



Prevent Policy

Protecting those who are vulnerable to exploitation and radicalisation through a multi-agency approach.

This procedural document supersedes: **CORP/RISK 25 v.4 - Prevent Policy - Protecting those who are vulnerable to exploitation and radicalisation through a multi-agency approach.**



Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Executive sponsor:	Karen Jessop Chief Nurse
Author/reviewer: (this version)	Amanda Timms Deputy Head of Safeguarding
Date written/revised:	January 2024
Approved by:	Strategic Safeguarding Committee
Date of approval:	February 2024
Date issued:	March 2024
Next review date:	February 2027
Target audience:	Trust-wide

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 5	February 2024	Updated links to NHS Training framework 2022 and Prevent Duty 2023.	Amanda Timms
Version 4	20 February 2020	Change in training requirement. Wrap no longer required, eLearning available. Updated titles, Trust divisions and links.	Elizabeth Boyle
Version 3	7 February 2017	<ul style="list-style-type: none"> • Structural Responsibilities updated. • Training requirements updated. • Safeguarding Team details updated. 	Elizabeth Boyle
Version 2	5 March 2015	<ul style="list-style-type: none"> • Updated to reflect Government changes, including WRAP training. • Training is now mandatory. 	Deborah Oughtibridge
Version 1	21 November 2013	<ul style="list-style-type: none"> • This is a new procedural document, please read in full. 	Deborah Oughtibridge

Contents

	Page No.
1. INTRODUCTION	4
1.1 The Channel Process.....	4
2. PURPOSE	5
3. DUTIES AND RESPONSIBILITIES	6
3.1 Chief Executive.....	6
3.2 Chief Nurse.....	6
3.3 Head of Safeguarding supported by the safeguarding team.....	6
3.4 Safeguarding Professionals.....	6
3.5 Divisional and Departmental Managers	6
3.6 All Colleagues and employees of the Trust.....	7
4. PROCEDURE	7
4.1 The Process of Exploitation.....	7
4.2 Contact with Radicalisers.....	7
4.3 Use of Extremist Rationale.....	8
4.4 What factors might make someone vulnerable?.....	8
4.5 Identity Crisis.....	8
4.6 Personal Crisis	8
4.7 Personal Circumstances.....	8
4.8 Criminality.....	9
4.9 Grievance	9
4.10 Other Factors	9
4.11 Raising Concerns	9
4.12 Information sharing	10
5. TRAINING/ SUPPORT	10
6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT	11
6.1 Monitoring Compliance	11
7. DEFINITIONS	11
8. EQUALITY IMPACT ASSESSMENT	13
9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS	13
10. DATA PROTECTION	13
11. REFERENCES	14
Prevent duty guidance: England and Wales (2023).	14
APPENDIX 1: ESCALATION FLOWCHART	15
APPENDIX 2 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING	16

1. INTRODUCTION

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, is committed to delivering the highest standards of health, safety and welfare to its patients, visitors and DBTH colleagues. The aim of *Prevent* is to stop people becoming terrorists or supporting terrorism and used in conjunction with The Counter-Terrorism and Security Act (2015) which contains powers to help the UK respond to the threat of terrorism. The Government's counter terrorism strategy known as CONTEST, aims to reduce the risk to the United Kingdom and it is primarily organised around 4 key principles, each with a specific objective.

PREVENT: to stop people becoming terrorists or supporting terrorism

PURSUE: to stop terrorist attacks

PROTECT: to strengthen our protection against a terrorist attack

PREPARE: to mitigate the impact of a terrorist attack

Prevent has 3 national objectives:

Objective 1: tackle the ideological causes of terrorism

Objective 2: intervene early to support people susceptible to radicalisation

Objective 3: enable people who have already engaged in terrorism to disengage and rehabilitate

Raising awareness of the health sector contribution to the *Prevent* strategy amongst healthcare workers is crucial. Healthcare professionals have a key role in *Prevent* because they will meet and treat people who may be susceptible to radicalisation. This includes not just violent extremism but also non-violent extremism which can reasonably be linked to terrorism, such as narratives used to encourage people into participating in or supporting terrorism. We are one of the best placed sectors to identify individuals who may be groomed in to terrorist activity, with 1.27 million people employed by the NHS and a further 700,000 private and charitable staff delivering services to NHS patients. Colleagues working for the Trust must be able to recognise signs of radicalisation and be confident in referring individuals who can then receive support in the pre-criminal space.

