Pennine Care NHS
NHS Foundation Trust

Policy Document Control Page

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Amendments made:

- Section 2 – the Safeguarding Families forum is to be renamed the Safeguarding Assurance Governance Group
- Section 8 in respect of contact to be made when raising a Prevent concern and safeguarding team details have been updated.
- Appendix 3 flowchart updated.
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Policy to be uploaded to the Trust's External Website? YES

Review

Review Date: August 2020

Responsibility of: Sian Schofield

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This policy is to be disseminated to all relevant staff.

This policy must be posted on the Intranet.

Date Posted: 6th September 2017

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1.0 INTRODUCTION

1.1 CONTEST, the Government's national counter terrorism strategy, aims to reduce the risk to the United Kingdom and its interests overseas from international terrorism, so that people can go about their lives freely and with confidence.

1.2 These forms of terrorism include but are not limited to:

- Al-Qa'ida influenced groups
- Far Right extremists
- Environmental extremists
- Animal Rights extremists

1.3 CONTEST has four work streams:

- Pursue: to stop terrorist attacks
- Protect: to strengthen our protection against terrorist attack
- Prepare: where an attack cannot be stopped, to mitigate its impact
- *Prevent*: to stop people becoming terrorists or supporting terrorism

2.0 SCOPE

2.1 Preventing someone from becoming a terrorist or supporting terrorism is no different from safeguarding vulnerable individuals from other forms of exploitation. Therefore, this Policy sits alongside the organisation's Safeguarding Families Policy.

2.2 This policy applies to all staff employed by the organisation, either directly or indirectly, including volunteers and to any other person or organisation that uses the organisation's premises for any purpose.

3.0 POLICY AIM

3.1 This key aim of this policy is to identify how staff will be supported to develop an understanding of the *Prevent* Strategy and how they can utilise their existing knowledge and skills to recognise that someone may have been, or is being radicalised.

3.2 This Policy sets out where staff can seek advice from and how to escalate their concerns within Pennine Care NHS Foundation Trust. Where concerns need to be raised with external agencies, this Policy describes how referrals will be managed within the existing multi-agency safeguarding processes.

3.3 This Policy sets out how *Prevent* related referrals or requests for information from external agencies will be managed by Pennine Care NHS Foundation Trust.

4.0 HEALTH ENGAGEMENT WITH THE *PREVENT* STRATEGY 2011

4.1 The *Prevent* Strategy 2011 addresses all forms of terrorism and non-violent extremism which can create an atmosphere conducive to terrorism and can popularise views which terrorists then exploit. Prevent deals with all kinds of terrorist threats to the United Kingdom. The most significant of these threats is currently from organisations in Syria and Iraq and Al Qa'ida associated groups. Terrorist associated with the extreme right wing also pose a continued threat to safety and security. The aim of *Prevent* is to stop people from becoming terrorists (often referred to as being radicalised) or supporting terrorism. It operates in the pre-criminal space before any criminal activity has taken place.

4.2 The Department of Health is a key strategic partner in The *Prevent* Strategy as Healthcare professionals may meet and treat people who are vulnerable to radicalisation.

4.3 The three key objectives of the *Prevent* Strategy are to:

1. Challenge the **ideology** that supports terrorism and those who promote it
2. Prevent vulnerable **individuals** from being drawn into terrorism and ensure that they are given appropriate advice and support
3. Work with sectors and **institutions** where there are risks of radicalisation

Health organisations are expected to be involved in delivering objectives 2 and 3 only.

5.0 PROCESS OF EXPLOITATION

5.1 Evidence suggests that there is no obvious profile of a person who is likely to become involved in terrorist-related activity, or single indicator of when a person might move to support extremism. However, 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 personal environment and may make them susceptible to exploitation or supporting terrorist activities (see Appendix 1). Vulnerable individuals who may be susceptible to radicalisation can be patients, carers and/or staff.

5.2 Radicalisers often use a persuasive rationale or narrative and are usually charismatic individuals who are able to attract people to their

cause which is based on a particular interpretation or distortion of history, politics and/or religion.

5.3 The key challenge for the health sector is to ensure that, where there are signs that someone has been or is being drawn into terrorism, that healthcare workers are aware of the support available and are confident in referring the person for further support.

6.0 INTERNET

6.1 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.

6.2 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.

6.2 Trust/organisation 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.

6.3 A dedicated website to report suspected terrorism or suspicions that some may be involved in terrorism is available at: https://www.gov.uk/terrorism-national-emergency/reporting-suspected-terrorism

7.0 DUTIES WITHIN THE ORGANISATION IN DELIVERING THE *PREVENT* STRATEGY

7.1 Radicalisation is a process not an event, and there is no single route or pathway to radicalisation. Evidence indicates that 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.

