

Prevent Policy

Ratification Process

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Ratified by:	Patient Safety and Quality Committee
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Document Control Sheet

Development and Consultation:	<p>This policy was developed in accordance with the requirements of the <i>Prevent</i> strategy and NHS England PREVENT training framework</p> <p>HM Government. Prevent Strategy. June 2011, accessed April 2015.</p> <p>https://www.gov.uk/government/publications/Prevent-strategy-2011</p>
Dissemination	The policy will be available to all CCG staff and independent contractors via the CCG website.
Implementation	This policy will be implemented on 1 June 2015 and will be applicable for all CCG staff and independent contractors.
Training	There is a training needs analysis which identifies which groups of staff require what level and the frequency.
Monitoring	<p>Audit of compliance with this policy will be undertaken should an incident suggest that it has not been followed.</p> <p>Compliance with training will be undertaken by the human resources department.</p>
Review	This will be reviewed this every 2 years or sooner if there is new national guidance
Links with other documents	The policy should be read in conjunction with: CPCCG Safeguarding Adults Policy CPCCG Safeguarding Children Policy
Equality and Diversity	The Named Nurse for Safeguarding Adults has carried out an Equality Impact Assessment and concluded the document is compliant with the CCG Equality and Diversity Strategy. The assessment is registered with the CCG Equality and Diversity Advisor.

Revisions

Version	Page/Para No	Description of Change	Date Approved
		New policy. Previous policy was draft and not finalised or dated	9 June 2015

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1. Introduction

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is committed to working with partner agencies to identify all forms of abuse and mistreatment ensuring that safeguarding is everyone's business. The CCG is ultimately accountable for ensuring their duties to safeguard people are met.

Included within this are responsibilities regarding *Prevent*¹. This is part of the Government's overall counter-terrorism strategy CONTEST² introduced in 2011 by the Home Office. There are four key principles:

- 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.

The aim of *Prevent* is to reduce the threat to the UK from terrorism by stopping people becoming terrorists, supporting or being drawn into terrorism, and extremism. These interventions aim to divert vulnerable people from radicalisation.

These requirements have been further strengthened by the Counter-Terrorism and Security Act 2015. This places a duty (the '*Prevent* duty', section 26) on certain bodies in the exercise of their functions, to have 'due regard to the need to Prevent people from being drawn into terrorism'³.

Preventing someone from being drawn into terrorism is comparable to other spheres of safeguarding including child abuse or domestic violence. Safeguarding and promoting the welfare of vulnerable children and adults encompasses the prevention of terrorism and is similarly the responsibility of all statutory partners.

The Department of Health and the health sector in particular are key partners in working to prevent vulnerable individuals from being drawn into terrorist-related activities. The health service encompasses all parts of the NHS, charitable organisations and private sector bodies which deliver health services to NHS patients. Health workers have an increased likelihood of encountering someone who is being exploited for terrorism than any other public sector worker.

Healthcare organisations are required to have effective policies and procedures in place to support staff that raise concerns about a patient or a colleague.

It is important that staff are equipped with the knowledge of how to raise the concern, and are confident that their organisation will handle the concern in the appropriate manner.

See Appendix A for a Glossary of Terms.

¹ <https://www.gov.uk/government/publications/Prevent-strategy-2011>

² <https://www.gov.uk/government/publications/counter-terrorism-strategy-contest>

³ <https://www.gov.uk/government/publications/Prevent-duty-guidance>

2. Purpose and Scope

This policy outlines the statutory responsibilities of the CCG in relation to *Prevent* in order to promote well being, prevent harm and respond effectively if concerns are raised.

This policy is applicable to all staff, and others contributing to the work of CPCCG including all temporary and agency staff, contractors and subcontractors, and volunteers.

The policy is intended to;

- outline how CPCCG will meet the requirements of *Prevent*
- provide all staff with clear direction about their role and responsibilities
- state training requirements
- give guidance about information sharing
- describe the process to seek advice and act on concerns when issues arise

The intended outcomes are that CPCCG will effectively demonstrate concordance with the requirements of *Prevent* by;

- working in partnership with local agencies involved in Prevent to protect vulnerable individuals in their care from becoming radicalised into terrorist-related activity
- ensuring that appropriate governance requirements are in place, including the sharing of appropriate information, professional accountability, confidentiality and Caldicott principles
- establishing effective working relationships between healthcare organisations and other public sector organisations within the community, playing an active role in local Safeguarding Adult Boards
- ensuring that staff receive training appropriate to their role so that they are able to recognise, respond and refer concerns when they arise.