Prevent aims to protect those who are susceptible to exploitation from those who seek to get people to support or commit acts of violence. It is fundamental to our 'duty of care' and falls within our safeguarding responsibilities and as such, every member of staff has a role to play in protecting and supporting susceptible individuals who pass through our care.

1.1 The Channel Process

Channel was established in 2012 with the Channel Duty Guidance updated in 2023. Channel is a multi-agency programme across England and Wales that provides support to people susceptible to becoming terrorists or supporting terrorism. The role of this multi-agency

panel is to develop appropriate support packages to safeguard those at risk of being drawn into terrorism. The panel is chaired by the Local Authority and attended by multi-agency partners which include the police, education professionals, health services, housing and other relevant statutory partners.

Channel operates in the pre-criminal space and aims to support susceptible individuals, through targeted intervention relevant to the individual's risk, to prevent them from committing criminal acts.

Agencies can pass on any '*Prevent*' concerns to the Police (dial 101) for consideration into the Channel Process.

The Specialist Police Officer will:

- Refer to the local Channel group.
- Liaise with the Channel Case Officer to complete a detailed assessment.
- Provide advice and support for Services reporting concerns.

2. PURPOSE

This policy is intended to provide guidance for managers and Trust colleagues on the national *Prevent* agenda and local implementation, where necessary used in conjunction with Security Policy – Incorporating Bomb Threat/Suspect Packages - CORP/HSFS 15. It sets out information about *Prevent* and the local obligations and actions.

The policy covers all colleagues within the Trust and others who are acting on behalf of the Trust.

This policy describes how the Trust will implement the *Prevent* Duty Guidance. The *Prevent Duty* will ensure that:

- NHS colleagues know how to safeguard and support susceptible individuals whether service users or colleagues, who they feel may be at risk of being radicalised by violent extremists.
- Appropriate systems are in place with NHS organisations for colleagues to raise concerns if they think this form of exploitation is taking place.
- Healthcare organisations promote and operate safe environments where violent extremists are unable to operate.

3. DUTIES AND RESPONSIBILITIES

3.1 Chief Executive

The Chief Executive is responsible for identifying an Executive Lead for *Prevent* and ensuring the Trust meets its contractual and safeguarding obligations.

3.2 Chief Nurse

The Chief Nurse is the Trust Executive Lead for *Prevent*, on behalf of the Chief Executive, supported by the Head of Safeguarding as the operational lead for *Prevent*.

As Executive Lead for Safeguarding, The Chief Nurse is responsible for:

- Ensuring that organisational policies support core organisational values and support staff in raising genuine concerns.
- Ensure colleagues know how to safely escalate any concerns relating to a patient or colleagues wellbeing and/or safety of the public.
- Build and strengthen local partnerships and interagency working to Prevent vulnerable individuals from becoming victims or causes of harm.
- Ensuring that the Trust is represented at local *Prevent* Strategic Forums.
- Liaison with appropriate external partner agencies to ensure successful implementation of the *Prevent* strategy.

3.3 Head of Safeguarding supported by the safeguarding team

- Ensure *Prevent* training is available to all colleagues.
- Achieve compliance as set by NHS England (NHSE).
- Submit quarterly *Prevent* data to (NHSE) as required.
- Ensure *Prevent* is referenced in safeguarding and other relevant policies.
- Support work with external partner agencies and attendance at multi-agency groups when requested to ensure successful implementation of the *Prevent* strategy.

3.4 Safeguarding Professionals

- To support the implementation of the *Prevent* policy.
- To support the *Prevent* training programme.
- Raise awareness of *Prevent* amongst all colleagues through safeguarding training in general.
- Providing support and advice on *Prevent* concerns raised by colleagues.
- Liaise with external agencies within the reporting process.
- Maintain knowledge and own competencies to deliver effective training.

3.5 Divisional and Departmental Managers

- Support the implementation of the *Prevent* policy with their areas of responsibility.
- Ensure all colleagues are compliant with the relevant level of *Prevent* training.
- Ensure colleagues remain updated by distribution of relevant bulletins and e-learning where available.
- Liaise with the safeguarding team and HR if concerns are raised about a colleague.

