Sheffield City Council

Sheffield Health and Social Care NHS
NHS Foundation Trust

Prevent Strategy Policy

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Feedback on implementation to	Dean Wilson

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Ratified by	Executive Directors' Group
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Target audience	All SHSC staff

Policy Version and advice on document history, availability and storage

This is V4.

To be published on the Trust Intranet and to be distributed to all staff as part of the Trusts PREVENT planning process.

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1. Introduction

This policy describes how the Trust will meet its statutory responsibilities under the Counter Terrorism and Security Act 2015 and meet the Health requirements of PREVENT. This policy addresses the potential for vulnerable people supported by or working for the Trust to become radicalised by others such that they are at risk of being drawn into terrorism. A vulnerable person may be exploited by others to become radicalised in a number of ways. This includes, for instance, right wing extremist groups as well as those who claim to be inspired by religious motivations.
The Trust believes that this policy is a proportionate response and in no way seeks to limit legitimate debate and freedom of expression.

This Policy describes how the Trust, and its employees, can respond, if they are concerned that a service user of the Trust or another employee appears to be being exploited in this way.

1.1 What is PREVENT?

The Office for Security and Counter Terrorism (OSCT) in the Home Office is responsible for providing strategic direction and governance on **CONTEST**. As part of **CONTEST**, the aim of **PREVENT** is to stop people becoming terrorists or supporting terrorism.

CONTEST is primarily organised around four key principles. Work-streams contribute to four programmes, each with a specific objective:

1. **PURSUE**: to stop terrorist attacks
2. **PREVENT**: to stop people becoming terrorists or supporting terrorism
3. **PROTECT**: to strengthen our protection against a terrorist attack
4. **PREPARE**: to mitigate the impact of a terrorist attack.

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.

PREVENT has 3 national objectives:

1. **Objective 1:** respond to the ideological challenge of terrorism and the threat we face from those who promote it
2. **Objective 2:** prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support
3. **Objective 3:** work with sectors and institutions where there are risks of radicalisation which we need to address.

The Health Sector contribution to **PREVENT** will focus primarily on **Objectives 2** and **3** above.

PREVENT training undertaken in line with Objectives 2 and 3 is also referred to as **HealthWRAP** training (Workshop to Raise the Awareness of Prevent).

Every member of staff has a role to play in protecting and supporting vulnerable individuals and colleagues who are at risk of radicalisation.

1.2 Scope of this policy

The PREVENT agenda is relevant to all our staff, including volunteers, in particular those who work with vulnerable people.

This policy relates to concerns that an individual (whether service user or member of staff) is being drawn into extremism and terrorism.
IF THERE IS ANY CONCERN RE AN IMMINENT THREAT OF A TERRORIST ACTIVITY THEN Contact the Counter-Terrorism Hotline on 0800 789321 or 999.

1.3 Why the Policy is needed?

It is the policy of the Sheffield Health and Social Care Trust to safeguard and support vulnerable individuals, whether service users or staff, who they feel may be at risk of being radicalised by extremists, to ensure appropriate systems are in place for staff to raise concerns if they think this form of exploitation is taking place and to promote and operate a safe environment where violent extremists are unable to operate.

2. Nature of the Response

This policy describes how the Trust implements the PREVENT agenda. The PREVENT agenda ensures that:

- NHS staff know how to safeguard and support vulnerable individuals, whether Patients / Service Users or staff, who they feel may be at risk of being radicalised by extremists
- Appropriate systems are in place within NHS organisations for staff to raise concerns if they think this form of exploitation is taking place
- Healthcare organisations promote and operate safe environments where extremists are unable to operate

