



Policy:

NP 041 Prevent

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|--------------------------------|--|
| Executive Director Lead | Executive Director or Nursing and Operations |
| Policy Owner | Corporate Safeguarding Team |
| Policy Author | Interim Head of Safeguarding & Adult Safeguarding Advisor/Prevent Lead |

| | |
|--------------------------------|------------|
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| Ratified By | QAC |
| Date of Issue | May 2022 |
| Date for Review | 30/04/2025 |

Summary of policy

The policy outlines the roles and responsibilities of all staff in relation to PREVENT.

| | |
|------------------------|--|
| Target audience | This policy applies to all professional and clinical staff whether employed within full time, part-time, bank or fixed term contracts irrespective of their length of service. |
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| Keywords | PREVENT, Channel |
|-----------------|------------------|

Storage & Version Control

Version 3.1. This new policy combines the previous Safeguarding Adults version 5 and PREVENT policy version 4.

This policy is stored and available through the Trust intranet.

It replaces the previous policy and copies of the previous copies should be destroyed.

Version Control and Amendment Log (Example)

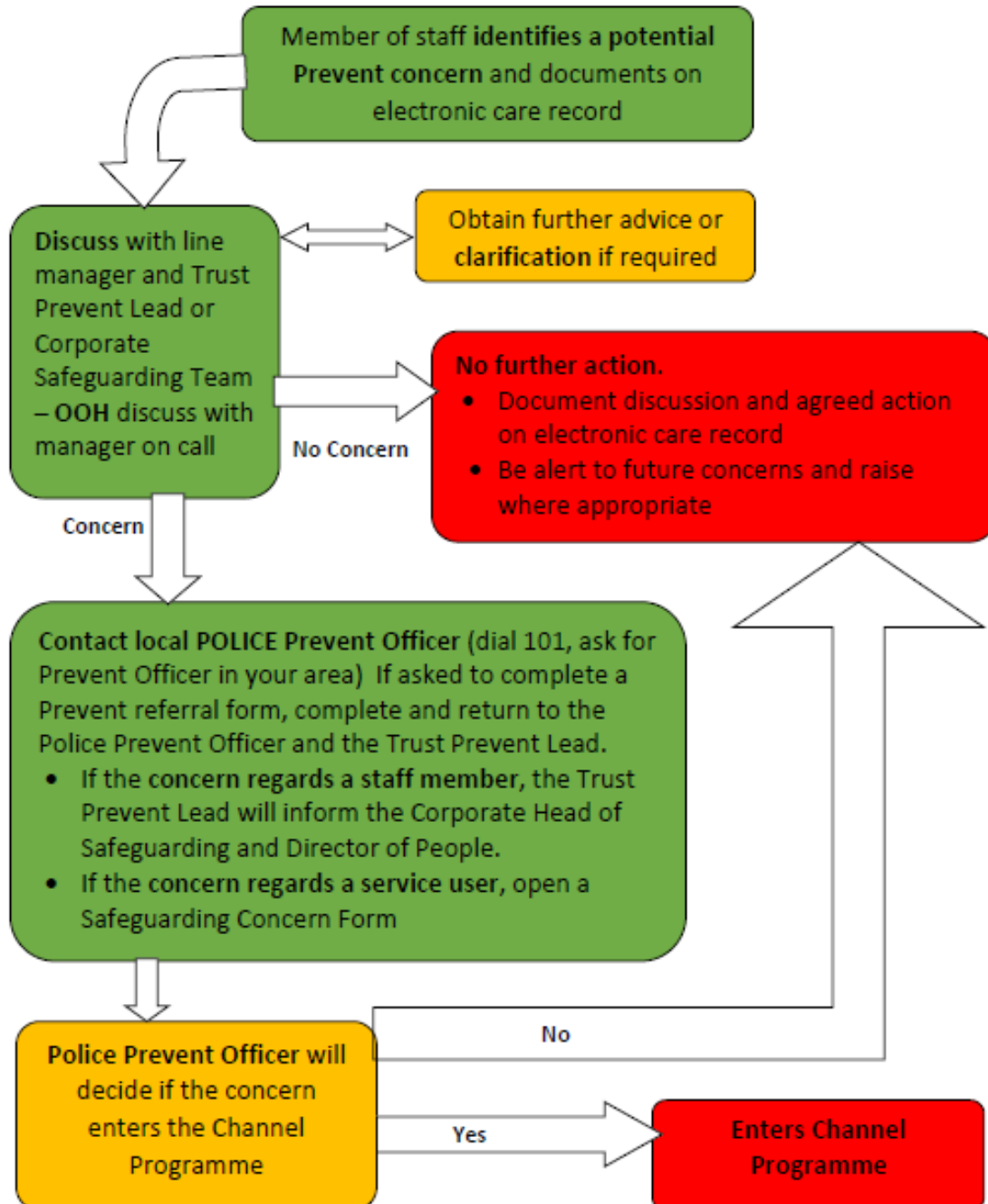
| Version No. | Type of Change | Date | Description of change(s) |
|--------------------|---|-------------|---|
| 2.0 | Prevent Policy removed from Adult Safeguarding Policy | 12/8/2021 | Information transferred from previous policy to individual template |
| 2.1 | New references and amendments/Updates to wording. | 23/9/2021 | Additional information on national guidance and need for Prevent Policy. Revision to wording to standardise titles and reflect national and local terminology e.g. Prevent Officer, Prevent Lead, Channel Programme |
| 2.2 | Updated Flowchart | 15/10/2021 | Flowchart and Notice, Check and Share guidance added as appendices |
| 3 | Revision after 6 months | 25/04/2022 | Approved at PGG pending inclusion of a flowchart at the front of the policy |
| 3.1 | Flowchart included | 25/05/2022 | Flowchart added to policy and published |

