

# PREVENT Policy and Procedure

Version:	1
To be Approved by:	Trust Executive Management Team
Date Approved:	2 <sup>nd</sup> July 2021
Lead Manager:	Adult Safeguarding & PREVENT Lead
Responsible Director:	Medical Director
Date issued:	2 <sup>nd</sup> July 2021
Review date:	2 <sup>nd</sup> July 2022

## **PREVENT Policy**

### **Table of Contents:**

**INTRODUCTION: THE STRATEGIC CONTEXT**

**PURPOSE OF THE PREVENT POLICY**

**SCOPE**

**DEFINITIONS**

**DUTIES & RESPONSIBILITIES**

**TRUST STRATEGY**

**ACTIVITY MONITORING & COMPLIANCE**

**EDUCATION AND TRAINING REQUIREMENTS**

**SIGNS OF RADICALISATION**

**CHANNEL PROCESS**

**PREVENT REFERRAL PATHWAY**

**PREVENT & INFORMATION SHARING**

**RELATED POLICIES & LEGISLATION**

**EQUALITY IMPACT ASSESSMENT**

**CONTACTS**

**APPENDIX 1 VULNERABILITY ASSESSMENT FRAMEWORK**

## 1. INTRODUCTION: THE STRATEGIC CONTEXT

Prevent is the one of the four strands of a cross government counter terrorism strategy called CONTEST<sup>1</sup>. CONTEST was reviewed in 2011 and the focus includes all forms of terrorism. 1 The strands are

- **Protect** To strengthen our protection against a terrorist attack
- **Prepare** To mitigate the impact of a terrorist attack
- **Pursue** To disrupt or stop terrorist attacks
- **PREVENT** To stop people becoming terrorists or supporting terrorism.

There are three strategic objectives of the PREVENT strategy:

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

Section 26 of the Counter Terrorism and Security Act 2015 (CT&SA) places responsibilities on specified authorities to “have due regard to the need to prevent people from becoming drawn into terrorism”. This duty applies to the Trust, as a health care organisation and as a Higher Education provider.

Healthcare professionals will meet and treat people who may be vulnerable to being drawn into terrorism. Higher education students will be exposed to challenging views during their studies. Being drawn into terrorism includes not just violent extremism but also non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views which terrorists exploit.

This PREVENT process closely aligns to safeguarding child and adult care pathways, along with routes for providing effective support for students registered at the Trust.

## 2. PURPOSE OF THE PREVENT POLICY

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 healthcare organisations and front-line workers need to have the mechanisms and interventions in place to support an individual being exploited and to help them to move away from terrorist-related activity<sup>2</sup>.

This protocol aims to

---

<sup>1</sup> Home Office, (2011) Contest, The United Kingdom’s Strategy. Available from <http://www.homeoffice.gov.uk/> updated 19 March 2020

<sup>2</sup> Building Partnerships, Staying Safe DoH 2011

- outline the statutory responsibilities of the Trust in relation to PREVENT
- inform staff of their duties and responsibilities relating to PREVENT
- describe the process for raising a concern under PREVENT
- describe the response to concerns via the CHANNEL process
- describe the requirements for information sharing
- describe the arrangements for PREVENT Training

### 3. SCOPE

The PREVENT policy applies to all forms of terrorist and extremist behaviour and is not limited to any particular racial, religious or political group.

The PREVENT policy applies to all in the Trust community, including staff trainees, volunteers, contractors, visiting lecturers, and students. The policies applies to those working or studying at the Trust's outreach services and national centres. The PREVENT agenda has particular relevance for those who work directly with vulnerable people.

### 4. DEFINITIONS

**'Having due regard'** means that the authorities should place an appropriate amount of weight on the need to prevent people being drawn into terrorism when they consider all the other factors relevant to how they carry out their usual functions.

