

# Prevent Policy

Policy ID	CG16
Version:	V1.0
Author	EPRR Officer
Last review date:	N/A
Next review date:	April 2018
Date agreed by Remuneration and Nominations Committee	29 <sup>th</sup> July 2016

## Version History

V.	Date	Status and/ or amendments
V0.1		First draft
V1.0	29/7/16	Approved by Remuneration & Nominations Committee

## Equality statement

Surrey Downs Clinical Commissioning Group (Surrey Downs CCG) aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability. Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the person requesting has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

Surrey Downs CCG embraces the six staff pledges in the NHS Constitution. This policy is consistent with these pledges.

## Equality analysis

This policy has been subject to an Equality Analysis, the outcome of which is recorded below.

		Yes, No or N/A	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:	No	
	<b>Age</b> Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).	No	
	<b>Disability</b> A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.	No	
	<b>Gender reassignment</b> The process of transitioning from one gender to another.	No	

	<p><b>Marriage and civil partnership</b></p> <p>In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple.</p> <p>Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).</p>	No	
	<p><b>Pregnancy and maternity</b></p> <p>Pregnancy is the condition of being pregnant or expecting a baby.</p> <p>Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.</p>	No	
	<p><b>Race</b></p> <p>Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins</p>	No	
	<p><b>Religion and belief</b></p> <p>Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition</p>	No	

	<b>Sexual orientation</b>  Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the document/guidance likely to be negative?	No	
5.	If so, can the impact be avoided?	N/A	
6.	What alternative is there to achieving the document/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

For advice in respect of answering the above questions, please contact the Corporate Office, Surrey Downs CCG. If you have identified a potential discriminatory impact of this procedural document, please contact as above.

Names and Organisation of Individuals who carried out the Assessment	Date of the Assessment
Daniel Dumbarton, Surrey Downs CCG	23 <sup>rd</sup> May 2016
Jonathan Perrott, Surrey Downs CCG	

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## 1. Introduction

The Government's PREVENT strategy focuses on stopping people becoming terrorists or supporting terrorism. It is part of the Government's counter terrorism strategy CONTEST, which is led by the Home Office. As PREVENT is about recognising when vulnerable individuals are being exploited for terrorist-related activities, the guidance is about PREVENT being integrated into our safeguarding structures. PREVENT addresses all forms of terrorism but prioritises these according to the threat they pose to our national security. PREVENT is delivered in partnership by a wide range of organisations including the police service. Together we recognise that the best long term solution to preventing terrorism is to stop people becoming terrorists in the first place.

CONTEST, which is primarily organised around four key principles/programmes, each with a specific objective:

- 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.

NHS Health Care Organisations are a key partner in the PREVENT principle of this strategy, in line with all parts of the NHS, charitable organisations and private sector bodies which deliver health services to NHS patients. It refers to anyone (staff, patients or visitors).

PREVENT has 3 national objectives:

- 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.

Terrorism is a very real threat to all our communities and terrorists seek to exploit those who are most vulnerable. That is why it is vital that we all work together to support those who are at risk of being drawn into terrorism as a consequence of radicalisation – regardless of faith, ethnicity or background.

## **2. Associated Documents**

- NHS England Prevent Training and Competencies Framework 2015
- UK Governments Counter-terrorism strategy (CONTEST)
- Terrorism Act 2000
- Counter-Terrorism and Security Act 2015

## **3. Purpose and Scope**

The purposes of this document is to encourage a consistent and proportionate approach to raising awareness of PREVENT as part of the wider safeguarding agencies.

This guidance describes how NHS Surrey Downs CCG will implement the PREVENT agenda.

The PREVENT agenda will ensure that:

- NHS Surrey Downs CCG staff have adequate training and know how to safeguard and support vulnerable individuals, whether service users or staff, who they feel may be at risk of being radicalised by extremists.
- Appropriate systems are in place for staff to raise concerns if they think this form of exploitation is taking place.
- NHS Surrey Downs CCG promotes and operates safe environments where extremists are unable to operate.

## **4. Duties**

Staff providing services on behalf of the Surrey Downs CCG must ensure they share information appropriately both professionally and legally when there is a safeguarding concern and in-line with HM Governments Information Sharing Guidance and Confidentiality: NHS Code of Practice, and the relevant local information sharing protocols.

PREVENT is based on the active engagement of the vulnerable individual and is at a pre-criminal stage, therefore appropriate consent should be obtained from the individual involved prior to a referral, both to comply with the Code of Practice on Confidentiality and to establish an open relationship with the vulnerable individual at the start of the process. However, in exceptional circumstances, where seeking consent prior to referral would cause immediate significant harm to the vulnerable individual and/or where the vulnerable person lacks capacity to give consent, a referral may be made without consent in their best interests.

