NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

Prevent Policy

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Document Amendment History

Version No.	Date	Brief Description
Version 2	August 2021	Refresh from version 1 this policy has been based upon a version made available at a national level by NHSE and benefits from national expert guidance and aligns with updates on terror risks and Channel Panel developments

The formally approved version of this document is that held on the NHS Shropshire, Telford and Wrekin CCG website:

www.shropshiretelfordandwrekinccg.nhs.uk

Printed copies or those saved electronically must be checked to ensure they match the current online version.

Contents

1.0 Policy Aim

1.1 The primary aim of this policy is to ensure that adults at risk of harm and vulnerable children are protected from any form of radicalisation and that staff members, and volunteers are able to identify any possible signs of radicalisation and raise their concerns with their line manager.

1.2 Preventing someone from becoming a terrorist or supporting terrorism is no different from safeguarding adults and children from other forms of exploitation including child exploitation, domestic abuse, FGM etc. Therefore, this Policy sits alongside existing Adults Safeguarding and Safeguarding Children's arrangements within the CCG and our safeguarding partnerships.

1.3 In addition, the policy aims to ensure that staff will be supported to develop an understanding of the Prevent Duty and how they can utilise their existing knowledge and skills to recognise that someone may have been or is at risk of being radicalised and drawn into terrorism.

1.4 This Policy also sets out how Prevent related referrals or requests for information from external agencies will be managed by Shropshire, Telford & Wrekin Clinical Commissioning Group.

1.5 It also describes where staff can seek advice from and how to escalate their concerns within the CCG. Where concerns need to be raised with external agencies, this Policy describes how referrals will be managed within the existing multi-agency safeguarding processes - including through the multi-agency Channel panels (see para 14.4).

1.6 The CCG will also seek assurance that NHS Providers are fulfilling their duties to safeguard people from radicalisation via the contractual arrangements in place; this includes monitoring via the safeguarding dashboard, including training returns, national Prevent returns and were appropriate contributions to the Channel Panel

- Staff - via News Flash bulletin / article
- Published to the Website
- Awareness raising by the <<specialist staff>>

2.0 Summary

2.1 The CCG operates a zero tolerance to those who abuse or neglect vulnerable people; this includes staff and the public. All appropriate cases of exploitation or radicalisation will be thoroughly investigated via the Channel Panel referral process.

2.2 The objectives of the policy are to provide clear guidance on reporting any safeguarding concerns or allegations of abuse or exploitation, and to set out the levels of responsibility to ensure that:

- Staff members are aware of the policy
- Vulnerable children and adults at risk of harm are safeguarded against the influence of any form of radicalisation Staff members consider the potential risk of radicalisation and feel confident identifying suspected signs of radicalisation
- Staff members receive the appropriate levels of Prevent training (see

6.0 Staff training)

- Any concerns regarding radicalisation are reported and thoroughly investigated
- Appropriate action is taken to safeguard the vulnerable patient, service user, staff member or volunteer
- The CCG complies with relevant legislation and partnership policies

2.3 What this means for staff?

This policy sets out the aims, objectives and scope for the provision and development of measures to safeguard vulnerable patients/service users or staff members and volunteers. The policy is relevant to all clinical, managerial and support staff and volunteers. The policy refers to vulnerable children and young people, and adults at risk of harm.

3.0 Introduction

3.1 Since 2017, there has been a significant shift in the terrorist threat to the UK, with attacks in London and Manchester that led to the deaths of innocent people and injured many more. The pattern of attacks in the UK are subject to change and the specific sources of threat locally are reviewed in the Counter Terrorism Local Profile. The array of terrorist activity evident has demonstrated the speed, diversity and accessibility of methods, by which individuals who are vulnerable to these radicalising messages can prepare and commit violent attacks often with catastrophic consequences.

3.2 This includes an increasing threat from 'lone actor' attacks which has increased significantly in recent years, reflecting a trend towards low cost, low complexity and often spontaneous attacks using knives, or vehicles. Lone actors often derive their ideologies and perpetuate their grievances on social media sites and encrypted online chatrooms [see section 11].

3.3 Although Islamist terrorism has been the foremost terrorist threat to the UK, Right-Wing Extremist related terrorism is an ever-increasing threat and can be the largest type of concerns locally. There is also the needed to be mindful of the concept of incels of Involuntary Celibacy. Whilst this not currently part of the definition of terrorism the patterns of behaviour including online grooming and a sense of injustice about not being able to engage in sexual relationships may benefit from a referral into Channel.

3.4 The CONTEST strategy was updated in 2018 to reflect the findings from a review of all aspects of counter-terrorism and to future-proof the strategy in its response to heightened threats.

The four 'P' work strands remain unchanged:

- 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.

4.0 Scope:

4.1 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 West Midlands Child Safeguarding procedures:

https://westmidlands.procedures.org.uk/page/contents
and the West Midlands Adult Safeguarding Procedures
https://www.telfordsafeguardingpartnership.org.uk/info/7/partner-agency-information/8/policies-procedures-pathways.
These apply in both Shropshire and Telford & Wrekin local authority areas

4.2 This Policy applies to all staff employed by the CCG either directly or indirectly, including volunteers, sub-contractors, and agency workers across all service lines, both clinical and non-clinical.