7.2 Thus, the organisation has a duty to ensure safe environments where extremists are unable to operate. It is essential, therefore, that all staff know how they can support vulnerable individuals (patients, carers or members of staff) who they feel may be at risk of becoming a terrorist or supporting extremism. *Prevent* is an on-going initiative and designed to become part of the everyday safeguarding routine for NHS staff/those providing NHS services.

8.0 RAISING *PREVENT* CONCERNS - PATIENTS

8.1 In the event that a member of staff has concerns that a patient, service user or carer may be at risk of being drawn into terrorism, has begun to express radical extremist views or may be vulnerable to grooming or exploitation by others, the primary point of contact will be borough safeguarding teams (see details below)

8.2 Concerns should be discussed with your line manager and the safeguarding team and documented in the patient records.

8.3 Following consultation with the safeguarding team, if a referral to channel is necessary, the channel referral form will be completed by the staff member. This will then be forwarded to the safeguarding team who will liaise with the Prevent Lead and submit the referral. Referrals will be made in accordance with the local inter-agency safeguarding procedures. The staff member needs to also submit an incident report via the trust electronic incident reporting system.

8.4 Staff can also seek general advice from the Safeguarding teams or the *Prevent* Lead.
Prevent Lead – 0161 716 3743
Oldham Safeguarding Team – 0161 770 4151
HMR Safeguarding Team – 0161 716 5979
Bury Safeguarding Team – 0161 253 5955
Trafford Safeguarding Team – 0161 912 4134
Tameside and Stockport Safeguarding Team – 0161 770 3282

9.0 ESCALATING CONCERNS IN RELATION TO EMPLOYEES

9.1 Although there are relatively few instances of Healthcare staff radicalising others or being drawn into extremist acts, it is still a risk that the organisation needs to be aware of and have processes within which to manage any concerns e.g. disciplinary action.

9.2 Where any employee expresses views, brings material into the organisation, uses or directs patients to extremist websites or acts in other ways to promote terrorism, the organisation will look to use non-safeguarding processes in order to address the concerns.

9.3 Where a staff member has a concern about a colleague, this should be raised with their line manager. (The Whistle-Blowing processes can also be used for reporting concerns.) The line manager will discuss the concerns with the *Prevent* Lead and Human Resources Advisor in the first instance. If deemed necessary, the *Prevent* Lead will support the completion of an incident form on the electronic safeguarding/incident reporting system.

9.4 The *Prevent* Lead will liaise with a Human Resources Advisor will lead on advising the line manager in relation to the disciplinary process should this be appropriate.

10.0 PARTNERSHIP WORKING

10.1 It should be stressed that there is no expectation that the organisation will take on a surveillance or enforcement role as a result of *Prevent*. Rather, it must work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals and making safety a shared endeavor.

10.2 The *Prevent* Lead and/or the Safeguarding team within each borough will engage with partnership groups with the responsibility to share concerns raised within the organisation including the Local Authority Led Channel Panels.

11.0 CONFIDENTIALITY, INFORMATION SHARING AND DISCLOSURE

11.1 Organisation staff or other workers providing services on behalf of the organisation 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.

11.2 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 to Channel intervention both to comply with the Code of Practice on Confidentiality (2003 as amended) and to establish an open relationship with the vulnerable individual at the start of the process.

11.3 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.

11.4 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.

11.5 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.

11.6 If staff are not sure on information sharing or consent issues, they should seek advice from the Safeguarding Team or Information governance. All information shared must comply with all Caldicott Principles.

11.7 Any disclosures or discussions on information sharing or consent should be recorded in the records.

12.0 REQUESTS FOR INFORMATION ABOUT AN INDIVDIUAL RAISED BY ANOTHER ORGANISATION

12.1 Generally requests for information should be in writing, justifying the grounds for disclosure, and submitted to the Data Custodian of the data/ system from which the information is sought. However with concerns relating to Preventing individuals from becoming drawn into terrorism sharing information may become routine. The seriousness of the crime and the risk of harm to the individual may outweigh the need to maintain confidentiality. The amount of information shared should be appropriate and responsive to the concern raised.

12.2 In situations (like prevent concerns) where **disclosures to (or information sharing with) the police may become routine**, a formal protocol should be developed and agreed between the organisation and the police, so that all staff involved know what to do.

12.3 Note that the **Crime and Disorder Act 1998** (see Appendix 3) does not in itself constitute a statutory requirement for NHS organisations to disclose patient information to other agencies. This should be determined on a case by case basis with an informed Prevent Lead for each organisation.