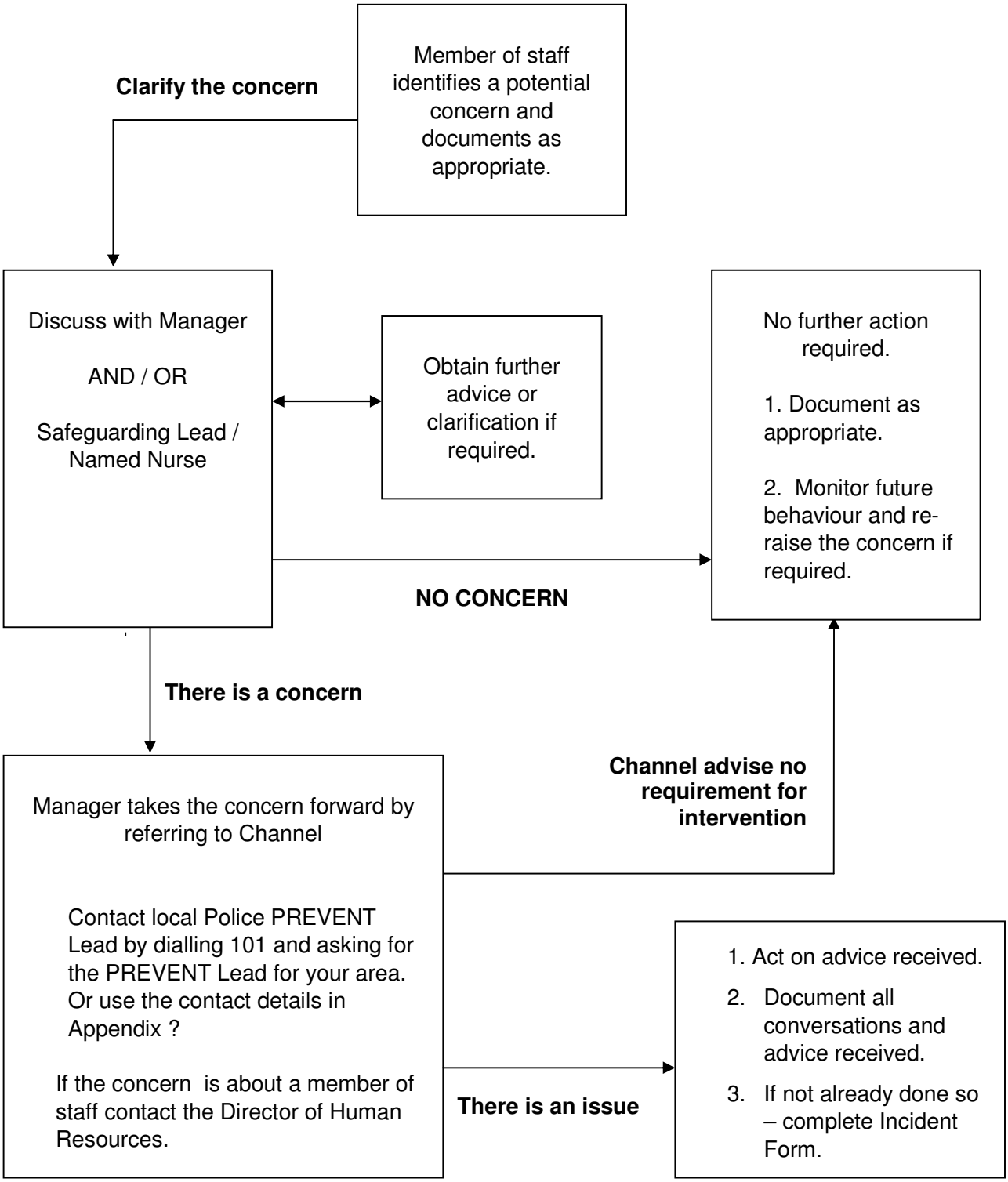
3. Definitions

The following terms are used in this plan:

Term	Definition
Adults at Risk	These are adults who need Health or Community Care services because of mental or other disability, age or illness and who are, or may be unable to take care of themselves or to protect themselves against harm or exploitation. It also includes informal carers e.g. family or friends who may be at risk of abuse because of their caring role. Adults at risk come within the remit of safeguarding adults policy and procedures.
A PREVENT Concern	A PREVENT concern does not have to be proven beyond reasonable doubt; however it should be based on something that raises concern which is assessed using existing professional judgement from health or social care staff.
CHANNEL	CHANNEL is a supportive multi-agency process, designed to safeguard those individuals who may be vulnerable to being drawn into any form of terrorism. It is a key part of PREVENT.