5.0 Leadership and Duties within the organisation in delivering the Prevent Strategy

5.1 The Prevent Duty 2015 was introduced through the Counter-Terrorism and Security Act 2015 and duty requires health bodies, local authorities, schools, colleges, higher education institutions, prisons and probation and the police to consider the need to safeguard people from being drawn into terrorism. It sits alongside long-established existing duties on professionals to safeguard vulnerable people from exploitation from a range of other harms such as knife crime drugs, and sexual and criminal exploitation.

5.2 The Duty is designed to help ensure that vulnerable individuals who are at risk of radicalisation are supported as they would be under other safeguarding processes; and provided with appropriate care from a health perspective if required. It does not require health professionals to do anything new and we all have a duty to safeguard vulnerable people.

5.3 Shropshire, Telford and Wrekin CCG has a duty to help ensure safe environments where extremists are unable to operate or exploit others. It is essential, therefore, that all staff know how they can recognise and support vulnerable people (patients, service users, carers or members of staff) who they feel may be at risk of being radicalised or drawn into terrorism. Prevent is a legal duty for all NHS Trusts and is a contractual requirement for any CCG service provider who is subject to the NHS Standard contract It is also part of the everyday safeguarding routine for NHS staff and those providing NHS services.

5.4 Organisational strategic leadership is key to ensuring the organisation fully discharges both statutory and contractual requirements in relation to the Prevent Duty.

5.5 For the health sector, along with all specified authorities, the Prevent Duty expects that those in leadership positions:

- establish or use existing mechanisms for understanding the risk of radicalisation;
- ensure staff understand the risk and build the capabilities to deal with it;
- communicate and promote the importance of the Duty; and
- ensure staff implement the Duty effectively.

5.6 Specific duties include: the wider work the CCG is involved in as part of the Safeguarding partnerships responses including support for the Channel Panel process

5.6.1 The Accountable Officer:

Is responsible for ensuring that the CCG has policies in place and complies with its legal and regulatory obligations. The Chief Executive will provide the means

necessary to ensure that staff develop and promote good practice in Prevent. As such, the Accountant Officer has delegated a number of responsibilities to the following managers and key workers within the CCG: -

5.6.2 Executive Director of Nursing and Quality:

As the executive Prevent Lead, the Executive Director of Nursing will ensure that quarterly Prevent returns are submitted to the Clinical Commissioning Group in line with NHS England guidance. This data relates to the Safeguarding clause of the NHS Standard Contract (see clause SC32) and progress being made by the organisation to implement the Prevent Duty requirements. This includes data relating to numbers of referrals and staff attending Basic Prevent Awareness (BPA) and Level 3 Prevent Training

5.6.3 Assistant Director of Safeguarding:

The assistant director of safeguarding is responsible for the development of policies and ensuring they comply with relevant standards and criteria where applicable.

5.6.4 Organisational Prevent Lead (Adult Safeguarding Designated Lead)

The Prevent Lead is responsible for the development or review of the Prevent policy as well as ensuring the implementation and monitoring is communicated effectively throughout the CCG. The Prevent Lead and where necessary supported by the deputy designated safeguarding lead will also be the gatekeeper for Prevent referrals or inquiries from staff within the CCG or from external sources and will ensure that each case is considered carefully and if required referred onward in accordance with the local inter-agency safeguarding procedures.
The Prevent Lead will also review quarterly Prevent returns submitted to the Clinical Commissioning Group, in line with NHS England guidance. This data requirement relates to the Safeguarding clause of the NHS Standard Contract and the progress being made by the organisation to implement the Prevent Duty. This includes collating organisational data relating to prevent referrals and the numbers of staff attending Level 1-3 Prevent training.

5.6.5 All Staff

All CCG Staff have duties and responsibilities in relation to the Prevent Duty and in keeping with statutory requirements and best practice guidance. CCG staff including volunteers have a responsibility to familiarise themselves with this policy and to adhere to its process.

Any concerns must be reported to the relevant line manager. Staff members have a responsibility to respond sensitively to a safeguarding disclosure and act in a professional manner and take appropriate action

6.0 **Staff training**

6.1 The CCG will follow the guidance provided in the NHS England Prevent Training and Competencies Framework 2021 (see 19.0 Legislation Compliance & References) which provides clarity on the level of training required for staff; it identifies staff groups that require basic level 1-2 Prevent awareness and those who have to attend Level 3-5 or to complete commensurate Prevent eLearning.

This should be cross-referenced with the respective intercollegiate documents i.e. Safeguarding children and young people: roles and competences for health care staff intercollegiate Document: Jan 2019. and Adult Safeguarding: Roles and Competencies for Health Care Staff 2018.

6.2 The target audience for this policy is all identified employees of the organisation and volunteers who work in the organisation as part of their training.