3. Roles and Responsibilities

Cambridgeshire and Peterborough CCG will regularly assess their own performance around Prevent by reviewing their organisational practices. A nationally developed self-assessment tool will be used as a basis for checking that organisational systems and processes support the reduction of exploitation.

Executive Lead

The Executive Lead for safeguarding children and adults is the Director of Quality. The Executive Lead delegates the responsibility for safeguarding adults (including Prevent) to the Deputy Director of Quality.

Commissioning Leads

Commissioning leads have a responsibility to ensure that the requirements of *Prevent* are addressed as part of wider safeguarding arrangements within any commissioned service. They need to ensure that they liaise with the Executive Lead when any new services are being proposed and commissioned.

They need to ensure that there are contracts in place with the providers who the CCG commission from and that the contracts have explicit clauses about holding the Providers to account for preventing and dealing promptly and appropriately with abuse and neglect, including protecting those vulnerable from radicalisation.

Designated Nurse for Safeguarding Adults

The Designated Nurse will provide specialist advice to the CCG and to staff on the safeguarding of adults, including Prevent.

The Designated Nurse will also review information submitted by Providers in relation to Prevent as outlined in their contracts to assure the CCG that they meeting their safeguarding responsibilities.

Named Nurse for Safeguarding Adults

The Named Nurse will provide advice to the CCG and to staff on the safeguarding of adults, including Prevent. The post holder will act as the operational lead for Prevent within the CCG.

The Named Nurse will review information submitted by Providers in relation to Prevent as outlined in their contracts to assure the CCG that they meeting their safeguarding responsibilities.

Line Managers

Managers have a responsibility to ensure that they follow the guidance in the CCG Prevent policy. They must ensure that the staff they manage receive training appropriate to their role (See Appendix B Training Needs Analysis) and maintain their own compliance with Prevent training so that they can effectively support team members.

All staff

All staff, including volunteers, will have an individual responsibility to identify and respond to concerns associated with Prevent. Any concerns must be documented, shared and referred on, and also notified to the Named Nurse for Safeguarding Adults.

All staff have a responsibility to ensure that they attend safeguarding training (including Prevent) relevant to their role, in line with the training needs analysis, Appendix B.

Staff governed by a professional regulatory body should understand how their professional standards and requirements underpin their CCG role in relation to Prevent.

4. Guidance

4.1 Relevance of Prevent to the Health Sector

Terrorist-related activity is not a subject normally associated with the health sector however past experience puts the health sector in a key position to support individuals via safeguarding processes. Healthcare professionals will however meet and treat people who may be vulnerable to being drawn into terrorism; there are 1.3 million staff employed in the NHS and a further 700,000 private and charitable staff delivering services to NHS patients, amounting to approximately 315,000 patient contacts per day in England alone.

There are many opportunities for healthcare staff to help to protect people from radicalisation, regardless of role. 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, healthcare workers can interpret those signs correctly, are aware of the support that is available and are confident in referring the person for further support.

Although there are relatively few instances of healthcare workers encountering patients exposed to or accessing material related to terrorism, it is still a risk that healthcare organisations and staff need to be aware of and prepare for.

Risks could arise from:

- Harmful influences on vulnerable individuals, for example from staff, colleagues, volunteers, parents, a spouse, other family members, friends, external groups or other patients

- Inappropriate use of the internet on healthcare premises
- External groups using healthcare premises for meetings, distributing terrorist-related material or undertaking terrorist-related activity.

4.2 Relationship of Prevent to Safeguarding

Safeguarding and promoting the welfare of children, young people and adults is everyone's responsibility. There are well-established statutory duties within Section 11 of the Children Act 2004⁴ for organisations and individuals to ensure their functions (including any that are contracted out) to have regard to the need to safeguard and promote the welfare of children.

Under the Care Act 2014⁵, from April 2015 there is a formal statutory requirement for local authorities together with partner agencies to work together in relation to safeguarding adults at risk.

Preventing someone from becoming a terrorist or from supporting terrorism is no different from safeguarding vulnerable individuals from other forms of harm or exploitation.

5. Awareness and Staff Training

5.1 Awareness

General information about Prevent and who to contact to discuss concerns is available on the CAPCCG website.