CONTEST	CONTEST is the UK's Counter-terrorism strategy, it aims to reduce the risk to the United Kingdom and its interests overseas from terrorism, so that people can go about their lives freely and with confidence.
Employee	The Employment Rights Act 1996 section 230 (1) defines an employee as an 'individual who has entered into or works under a contract of employment'. This is usually permanent, fixed term or temporary.
Executive Directors' Group	This is a team made up of Directors within the Trust (EDG).
Extremism	Extremism is vocal or active opposition to fundamental values including democracy, the rule of law, individual liberty and mutual respect and tolerance f or different beliefs and faiths.
PREVENT	PREVENT is one of the four work streams of CONTEST that aims to protect those who are vulnerable to exploitation from those who seek to get people to support or commit acts of violence.
Radicalisation	Radicalisation is the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
Radicaliser	A radicaliser is an individual who encourages others to develop or adopt beliefs and views supportive of terrorism and forms of extremism leading to terrorism.
Exploitation	Exploitation is the use of someone unjustly or cruelly in order to benefit from their involvement for themselves or for a cause.
Terrorism	Terrorism is defined in the Terrorism Act 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.
Trust Board	The Trust Board is a team of Directors and Non-Executive Directors responsible for Trust services.
Vulnerable individuals	Within the context of PREVENT this means individuals, who because of their circumstance, experiences or state of mind are susceptible to extremist ideology. These could be service users, staff, carers or other members of the public.
WRAP (HealthWRAP)	Workshop to Raise Awareness of PREVENT.

4. Flowchart RAISING A PREVENT CONCERN



IF THERE IS ANY CONCERN RE AN IMMINENT THREAT OF A TERRORIST ACTIVITY THEN

Contact the Counter-Terrorism Hotline on 0800 789321 or 999.

5. Duties

5.1 Chief Executive

The Chief Executive is responsible for ensuring that the Trust complies proactively with its responsibilities for implementing PREVENT and working with other agencies to protect vulnerable people and by doing so the citizens of Sheffield.

5.2 The Director of Human Resources

The Director of Human Resources is responsible for:

- Managing the PREVENT strategy and policy documents on behalf of the Trust.
- Providing reports to the Regional HealthWRAP Co-ordinator.
- Acting as lead advisor on PREVENT strategy and implementation.
- Acting as advisor to the HealthWRAP trainers.
- Identifying a process within the HR department to consider confidential referrals in relation to members of staff where there is a concern in respect of radicalisation.

5.3 The Head of Education, Training and Development

The Head of Education is responsible for:

- Making arrangements for a suitable number of training places and events to be delivered to allow all relevant staff identified in the training needs analysis to access the Prevent training programme.
- Ensuring that a Training Plan is in place for Prevent Training at Levels 1, 2 or 3.
- Providing training reports to EDG / Trust Board as required.

5.4 The Prevent (HealthWRAP) Trainers

The HealthWRAP trainers are responsible for:

- Maintain their own competence and knowledge base to deliver effective training.
- Delivering the HealthWRAP training and awareness program.

5.5 Safeguarding Adults Lead

The Adult Safeguarding Lead is responsible for:

- Providing support and advice on PREVENT concerns raised by staff.
- Assisting managers to take concerns to the appropriate authority.
- Liaising with the Head of Education to plan and implement a Prevent /HealthWRAP training and awareness programme.

5.6 Directorate Safeguarding Representatives

The Directorate Safeguarding Representatives are responsible for;

- Ensuring that Prevent Policy and Training information is disseminated within their Directorate
- Providing advice to managers in relation to potential referrals
- Maintaining an awareness of Prevent within their Directorate

5.7 Managers

Managers are responsible for:

- Arranging for staff to attend the Prevent / HealthWRAP training as required.
- Supporting staff with the processes to escalate a concern.
- Facilitating the appropriate escalation of PREVENT concerns.
- Liaising with Human Resources Department if the concern raised is about a member of staff.