6.3 Those staff identified as being suitable to receive their Prevent training through eLearning at Levels 1- 3 can access resources through ESR https://my.esr.nhs.uk

7.0 Implementation

7.1 The Policy will be readily accessible on the CCG's internet Policy section

8.0 Audit & Review

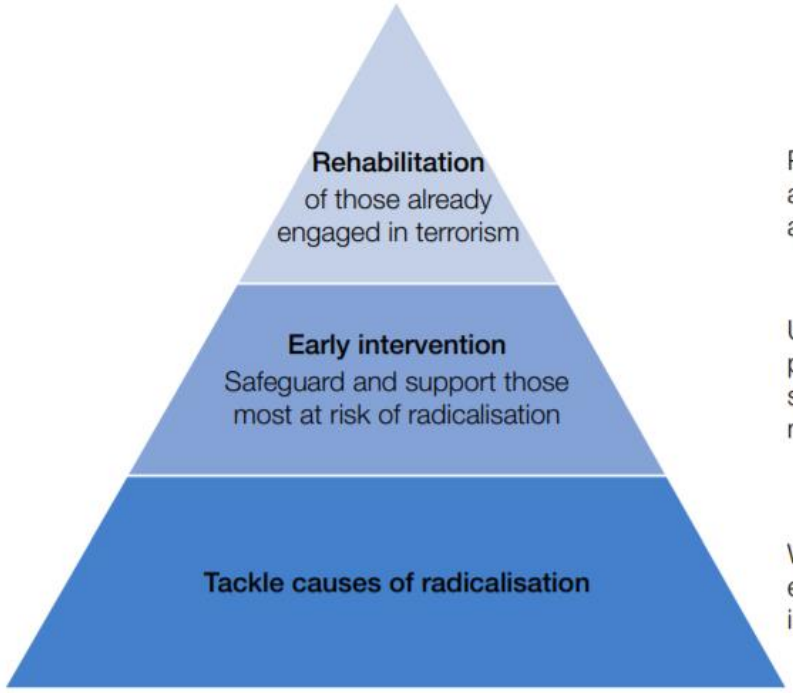
8.1 Elements of compliance with the Prevent Duty will monitored through a review of the quarterly Prevent Provider assurance data and through the recording of any concerns raised operationally by partners or the Chair of either the Shropshire or Telford and Wrekin Channel Panels.

9.0 Health Engagement with the Prevent Duty

9.1 The Prevent Duty 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 aim of Prevent is to stop people from becoming terrorists (often referred to as being radicalised) or supporting terrorism. It operates in the space were no criminal activity has taken place.

9.2 The three revised Prevent key objectives contained in the CONTEST review is to:

1. Safeguard and support those at most risk of radicalisation through early intervention, identifying them and offering support
2. Enable those who have already engaged in terrorism to disengage and rehabilitate
3. Tackle the causes of radicalisation and respond to the ideological challenge of terrorism



Source: Home Office

9.3 Health has a particularly important role in the Safeguarding element of the strategy (i.e. Objective 1) and healthcare staff are well placed to recognise individuals, whether service users, patients, or colleagues, who may be vulnerable and more susceptible to radicalisation by violent extremists or terrorists.

9.4 Healthcare staff should use their existing organisational safeguarding mechanisms in the first instance to deal with such concerns and are expected to act as they would when they identify any other safeguarding concern. It is therefore important that they are equipped with the knowledge of how to raise the concern and are confident that their organisation will handle the concern in the appropriate way.

10.0 Process of Exploitation

10.1 Radicalisation is a process and not an event and Government and academic research has consistently indicated that there is no single socio-demographic profile of a terrorist in the UK and no single pathway, or 'conveyor belt', leading to involvement in terrorism. Terrorists come from a broad range of backgrounds and appear to become involved in different ways and for differing reasons.

10.2 While there is no one single reason to cause someone to become involved in terrorism, several factors can converge to create the conditions under which there is a cognitive opening where radicalisation can occur. There are also certain engagement factors sometimes referred to as "psychological hooks" related to personal circumstances which may make some individuals more susceptible to being drawn into terrorism

10.3 However, the increasing body of evidence indicates that factors relating 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- VULNERABILITY FACTORS). Vulnerable individuals who may be susceptible to radicalisation can be patients, carers and/or staff and everyone's pathway is different.

10.4 Radicalisers often use a persuasive rationale or narrative to promote their extremist ideology and are usually charismatic individuals who can attract people to their cause which is based on an interpretation or distortion of history, politics and/or religion.

10.5 The key challenge for the health sector is to ensure that, where there are signs that someone is vulnerable to being drawn into terrorism that health and social care workers are aware of the support that is available and are confident in referring the person for further support when a concern is identified.

11.0 Internet

11.1 Islamist and Right-Wing Extremist radicalisers fully exploit the power, reach and speed of the internet to promote their narratives, influencing extremists within our own communities to disrupt our way of life through acts of violence. They groom the vulnerable and the young to join or support their cause, inspiring people within our own communities to harm others.

11.2 Vulnerable individuals may be exploited in many ways by radicalisers and this could be through often through leaflets, direct face to face contact, or increasingly through the internet, social networking or other media.

11.3 The power of the internet in the radicalisation process cannot therefore be underestimated and radicalisers are making ever more sophisticated use of social media to spread their extremist messages and ideologies.

11.4 The internet provides a platform for extremists to promote their cause and encourage debate through websites, internet forums gaming apps and social networking. It is a swift and effective mechanism for disseminating propaganda material and mobilising support but is not always easy or possible to monitor or regulate.

11.5 Shropshire, Telford and Wrekin CCG staff should be aware of anyone making frequent unwarranted visits to websites showing extremist images and speeches or providing access to material from those involved in the radicalisation process and how they should raise their concerns.