**'Extremism'** is defined in the 2011 Prevent strategy as vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

**'Interventions'** are projects intended to divert people who are being drawn into terrorist activity. Interventions can include mentoring, counselling, theological support, encouraging civic engagement, developing support networks (family and peer structures) or providing mainstream services (education, employment, health, finance or housing).

**'Non-violent extremism'** is extremism, as defined above, which is not accompanied by violence.

**'Prevention'** in the context of this document means reducing or eliminating the risk of individuals becoming involved in terrorism. Prevent includes but is not confined to the identification and referral of those at risk of being drawn into terrorism into appropriate interventions. These interventions aim to divert vulnerable people from radicalisation.

**'Radicalisation'** refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

**‘Safeguarding’** is the process of protecting vulnerable people, whether from crime, other forms of abuse or (in the context of this document) from being drawn into terrorist related activity.

**“Terrorism”**. The current UK definition of ‘terrorism’ is given in the Terrorism Act 2000. In summary this defines terrorism as an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

**‘Terrorist-related offences’** are those (such as murder) which are not offences in terrorist legislation, but which are judged to be committed in relation to terrorism.

**‘Vulnerability’** describes the condition of being capable of being injured; difficult to defend; open to moral or ideological attack. Within Prevent, the word describes factors and characteristics associated with being susceptible to radicalisation.

**“Channel”** is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. The programme uses a multi-agency approach to protect vulnerable people by:

- a. identifying individuals at risk;
- b. assessing the nature and extent of that risk; and
- c. developing the most appropriate support plan for the individuals concerned.

This work is facilitated by the multiagency Channel Panel. Section 38 of the CT&SA places a duty to co-operate on all partners of a Panel to assist the police and the panel in carrying out their functions under the CT&SA.

## **5. DUTIES & RESPONSIBILITIES**

The Trust is responsible for preventing people, to whom it provides education, care and services, from being drawn into terrorism and ensure they can access appropriate support. This protocol provides guidance on what to do if concerns are raised about an individual who may be at risk of being drawn into radicalisation or terrorism.

Roles & responsibilities:

### **Chief Executive**

- Board level responsibility for the delivery of PREVENT and to ensure the Trust meets requirements set out by statutory and regulatory authorities such as the Department of Health, the Office for Students, Commissioners, and the Care Quality Commission.
- Responsibility for ensuring that all operational managers are aware of this policy, understand its requirements and support its implementation with relevant staff.

### **Medical Director**

The role of the Senior Clinical lead is to provide oversight in the complex safeguarding risk assessments, particularly in mental health where they will

often involve people with multiple and complex needs. The responsibilities of this role include:

- 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 Senior Clinical Lead undertaking this role must have undertaken Prevent training such as the Workshop to Raise Awareness of Prevent (WRAP)

### **Adult Safeguarding & PREVENT Lead**

The Adult Safeguarding & PREVENT Lead is the nominated PREVENT lead for the Trust, and is responsible for:

- development of policy and procedure relating to PREVENT
- operation of PREVENT processes within Tavistock & Portman
- ensuring there is a PREVENT programme to deliver training in accordance with NHSE standards
- ensuring the collation and submission of PREVENT performance data
- ensuring referrals are made to Channel where appropriate
- responding to requests for information from the Channel panel
- contributing to the Channel process and attending Channel meetings

### **Operations Director, Education & Training**

Responsibilities include:

- Acting as PREVENT lead for the Trust's education activities
- Creation and promotion of suitable PREVENT processes for education activities
- Ensuring all relevant information is shared as necessary with the Adult Safeguarding and PREVENT lead, to enable onward reporting and referrals where required.
- Manage the interface between the Trust, the Department for Education, and the Office for Students (OfS) in relation on PREVENT duties.
- Co-ordinate the Trust's reporting to the OfS on PREVENT activities, liaising with colleagues and senior Trust staff as required.