5.2 Staff Training

All staff, regardless of role, will undertake training around Prevent⁶. As this is seen as part of the wider continuum of safeguarding, Prevent training will be delivered as an integral element of mandatory training.

All new staff will therefore receive Prevent training as part of their mandatory training programme during induction. The induction programme usually takes place within the first one to two months of employment.

Existing staff will receive an update every three years as part of a rolling programme of mandatory refresher training, and an annual written update/newsletter.

Some staff groups who have close and regular contact with patients will require more detailed training, known as Workshop to Raise Awareness of Prevent (WRAP)⁷. See the Training Needs Analysis in Appendix B.

HR has the lead responsibility for monitoring training compliance, and will provide data to the Executive Lead for Safeguarding Adults at least quarterly for planning and compliance purposes.

6. Information Sharing and Confidentiality

The Prevent programme is not intended to involve any covert activity against people or communities. Prevent is not a process for gathering intelligence, but for providing support for people at risk.

Personal information may however need to be shared to ensure, for example, that a person at risk of radicalisation is given appropriate support. Information sharing is governed by legislation and must be assessed on a case-by-case basis.

⁴ http://www.workingtogetheronline.co.uk/chapters/chapter_two.html re Section 11 Children Act 2004

⁵ <http://www.legislation.gov.uk/ukpga/2014/23/contents> Section 42 re Safeguarding

⁶ NHS England. Prevent Training Prevent Training and Competencies Framework. <http://www.england.nhs.uk/wp-content/uploads/2015/02/train-competnc-frmwrk.pdf>

⁷ <http://www.england.nhs.uk/wp-content/uploads/2015/02/train-competnc-frmwrk.pdf>

Partners may consider sharing personal information with each other for Prevent purposes following an assessment which considers whether the informed consent of the individual can be obtained and the proposed sharing being necessary, proportionate and lawful^{8,9}.

Factors to consider:

- Confidentiality must not be confused with secrecy
- Informed consent should be obtained but, if this is not possible and others are or may be at risk of harm it may be necessary to override this requirement
- It is inappropriate to give assurance of absolute confidentiality in cases where there are concerns about harm, particularly in those situations when others may be at risk

In cases where there is a refusal to consent to share information, staff must consider whether there is an overriding public interest that would justify information sharing and this should be discussed with the Caldicott Guardian wherever possible. Always seek advice if unsure.

When raising a concern about an individual, all information and decision-making should be recorded throughout each stage of the process. To ensure the rights of individuals are fully protected, it is important that local multi-agency information sharing agreements are adhered to. A multi-agency safeguarding hub (MASH) has been established which provides a structured mechanism to do so.

Consent should always be sought from the affected individual, shared on a 'need to know' basis, and when it is in the interests of the person concerned.

7. Recognition, Referral and Response

7.1 Recognition

Prevent does not require staff to do anything outside of what is required during the course of their usual duties. What is important is that if concerns come to light that a vulnerable individual is being exploited in this way, those concerns are recognised and acted on appropriately.

If you do have a concern, you should discuss this in the first instance with the CPCCG operational lead for Prevent, the Named Nurse for Safeguarding Adults. You can also seek advice from prevent@cambs.pnn.police.uk. Following discussion you may decide to make a referral.

7.2 Referral Process

If your concerns lead you to believe people may be in imminent danger, dial 999.

Should you become aware of anything suspicious that may be connected with terrorism **Cambridgeshire Police on 101, or the Anti-Terrorist Hotline on 0800 789 321.**

Calls are taken in confidence by specialist officers who will analyse your information. They will decide if and how to follow it up.

If you encounter illegal terrorist information, pictures or videos on the internet you can report these directly to;

https://eforms.homeoffice.gov.uk/outreach/terrorism_reporting.ofml

Your report will be treated anonymously.

⁸ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/423550/Channel_Guidance_V.6.pdf Annex A Sharing Information with partners.

⁹ <http://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/>

Otherwise your referral should be made via the usual referral routes, ensuring that you clearly highlight issues around *Prevent*.

For Adults (over 18)

- **Peterborough**

Telephone Peterborough Direct 01733 747474 (09:00 – 17:00) Monday to Friday
Out of Hours, please call 01733 234724.

- **Cambridgeshire**

Telephone: 0345 045 5202 (0800-18.00) Monday to Friday.
Out of Hours, please call 01733 234724

For Children and Young People (up to 18th birthday)

- **Peterborough**

01733 864170 (9am to 5pm Mon – Fri)
Out of hours emergencies – call 01733 234724.