11.6 A dedicated website to report suspected terrorism or suspicions that someone may be involved in terrorism is available at: https://www.gov.uk/report-terrorism

12.0 Raising Prevent Concerns about People who need Support

12.1 During daily work, healthcare workers may face situations that give them cause for concern about the potential safety of a patient, their family, staff or others around them. Early intervention can re-direct a vulnerable individual away from being drawn into criminality and terrorism- thereby harming themselves and others. By working closely with partners, such as local authorities, social care, the police and others, healthcare organisations can improve their effectiveness in how they protect vulnerable individuals from causing harm too themselves or the wider community. The health sector will need to ensure that the crucial relationship of trust and confidence between patient and clinician is balanced with the clinician's professional duty of care and their responsibility to protect wider public safety.

12.2 In the event that a member of staff has concerns that a colleague, patient, service user or carer may be at risk of being drawn into terrorism or may be vulnerable to grooming or exploitation by others, the primary point of contact will be their department manager (see para 5.6.5).

12.3 All concerns should initially be discussed with the care team supporting the person prior to referral. If agreed that escalation is appropriate, a conversation should be always be held with the Designated Adult Safeguarding or Deputy Adult safeguarding Lead who as the Prevent Leads are the gate-keepers for all Prevent referrals within the CCG. (see para 5.6.4) they can also seek general advice from their manager and any on-call Manager.

12.4 If it is determined that a safeguarding referral needs to be made, it will be done in accordance with local inter-agency safeguarding procedures and will involve an initial referral to the relevant local authority Safeguarding team or appropriate children or adult social care contact within the relevant local authority (see para 12.5 below).

12.5 If a safeguarding referral to the local authority is required, this should be undertaken by the member of staff who identified the concerns using the standard child or adult safeguarding referral process clearly identifying the precise nature of the concerns and reason for referral. The decision and rationale should also be clearly documented in any patient records kept by the CCG. Given the CCG role

primarily as a commissioning organisation if this is applicable it is likely to be undertaken by the Individual Commissioning Team.

12.6 All Prevent referrals are confidential. Prevent Referrals should be made using the national referral form [**SEE APPENDIX TWO**]. Support is available from the Prevent leads in raising the Prevent Referral. Their contact details are also available in Appendix 2. In many cases, no further action will be required, or the vulnerability is assessed as not related to radicalisation and the individual concerned is signposted to other support which may be required. All patient/staff information must be shared in accordance with General Data Protection Regulations (GDPR)/Data Protection Act 2018 /Caldicott Principles and Human Rights legislation and meet the same rigour required for sharing information for any other safeguarding concern. (See APPENDIX 3- INFORMATION SHARING) and APPENDIX 3b- PRACTICAL INFORMATION SHARING FOR PREVENT PURPOSES.

12.7 The Home Office have introduced Prevent awareness training which introduces users to the NOTICE-CHECK-SHARE procedure for evaluating and sharing concerns. The package shares best practice on how to articulate concerns about an individual and ensure that they are robust and considered-

Home Office Prevent elearning: Referrals.

In addition to that CCG staff are mandated to complete Level 3 Prevent training on line. As with all mandatory training all staff are responsible for ensuring that this takes place and will be supported by their line manager in ensuring the training is in date. Access is via ESR https://my.esr.nhs.uk

13.0 Escalating Concerns in relation to Employees

13.1 Although there are relatively few instances of staff being at risk of radicalisation or encouraging others to become involved in extremist activity, it is still a risk that the CCG needs to be aware of and have processes in place within which to manage any concerns e.g. the need to raise a Prevent referral (as per para 12.6).

13.2 Where any employee expresses views, brings material into the CCG uses or directs colleagues, patients, service users or carers to extremist websites or acts in other ways to promote terrorism, the CCG will look to use all potential safeguarding and non-safeguarding processes to address the concerns.

13.3 Where a staff member has a concern about a colleague, this should be raised with their Line Manager. The Line Manager will discuss the concerns with the CCG Prevent Leads and Human Resources Department in the first instance. If deemed necessary, the Prevent Leads will support the person with the concerns with the completion of the relevant National Prevent Referral Form/ Safeguarding Referral Form on behalf of the staff member.

13.4 The CCG Prevent Leads will liaise with colleagues in the Local Authority social care teams to assess and manage any related safeguarding risks and, where appropriate, the Local Authority Prevent Lead. The Human Resources Advisor will lead on advising the Line Manager in relation to the disciplinary process; should this be appropriate.

14.0 Partnership Working

14.1 It should be stressed that there is no expectation that the CCG will take on a surveillance role or challenge extremist views when identifying or supporting a Prevent concern - the CCG does not have the legal basis or the specialist

knowledge and skills. Rather, the CCG must work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals and making safety and harm prevention a shared endeavour.

14.2 The organisational Prevent Leads will engage with local partnership groups with the responsibility to share concerns raised within the organisation and represent the CCG as appropriate and attend Channel meetings as required and in accordance with the Channel Duty Guidance (See also para 14.8).

14.3 Channel is the multi-agency safeguarding process through which statutory partners agree the appropriate level of support to an individual at risk of being drawn into terrorism or committing terrorist acts). It is about early intervention to protect and divert vulnerable people away from the risk they face before illegality occurs.