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RAISING A PREVENT CONCERN

IF THERE ARE ANY CONCERNS REGARDING IMMEDIATE THREAT OF A TERRORIST ACTIVITY CALL 999



1 Introduction

The Prevent statutory duty, introduced through the Counter-Terrorism and Security Act 2015, requires local authorities, schools, colleges, universities, health bodies, prisons and probation, and police to have 'due regard to the need to prevent people from being drawn into terrorism'. The duty helps ensure that individuals who might be at risk of radicalisation are supported as they would be under other safeguarding processes.

- 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.
- Prevent is a key part of the Government's counter-terrorist strategy, CONTEST. The purpose of Prevent is to safeguard people from becoming terrorists or supporting terrorism, by engaging with all people who are vulnerable to radicalisation.
- The Office for Security and Counter Terrorism (OSCT) in the Home Office is responsible for providing strategic direction and governance on CONTEST.
- The Trust believes that this policy is a proportionate response and in no way seeks to limit legitimate debate and freedom of expression.

2 Scope

This is a Trust wide policy that supports implementation of Prevent as part of the CONTEST strategy and supports staff to understand their roles and responsibilities when identifying and raising a Prevent concern. This policy is underpinned by the Guidance for mental health services in exercising duties to safeguard people from the risk of radicalisation NHS England (2017) and the Safeguarding Adults Principles and Approach for South Yorkshire 2021).

This policy applies to all members of Trust staff, regardless of their current role or place of work including volunteers and non-paid staff.

This Policy describes how the Trust, and its employees, will respond, if they are concerned that a service user of the Trust or an employee is at risk of radicalisation.

3 Purpose

The key drivers for the development and implementation of a Prevent policy is to assist and guide staff to fulfil their roles and responsibilities to safeguard adults in line with the Prevent Strategy (2011), Counter Terrorism and Security Act (2015) and the Care Act (2014).

National Objectives (Prevent Strategy HM Government 2011)

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.

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

4 Definitions

| Term | Definition |
|------------------------|---|
| Adult | A person aged eighteen year or older. Please note that children are supported by the 'Safeguarding Children' legislation and Trust Safeguarding Children Policy, please also see the Trust Domestic Abuse Policy. |
| Abuse | Any behaviour towards a person that either deliberately or unknowingly, causes him or her harm or endangers their life or their human or civil rights. Abuse includes Physical, Sexual, Psychological, Financial (or material), Discriminatory, Organisational abuse, Neglect (acts of omission), Domestic Abuse (please see the SHSCFT Domestic Abuse policy), Modern Slavery and Self Neglect. Abuse can be passive or active; it can be an isolated incident or repeated. It may occur as a result of failure to take action or appropriate care tasks. |
| 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. |
| Alleged Source of Harm | The person / people thought to have been responsible for the abuse. |
| CHANNEL | CHANNEL is a supportive multi-agency process. 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. |
| Extremism | Extremism is vocal or active opposition to fundamental values including democracy, the rule of law, individual liberty and mutual respect and tolerance of 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. |
| 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. |

| | |
|------------------------|--|
| Radicalisation | Radicalisation is the process by which a person comes to support 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 |
| 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 (Health WRAP) | Workshop to Raise Awareness of PREVENT. |

5 Detail of the policy (title needs to be changed as appropriate)

CONTEST

CONTEST is primarily organised around four key principles:

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

The Health Sector 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

Prevent aims to safeguard people by tackling:

- the influences of radicalisation and respond to the ideological challenge of terrorism, working through partnerships;
- safeguarding and supporting those most at risk of radicalisation by identifying them and offering support; and
- Enabling those already engaged in terrorism to disengage and rehabilitate.