Additionally, agencies may share limited and proportionate information prior to consent in exceptional cases where this is immediately required to establish

whether the case should be managed under PREVENT or as a Counter Terrorism case.

Please note: Where there is concern or evidence that an individual is actually engaged in the planning or undertaking of terrorist acts, then consent is not required to share any information that may be required to assess and manage the risk of a serious criminal offence occurring. In these cases the individual should not be informed that information is being shared without multi agency agreement of what is required to ensure the safety of others.

If staff are not sure on information sharing or consent issues, they should seek advice from the Designated Nurses for Safeguarding Adult or Children or Caldicott Guardian. All information shared must comply with all Caldicott Principles.

Any disclosures or discussions on information sharing or consent should be recorded.

Concerns that an individual may be vulnerable to radicalisation do not mean that you think the person is a terrorist, it means that you are concerned they are prone to being exploited by others, possible indicators for concern include;

- Reports of unusual behaviour, friendships or actions and request for assistance
- Reports could come from family, parents or colleagues
- Patients or staff accessing extremist material online
- Use of extremist or hate terms to exclude others or incite violence
- Artwork or literature promoting violent extremist messages or images

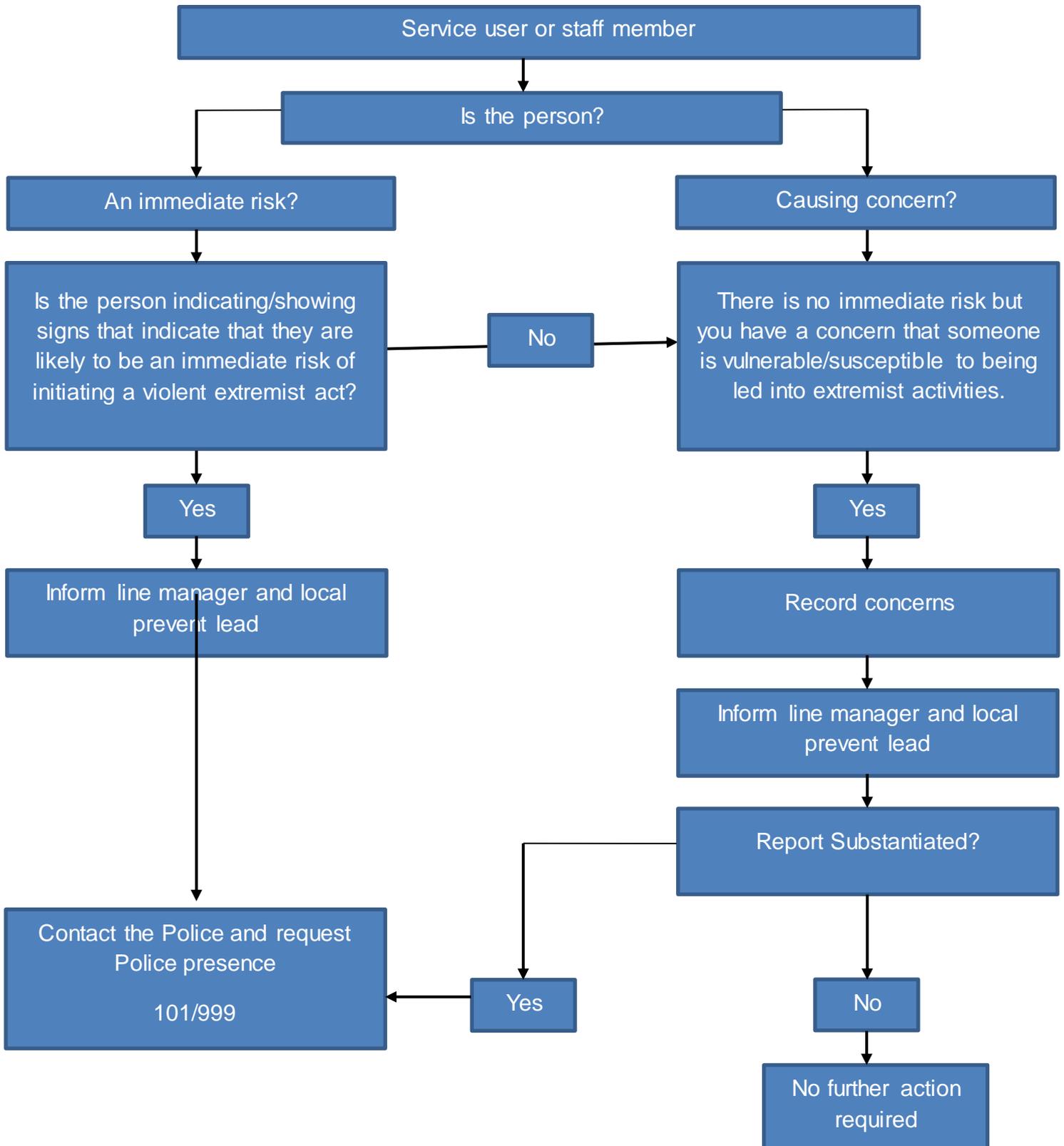
You will need to use your own judgement in determining the significance of changes in their behaviour.