5.8 All Staff

All Staff are responsible for:

- Attending the required PREVENT Training relevant to their role.
- Reporting all PREVENT related concerns to their Manager.
- Assisting their Manager in appropriate escalation.

6. Specific Details – the procedure to be followed

Radicalisation is a process not an event, and there is no single route or pathway to radicalisation. Evidence indicates that those targeted by radicalisers may have doubts about what they are doing. It is because of this doubt that frontline healthcare workers need to have mechanisms and interventions in place to support an individual being exploited and to help them move away from terrorist activity

6.1 The Process of Exploitation and radicalisation

It is suggested that there is no single profile or indication of a person who is likely to become involved in terrorist-related activity. To date there is no universally accepted view of why vulnerable individuals become involved.

The factors surrounding exploitation are many and they are unique for each person. The increasing body of information indicates that factors thought to relate to personal experiences of vulnerable individuals affect the way in which they relate to their external environment.

In this sense, vulnerable individuals may be exploited in many ways by radicalisers who target the vagaries of their vulnerability. Contact with radicalisers is also variable and can take a direct form, i.e. face to face, or can happen indirectly through the internet, social networking or other media. More commonly this will occur through a combination of the above.

6.2 Contact with radicalisers

It is generally more common for vulnerable individuals to become involved in terrorist-related activity through the influence of others. Initial contact may be via peers, siblings, other family members or acquaintances, with the process of radicalisation often being a social one. Such social interaction takes place in a range of unsupervised environments such as gyms or cafés, in private homes and via the internet.

Access to extremist material is often through leaflets and local contacts. However, the internet plays an important role in the communication of extremist views. It provides a platform for extremists to promote their cause and encourage debate through websites, internet forums and social networking, and is a swift and effective mechanism for disseminating propaganda material. Healthcare organisations should be aware of anyone making frequent visits to websites showing images such as armed conflict around the world and providing speeches and access to material from those involved in the radicalising process.

6.3 Use of extremist rationale (often referred to as 'narrative')

Radicalisers usually attract people to their cause through a persuasive rationale contained within a storyline or narrative that has the potential to influence views. Inspiring new recruits, embedding the beliefs of those with established extreme views and/or persuading others of the legitimacy of their cause is the primary objective of those who seek to radicalise vulnerable individuals.

6.4 The Internet and PREVENT

Vulnerable individuals may be exploited in many ways by radicalisers and this could be through direct face to face contact, or indirectly through the internet, social networking or other media.

Access to extremist material is often through leaflets and local contacts. However, the internet plays an important role in the communication of extremist views. It provides a platform for extremists to promote their cause and encourage debate through websites, internet forums and social networking. It is a swift and effective mechanism for disseminating propaganda material and is not always possible to regulate.

Trust staff should be aware of anyone making frequent visits to websites showing images such as armed conflict around the world and providing speeches and access to material from those involved in the radicalising process.

It is the responsibility of all staff to ensure that they are following the current version of the PREVENT Policy. A dedicated website to report online content that may be illegal is available at www.direct.gov.uk/en/CrimeJusticeAndTheLaw/Counterterrorism/DG_183993.

6.5 What factors might make someone vulnerable

In terms of personal vulnerability, the following factors may make individuals susceptible to exploitation. None of these are conclusive in themselves and therefore should not be considered in isolation but in conjunction with the particular circumstances and any other signs of radicalisation.

6.5.1 Identity crisis

Adolescents/vulnerable adults who are exploring issues of identity can feel both distant from their parents/family and cultural and religious heritage, and uncomfortable with their place in society around them. Radicalisers can exploit this by providing a sense of purpose or feelings of belonging. Where this occurs, it can often manifest itself in a change in a person's behaviour, their circle of friends, and the way in which they interact with others and spend their time

6.5.2 Personal crisis

This may, for example, include significant tensions within the family that produce a sense of isolation of the vulnerable individual from the traditional certainties of family life.

6.5.3 Personal circumstances

The experience of migration, local tensions or events affecting families in countries of origin may contribute to alienation from UK values and a decision to cause harm to symbols of the community or state.

