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Related Trust Policies (to be read in conjunction with)	04061 Risk Management Policy and Procedures 08034 Safeguarding Adults 04064 Safeguarding Children and Young People 0-18 Policy 04051 Security Policy
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1. Purpose

1.1 This policy sets out the Trust's approach to the PREVENT agenda and how it will be managed in order to contribute to the Government's policy to prevent and reduce the risk of significant harm to vulnerable adults from abuse or other types of exploitation, whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion.

1.2 **Abbreviations** used in this document are:

CONTEST	HM Governments Strategy for Terrorism;
HealthWRAP	The Home Office Training Package for NHS Organisations;
PREVENT	HM Government Strategy for Preventing Radicalisation.

2. Introduction

2.1 The Government believes that safeguarding is everybody's business with communities playing a part in preventing, detecting and reporting neglect and abuse. Measures need to be in place locally to protect those least able to protect themselves. With that in mind the PREVENT objective was set up with the assumption that the majority of adults are capable of protecting themselves and that only a proportion are vulnerable and potentially in need of proactive intervention.

2.2 All the terrorist groups who pose a threat to us seek to radicalise and recruit people to their cause. However, the percentage of people who are prepared to support violent extremism in the country is very small but is significantly greater amongst young people.

2.3 We now have more information about factors which encourage people to support terrorism and then engage in terrorist-related activity. It is important to understand these factors if we are to prevent radicalisation and minimise the risk it poses to our national security.

2.4 We judge that radicalisation is driven by an ideology which sanctions the use of violence, by propagandists for that ideology here and overseas, by personal vulnerabilities and specific local factors which, for a range of reasons, make that ideology seem attractive and compelling.

2.5 There is evidence to indicate that support for terrorism is associated with rejection of a cohesive, integrated, multi-faith society and of parliamentary democracy.

2.6 Terrorist groups can take up and exploit ideas which have been developed and sometimes popularised by extremist organisations which operate legally in this country.

2.7 In order to combat the threat posed to the UK by radicalisation, the Government developed CONTEST, which is divided into four strands.

- 2.8 PREVENT is one of the four strands of a cross government, counter terrorism strategy called CONTEST, which was revised in June 2018. Prevent is defined for health providers under the Prevent Duty as safeguarding people from becoming terrorists or supporting terrorism. The NHS has committed to support initiatives to reduce the risk of terrorism.
- 2.9 The other three CONTEST strategy strands are:
- Protect** – strengthening our borders, infrastructure, buildings and public spaces;
 - Prepare** – where an attack cannot be stopped, to reduce its impact;
 - Pursue** – to disrupt or stop terrorist attacks.
- 2.10 Prevent is the first of the 4 P’s and clearly is a government priority and the strategy has a horizon of at least 3 years. This aims to stop people from becoming terrorists (often referred to as being radicalised) or supporting terrorism. The Department of Health and the Home Office have developed guidance for healthcare organisations, to enable them to implement PREVENT locally, the three strands under the prevent duty are:
- Safeguard and support those at most risk of radicalisation through early intervention, identifying them and offering support;
 - Enable those who have already engaged in terrorism to disengage and rehabilitate;
 - Tackle the causes of radicalisation and respond to the ideological challenge of terrorism.
- 2.11 Healthcare professionals may meet and treat people who are vulnerable to radicalisation. People with mental health or learning difficulties may be more easily drawn into terrorism. People connected to the health sector have taken part in terrorist acts. It must be noted that PREVENT refers to “pre-criminal space” in raising concerns that may lead to acts of terrorism and not to be confused with criminal activity that is about to or has taken place.
- 2.12 The key challenge for the health sector is to ensure that, where there are signs that someone has been or is being drawn into terrorism, that healthcare workers are aware of the support available and are confident in referring the person for further support.
- 2.13 Preventing someone from becoming a terrorist or supporting terrorism is no different from safeguarding vulnerable individuals from other forms of exploitation. This policy sits alongside the Trust’s Safeguarding policies.
- 2.14 The PREVENT strategy places an onus upon the health sector to support the delivery of the PREVENT initiatives, in order to prevent individuals being radicalised.
- 2.15 The PREVENT delivery model sets out how we tackle the causes and risk factors that can lead an individual to become radicalised, support those who are at risk of radicalisation through early intervention and rehabilitate those who have already engaged with terrorism, this includes:
- Providing support to those already engaged to disengage and rehabilitate;
 - Using safeguarding principles provide tailored multi-agency support to those identified as most at risk to radicalisation;