Channel Programme

The Channel programme is a multi-agency approach to provide support for people identified as being vulnerable to being drawn into terrorism. The police will check with partner organisations and agencies whether any other concerns have been raised about an individual which would prevent a referral from being taken forward. A multi-agency Channel panel, chaired by the local authority, will meet to discuss the referral, assess the extent of the

vulnerability, and decide on a package of support to be offered on a voluntary basis to the individual.

As vulnerability to radicalisation depends on complex interactions between different risk factors, the Channel programme brings together statutory partners to design and deliver a package of diverse and tailored support which may include education, vocational, mental health and theological support.

6 Duties

The 'Guidance for mental health services in exercising duties to safeguard people from the risk of radicalisation NHSE' (2017) requires the organisation to identify key roles and responsibilities - *4.7 Mental health providers should assign staff to hold three specific Prevent roles*".

These key roles and responsibilities below have been taken from the above the document.

Board level accountable clinician - Executive Director of Nursing, Professions and Operations

Senior clinical lead – Named Doctor for Safeguarding

Prevent Lead – Head of Safeguarding (supported by Adult Safeguarding Advisor)

Board level accountable clinician

- Providing leadership and taking responsibility for compliant delivery of the Prevent duty, and its integration within safeguarding procedures
- Monitoring Prevent delivery, including referrals made and received and their outcomes, reporting to the board and providing assurance on Prevent delivery
- Ensuring appropriate Prevent training is undertaken by all staff and adherence to information governance protocols and reporting

Senior clinical lead

- Supporting the Prevent lead by advising on potential referrals as necessary
- Reviewing referrals and providing clinical assurance on appropriateness, as would be expected for all safeguarding referral processes
- Supporting the Prevent Lead to ensure that mental health referrals from Prevent are appropriately prioritised for triage and assessment

The Prevent Lead

- Acting as a single point of contact for staff, police and Channel Panels
- Facilitating referrals, information requests and feedback to and from Prevent
- Advising staff on Prevent, such as concerns, referrals and processes
- Linking with appropriate adult and children safeguarding and protection processes
- Delivering training on Prevent within the organisation as appropriate
- Ensuring authorised information sharing agreements are applicable to Prevent
- Overseeing collection of Prevent data for NHS England and commissioners

- Working closely with NHS England's Regional Prevent Coordinators
- Attending regularly quarterly regional Prevent forums
- Engaging and representing the trust at local Prevent and safeguarding groups
- Ensuring mental health provider representation at Channel panels and monitoring and triaging mental health referrals from Channel panels

For all Staff

All NHS staff have an important role in identifying individuals at risk of radicalisation and ensure they are referred to Prevent when appropriate. In addition, all mental health professionals should be aware of, and be able to locate available support, including the Channel Programme where necessary. Professionals may be asked via the Channel Programme to support delivery of interventions. See Appendix D – Notice, Check and Share.

All staff must complete Level 1&2 Preventing Radicalisation- Basic Prevent Awareness (BPA). This is available as e-learning through Health Education England's E-learning for Health platform <https://portal.e-lfh.org.uk>

All registered professionals will be required to undertake Preventing Radicalisation - Awareness of Prevent (Level 3). This was previously available as face-to-face training but will be delivered as e-learning via Health Education England's E-learning for Health platform <https://portal.e-lfh.org.uk> This ensures the training meets the Health WRAP training requirements.

7 Procedure

Please read in conjunction with the Prevent flowchart (Appendix C)

Raising concerns about Patients and Service Users

If anyone has a concern that someone who uses Trust services is being radicalised, then they should discuss the concerns with their line manager and Trust Prevent Lead or Corporate Safeguarding Team, to decide if the concerns are valid.

Once the concern has been recognised as valid, complete a Safeguarding Concern and contact the local police Prevent Officer on 101. The Prevent Officer may ask the staff member to complete a referral form. Upon receipt of this, the Prevent Officer will carry out a risk assessment on each referral and decide if this does need to go forward to the Channel Programme.