6.5.4 Unemployment or under-employment

Individuals may perceive their aspirations for career and lifestyle to be undermined by limited achievements or employment prospects. This can translate to a generalised rejection of civic life and adoption of violence as a symbolic act.

6.5.5 Criminality

In some cases a vulnerable individual may have been involved in a group that engages in criminal activity or, on occasion, a group that has links to organised crime and be further drawn to engagement in terrorist-related activity.

6.5.6 Grievances

The following are examples of grievances which may play an important part in the early indoctrination of vulnerable individuals into the acceptance of a radical view and extremist ideology. These examples include the following but need to be considered within a bigger picture of the other circumstances:

- A misconception and/or rejection of UK foreign policy
- A distrust of western media reporting
- Perceptions that UK government policy is discriminatory (e.g. counter-terrorist legislation).

6.5.7 Other Factors

Similarly to the above, the following have also been found to contribute to vulnerable people joining certain groups supporting terrorist-related activity:

- Ideology and politics
- Provocation and anger (grievance)
- Need for protection
- Seeking excitement and action
- Fascination with violence, weapons and uniforms
- Youth rebellion
- Seeking family and father substitutes
- Seeking friends and community
- Seeking status and identity.

6.6 Channel

Channel is a supportive multi agency process, designed to safeguard those individuals who may be drawn into any form of terrorism. It is a key part of PREVENT. Channel works by identifying individuals who may be at risk, assessing the nature and extent of the risk, and where appropriate, providing a support package tailored to their needs. A multi - agency panel, chaired by the local authority, decides on the most appropriate action to support the individual after assessing the risk. In Sheffield the arrangements for co-ordinating a CHANNEL Panel are linked to the Vulnerable Adult Panel

6.7 Raising concerns about Patients and Service Users

If a member of staff has a concern that someone who uses Trust services is being radicalised, then they should discuss the concerns with their manager and/or relevant safeguarding professional, to decide if the concerns are valid. Please refer to the flowchart in this policy.

Once the concern has been recognised as valid, complete a Safeguarding Alert Report – please refer to the flowchart in this policy.

If the concern is deemed to be valid the Channel process should be followed by the Manager/HR with advice from the Safeguarding Lead in partnership with the local Police Prevent Lead. The local Police Prevent Lead will carry out a risk assessment on each referral and decide if this does need to go forward to a CHANNEL panel

In work with Adult service users Trust staff may become aware of children and young people who are at risk as a result of the radicalisation that has been identified and any associated issues. This should be addressed through the Safeguarding Children Procedure.

All concerns, discussions and advice should be documented in line with Trust policy.

If anyone has immediate concerns that an individual is presenting an immediate terrorist risk to themselves, others or property, then they should contact the National Counter-Terrorism Hotline on 0800 789 321, or the police on 999.

6.8 Raising concerns about Staff

If anyone has concerns that a member of staff is being radicalised, then they should discuss the concerns with their Manager and the HR Director (the Trust Prevent Lead), to decide if the concerns are valid. The Trust Safeguarding Lead should be included in these discussions to determine the risks and benefits of remaining in a clinical/practitioner role. Please refer to the flowchart in this policy.

6.9 Training Implications

All staff are to be made aware of the PREVENT strategy and how it is being implemented within the Trust. This will be carried out at a number of levels.

Level 1 Basic Awareness. All staff within receive a Trust wide communication and Leaflet giving a brief description of the purpose and process of Prevent. This will be refreshed and updated as required.

Level 2 E Learning training for all staff whose role involves face to face contact with service users.

Level 3 Training for staff whose role means that may contribute to Safeguarding Assessments. This training will be included in the Trust's Comprehensive Safeguarding Training. Staff will attend every three years.

Level 4 Training for Directorate Prevent Leads and for staff who provide Prevent training. This will be accessed regionally.

Level 5 Training required for the Trust Prevent Lead. This will be accessed regionally.

7. Review

This policy will be reviewed in February 2019.