12.4 If an NHS Prevent Lead is asked to share information for the purposes of a Preventing an individual from being drawn into terrorism the following question should be considered:

- By sharing the information, is the intention to protect the individual from criminal exploitation, grooming (being drawn into terrorism) or self-harm?
- In sharing information, is a serious crime being prevented or detected?
- Is the information that has been requested appropriate to the risk of the serious crime of exploitation to the individual who may be drawn into supporting terrorism?
- In being drawn into terrorism does this individual pose harm to themselves or the wider public?
- Can the public interest justification be clearly stated?
  (If in doubt, seek legal advice)

13.0 STAFF TRAINING

13.1 To ensure contractual obligation in relation to safeguarding as set out in the NHS Standard Contract, the organisation will follow the guidance provided in The NHS England Prevent Training and Competencies Framework which provides clarity on the level of training required for healthcare workers; it identifies staff groups that require basic Prevent awareness and those who have to attend Workshops to Raise Awareness of Prevent (WRAP)

13.2 The *Prevent* Lead, in partnership with OL&D will ensure that a WRAP delivery plan, which is sufficiently resourced with WRAP facilitators, is included in the organisation's safeguarding training portfolio.

14.0 TARGET AUDIENCE

14.1 The target audience for this policy is all employees of the organisation, including bank, agency staff, volunteers and students who work in the organisation as part of their work and/or training.

15.0 EQUALITY IMPACT ASSESSMENT

15.1 As per organisation's Equality Impact Assessment

16.0 LEGISLATION COMPLIANCE

16.1 The following legislation, regulation and guidance has been used to inform this policy:

- Data Protection Act 1998
- Human Rights Act 1998
- Terrorism Act 2006
- Equality Act 2010
- Care Act 2014
- Counter-Terrorism & Security Act 2015 and Prevent Duty Guidance
- Department of Health Safeguarding Adults: The role of health services, 2011
- Working Together to Safeguard Children 2015

17.0 REVIEW

17.1 This policy will be reviewed every two years or in light of new legislation or guidance.

APPENDIX 1

VULNERABILITY FACTORS

Use of extremist rational (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 view and/or persuading others of the legitimacy of their cause is the primary objective of those who seek to radicalise vulnerable individuals.

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:

Identity Crisis

Adolescents/vulnerable adults who are exploring issues around transition and 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.

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.

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.

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.

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.

Grievances

The following are examples of grievances which may play an important in the early indoctrination of vulnerable individuals into the acceptance if a radical view and extremist ideology:

- 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- terrorism legislation)
- 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

Other Factors

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

APPENDIX 2

INFORMATION SHARING

Statutory reasons to share information without consent of the patient or individual according to the following statutory guidelines.