### **Head of HR Operations**

Responsibilities include:

- Ensuring that the Trust's statutory and mandatory training programmes include PREVENT training as defined by the training needs analysis (refer to the Staff Training Policy).
- Maintaining and reporting on records of staff who have undertaken training

### **All staff**

All staff employed by, seconded to, or working within Tavistock & Portman on an agency or temporary or voluntary basis must

- Undertake training in line with their role
- Recognise PREVENT concerns when they observe or are informed of such

- Record the concern
- Refer the concern if appropriate in the manner described in referral pathways below

## 6. TRUST STRATEGY

The Trust PREVENT strategy is five-fold:

- to ensure staff and students are appropriately trained in Prevent
- to ensure the Trust is committed to multi-agency working, facilitated by a Prevent lead
- to ensure we adhere to and promote the national PREVENT Strategy duty
- to ensure we provide appropriate support and guidance for all vulnerable people, including patients, staff and students, in relation to them being at risk of radicalisation.
- to ensure those at risk of radicalisation are referred to the Prevent programme for the appropriate support and guidance.

## 7. ACTIVITY MONITORING & COMPLIANCE

Tavistock & Portman is required to monitor and report on referrals and training activity on a Quarterly basis via submission to NHSE and the CCG. The Trust is also required to submit accountability returns to the OfS, with a frequency which is determined annually. Within Tavistock & Portman the Safeguarding Committee / safeguarding unit and the Risk and Safety sub-committee of the Integrated Governance Committee (IGC) will monitor activity and adherence to the policy.

## 8. EDUCATION AND TRAINING REQUIREMENTS

Frontline staff who engage with patients, students, and other members of the public, should understand what radicalisation means and why people may be vulnerable to being drawn into terrorism as a consequence.

Prevent Training and Competencies Framework includes Prevent information and identifies competencies for all healthcare staff against six levels

Tavistock & Portman will ensure all staff receive the correct level of training in PREVENT, as described in the NHS England competency framework. As the Tavistock & Portman is also a Higher Education Provider, the PREVENT training requirements have been applied to those working to provide and support Higher Education activities within the organisation. While the training has been prepared for those working in a healthcare environment, it has been assessed as applicable to those working in the Trust in educational roles.

Those staff identified as requiring Level 1 and Level 2 training within the **Safeguarding Children and Young people intercollegiate guidance** (pages 12 & 14) Level 2 should be the minimum level of competence for all clinical and non-clinical staff that have contact with students, adult patients, children and young people and/ or parents/carers. Competencies should be reviewed annually as part of the appraisal process.

Non-clinical and non-teaching staff (levels 1&2) will receive a comprehensive E-Learning package that meets the requirements outlined by the Home Office regarding this method of delivery.

Those staff identified as requiring more detailed training (levels 3, 4 & 5) will receive an NHS England approved e-Learning package, which should be completed within 12 months of starting in a role requiring this level of training.

Board members must have Safeguarding Level 1 training which includes the ability 'to be able to recognise potential indicators of adult abuse - physical, emotional, domestic abuse, sexual abuse, FGM, neglect, self-neglect, financial, discriminatory, organisational, historical childhood abuse, **radicalisation** and human trafficking'.

The minimum training compliance target for organisations at this level is 85% over 3 years or as agreed locally by the NHS Standard Contract holder

## 9. SIGNS OF RADICALISATION

There is no single way of identifying who is likely to be vulnerable to being drawn into terrorism. Factors that may have a bearing on someone becoming vulnerable may include:

- peer pressure, having family members or friends who are already radicalised,
- influence from other people or via the internet,
- bullying,
- crime against them or their involvement in crime,
- anti-social behaviour,
- family tensions,
- race/hate crime,
- lack of self-esteem or confusion over personal identity
- personal or political grievances
- feelings of loss or bereavement
- social isolation
- experience of discrimination, inequality or harassment leading to a sense of grievance
- family breakdown or community tensions

There are many reasons why someone may be at risk of radicalisation and some of the signs to look out for are listed below,:

- out of character changes in behaviour, dress and beliefs
- changes in their friendship groups or associating with people who hold extremist views
- digital interaction with inappropriate online sites
- changes in use of social media with increased secrecy
- showing sympathy for extremist causes
- advocating extremist messages
- glorifying violence
- accessing extremist literature and imagery



NB this is not an exhaustive list

## **10. CHANNEL PROCESS**

Channel is a voluntary programme which provides tailored support to help move individuals away from radicalisation.