8. Disputes arising from the Application of this Guidance

Where matters of individual dispute cannot be resolved at the lowest appropriate level, the matter may be referred through the Trust's Grievance procedure. This refers to issues where staff disagree with elements of the process. Issues of service users complaining of their referral through PREVENT will be dealt with through the Complaints Procedure.

9. Dissemination, storage and archiving

The policy is available on the SHSC intranet and available to all staff.
Any previous versions must be deleted.

10. Training and other resource implications for this policy

Training Level	Who for	Approx Numbers	Content	Delivery Method
Level 1	All Staff	3000	Basic Awareness of PREVENT	All staff communication and leaflet.
Level 2	Direct Care Contact Staff	2100	Awareness of PREVENT. What might cause a concern. How to raise it.	eLearning or expanded leaflet.
Level 3	Staff who may contribute to Assessments	1600	How to identify and assess concerns. How to refer onwards.	To be included in Safeguarding Training.
Level 4	PREVENT Leads in Directorates and Services	15	More detailed understanding of PREVENT and Channel purposes and processes.	HealthWRAP Training.
Level 5	Trust PREVENT Lead	1	As above and Health and Interagency PREVENT Strategy.	Provided regionally.

11. Audit and monitoring

Area for Monitoring	How	Who by	Reported to	Frequency
Training Compliance	Numbers attending training compared to numbers requiring training.	Workforce Information as part of quarterly reporting.	Workforce & OD Committee as part of overall Training Compliance reporting.	Quarterly
Referrals	Referrals made to Channel	Director of Human Resources and Safeguarding Lead.	Prevent Steering Group and Safeguarding Group. Quarterly reporting to Health Region.	Quarterly

The Trust will monitor the implementation and outcomes of the PREVENT arrangements through its performance and incident management reporting systems and include quarterly and annual reports to the Quality Assurance Committee (QAC) and the Board of Directors.
The Trust requires completion of incident forms in relation to PREVENT issues and actions and these will be monitored through the Safeguarding office with quarterly summaries to the PREVENT Lead/Executive Director.

12. Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update

13. Links to other policies, standards and legislation

- Safeguarding Adult Policy – Clinical Policies
- Policy and Procedure for the Management of Disciplinary Procedures – Employment Policies
- Counter Terrorism and Security Act 2015

14. Contact details

Dean Wilson, Director of Human Resources, dean.wilson@shsc.nhs.uk, 0114 22 63960.

15. References

- Building Partnerships, Staying Safe, The health sector contribution to HM Government's PREVENT strategy: guidance for healthcare workers, Department of Health, November 2011
- PREVENT Strategy, HM Government, June 2011
- PREVENT Strategy: Equality Impact Assessment, HM Government, June 2011
- Channel: Vulnerability Assessment Framework, HM Government, October 2012
- Channel: Protecting vulnerable people from being drawn into terrorism – a guide for local partnerships, HM Government, October 2012

Supplementary Section A – Stage One Equality Impact Assessment

Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 – Complete draft policy

Stage 2 – **Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES –** proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date) | See below.

Stage 3 – **Policy Screening** - Public authorities are legally required to have 'due regard' to eliminating discrimination , advancing equal opportunity and fostering good relations , in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice this can be found at http://www.shsc.nhs.uk/about-us/equality--human-rights

	Does any aspect of this policy actually or potentially discriminate against this group?	**Can equality of opportunity for this group be improved through this policy or changes to this policy?**	**Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?**
AGE	**No**		
DISABILITY	**No**		
GENDER REASSIGNMENT	**No**		
PREGNANCY AND MATERNITY	**No**		
RACE	**No**		
RELIGION OR BELIEF	**No**		
SEX	**No**		
SEXUAL ORIENTATION	**No**		

Stage 4 – **Policy Revision** - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section) Please delete as appropriate: Policy Amended / Action Identified / no changes made.

Impact Assessment Completed by (insert name and date) | Greg Harrison, 7th May 2015

Supplementary Section B - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a persons Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site http://www.sct.nhs.uk/humanrights-273.asp (relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on and in line with the current law (including caselaw) or policy?