3.6 All Colleagues and employees of the Trust

- Report all *Prevent* related concerns to their Manager / Safeguarding Professionals.
- Undertake training at the level identified for them and maintain compliance.
- Ensure they have a general awareness of *Prevent* through reading the policy.
- Keep up to date by reading bulletins and access e-learning where available.

4. PROCEDURE

4.1 The Process of Exploitation

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

The factors surrounding exploitation are many and they are unique for each person. It is thought that factors relating to personal circumstance and experiences of individuals affect the way in which they relate to their external environment.

Individuals susceptible to being radicalised may be exploited in many ways by radicalisers who target their vulnerabilities. Contact with radicalisers is also variable and can take a direct form i.e. face to face, or can happen indirectly through the internet, social networking or other media sources. More commonly, this will occur through a combination of the above.

4.2 Contact with Radicalisers

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

Access to extremist material is often through leaflets and local contact. 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 networks and is a swift and effective mechanism for disseminating propaganda material.

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

4.3 Use of Extremist Rationale

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

4.4 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 and therefore should not be considered in isolation, but, in conjunction with the particular circumstances and other signs of radicalisation.

4.5 Identity Crisis

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

4.6 Personal Crisis

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

4.7 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.

Where there is 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.

4.8 Criminality

In some cases, a susceptible 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.

4.9 Grievance

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

- A misconception and/or rejection of UK foreign policy
- A mistrust of western media reporting
- Perceptions that the Government policy is discriminatory (e.g. counter terrorism legislation).

4.10 Other Factors

Similarly to the above, the following have also been found to contribute to 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
- Seeking family and father substitutes
- Seeking friends and community
- Seeking status identity

4.11 Raising Concerns

A concern that an individual may be susceptible to radicalisation does not mean that you think a person is a terrorist, it means that you are concerned they are prone to being exploited by others, and so therefore have a safeguarding concern.

Colleagues should escalate their concerns to their Manager and The Safeguarding Team on 01302 642437 or email dbh-tr.safeguarding@nhs.net.

A record should be kept by the person raising the concerns and the escalation/reporting. The Safeguarding Team will keep a record of all contacts in respect of *Prevent* and the outcome. Out of hours staff should report concerns to the Clinical Site Manager / Duty Matron on duty who will then contact a Safeguarding Team at the earliest opportunity.

When the Safeguarding Team are notified they will make contact with local Police Services and feed relevant information into the Channel Process (see section 1).

If anyone has immediate concerns that an individual is presenting an immediate terrorist risk to themselves, others or property, they should not wait and must contact:

- National Counter Terrorism Hotline 0800 789321
or
- The Police 999

Where the concern involves a Trust colleague, Human Resources Advisor/Business Partner should be contacted for advice and support following discussion between the relevant Manager and Safeguarding Professional.

Internal processes may be deferred until completion of a police investigation. It is important that Managers act on advice given either internally or externally.

4.12 Information sharing

[*Information Sharing: Advice for practitioners providing safeguarding services \(HMG 2018\)*](#) supports frontline practitioners who have to make decisions about sharing personal information on a case-by-case basis. This can be found with the trust safeguarding adults and children policies on the intranet.

5. TRAINING/ SUPPORT

The intercollegiate guidance documents, 'Safeguarding children and young people: roles and competencies for healthcare staff', and 'Adult safeguarding: roles and competencies for health care staff' include Prevent information and identify competencies for all healthcare professionals against six levels. Prevent training is mandatory for all NHS Trusts.

All colleagues are required to complete Prevent training, the level of training is determined by the person's role within The Trust.

Prevent Training and Competences Framework (NHS England, 2022) provides a guide for health agencies to ensure all colleagues are educated and receive adequate information for recognition of concerns and enable appropriate actions to be taken. Updating every three years can be achieved by completing the recognised eLearning.

NHS England require an 85% *Prevent* training compliance from health organisations, however the Trust has the target set at 90%.

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

6.1 Monitoring Compliance

Compliance with the *Prevent* Policy will be monitored via the Trust's Safeguarding Strategic Committee, Divisional Leads for Nursing/Midwifery/Therapy are core members of this group.

