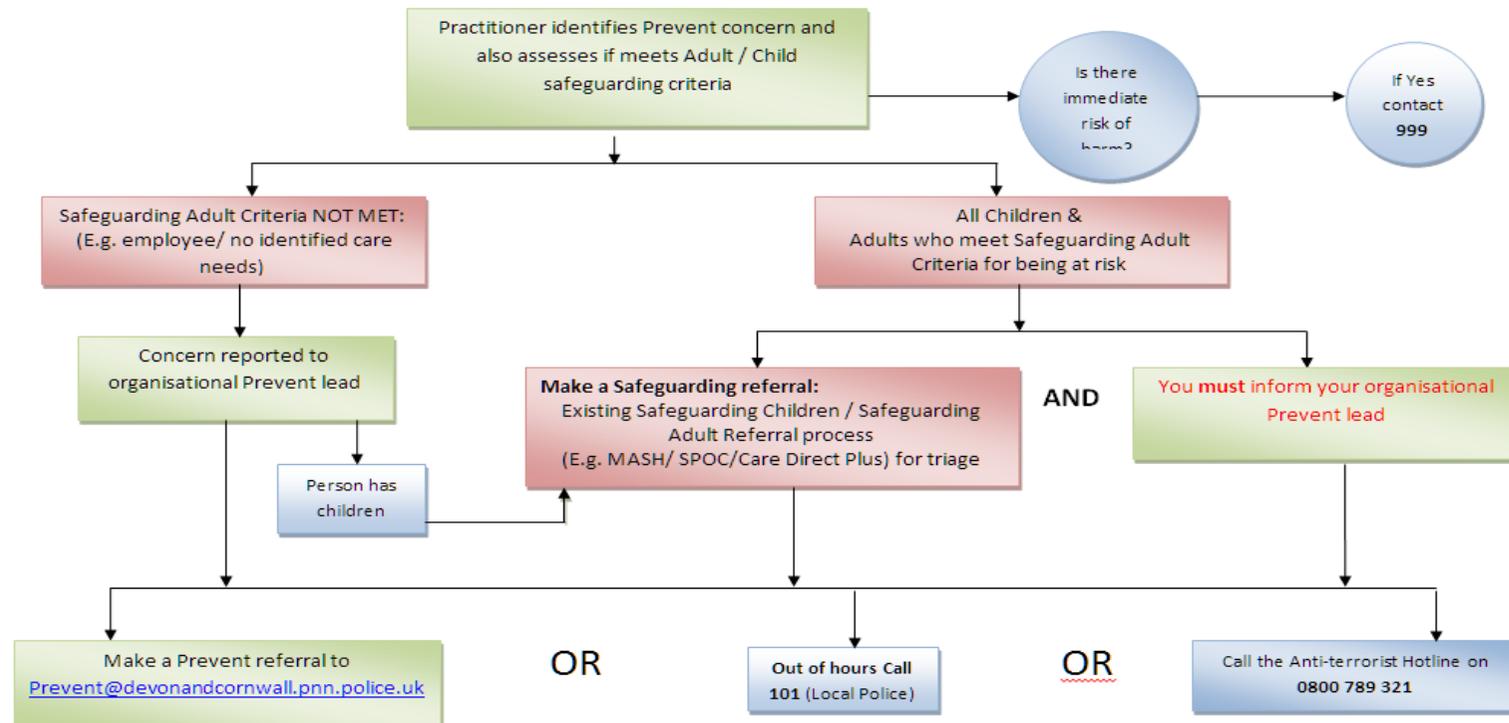
In addition, the NHS Standard Contract requires commissioned services to:

- Provide evidence of addressing any safeguarding concerns through multi-agency reporting systems, which would include Prevent concerns.
- If requested, participate in the development of local multi-agency safeguarding quality indicators and/or plan.
- Include in the Prevent policy and procedures a programme to raise awareness of Prevent as per the NHS England Prevent training and competencies.
- Include in Prevent policies and procedures a WRAP delivery plan.