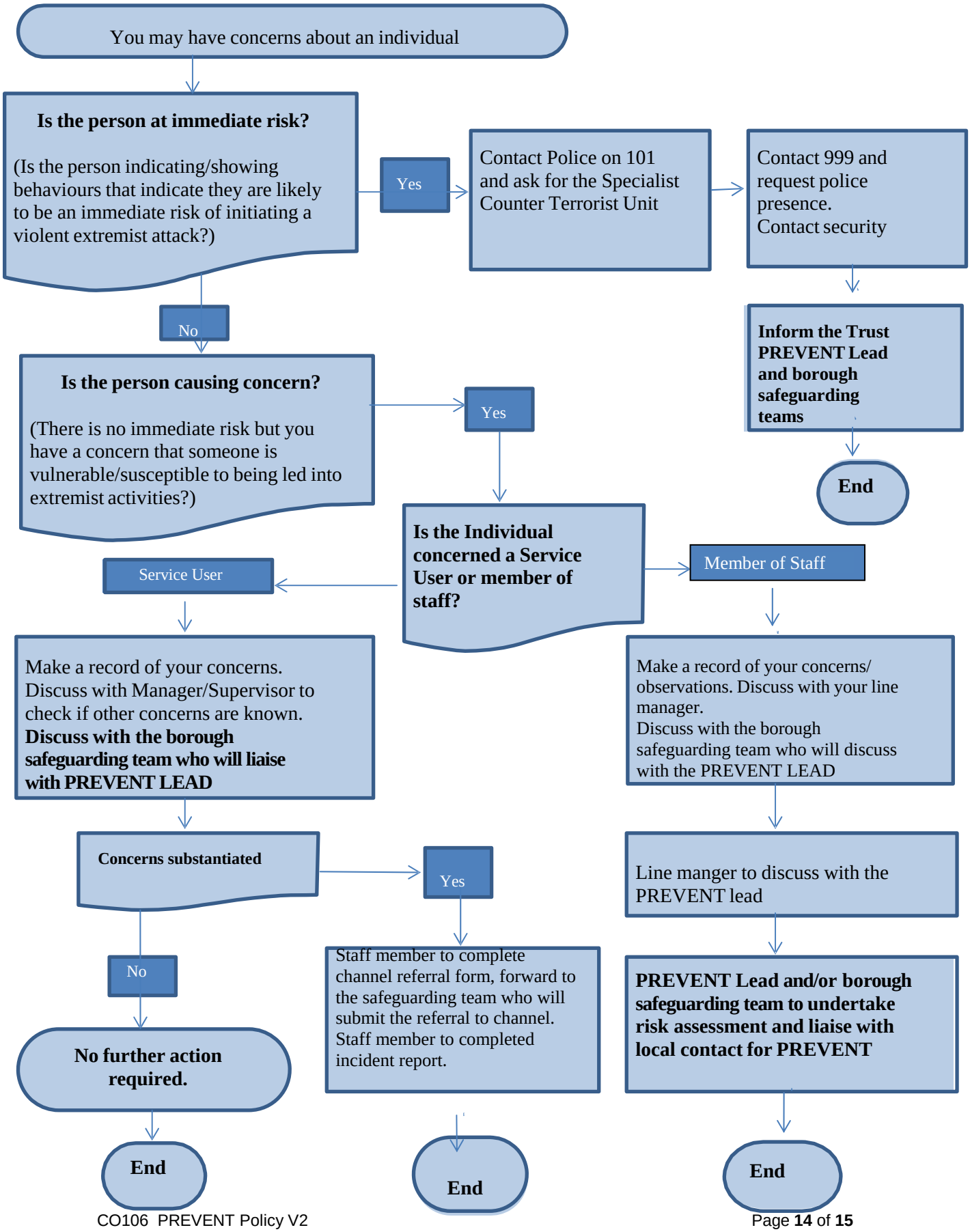
Listed below is the ground in which sharing information is legal:

Prevention and detection of crime	Crime and Disorder Act 1998
Prevention and detection of crime and/or the apprehension or prosecution of offenders	Section 29, Data Protection Act (DPA)
To protect vital interests of the data subject; serious harm or matter of life or death	Schedule 2 & 3, DPA
For the administration of justice (usually bringing perpetrators to justice)	Schedule 2 & 3, DPA
For the exercise of functions conferred on any person by or under any enactment (police/social services)	Schedule 2 & 3, DPA
In accordance with a court order	
Overriding public interest	Common Law
Child protection – disclosure to social services or the police for the exercise of functions under the Children Act, where the public interest in safeguarding the child's welfare overrides the need to keep the information confidential	Schedules 2 & 3, DPA
Right to life Right to be free from torture or inhuman or degrading treatment	Human Rights Act, Articles 2 & 3

APPENDIX 3

Reporting flow chart for Raising Concerns

Action to take if you suspect an individual is being radicalised or self –radicalised into Extremist activities



APPENDIX 4

DEFINITIONS OF TERMS

Terrorism	Actions of individuals or groups who seek to bring about social or political change through actions intended to cause serious harm, loss of life or raise attention through fear and/or damage to property to cause loss of life, disruption or raise attention by fear and/or damage to property
Radicalisation	The process of grooming an individual to support, encourage or condone violence to advance terrorist ideology
Extremism	Vocal or active opposition to fundamental values including democracy, the rule of the law, individual liberty, and mutual respect and tolerance of different beliefs and faiths. We also include out definition of extremism calls for the death of members of our armed forces, weather in this country or overseas.
CONTEST Strategy	Sits under the home office and is a national strategy or long-term plan of action designed to reduce the risk of terrorism, by stopping people becoming terrorists, preventing terrorist attacks, strengthening the UK's resilience to terrorism and facilitating emergency preparedness procedures in the event of attack.
Prevent Strategy	Challenging terrorist ideologies, supporting those who are vulnerable to these ideologies and working with institutions where radicalisation may occur (including the internet and social media).
Vulnerability	In the context of *Prevent* is a person who is **susceptible** to extremists' messages and is at risk of being drawn into terrorism or supporting terrorism at a point in time.
Channel	Multi-agency approach to protect people at risk from radicalisation. Channel uses existing collaboration between local authorities, statutory partners (such as education and health sectors, social services, children's and youth services and offender management services, the police and the local community to: • identify individuals at risk of being drawn into terrorism; • assess the nature and extent of that risk; and • develop the most appropriate support plan for the individual concerned. Channel is about safeguarding children and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert away from the risk they face before illegality occurs