Area for Monitoring	How	By who	Reporting to	Frequency
Training Compliance	% of all staff (provided on learning compliance dashboard)	Safeguarding team	NHS England	Quarterly
Concerns Raised	Number of concerns reported presented on the quarterly SG report.	Safeguarding team	Strategic Safeguarding Committee	Quarterly

7. DEFINITIONS

Term	Definition
Adults at Risk	These are adults who need Health or Community Care services because of mental or other disability, age or illness and who are, or may be unable to take care of themselves or to protect themselves against harm or exploitation. It also includes informal carers e.g. family or friends who may be at risk of abuse because of their caring role. Adults at risk come within the remit of safeguarding adults' policy and procedures.
A PREVENT concern	A PREVENT concern does not have to be proven beyond reasonable doubt; however it should be based on something that raises concern which is assessed using existing professional judgement from health or social care staff.
CHANNEL	CHANNEL is a supportive multi-agency process, designed to safeguard those individuals who may be susceptible to being drawn into any form of terrorism. It is a key part of PREVENT.
CONTEST	CONTEST is the UK's Counter-terrorism strategy; it aims to reduce the risk to the United Kingdom and its interests overseas from terrorism, so that people can go about their lives freely and with confidence.
Extremism	Extremism is vocal or active opposition to fundamental values including democracy, the rule of law, individual liberty and mutual respect and tolerance for different beliefs and faiths.

PREVENT	PREVENT is one of the four work streams of CONTEST that aims to protect those who are vulnerable to exploitation from those who seek to get people to support or commit acts of violence.
Radicalisation	Radicalisation is the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
Radicaliser	A radicaliser is an individual who encourages others to develop or adopt beliefs and views supportive of terrorism and forms of extremism leading to terrorism.
Exploitation	Exploitation is the use of someone unjustly or cruelly in order to benefit from their involvement for themselves or for a cause.

Terrorism	Terrorism is defined in the Terrorism Act 2000 (TACT 2000) as an action that endangers or causes serious violence to a person or people, causes serious damage to property or seriously interferes or disrupts an electronic system. The use of threat must be designed to influence the Government or to intimidate the public and is made for the purpose of political, religious or ideological gain.
Susceptible 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.

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. See Appendix 1.

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Equality Analysis Policy - CORP/EMP 27
Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) - PAT/PA 19
Incident Management Policy - CORP/RISK 33
Safeguarding Adults Policy - PAT/PS 8
Security Policy – Incorporating Bomb Threat/Suspect Packages - CORP/HSFS 15
Safeguarding Children Policy - PAT/PS 10

10. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:
<https://www.dbth.nhs.uk/about-us/our-publications/uk-data-protection-legislation-eu-general-data-protection-regulation-gdpr/>

11. REFERENCES

Building Partnerships and Staying Safe: The Health Sector Contribution to HM Government Prevent Strategy for Health Care Workers (2011) Department of Health.

Counter Terrorism and Security Bill (2012) HM Government.

<https://www.gov.uk/government/collections/counter-terrorism-and-security-bill>

Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2018) HM Government.

Prevent Strategy (2011) HM Government.