14.4 If an individual is assessed to be vulnerable to radicalisation, they may be offered support through the local Channel multi agency panel which meet monthly or as required in both Telford & Wrekin and Shropshire.

14.5 Channel Panels are chaired by the local authority and partners will discuss each case individually and carefully assess the extent to which an individual may be vulnerable to radicalisation. If required, the panel will offer the individual a package tailored to their specific identified needs.

14.6 Support could include assistance with education or employment, health support or ideological mentoring to provide vulnerable individuals with the skills to protect themselves from being drawn into terrorism-related activity or supporting terrorism.

14.7 The vulnerable individual and or their parent or guardians must be aware that they are receiving support through Channel, what the aims of the programme are; and what to expect. They must also consent to participating in the process and for their personal sensitive information to be shared with multi-agency partners if they are offered interventions as a consequence of being discussed at the Channel Panel.

14.8 The Channel Duty through Section 38 of the Counter Terrorism & Security Act 2015 places a Duty on all partners - including health to support and attend Channel multi agency panels and provides advice and interventions as required.

14.9 The Home Office have produced a bespoke eLearning training product which explains how the Channel process works. This training package is available to anyone who may contribute to, sit on, or even run a Channel Panel. It is aimed at all levels, from a professional asked to input and attend for the first time, to a member of staff new to their role and organising a panel meeting Home Office eLearning: Channel Awareness

14.10 The Prevent Mental Health Guidance issued by NHS England in November 2017, established a number of clear expectations for mental health trusts to support Prevent. These included attendance at Channel panels and the expedited offer of assessment for individuals within the Channel process where a diagnosed or suspected mental health vulnerability has been identified. The Guidance complements the bespoke Prevent Mental Health eLearning Level 3 training resource and it is good practice to ensure all clinical staff undertake this module.

14.11 To effectively support those with diagnosable mental health conditions who are thought to be at risk of radicalisation, Channel panels should have senior representation from the Midlands Partnership Foundation Trust at all panel meetings.

14.12 An offer of a mental health assessment should be provided within 7 days by NHS Mental Health organisations and NHS funded Mental Health services, if a formal referral with an identified mental health need has been received via Channel.

15.0 Contributing to the Counter Terrorism Local Profile (CTLP)

15.1 CTLPs are produced annually and provide a strategic overview of the threat and vulnerability from terrorism elated activity within the local area at a given time. This enables the local system partners to plan activity to address threats and risks strategically.

15.2 CTLPs provide partners with a practical and consistent approach to sharing Counter-Terrorism related information to help them target activities and resources as effectively as possible.

15.3 The CCG therefore attends CTLP briefings that are arranged via the Channel Panel.

16.0 Confidentiality, Information Sharing and Disclosure

16.1 Timely and effective information sharing has been identified as a key element within the Prevent Duty. It is therefore vital that healthcare organisations are familiar with their organisational policies and procedures on information sharing and have arrangements in so that information can be shared with partners when necessary for Prevent purposes.

16.2 Staff must ensure that they share information appropriately both professionally and legally when there is a safeguarding concern. This should be in line with HM Governments Information Sharing Guidance June 2018: *Dept. of* Health NHS Confidentiality Code of Practice 2003 (as amended), GMC Confidentiality: good practice in handling patient information guidance :May 2018 and the relevant local information sharing protocols including those of the Statutory Safeguarding Partnership and the Shropshire Channel Panel and Telford and Wrekin Channel Panel.

16.3 *Prevent* is based on the active engagement of the vulnerable individual, therefore *appropriate consent* should be obtained from the individual involved (or their parents or guardian if aged under 18 years) prior to a referral to Prevent, where appropriate. This is subject to exceptions (16.4).

16.4 However, if you consider that failure to disclose the information would leave individuals or society exposed to a risk or harm so serious that it outweighs the patient's and the *public interest* in maintaining confidentiality, you should disclose relevant information promptly to an appropriate person or authority (See APPENDIX 3- INFORMATION SHARING).

16.5 The HM Government Channel Duty Guidance states that; the GDPR, DPA 2018 and Human Rights Act 1998 (HRA 1998) are not barriers to justified information sharing, but instead provide a framework to ensure that personal information about individuals is shared appropriately. Under the GDPR and DPA 2018, information may be shared where there is a lawful basis to do so, for example when fulfilling a statutory function such as that set out in section 36 of the Counter Terrorism and Security Act.

16.5 In cases where the vulnerable person lacks capacity as described in the Mental Capacity Act 2005 to give consent, a referral may be made without consent and in their best interests.

16.6 The decision and rationale for making a referral without the individual's informed consent should be, subject to a case-by-case basis assessment which considers whether the informed consent of the individual can be obtained and the proposed sharing being necessary, proportionate and lawful. This should clearly be documented and recorded. This is described in greater detail in the *GMC Confidentiality: good practice in handling patient information guidance* .

16.7 Additionally agencies may share limited and proportionate information prior to seeking informed consent when this is urgently required to establish whether the case should be managed under *Prevent* or as a counter terrorism case. Again, this must be carried out in line with the principles outlined in the *GMC Confidentiality: good practice in handling patient information guidance* . (See also APPENDIX 3- INFORMATION SHARING)

16.8 Where there is concern or evidence that an individual is 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, and to ensure the safety of other, the individual should not be informed that information is being shared, and the 7th Caldicott principle (i.e. that the duty to share information can be as important as the duty to protect patient confidentiality) should be applied. N.B. for such cases a Channel Panel referral is not appropriate and where there is a concern about criminal activity and the risk of serious harm the Police should be alerted immediately (see 16.11).