- Working online and offline to empower communities and individuals.
- 2.16 The Health Sector contribution to PREVENT is providing staff training both basic awareness and enhanced training to front line staff utilising the established HealthWRAP training.
- 2.17 The overall principle of health is to improve the health and wellbeing through the delivery of healthcare services while safeguarding those individuals who are vulnerable to any form of exploitation. PREVENT is also about protecting individuals.
- 2.18 PREVENT aims to protect those who are vulnerable to exploitation from those who seek to get people to support or commit acts of violence.
- 2.19 Healthcare staff are well placed to recognise individuals, whether patients or staff, who may be vulnerable and therefore more susceptible to radicalisation by violent extremists or terrorist, it is fundamental to our 'duty of care' and falls within our safeguarding responsibilities.
- 2.20 Every member of staff has a role to play in protecting and supporting vulnerable individuals who pass through our care.

3. Aim of the Policy

- 3.1 The aim of this policy is to support the PREVENT agenda in ensuring that:
- Trust staff know how to safeguard and support vulnerable individuals, whether service users or staff, who they feel may be at risk of being radicalised by extremists;
 - Appropriate systems are in place within the Trust for staff to raise concerns if they think this form of exploitation is taking place;
 - The Trust promotes and operates a safe environment where extremists are unable to operate.
 - It must be proportionate and focused. It must not imply a need to change the attitudes of most people in this country towards terrorism. It must not seem to pass judgement on a faith or to suggest only a particular kind of faith is appropriate or acceptable.

4. Scope

- 4.1 PREVENT is relevant to all our staff, including volunteers, in particular those who work with vulnerable people.

5. Roles & Responsibilities

5.1 Chief Executive Officer

- The Chief Executive is responsible for ensuring that the Trust Board is aware of and discharges its statutory responsibilities for PREVENT.

5.2 PREVENT Accountable Officer (Director of nursing)

- Report to the Board on all matters pertaining to PREVENT;
- A member of the PREVENT Assessment Group.

5.3 Trust Strategic Safeguarding Group

- To ensure that processes, training and systems are in place through the organisation contributing to the Adult and Children's Safeguarding. This group reports directly the Patient Safety & Quality Group to ensure effective escalation/monitoring/feedback/assurance to the Trust Board.
- To review, endorse and approve PREVENT policy and any related materials in line with the Trust policy for the development, approval, implementation and management of all policy documents including Safeguarding Vulnerable Adults and Children's Policy.

5.4 PREVENT Lead (Operational)

- To offer expert knowledge and advice to staff on all aspects of PREVENT;
- To promote good practice and effective communication within the Trust, and between the Trust and other agencies, on all matters relating to the PREVENT, in conjunction with relevant Trust colleagues, ensure that issues relating to information-sharing and confidentiality are addressed;
- To lead on the delivery of PREVENT and to ensure that monthly returns are completed in order to ensure compliance with required regional / national audits;
- To lead on delivery of PREVENT Training (HealthWRAP);
- Promote the need to report to Channel;
- Be the Channel liaison in the reporting of concerns to Channel (refer to section 8 for Channel);
- To supply updates on compliance to the Trust's Safeguarding Vulnerable Adults and Children's Management Group;
- Report to the PREVENT Accountable Officer and the Trust's Safeguarding Vulnerable Adults Group any referrals;
- Maintaining the PREVENT Register which records all formal concerns raised (refer to section 10);
- To lead on communications with Police and Counter Terrorism agencies and other external agencies;
- Receive and act upon guidance received by the Trust Executive Lead for PREVENT on issues faced by the Trust in relation to PREVENT;
- Monitor and review the development and implementation of Policies and Procedures for the reporting and escalation of PREVENT related issues.

5.5 Adult and Children's Safeguarding Leads

- The adult and children's safeguarding lead will highlight any concerns to the PREVENT Lead;
- Assist in the assessment of concerns that have been reported;
- Assist the PREVENT Lead in communicating concerns to internal and external partners;
- Promote awareness of PREVENT and the need to report to Channel;
- Promote PREVENT and PREVENT training needs within departments during safeguarding activities;
- Assisted the PREVENT Lead in investigations.

5.6 PREVENT Assessment Group

Formed of the following members:

- PREVENT Accountable Officer (Executive);
- PREVENT Operational Lead;
- Representative from the Safeguarding team;
- Director of Human Resources;
- Senior member of staff from department making referral;
- Police PREVENT lead (as required).