- **Cambridgeshire**

0345 045 5203 (8am to 6pm Mon – Fri)
Out of hours emergencies – call 01733 234724.

7.3 Response

Individual CPCCG staff members are unlikely to be directly involved in making a response to a referral. However an awareness of the process may be helpful in understanding the actions that may happen ‘behind the scenes’, and support you to in providing an explanation to patients, carers and their families.

The mechanism for response to a referral is known as Channel, a multi-agency programme which focuses on providing support at an early stage to people who are identified as vulnerable to being drawn into terrorism. The programme uses a multi-agency approach to protect vulnerable people by:

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

Channel is about ensuring that vulnerable children and adults of any faith, ethnicity or background receive support before their vulnerabilities are exploited.

The police usually co-ordinate activity; they request relevant information from panel partners about a referred individual, and use this information to make an initial assessment of the nature and extent of the vulnerability which the person has. The information will then be presented to a multi-agency panel (chaired by the Local Authority) who will together undertake a review of vulnerability and risk, collectively make an assessment of support needs, develop an action plan, identify and procure an appropriate support package and review progress.

8. Statutory and other Relevant Guidance

Cambridgeshire and Peterborough CCG Safeguarding Children Policy

<http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/Policies/Safeguarding/CCG%20Safeguarding%20Children%20Policy.pdf>

Cambridgeshire and Peterborough CCG Safeguarding Adults Policy

<http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/Policies/Safeguarding/CCG%20Adult%20Safeguarding%20Policy.pdf> (Currently under review)

Children Act 2004, Section 11 in: Working Together to Safeguard Children 2015. March 2015, accessed April 2015. http://www.workingtogetheronline.co.uk/chapters/chapter_two.html

Department of Health. Building Partnerships, Staying Safe – The health sector contribution to HM Government's *Prevent* strategy: guidance for healthcare organisations. November 2011, accessed April 2015. <https://www.gov.uk/government/publications/building-partnerships-staying-safe-guidance-for-healthcare-organisations>

Department of Health. Building Partnerships, Staying Safe – The health sector contribution to HM Government's *Prevent* strategy: guidance for healthcare workers. November 2011, accessed April 2015.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215253/dh_131912.pdf

Department of Health. Care and Support Statutory Guidance Issued under the Care Act 2014, 14.4 safeguarding.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

HM Government. Care Act 2014. Sections 42 – 45 Safeguarding of Adults, accessed April 2015.

<http://www.legislation.gov.uk/ukpga/2014/23/contents>, and

<http://www.legislation.gov.uk/ukpga/2014/23/notes/division/5/1/10>

HM Government. Channel: Protecting vulnerable people from being drawn into terrorism. A guide for local partnerships. October 2012, accessed April 2015.

<https://www.gov.uk/government/publications/channel-guidance>

HM Government. CONTEST: The United Kingdom's Strategy for Countering Terrorism. July 2011, accessed April 2015. <https://www.gov.uk/government/publications/counter-terrorism-strategy-contest>

HM Government. Prevent Strategy. June 2011, accessed April 2015.

<https://www.gov.uk/government/publications/Prevent-strategy-2011>

HM Government. Prevent Duty Guidance: England and Wales. Guidance for specified authorities in England and Wales on the duty in the Counter-Terrorism and Security Act 2015 to have due regard to the need to Prevent people from being drawn into terrorism. Mar 2015, accessed April 2015.

<https://www.gov.uk/government/publications/Prevent-duty-guidance>

NHS England. Prevent Training Prevent Training and Competencies Framework. February 2015, accessed April 2015.