16.9 When CCG staff are not sure regarding information sharing or consent issues, they should seek advice from their organisational Caldicott Guardian or Information Governance Officer. All information sharing of patient personal or sensitive data must comply with all Caldicott Principles and the law (See: APPENDIX 3: Information Sharing).

16.10 Any disclosures or discussions on information sharing or consent must always be documented in the patient record.

16.11 In the event of a significant concern or immediate risk to others, which needs a more urgent Prevent response (e.g. if there is a significant concern –particularly it is out of hours) there are some useful telephone numbers that you can call. Remember: - you should always trust your instincts.

The 101 number is designed encourage people to contact the police at an early stage to prevent or detect crime. In terms of Prevent, the earlier authorities can be involved the greater the chance we can intervene with partners and stop someone from being radicalised.

Confidential Anti-Terrorist Hotline
If you are suspicious that someone is being radicalised or that the call is terrorism related you can call the confidential Anti-Terrorist Hotline on 0800 789 321
In an emergency where you feel that there is an immediate terrorist threat please call 999

17.0 **Requests for Information about an Individual raised by another organisation**:

17.1 Generally requests for patient information should be made in writing, justifying the grounds for disclosure and submitted to the Data Controller of the data system

from which the information is sought. The seriousness of the potential crime and the risk of harm to the individual or the public may outweigh the need to maintain patient confidentiality. The amount of information shared should be appropriate and responsive to the concern raised. (S*ee Confidentiality, Information Sharing and Disclosure* para(s) 16.1-16.10)

17.2 In situations where disclosures to (or information sharing with) the police or local authority may become routine, it is considered as good practice to have a purpose specific information protocol and agreed between the organisation and the police, so that all staff involved know what to do.

17.3 Note that the Crime and Disorder Act 1998 (see APPENDIX 3 INFORMATION SHARING) 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 the Prevent Lead and in consultation with the Caldicott Guardian and or Information Governance Officer for the organisation.

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

- By sharing the information, is the intention to safeguard the individual from criminal exploitation, grooming (being drawn into terrorism) or self-harm?
- In sharing information, is a serious crime being prevented or detected or a vulnerable person been safeguarded?
- 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 advice from your organisations Caldicott guardian
- The GMC *Confidentiality: good practice in handling patient information guidance updated May 2018 also* provides a framework to help you decide when you can share information and helps you to think about why you are sharing the information. This may be for the direct care or protection of the patient, to protect others or for another reason. It also has a handy flowchart which you can use to help you decide whether to share the information Toolkit.

17.5 Information Governance policies should outline guidelines on areas of information management risk for the organisation including:

- an IT policy that identifies inappropriate use by either patients or staff;
- room hire by external organisations;
- appropriate use of notice boards;
- the distribution of inappropriate materials or leaflets.

18.0 **Legislation Compliance & References**.

18.1 The following legislation, regulation and guidance has been used to inform this Policy (CTRL. Click to access link):

- NHS Standard Contract (See SC32)
- NHS England Prevent Training and Competencies Framework

- General Data Protection Regulations/ Data Protection Act 2018
- Information Commissioners Office Guidance
- Human Rights Act 1998
- European Convention on Human Rights
- Equality Act 2010
- Common Law Duty of Confidentiality (CLDC)
- Caldicott principles as defined in 'The Information Governance Review'
- Information sharing advice for safeguarding practitioners (HM Govt: 2018)
- DH – Code of Practice on protecting the Confidentiality of service user information
- GMC '*Confidentiality: good practice in handling patient information guidance'* (May 2018)
- Crime and Disorder Act 1998
- CONTEST Strategy 3.0
- Counter Terrorism and Security Act 2015
- Prevent Duty Guidance 2015
- Channel Duty Guidance 2015
- Guidance for mental health services in exercising duties to safeguard people from the risk of radicalisation:2017
- Care Act 2014
- Safeguarding children and young people: roles and competences for health care staff intercollegiate Document: Jan 2019.
- Working Together to Safeguard Children 2018
- Adult Safeguarding: Roles and Competencies for Health Care Staff 2018

APPENDIX 1- VULNERABILITY FACTORS

Radicalisation is a process and not an event, and there is no single route or pathway to radicalisation. Evidence indicates that those targeted by radicalisers may sometimes have doubts or call into question about what they are doing and there may therefore be opportunities to intervene and safeguard them or others from harm. It is because of this doubt that frontline health and social care workers need to have mechanisms and interventions in place to support a person being exploited and to help safeguard them from being drawn into criminal activity and terrorism.

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 should be contextualised and considered in conjunction with the circumstances of the case and any other signs of radicalisation. Remember Prevent does not require you to do anything in addition to your normal duties. What is important is that if you have a concern that you raise these.

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Identity Crisis:

Adolescents/ adults at risk of harm 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 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.

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

Personal 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
- a distrust of Western media reporting
- 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

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.

These are further articulated in the Channel Vulnerability Assessment.