☑ **Yes. No further action needed.**

☐ **No. Work through the flow diagram over the page and then answer questions 2 and 3 below.**

2. On completion of flow diagram – is further action needed?

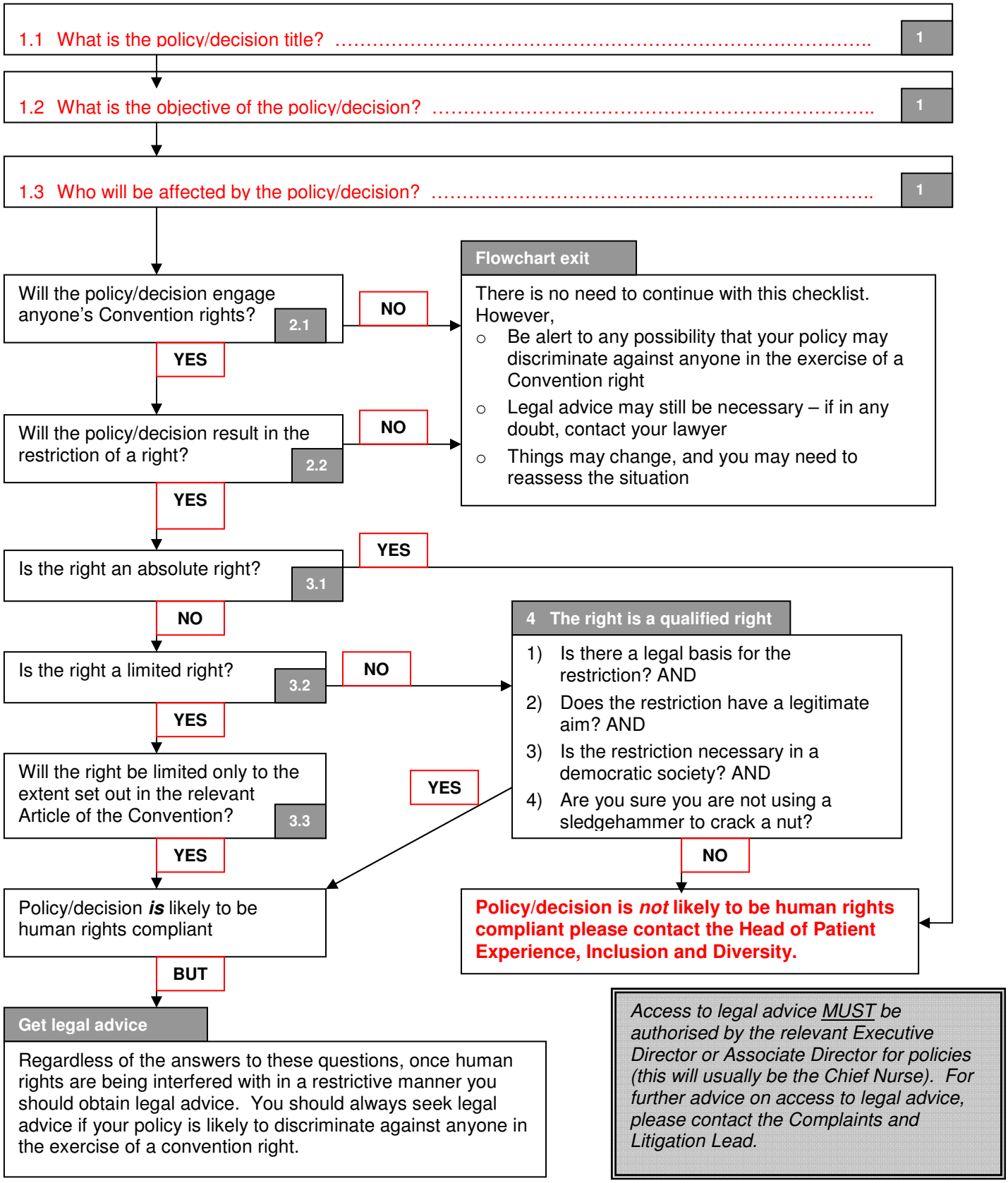
☐ **No, no further action needed.**

☐ **Yes, go to question 3**

3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.