Roles of this group include:

- Undertake assessment of information regarding concerns pertaining to patients, service users and staff to identify the validity of the information and risks to be communicated;
- Proactively seek advice from the relevant external PREVENT agency regarding concerns raised;
- Agree and record actions to be taken regarding the forwarding of concerns and information to the relevant agency;
- Make recommendations for actions plans to be developed following near misses and agree on methods of communicating back to staff;
- If relevant, utilise available tools in the Trust such as CCTV and IT forensics when undertaking PREVENT assessments as required or advised;
- Asses feedback information received from relevant agency and communicate actions as directed;
- Work with external agencies in obtaining further information in line with confidentiality legislation.

5.7 Ward Sisters, Matrons, Associate Directors of Nursing & Managers

- Arranging for staff to attend the HealthWRAP training as required for level 3 staff;
- Ensuring staff complete basic Prevent awareness training for level 1 & 2 staff;
- Advising staff on the processes to escalate a concern;
- Facilitating the appropriate escalation of PREVENT concerns (see the flowchart in appendices 3 & 4);
- Liaising with the PREVENT Lead if there is a concern raised about a member of staff.

5.8 IT Department

The IT department has the responsibility to:

- monitor internet usage and identify repeated attempts to gain access to banned websites that are in any way are linked to terrorism;
- monitor what is searched for in Google or other search engines that could be related to terrorism in any way;
- to report any such findings to the PREVENT Lead or Line Manager.

5.9 All Staff

- Report all PREVENT related concerns to the PREVENT Lead or Line Manager in line with the escalation.
(Refer to Section 7 and the flowchart in appendices 3 & 4).

6. PREVENT Definitions & Abbreviations

6.1 The Process of Exploitation

6.1.1 There is no single profile or indicator of a person who is likely to become involved in terrorist-related activity, nor is there a single sign when a person might move to adopt violence in support of violent extremism. Here are some possible indicators:

- Someone suffering from mental health;
- Lack of identity and belonging in their community;
- Involvement with groups offending or organised crime;
- Significant tension within the person's family / significant others;
- Someone who has been alienated from their own culture;
- Unemployment / underemployment;
- Drug abuse.

6.1.2 The factors surrounding exploitation are many and they are unique to each person. The increasing body of information indicates that factors thought to relate to personal experience of vulnerable individuals affect the way in which they relate to their external environment.

6.1.3 In this sense, vulnerable individuals may be exploited in many ways by radicalisers who target the vagaries of their vulnerabilities. Contact with the 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 the media, more commonly this will occur through a combination of the above.

6.2 Contact with Radicalisers

6.2.1 It is generally more common for vulnerable individuals to become involved in terrorist-related activity through the influence of others. Initially contact may be via peers, siblings, other family members or acquaintances, with the process of radicalisation often being a social one. Such social interaction takes place in a range of unsupervised environments such as gyms or cafés, in private homes and via the internet.

6.2.2 Access to extremist material is often through leaflets and local contacts. However, the internet plays an important role in the communication of extremist views. It provides a platform for extremists to promote their cause and encourage debate 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 radicalising process.

6.3 **Use of Extremist Rationale (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. This involves inspiring new recruits, embedding the beliefs of those with established extreme views and/or persuading others of the legitimacy of their cause in the primary objective of those who seek to radicalise vulnerable individuals.

6.4 **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 in themselves and therefore should not be considered in isolation but in conjunction with the particular circumstances and any other signs of radicalisation.

6.4.1 **Identity crisis**

Adolescents / vulnerable 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 providing a sense of purpose or feeling 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.

6.4.2 **Personal crisis**

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

6.4.3 **Personal Circumstances**

The experience of migration, local tensions or events affecting families in countries of origin may contribute to alienation from the UK values and a decision to cause harm to symbols of the community or state.

6.4.4 **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.

6.4.5 **Criminality**

In some cases a vulnerable individual may have been involved in a group that engages in criminal activity or, on occasions a group that has links to organised crime and be further drawn to engagement in terrorist-related activity.

6.4.6 Grievances

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

- A misconception and / or rejection of UK policy both foreign and domestic;
- A distrust of western media reporting;
- Perception that UK government policy is discriminatory (e.g. counter-terrorist legislation).

7. Raising Concerns

7.1 Should any staff member have a concern relating to an individual's behaviour which indicates that they may be being drawn into terrorist-related activity, they will need to take into consideration how reliable or significant these indicators are.