During their work with adult service users, Trust staff may become aware of children and young people who are at risk of harm as a result of potential or actual radicalisation that has been identified. This should be addressed through the Safeguarding Children Procedures.

Raising concerns about Staff

If anyone has concerns that a member of staff is being radicalised, they should discuss the concerns with their Line Manager and follow the Allegations Against Staff policy as this may be affecting the staff members ability to protect themselves or other from abuse.

The Line Manager should also follow the process above to raise a Prevent concern.

8 Development, Consultation and Approval

This is not a new policy but has separated from the Safeguarding Adults and Prevent Policy. Updates to this policy has been led by the Adult Safeguarding Advisor and the Interim Head of Safeguarding with the Corporate Safeguarding Team.

And assured at: • Policy Governance Group

9 Audit, Monitoring and Review

| Monitoring Compliance Template | | | | | | |
|---|------------------------|---|-------------------------|---|--|--|
| Minimum Requirement | Process for Monitoring | Responsible Individual/group/committee | Frequency of Monitoring | Review of Results process (e.g. who does this?) | Responsible Individual/group/committee for action plan development | Responsible Individual/group/committee for action plan monitoring and implementation |
| Annual Dip test of referrals to Prevent to ensure compliance against the flowchart detailed in this policy. | Audit | Safeguarding Adult Advisor with support from Corp. Safeguarding Team. | Annual | Safeguarding Assurance Committee | Corp. Safeguarding Team | Safeguarding Assurance Committee and Quality Assurance Committee |
| Quarterly completion and submission data to NHSE via the NHS Digital portal. | Data report | Safeguarding Adult Advisor with support from Corp. Safeguarding Team. | Quarterly | Safeguarding Assurance Committee | Corp. Safeguarding Team | Safeguarding Assurance Committee |

10 Implementation and Dissemination Plan

| Objective | Task | Executive/ Associate Director Responsibility | Timescale and Progress |
|--|--|--|---------------------------------|
| Dissemination, storage and archiving | Post on Trust intranet (Jarvis) | Director of Quality | Within 1 week of ratification |
| Communication of updated policy to all staff | 'All SHSCFT staff' email alert and communication in CONNECT | Director of Quality | Within 1 week of ratification |
| Cascading of information to all staff | Senior Managers to share with Team/Ward managers to ensure all staff have access to latest version of this policy. | Director of Quality | Within 1 month of dissemination |
| Training and development | <p>Ensure up to date information is available at induction for all new staff</p> <p>Training to be provided on Action Learning Sets to ensure Safeguarding Managers and relevant mangers can lead group supervision using this approach.</p> | Director of Quality | Within 1 month of dissemination |

11 Training and Other Resource Implications

All staff must complete Level 1&2 Preventing Radicalisation- Basic Prevent Awareness (BPA). This is available as e-learning through Health Education England's E-learning for Health platform <https://portal.e-lfh.org.uk>

All registered professionals will be required to undertake Preventing Radicalisation - Awareness of Prevent (Level 3). This was previously available as face-to-face training but will be delivered as e-learning via Health Education England's E-learning for Health platform <https://portal.e-lfh.org.uk>. This ensures the training meets the Health WRAP training requirements. This is to be added from the Course Catalogue ESR for registered professionals requiring level 3 training. The Interim Head of Safeguarding and Adult Safeguarding Advisor are working with the Mandatory Training Lead to ensure this training is available as soon as possible. Staff will be advised of this change to training via Jarvis and Connect.

The Trust's Electronic Staff Record maintains a record of all children and adult safeguarding training delivered, with reference to appropriate levels achieved.

12 Links to Other Policies, Standards (Associated Documents)

[Sheffield Safeguarding Children and Child Protection Procedures](#)

<https://www.sheffieldasp.org.uk/sasp/sasp/policy-and-procedures/south-yorkshire-adult-safeguarding-procedures>

<https://www.sheffieldasp.org.uk/sasp/sasp/policy-and-procedures/pipot-procedure>

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

<https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf>

<https://www.rcn.org.uk/professional-development/publications/pub-007366> -Children and Young People

<https://www.rcn.org.uk/professional-development/publications/pub-007069> - Adults