Intervention must include the individual's consent (Code of Practice on Confidentiality) where possible and the local Caldicott Guardian may be notified.

If you have concerns you **MUST** raise them in accordance with PREVENT Leads as soon as possible or any of the key contacts in the CCG, the police or crime stoppers. All contact details are at the back of this policy.

## Reporting Flow Chart

Action to be taken if you suspect and Individual is being Radicalised/self radicalised into extremist activities



It is the role of NHS Surrey Downs Clinical Commissioning Group to hold their providers to account on PREVENT which is in the NHS Standard Contract. The PREVENT Training and Competencies Framework has been developed in conjunction with the safeguarding children and young people: roles and competences for health care staff (Intercollegiate Document, 2014) in order to ensure a consistent approach to training and provide parity between the expectations to safeguard both children and adults with care and support needs.

All staff in Surrey Downs are to receive appropriate Prevent training the level of which will depend on their role.

## **5. Target Audience**

The Government is committed to the prevention of radicalisation where there is a risk of drawing people into terrorism, as an integral part of the counter-terrorism strategy. The PREVENT strategy addresses all forms of terrorism and focuses work to prevent radicalisation on three key objectives:

- a) Respond to the ideological challenge of terrorism and the threat we face from those who promote it;
- b) Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support; and
- c) Work with sections and institutions where there are risks of radicalisation we need to address.

PREVENT is a national programme that is prioritised at a local level according to the risks we face. Section 26 of the 2015 Counter Terrorism and Security Act places a duty on certain bodies to have 'due regard to the need to prevent people from being drawn into terrorism'. Any community can be affected by the threat from terrorism but the nature and extent of the threat will vary across the country; local responses need to be appropriate and proportionate to local circumstances.

The principles of the PREVENT strategy apply equally to all communities who may be the focus of attention from terrorist and radicalisers. This includes those at risk from groups supporting international terrorism, far right extremist ideologies and other forms of terrorism.

## **6. Safeguarding**

Safeguarding and promoting the welfare of vulnerable children and adults is the responsibility of all members of NHS Surrey Downs CCG. It is a key requirement for NHS Surrey Downs CCG as well as the voluntary sector, parents and carers and the wider community to ensure that vulnerable children, young people and adults are protected from harm.

Local authorities have a lead role in coordinating work to safeguard adults. Under the Care Act 2014, local authorities have a duty to have Adult Safeguarding

Boards in their areas. These boards provide strategic leadership to the work of the and partner agencies, on the development of policy and practice in relation to safeguarding adults at risk.

All local authorities also have Local Safeguarding Children Boards with an equivalent strategic leadership role in relation to partners involved in safeguarding children locally. The Working Together to Safeguard Children (2015) guidance, and guidance on safeguarding adults, is relevant in England in this context.

Safeguarding vulnerable people who may be at risk of being drawn into terrorism is an essential part of the PREVENT strategy. Terrorism is a real and serious threat to us all because terrorist actively seek to harm us, to damage community relations and to undermine the values we share. Throughout the country there is now a duty on certain bodies to “have due regard in the exercise of its functions, to the need to prevent people from being drawn into terrorism”.

## **7. Primary Care**

Surrey Downs CCG will endeavour to promote the principles and practices of this Prevent policy with Primary care colleagues. Using existing forums and standing meetings Surrey Downs CCG will make its primary colleagues aware of this policy and its function and purpose in the primary field. Specifically, the promotion and use of the reporting flow chart on Page 9.

## **8. Monitoring and Review**

Any reports made to the Police or safeguarding lead will be reviewed on an annual basis and used to inform the development of future procedural documents.

This policy will be reviewed on a yearly basis, and in accordance with the following on an as and when required basis;

- legislative changes; significant incidents reported
- new vulnerabilities
- changes to organisational infrastructure