7.2 Indicators may include:

- Patients/staff accessing terrorist-related material online, including through social network sites
- Parents/family reports of changes in behaviour, friendships or actions and requests for assistance;
- Partner healthcare organisations', local authority services' and police reports of issues affecting patients in other healthcare organisations;
- Patients/staff voicing opinions drawn from terrorist-related ideologies;
- Use of extremist or hate terms to exclude others or incite violence.

7.2.1 It may be that patient or staff member is facing multiple challenges in their life, of which exposure to terrorist-related influences is just one. Staff will need to use their judgement in determining the significance of any changes in behaviour where sufficient concerns are present.

7.2.2 Concerns that an individual may be vulnerable to radicalisation do not mean that you think the person is a terrorist, it means that you are concerned they are prone to being exploited by others, and so the concern is a safeguarding concern.

7.2.3 If a member of staff feels they have a concern that someone is being radicalised, either a patient or a member of staff then they should discuss their concerns with their manager and or the Trust PREVENT Operational Lead by emailing the following douglas.smale@meht.nhs.uk or alternatively through the Trust Safeguarding Vulnerable Adults Lead.

7.2.4 **If anyone has immediate concerns that an individual is presenting an immediate terrorist risk to themselves, others or property, then they should contact the police on 999 or National Counter-Terrorism Hotline on 0800 789 321. Any such reported incident on or within Trust premises must also be reported to Security.**

7.2.5 Those taking meeting room bookings to contact PREVENT Operational lead if there are any concerns about meetings being convened involving questionable subject matter relating to the PREVENT agenda.

7.3 Reporting PREVENT Concerns

- 7.3.1 Should any member of staff have concerns relating to an individual's behaviour which indicates that they may be being drawn into terrorist-related activity, they will need to take into consideration how reliable or significant the indicators are. All staff must raise their concerns and seek advice on how to address them.
- 7.3.2 Staff can seek advice through the Trust's PREVENT Operational Lead, alternatively advice is also available through the Trust's Safeguarding Team, and out of hours advice can be sought via the Trust's Clinical Site Managers / On-call Senior Manager.
- 7.3.3 Where staff believe that concerns may need to be escalated, they should seek advice from the Trust's PREVENT Operational Lead / Safeguarding Team, who will assist in determining whether the matter needs to be referred on.
- 7.3.4 If the PREVENT Operational Lead / Safeguarding Team determine that a safeguarding referral needs to be made, it will be done in accordance with local inter-agency safeguarding procedures / PREVENT Protocols.
- 7.3.5 The PREVENT Operational Lead will ensure that there is appropriate feedback to the member of staff raising the concern.

7.4 Managing Concerns in Relation to Employees

- 7.4.1 Although there are relatively few instances of healthcare staff radicalising others or being drawn into extremist acts, it is still a risk that the Trust needs to be aware of and have processes in place to manage any concerns.
- 7.4.2 Where any Trust employee are believed to exhibit vulnerabilities to radicalisation or demonstrated such behaviours to raise concerns, these concerns should be reported in the same manner as others outlined above. Such behaviours could include directing patients or staff to extremist's websites and bringing material into the organisation depicting terrorist ideology.

8. Channel

- 8.1 Channel is a supportive multi-agency process, designed to safeguard those individuals who may be vulnerable to being drawn into any form of terrorism. It is a key part of PREVENT – the Government's strategy to stop people becoming terrorists or supporting terrorism.
- 8.2 Channel works by identifying individuals who may be at risk, assessing the nature and extent of the risk, and where necessary, providing an appropriate support package tailored to their needs. A multi-agency panel, chaired by the local authority, decides on the most appropriate action to support an individual after considering their circumstances.
- 8.3 It is about early intervention to protect and divert people away from the risk they may face at an early opportunity. Partners already work with individuals vulnerable to being drawn into criminal activity such as drugs, knife or gang crime. In a similar way the

process of radicalisation allows us to intervene to prevent individuals being drawn into terrorist related activity.

- 8.4 Partnership involvement ensures that those at risk have access to a wide range of support ranging from mainstream services such as health and education through to specialist mentoring or faith guidance and wider diversionary activities such as sporting activities.
- 8.5 Each support package is monitored closely and reviewed regularly by the multi-agency panel.
- 8.6 **What happens with the referral?**

Each referral is screened for suitability. If the referral is not deemed appropriate for Channel it will exit the process or be referred to those services which are more appropriate to the vulnerable individual's needs. Appropriate referrals will go through a preliminary assessment coordinated by the Channel Coordinator and key statutory partners as appropriate. Partners will be asked to check and report back to the Channel coordinator if the vulnerable individual is known to their service and a case profile will be created to assist decision making at the Channel multi-agency panel. The multi-agency panel will convene and be chaired by the local authority, where the individual's needs will be identified and a support plan will be put in place to address these needs. Each case is monitored regularly at an interval of no more than 6 weeks. In addition there will be a 6 monthly and 12 monthly review meeting for each case, once the referral has exited the process.