<http://www.england.nhs.uk/wp-content/uploads/2015/02/train-competnc-frmwrk.pdf>

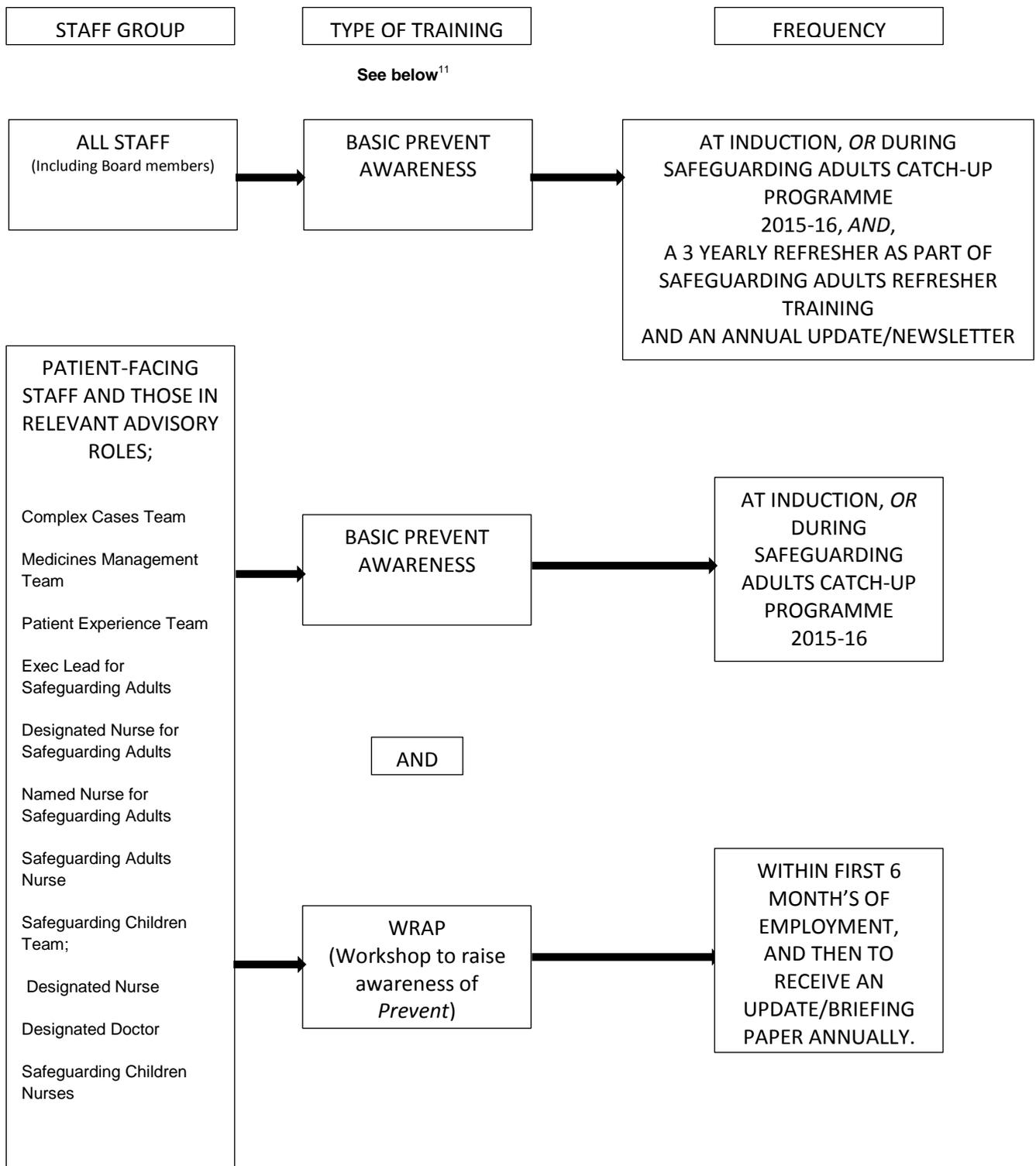
Social Care Institute for Excellence (SCIE). Adult safeguarding: sharing information. Accessed April 2015. <http://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/>

Glossary of Terms

- **Extremism** - the holding of extreme political or religious views, described 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’¹⁰.
- **‘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
- **Ideology** - a system of ideas and ideals, especially one which forms the basis of economic or political theory and policy.
- **Indoctrination** - teaching someone to accept a set of beliefs without questioning them.
- **‘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.
- **Radicalisation** - a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that (1) reject or undermine the status quo or (2) reject and/or undermine contemporary ideas and expressions of freedom of choice.
- **‘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** – an action that endangers or causes serious violence to a person or persons, or causes serious damage to a property or equipment.
- **‘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.

¹⁰ <https://www.gov.uk/government/publications/Prevent-strategy-2011>

Training Needs Analysis for Prevent



N.B. Staff managers may choose to nominate team members to attend WRAP if they feel it is relevant to their role

¹¹ NHS England. Prevent Training Prevent Training and Competencies Framework. February 2015, accessed April 2015. <http://www.england.nhs.uk/wp-content/uploads/2015/02/train-competnc-frmwrk.pdf>