The Channel panel is chaired by the local authority and works with multi-agency partners to collectively assess the risk to an individual and decide whether an intervention is necessary.

If a Channel intervention is required, the panel works with local partners to develop an appropriate tailored support package. The support package is monitored closely and reviewed regularly by the Channel panel.

Channel assesses vulnerability using a consistently applied vulnerability assessment Framework built around three criteria. The three criteria are:

- a. Engagement with a group, cause or ideology;
  - b. Intent to cause harm; and
  - c. Capability to cause harm.
- (See appendix 1 vulnerability assessment framework)

Referrals are often likely to be made in the first instance by individuals who come into contact with vulnerable people. Where appropriate a referral will be forwarded to the Police who will assess whether or not the case is potentially suitable for Channel. The Police co-ordinate Channel activity, requesting relevant information about a person, and make an initial assessment of the person's vulnerability. Partners of the multi-agency Channel panel may be requested to provide information about an individual to the police during the information gathering stage. (See PREVENT & information sharing, below)

The information will then be presented to the Channel panel. The panel will together undertake a review of vulnerability and risk, collectively make an assessment of support needs, identify and procure an appropriate support package and subsequently review progress.

Section 36(4) of CT&SA requires panels to:

- a. prepare a plan for an individual whom the panel considers appropriate to be offered support;
- b. make arrangements for support to be provided as described in the plan where consent is given;
- c. keep the support given under review;
- d. revise or withdraw a support plan if considered appropriate;
- e. carry out further assessments, after such periods as the panel considers appropriate, of an individual's vulnerability to being drawn into terrorism
  - where the necessary consent to the provision of support is refused or withdrawn
  - the panel has determined that support should be withdrawn; and
- f. prepare a further support plan if considered appropriate.

Participation in a Channel programme is voluntary, and consent must be given by the individual (or their parent/guardian where appropriate) before any support measures are put in place. All individuals who receive support through Channel must be made aware that they are receiving this as part of a programme to protect people from being drawn into terrorism; what the aims of the process are; and what to expect. Where someone does not wish to continue with the process, it may be appropriate to provide alternative forms of support.

## **11. PREVENT REFERRAL PATHWAY**

There are two key pathways

- Procedure for raising concern
- Pathway to mental health support for people referred by Channel Panel

### **1. Procedure for raising concerns**

The procedure outlined below should be followed when raising concerns about an individual or individuals. **In addition to the procedure outlined below, if there is a perceived immediate threat to any individual or property, the police should be notified by calling 999, or 3333 from a telephone on the Trust network.**

Any member of staff who observes or is informed of any concerns about a person who may be vulnerable to being drawn into terrorism should contact the Head of Adult Safeguarding. Where the person at risk is a child, the Children's Safeguarding Lead should also be notified. Where the person at risk is a student or trainee in the Directorate of Education & Training, the Operations Director for Education & Training should also be notified.

If considered appropriate, a referral will be made by the PREVENT Lead to the relevant Channel panel for the area where the person lives.

Where the concern is about the possible risk of radicalisation of a vulnerable person, there will need to be a discussion within Tavistock & Portman with the Head of Adult Safeguarding, and if required the Caldicott Guardian. Consent of the individual concerned will usually be required in these circumstances.

Where appropriate, the person raising the concern will be asked to complete a referral form outlining the concern and the circumstances in which it arose. The referral should be sent to the relevant Local authority PREVENT coordinator and copied to the Adult Safeguarding and PREVENT Lead. If the referral is in respect of a person under the age of 18 the Children's Safeguarding Lead should also be notified and copied into the referral.