- 8.7 **Will the vulnerable person be informed that they have been referred for Channel intervention?**

In the normal course of events appropriate consent will be obtained from the individual involved. The Code of Practice on Confidentiality (2003) will be applied to all referrals however in exceptional circumstances only, the person may not be informed. There are legal gateways for sharing this information under prevention of crime in the Data Protection Act. Even if the individual is not told at this early stage if they are deemed genuinely vulnerable to radicalisation and in need of a supportive intervention under the Channel process, they must be told prior to receiving an intervention. The process for them will be carefully managed in discussion with the referring agency.

9. Escalating your Concern

- 9.1 If you believe that someone is being radicalised or is vulnerable to terrorism it is recommended that you follow the flow charts Appendices 3 and 4.

10. Information Management

- 10.1 The PREVENT Operational Lead must maintain a record of each report that may be PREVENT related. This should include:
- Name of the reporter;
 - Date of the report;

- Brief details of the report made.
- 10.2 All records maintained must include the date of closure, i.e. that all steps required by the Trust have taken.
- 10.3 It is essential to remember that the data transferred out of the Trust must always be the minimum data and that it must be transferred safely and on a “need to know” basis. This may need to be proven at a later date.
- 10.4 All information should be transferred only between secure pan-governmental networks which include the email suffixes of:
- nhs.net (nhs);
 - gcsx (local government);
 - pnn.police (police)
 - cjsm (criminal justice system).
- Faxing may only be used in the event of agencies being involved that have no access to secure email.
- 10.5 There are exceptions to the rights of any data subject in relation to their right to confidentiality. This right ceases a) in cases of national security and b) for the detection and investigation of crime. It is likely that any appropriate personal data sharing between agencies will be legal under the Data Protection Act 1998 the Information Commissioners Code of Practice for Data Sharing and Caldicott 1 and 2. Requests for information by the police must be accompanied by a police A101 data request form.
- 10.6 Active consent for data sharing in relation to PREVENT notifications and investigations is not required and should not be sought.
- 10.7 The information relating to PREVENT investigations should not be filed in staff personal files or patients’ medical records.

11. Training

- 11.1 All staff will be required to complete basic PREVENT awareness training. This training need applies to all staff requiring level 1 & 2 safeguarding training. This will be delivered through corporate inductions training and E-learning and needs to be repeated on a 3 year cycle in accordance with the PREVENT and Trust’s Training Needs Analysis.
- 11.2 Staff requiring to complete level 3, 4 and 5 safeguarding training are required to complete the HealthWRAP PREVENT level training. This training will be delivered through face to face training for initial training then repeated every 3 years by face to face or E-learning in accordance with the PREVENT and Trust’s Training Needs Analysis.

12. Monitoring Compliance

- 12.1 A summary of referrals and training compliance will be included in the reports to the Safeguarding Adults Group for monitoring purposes.
- 12.2 Quarterly returns are submitted to the Regional PREVENT Programme Lead.

13. Communication and Implementation

- 13.1 This policy will be made available to staff and the public on the Trust's intranet site and website.

14. Equality Impact Assessment

- 14.1 The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.
(Refer to Appendix 2)

15. References

HM Government (2018) CONTEST. The UK's strategy for countering terrorism
London: The Stationery Office

HM Government (2011) PREVENT Strategy. London: The Stationery Office,

Department of Health (2011) Building Partnerships, Staying Safe The health sector contribution to HM Government's PREVENT strategy: guidance for the healthcare organisations. London: Department of Health