APPENDIX 2 - RAISING A PREVENT CONCERN

Prevent National Referral Form V3.1.d

The National Prevent Referral Form

This form is to be used when making referrals in order to safeguard someone from being drawn into radicalisation or supporting terrorism. Prevent is intended to deal with all kinds of terrorist threats to the UK, arising from issues including among others Islamist extremism, Right Wing Extremism, and mixed or unclear ideologies. Identification and referral should therefore arise from concerns about behaviour and the risk of harm they may pose to themselves or others. PLEASE NOTE THAT IT SHOULD BE MARKED AS OFFICIAL SENSITIVE WHEN COMPLETE.

GUIDANCE NOTES

Prevent aims to safeguard people and communities by stopping people becoming terrorists or supporting terrorism and this form must be used if you have concerns that this may be a risk for a staff member patient or service user. Completing and submitting this form will enable professionals working in Prevent to ensure that the individual you are concerned about is safeguarded from further harm and has the opportunity to access appropriate support to prevent their involvement in terrorism.

NOTICE/CHECK/SHARE

NOTICE – are you worried about a patient/staff member, someone acting or saying things which concerns you? Use your professional judgement, if something doesn't feel right, it may not be!

CHECK – Speak with your manager, or organisational Safeguarding or Prevent Lead. Check your concern with them- does your concern also worry your Safeguarding Lead?

SHARE – when a decision is made by the Safeguarding Team, they should share the information with appropriate partners (this differs according to local authorities) or have a confidential conversation with the Police or Local Authority Prevent Lead.

It is important to seek advice and support from the Trust Prevent leads when making a referral and these are:

Paul Cooper

paulcooper2@nhs.net

or Rachel Jones

rachel.jones111@nhs.net

When you have completed the form please email it securely to: prevent@westmercia.pnn.police.uk

If you have concerns relating to other vulnerabilities, then you should also make appropriate referrals at the same time.

However, in some cases by the time you are made aware of the risk the situation may already be well advanced – if this is the case:

- If there is an urgent safeguarding issue, then immediately contact the appropriate Local Authority safeguarding service
- If there is an imminent danger that a crime is about to be committed dial 999

If you feel that a call needs a more urgent Prevent response (e.g. if there is a significant concern –particularly it is out of hours) there are some useful telephone numbers, you can call. Remember: -you should always trust your instincts.

The **101 number** is designed encourage people to make contact with the police at an early stage to prevent or detect crime. In terms of Prevent, the earlier authorities can be involved the greater the chance we can intervene with partners and stop someone from being radicalised.

Confidential Anti-Terrorist Hotline

If you are suspicious that someone is being radicalised or that the call is terrorism related you can call the confidential **Anti-Terrorist Hotline on 0800 789 321**

https://secure.met.police.uk/athotline/

In an emergency where you feel that there is an immediate terrorist threat please call 999

***Run Hide Tell* "Stay Safe Campaign**

Is a short public information film which sets out practical steps that can be taken to stay safe in the unlikely event of a firearms or weapons attack. It is worth watching this to gain an understanding of the advice that should be provided to callers in such circumstances and the advice which should be provided. In the unlikely event of a weapons attack police urge you to follow the **Run, Hide, Tell message.**

APPENDIX 3- INFORMATION SHARING (General)

All information sharing for Prevent purposes must comply with the relevant legislation i.e. Data Protection Act 2018, Human Rights legislation and the Common-law Duty of Confidentiality (amongst others) and meet the same rigour required for sharing information in respect of any other safeguarding concern.

The General Data Protection Regulations GDPR underpins the Data Protection Act 2018 (DPA 2018): Chapter 2/Part 3 of the Data Protections Act 2018 is based around six key data protection principles and provides a range of rights for individuals which are applicable to the processing or sharing of personal and sensitive data.

The principles state that personal data must:

- be processed lawfully, fairly and in a transparent manner
- be processed for specified, explicit and legitimate purposes and not in any manner incompatible with those purposes
- be adequate, relevant and limited to what is necessary in relation to the purposes
- be accurate and up to date
- not be kept for longer than is necessary
- be secure

Lawful basis for sharing personal data:

To disclose data into the programme and the lawfulness of the processing of the personal data must, one of the conditions found in Article 6 of the GDPR must be met. If any special category data is to be disclosed, then one of the conditions of Article 9 must be met.

The primary conditions for disclosing information for the purposes of Prevent should be consent, however this may not always be appropriate or achievable. If consent is not

appropriate or achievable then a different lawful basis must be met (see Schedule 2 of the DPA 2018 below) in order to share personal data. If another lawful basis is not met, then data cannot be shared.

Consent:

The General Data Protection Regulations (GDPR) has strengthened the need to demonstrate consent is given freely – the GDPR has also strengthened the need to have a clarity of purpose for sharing /processing data whilst ensuring that criminal justice agencies and others can continue to use and share personal data to prevent and investigate crime, bring offenders to justice, to safeguard the vulnerable and keep communities safe from harm.

Potential lawful conditions to share information where consent of the individual or patient is inappropriate or unachievable are described below:

Schedule 2 Part 1 of the Data Protection Act 2018:

Schedule 2, Part 1, Para 2 of the DPA 2018) allows for the processing of personal data for the purposes of (but not limited to):

- *the prevention or detection of crime*
- *the apprehension or prosecution of offenders,*

(*Schedule 2, Part 1, Para 5 of the DPA 2018*) allows for the processing of personal data for the purposes of (generally) legal proceedings.