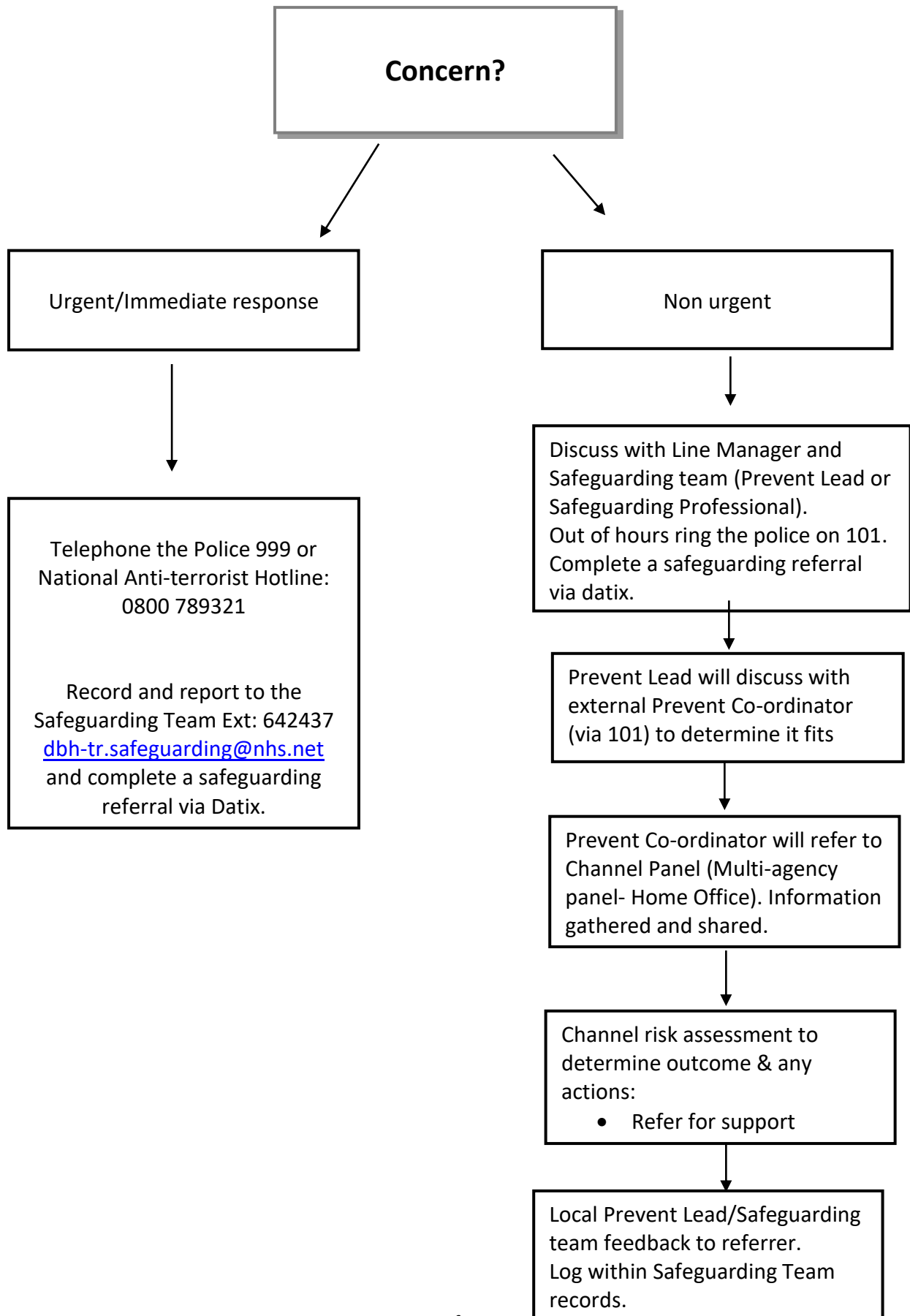
Prevent Strategy Equality Impact Assessment (2011) HM Government.

Prevent Strategy, Guidance for Health Writers (2011) Department of Health.

[Prevent duty guidance: England and Wales \(2023\).](#)

[Prevent Training and Competences Framework \(2022\) NHS England.](#)

APPENDIX 1: ESCALATION FLOWCHART



APPENDIX 2 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Policy	Care Group/Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Prevent Policy	Safeguarding Team - Corporate	Amanda Timms	Existing	February 2024
1. Who is responsible for this policy? Safeguarding team				
2. Describe the purpose of the policy? To provide advice and guidance on any Prevent concerns				
3. Are there any associated objectives? Provide consistent and safe approach to the management of Prevent concerns				
4. What factors contribute or detract from achieving intended outcomes? People may be unaware of their roles & responsibilities				
5. Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No				
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact N/A 				
6. Is there any scope for new measures which would promote equality? No				
7. Are any of the following groups adversely affected by the policy?				
a. Protected Characteristics	Affected?	Impact		
b. Age	No			
c. Disability	No			
d. Gender	No			
e. Gender Reassignment	No			
f. Marriage/Civil Partnership	No			
g. Maternity/Pregnancy	No			
h. Race	No			
i. Religion/Belief	No			
j. Sexual Orientation	No			
8. Provide the Equality Rating of the service/ function/policy /project / strategy				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
9. Date for next review: February 2027				
Checked by: Denise Phillip		Date: February 2024		