Where the concern involves the person making threats of a terrorist nature or a risk of harm to others then this should be referred **immediately** to the Police and consent would not be required. This would occur when the risk to public safety is believed to outweigh the duty of confidentiality. This will be the case even when the person may be acutely mentally unwell. If it transpires that the concern was due solely to the person's illness this can be dealt with at a later stage and the Channel consideration withdrawn. Advice may be sought from the PREVENT Lead.

## 2. Pathway to mental health support for people referred by Channel Panel

When the Channel Panel has identified that a person who is at risk of radicalisation may have mental health needs, the Panel will make a referral to the Tavistock & Portman PREVENT Lead.

The Tavistock & Portman Prevent lead will facilitate access to a mental health assessment for the person. The assessment in these circumstances should take one week, and should include:

### *Rapid triage*

This should require a rapid initial triage in 1-2 days of the receipt of the referral.

### *Assessment of urgent and emergency cases*

Where there appears to be a mental health need the person should be contacted and offered an assessment. The urgency will depend on clinical need and may include urgent or emergency pathways. In urgent cases this should be within 24 hours and in cases of immediate emergency, within 4 hours.

### *Routine assessment*

For non-urgent or emergency cases the person should be contacted within one week of referral and offered an assessment based on the level of clinical need. It may be beneficial to offer a joint assessment with the Police in some cases.

The person concerned is under no obligation to accept the offer of assessment, although this should be encouraged.

Treatment and support Treatment should be offered in line with the usual access arrangements. This will include a maximum 2 week wait for a person with first onset of psychosis.

## **12. PREVENT & INFORMATION SHARING**

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

However, the Prevent programme must not involve any covert activity against people or communities. But specified authorities may need to share personal information to ensure, for example, that a person at risk of radicalisation is given appropriate support (for example on the Channel programme). Information sharing must be assessed on a case-by-case basis and is governed by legislation.

The partners of a Channel panel must act in co-operation with the panel and the police in carrying out their functions for Channel. Section 38 of the CT&SA requires the partners to co-operate with the panel and the police in providing any relevant information so that they can effectively carry out their functions to determine whether an individual is vulnerable to being drawn into terrorism.

When considering sharing personal information, the specified authority should take account of the following:

- necessity and proportionality: personal information should only be shared where it is strictly necessary to the intended outcome and proportionate to it. Key to determining the necessity and proportionality of sharing information will be the professional judgement of the risks to an individual or the public;
- consent: wherever possible the consent of the person concerned should be obtained before sharing any information about them;
- power to share: the sharing of data by public sector bodies requires the existence of a power to do so, in addition to satisfying the requirements of the Data Protection Act 2018 and the Human Rights Act 1998;
- Data Protection Act and the Common Law Duty of Confidentiality:

The duty to co-operate is limited by the Trust's legal responsibilities; compliance with the duty does not require or authorise the making of a disclosure that would contravene the Data Protection Act 1998. Where consent cannot be sought, information sharing may take place if this is in accordance with the Data Protection Act. (CT&SA S.38.4a)

Therefore, consent should be obtained wherever possible. If it is not obtained, or if consent is withheld, there must be another lawful basis to share the information.

There will be circumstances of course, when seeking the consent of the individual will not be desirable or possible because it will prejudice delivery of the intended outcome, or may increase the risk of significant harm to the individual or the public

In these circumstances there are gateways or exemptions which permit sharing of information to take place without consent, if for example, it is required by law or can be justified in the public interest. Each case must be considered on its own merits.

Where there are significant concerns about the sharing of information for PREVENT purposes, these can be discussed with the Adult Safeguarding and PREVENT Lead and the Caldicott Guardian.

### **13. RELATED POLICIES & LEGISLATION**

This protocol should be used alongside existing documents which already govern health care and education organisations.