Part 3 of the DPA 2018 allows for the processing of personal data by a competent authority for the purposes of the detection and/or prevention of crime.
This provides a legitimate basis upon which a competent authority is permitted to share information for the prevention of crime and disorder, because it will be exercising a statutory function for law enforcement purposes. *Part 3 (Schedule 8)* allows for the processing of sensitive data to safeguard children and adults at risk from harm.

A competent authority means:

- *a person specified in Schedule 7 of the DPA 2018; or*
- *any other person if, and to the extent that, they have statutory functions to exercise public authority or public powers for the law enforcement purposes.*

It should be added that if the sharing is to any organisation other than the Police, if the disclosure is for the purposes of the prevention and detection of crime, that receiving organisation must be a *competent authority* as defined by the DPA 2018 otherwise the disclosure cannot be made for this purpose/reason.

Section 115 of the Crime and Disorder Act 1998

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 DPA 2018, the HRA 1998 and the Common Law duty of Confidentiality. Section 115 of the C& D Act 1998 provides agencies and professionals with the power (but not a legal duty) to disclose personal information. It provides that any person can lawfully disclose information, where necessary or expedient for any provision of the Act, to a Chief Officer of Police, a Police Authority, Local Authorities, Probation Provider or Health Authority (or to a person acting on behalf of any of these bodies), even if they do not otherwise have this.

This legislation satisfies the lawful basis for processing/disclosing information mentioned earlier under Schedule 2 Part 1 of the Data Protection Act 2018 and Part 3 of the DPA 2018.

If the sharing of information with partner agencies is for preventing crime and disorder and the requirements of the DPA 2018/CLDC/HRA are satisfied, then that sharing by or on behalf of Shropshire, Telford and Wrekin CCG will have a lawful basis.

European Convention on Human Rights (ECHR)

Article 8 of the ECHR states that everyone has the right to respect for private and family life, home and correspondence.

A public authority cannot interfere with an individual's Article 8 rights except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

This is a qualified right that may therefore be interfered with *if the interference is necessary and proportionate for a legitimate aim.*

The legitimate aims of the information sharing are as set out in *Chapter 2 of Part 3 of the Act* (see above) and only information that is assessed as being necessary and proportionate for one of those aims will be shared between parties.

Case by case judgement

Each instance where personal or sensitive information need to be shared for safeguarding purposes should be decided through a case-by-case assessment which considers whether the informed consent of the individual can be obtained and the proposed sharing being necessary, proportionate and lawful.

This should clearly be documented and recorded with the rationale given for your decision. This is described in greater detail in GMC *'Confidentiality: good practice in handling patient information guidance'* (May 2018): -

- *Best interest d*isclosure where the person lacks capacity to consent (see Page 16: para 16).
- *D*isclosure required or permitted by law (see Page 16: para(s) 17-19)
- The disclosure can by law be justified in the public interest (see Page 18 para(s) 22 - 23)

The GMC website also has a useful Confidentiality decision tool
If a data subject has not consented to the sharing of personal information in relation to them and no other legitimate conditions apply, then data should NOT be shared/disclosed.

If staff are not sure regarding information sharing or consent issues, they should seek advice from their organisational Caldicott Guardian and Information Governance Team.

Common Law Duty of Confidentiality

The *Common Law Duty of Confidentiality (CLDC)* is built up from case law and its basis is that information that has the necessary quality of confidence should not be used or disclosed further, except as originally understood by the discloser, or with their subsequent permission. Some situations and relationships (such as Doctor/Patient relationship) also add a level of quality to the information imparted, which can help to achieve the necessary threshold for CLDC.

Case law has been established that exceptions can exist “in the public interest”; and confidentiality can also be set aside, by legislation (see above Schedule 2 Part 1 DPA Act 2018 and GMC ‘Confidentiality: good practice in handling patient information guidance).

The Department of Health & Social Care has also produced a code of practice concerning confidentiality, which is required practice for those working within or under contract to NHS organisations. DH – Code of Practice on protecting the Confidentiality of service user information (see 19.0 Legislation Compliance & References).

The Caldicott Principles

Confidentiality is an important ethical and legal duty, but it is not an absolute. You may disclose personal information without breaching duties of confidentiality in certain circumstances and these are described in greater detail in the GMC ‘Confidentiality: good practice in handling patient information guidance’ (May 2018)

Principle 7 of the Caldicott explains that duty to share information can be as important as the duty to protect patient confidentiality. Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

Please remember that if in doubt you should always consult with [Insert Caldicott Guardian and or Information Governance Officer for the organisation]

For further advice and guidance before sharing personal or sensitive information for Prevent purposes.

APPENDIX 4- DEFINITION 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 in the definition of extremism calls for the death of members of our armed forces, weather in this country or overseas.
CONTEST **3.0 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	Safeguarding and support those at most risk of radicalisation through early intervention, identifying them and offering support. Enabling those who have already engaged in terrorism to disengage and rehabilitate. Tackling the causes of radicalisation and respond to the ideological challenge of terrorism.

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. It is entirely voluntary and requires the consent of the individual and or their parent or guardian (if aged under 18 years) to participate. 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 at risk 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.