Appendix 2: The Channel Referral Process

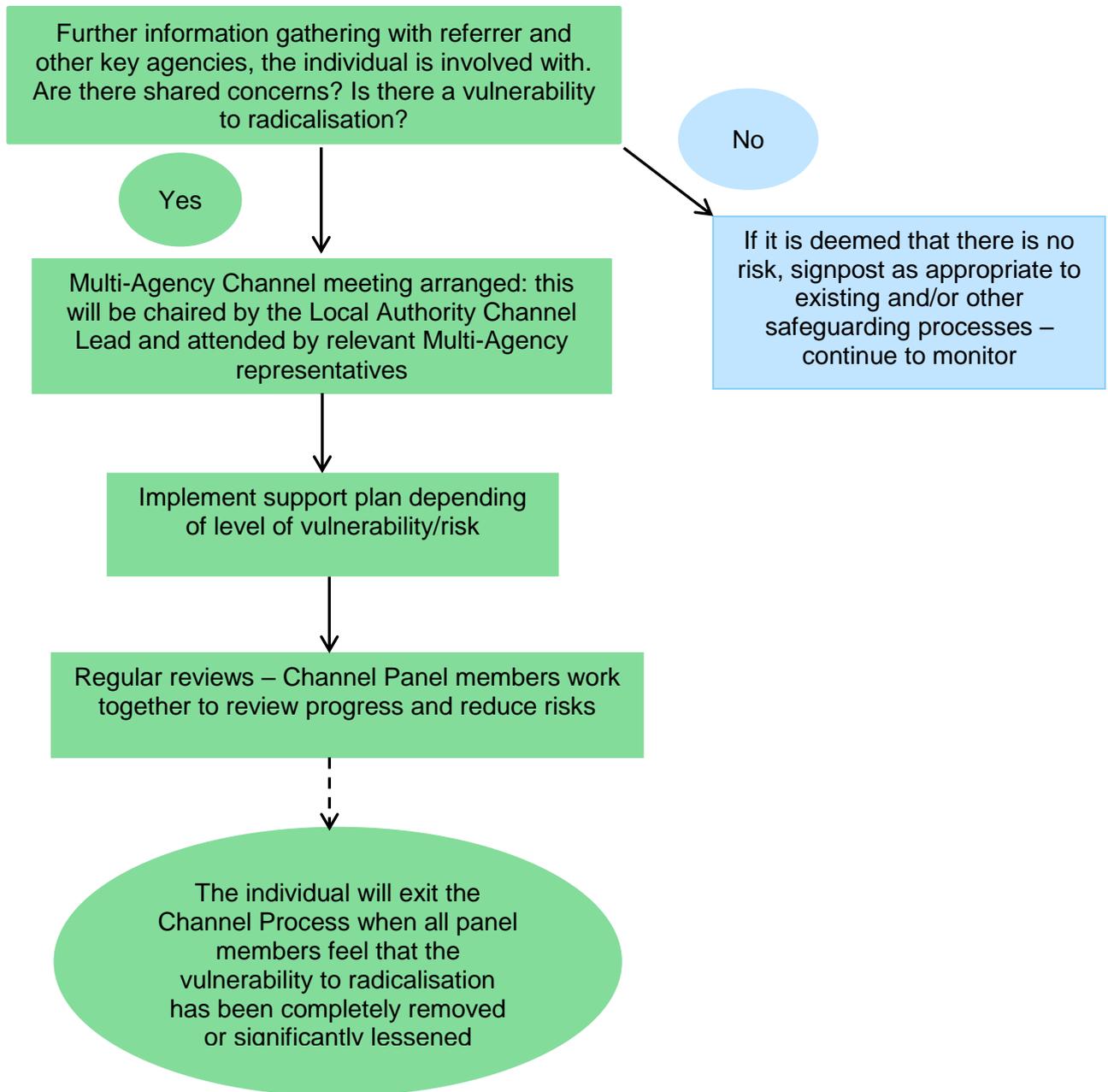
The Channel Referral Process

Channel is a multi-agency safeguarding process and early intervention strategy aimed at identifying and supporting individuals (including children) vulnerable to the recruitment of violent extremism. It must be noted this includes all forms of extremism. It is a mechanism for ensuring that these individuals are assessed and supported by professionals using statutory safeguarding frameworks and multi-agency partnership working. Below is a flowchart which illustrates how to refer a concern of this nature.



The Channel Referral Process

Once a referral has been made and it meets the Channel criteria, the individual/group becomes part of the Channel process, the police will carry out the below process with the support of multi-agency partners working to the relevant local authority lead. This process takes place in order to identify the level of risk and an appropriate support plan where necessary.



If you wish to know more about Channel, please contact the
Regional Prevent/Channel Lead (South):
DI Sam Norman, 01392 226514
Alternatively send any questions to:
prevent@devonandcornwall.pnn.police.uk