Appendix1. Statutory Obligations for Information Sharing

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

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

Appendix 2: Preliminary Equality Analysis

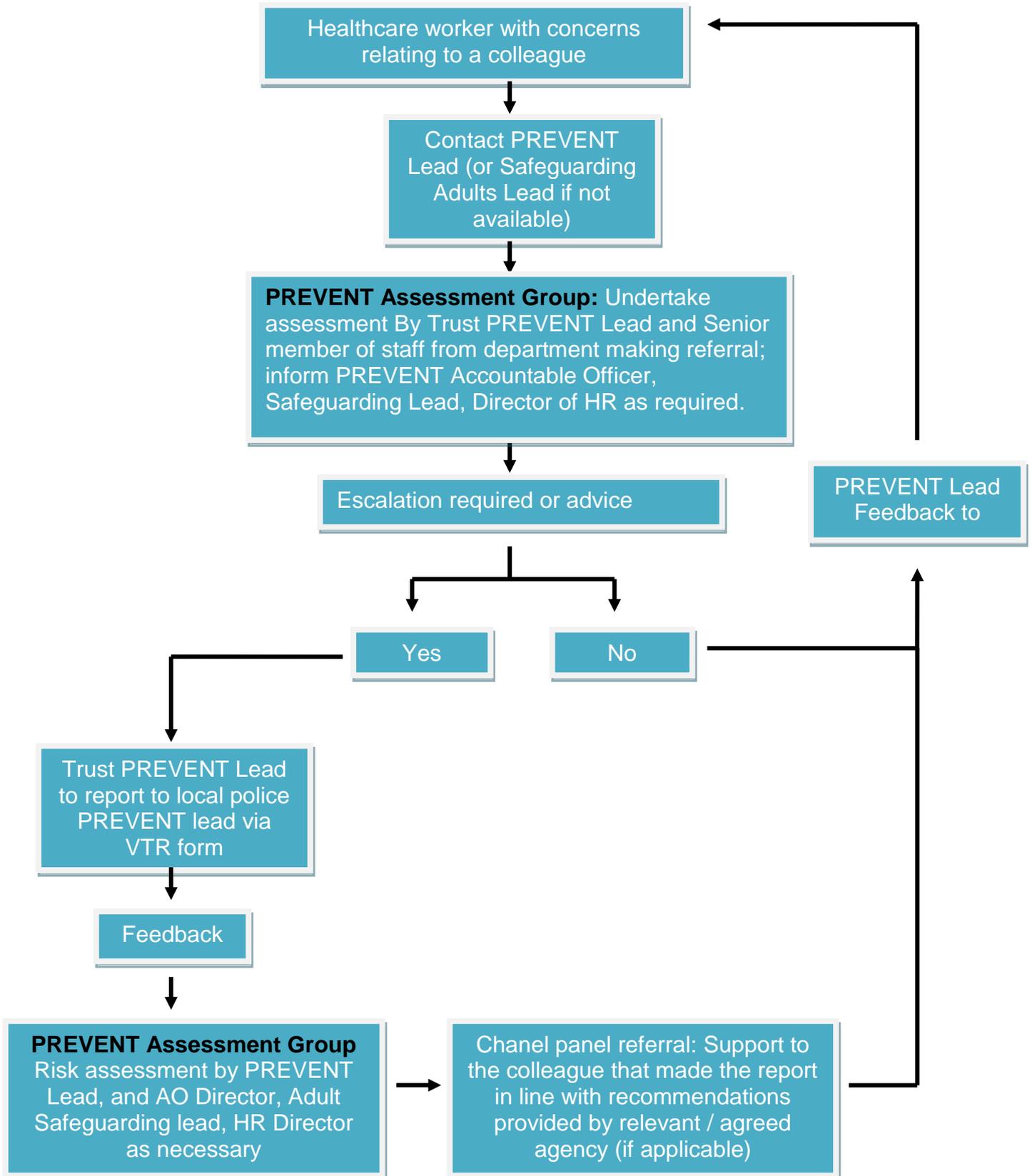
This assessment relates to: PREVENT Policy (13029)

A change in a service to patients		A change to an existing policy	X	A change to the way staff work	
A new policy		Something else (please give details)			
Questions		Answers			
1. What are you proposing to change?		Full Review			
2. Why are you making this change? (What will the change achieve?)		3 year review			
3. Who benefits from this change and how?		Patients and clinicians			
4. Is anyone likely to suffer any negative impact as a result of this change? If no, please record reasons here and sign and date this assessment. If yes, please complete a full EIA.		No			
5. a) Will you be undertaking any consultation as part of this change? b) If so, with whom?		Refer to pages 1 and 2			

Preliminary analysis completed by:

Name	Doug Smale	Job Title	PREVENT Operational Lead	Date	February 2019
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Appendix 3: Raising PREVENT Concerns Staff Flow Chart



Appendix 4: Raising PREVENT Concerns Patient Flow Chart