Trust documents:

- Safeguarding Adults Policy
- Safeguarding Children Policy
- Information Sharing Agreements (working within the Caldicott Guardian Principals)
- Academic Freedom and Freedom of Speech Policy
- Acceptable Use Procedure
- Confidentiality Code of Conduct
- Staff Safety and Security Procedure

- Freedom to speak up policy
- Serious Incident Investigation and Learning Procedure

#### National Legislation & Guidance:

- Counter Terrorism & Security Act 2015
- Revised Prevent duty guidance: for England and Wales; Statutory guidance Updated 10 April 2019
- Data Protection Act 2018
- Human Rights Act 1998
- Terrorism Act 2006
- Equality Act 2010
- Counter-Extremism Strategy CONTEST 2018
- Prevent Duty Guidance for Higher Education in England and Wales
- Prevent duty: Framework for monitoring in higher education in England
- Building Partnerships, Staying Safe The health sector contribution to HM Government's *Prevent* strategy: guidance for healthcare organisations (DoH 2011)
- Prevent Strategy: Equality Impact Assessment June 2011
- Guidance for mental health services in exercising duties to safeguard people from the risk of radicalisation (NHSE 2017)
- Practical Guidance on the sharing of information and information governance for all NHS organisations specifically for Prevent and the Channel process (NHSE 2017)

## 14 EQUALITY IMPACT ASSESSMENT

A national consultation on the Prevent Strategy from 2007 was conducted in November 2010 until January 2011. The consultation created the foundations for the national strategy's Equality Impact Assessment. The consultation exercise which formed part of the assessment revealed that the perception was that the strategy would have little impact in relation to the majority of protected characteristics

- Race
- Disability;
- Gender;
- Gender reassignment;
- Sexual orientation;
- Age;
- Pregnancy and maternity; and
- Marriage and civil partnership.

However, in relation to religion or belief the perception was that the strategy could have a disproportionate impact on religion in terms of a perceived stigmatisation of Muslims. This was set out in terms of negative stereotyping of Muslims and Muslim communities and resentment from concerned that if the strategy focuses on Al Qa'ida or ISIS inspired terrorism then this could create problems for the Muslim population in the UK, for example:

- Inadvertently focus on Islam as a religion;
- Stigmatise or reinforce stereotypes of Muslims as terrorists;

- Provide far right groups with 'fuel' to marginalise Muslims in the UK wider society regarding preferential treatment

It is therefore important that this policy encompasses all forms of extremist and terrorist ideology.

In relation to disability it has been stated that PREVENT could have an adverse impact in that those with mental health issues may become 'victims of Prevent' as they will be more likely to be arrested and imprisoned. Alternatively, some expressed concern that those with mental/learning disabilities were easy targets for radicalisers and that PREVENT would provide support for such people, therefore having a positive impact.

## **15. CONTACTS**

Adult Safeguarding & PREVENT Lead can be contacted via

[Safeguarding@Tavi-Port.nhs.uk](mailto:Safeguarding@Tavi-Port.nhs.uk)

## APPENDIX 1 VULNERABILITY ASSESSMENT FRAMEWORK

There are many factors that could make somebody susceptible to radicalisation. It is about early intervention to protect and divert people away from the risk they face before illegality occurs. It should not be assumed that the characteristics set out on a slide necessarily indicate that a person is either committed to terrorism or may become a terrorist. The assessment framework involves three dimensions:

- engagement,
- intent and
- capability

Please see the attached link for more information

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/118187/vul-assessment.pdf#:~:text=2%20Channel%3A%20Vulnerability%20assessment%20framework%20This%20document%20provides,It%20should%20be%20read%20alongside%20the%20Channel%20guidance](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/118187/vul-assessment.pdf#:~:text=2%20Channel%3A%20Vulnerability%20assessment%20framework%20This%20document%20provides,It%20should%20be%20read%20alongside%20the%20Channel%20guidance)