SHSCFT Performance Development Review (PDR) Policy

SHSCFT PREVENT Policy

SHSCFT Multi-Professional Preceptorship Policy Preceptorship Policy

SHSCFT Domestic Abuse Policy

SHSCFT Human Resource Policies

SHSCFT Consent Policy

SHSCFT Incident Reporting Policy

SHSCFT Supervision Policy

SHSCFT Safeguarding Children Policy

SHSCFT Safeguarding Adults and Prevent Policy

SHSCFT Raising Concerns at Work (Whistle Blowing) Policy

SHSCFT Access to Care Records Policy

SHSCFT Being Open and Duty of Candour Policy

SHSCFT Confidentiality and Information Sharing Policy

13 Contact Details

| Title | Name | Phone | Email |
|---|--------------------------------------|--------------|--|
| Named Doctor for Safeguarding Children | Helen Crimlisk | 275 0719 | Helen.crimlisk@shsc.nhs.uk |
| Head of Safeguarding | Diane Barker (Hester Litten-Interim) | 271 8484 | diane.barker@shsc.nhs.uk hester.litten@shsc.nhs.uk |
| Named Nurse for Safeguarding Children | Angela Whiteley | | Angela.whiteley@shsc.nhs.uk |
| Adult Safeguarding Advisor | Stephenie Barker | | Stephenie.barker@shsc.nhs.uk |
| Director of Quality | Salli Midgley | | Salli.midgley@shsc.nhs.uk |
| Executive Director of Nursing, Professions and Operations | Beverley Murphy | | Beverley.murphy@shsc.nhs.uk |
| Safeguarding Practitioner | Laura Gould | | Laura.gould@shsc.nhs.uk |
| Safeguarding Practitioner | Heather Chalmers | | Heather.chalmers@shsc.nhs.uk |

Appendix A

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.
 Name/Date:

YES, Go to Stage 2

Stage 2 Policy Screening and Drafting Policy - 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 and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

| SCREENING RECORD | Does any aspect of this policy 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 | | |
| Marriage or Civil Partnership | NO | | |

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by: Hester Litten
Name /Date 15/10/2021

Appendix B

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

| | | Tick to confirm |
|---|---|---|
| Engagement | | |
| 1 | Is the Executive Lead sighted on the development/review of the policy? | YES |
| 2 | Is the local Policy Champion member sighted on the development/review of the policy? | NO |
| Development and Consultation | | |
| 3 | If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process? | Not a new policy but Case for Need has been approved |
| 4 | Is there evidence of consultation with all relevant services, partners and other relevant bodies? | YES |
| 5 | Has the policy been discussed and agreed by the local governance groups? | NO – not a new policy |
| 6 | Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy? | YES Statutory requirement as per Counter Terrorism Strategy (CONTEST) |
| Template Compliance | | |
| 7 | Has the version control/storage section been updated? | YES |
| 8 | Is the policy title clear and unambiguous? | YES |
| 9 | Is the policy in Arial font 12? | YES |
| 10 | Have page numbers been inserted? | YES |
| 11 | Has the policy been quality checked for spelling errors, links, accuracy? | YES |
| Policy Content | | |
| 12 | Is the purpose of the policy clear? | YES |
| 13 | Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate) | YES – as above |
| 14 | Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.? | NA |
| 15 | Where appropriate, does the policy contain a list of definitions of terms used? | YES |
| 16 | Does the policy include any references to other associated policies and key documents? | YES |
| 17 | Has the EIA Form been completed (Appendix 1)? | YES |
| Dissemination, Implementation, Review and Audit Compliance | | |
| 18 | Does the dissemination plan identify how the policy will be implemented? | YES |
| 19 | Does the dissemination plan include the necessary training/support to ensure compliance? | YES |
| 20 | Is there a plan to <ol style="list-style-type: none"> i. review ii. audit compliance with the document? | YES |
| 21 | Is the review date identified, and is it appropriate and justifiable? | YES |

PREVENT - Notice/Check/Share

NOTICE

Are you concerned about a service user/patient? Have you noticed a change in behaviour; are they becoming withdrawn, or acting differently? Have they said something that is worrying you? Have you noticed a change of appearance, change of perspective or opinion?

CHECK

Do not ignore your concerns – check with colleagues and/or manager or family member (if appropriate) who may also have noticed something. Check your concern with your Safeguarding Lead. Discuss your concerns – sharing all information e.g., what was said, who said it, behaviour of the person etc.

If there is an immediate concern – call 999

SHARE

Share information with the Prevent Lead in the Safeguarding Team and discuss your concerns. Once the concern has been recognised as valid, follow the 'RAISING A PREVENT CONCERN' flowchart and contact the police by dialling 101 and asking for the Prevent Officer for your area. Complete a Safeguarding Concern.