
Prevent Policy

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Purpose of Agreement	This policy provides advice, guidance and information for staff should they have concerns about an individual who may be at risk of being drawn into terrorism or committing terrorist acts. It also outlines the role of Solent NHS Trust in relation to the Prevent agenda.
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Amendments Summary: This is a new policy

Please fill the table below:

Amend No	Issued	Page	Subject	Action Date

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
1	November 2021	Karen Davies	Safeguarding Steering Group, Policy Steering Group, Clinical Executive Group	New policy

SUMMARY OF POLICY

Prevent is part of the Government's counter terrorism strategy that aims to stop people becoming terrorists or supporting terrorism. Preventing someone from becoming a terrorist or supporting terrorism is no different from other forms of Safeguarding. Therefore, this policy sits alongside Solent NHS Trust's Safeguarding Children and Adult Safeguarding policies.

The policy aims to ensure that staff are supported to develop an understanding of their role within Prevent, and describes where staff can seek advice from and how to escalate concerns within the Trust and with external partners and how those referrals will be managed within the existing multi-agency Safeguarding referral processes. 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.

How to Refer

In the event that a member of Solent staff has concerns that a patient may be at risk of being drawn into terrorism or may be vulnerable to grooming or exploitation by others:

- They should ensure that they discuss their concerns with their Line Manager. All concerns should initially be discussed with the care team supporting the person prior to referral.
- If further support or guidance is needed a conversation should be held with the Prevent Lead within the Trust or the Safeguarding Team in the Prevent Leads absence. The Prevent Lead at Solent NHS Trust is the Lead Nurse for Safeguarding Adults, who will also give advice regarding children in relation to the Prevent agenda. Contact details for the Safeguarding Adults team can be found on the staff Intranet.
- In cases where there is believed to be an immediate risk of serious harm, such as an imminent terror attack, Police and Solent NHS Trust security team should be contacted without delay.

- If it is determined that a Prevent referral needs to be made, it will be done in accordance with locally agreed procedures. **See Safeguarding Referral Pathway on Safeguarding Team Intranet page.**
- Concerns about staff members will also be discussed with the Safeguarding Allegations Management Advisor (SAMA) and People Services, to consider the most appropriate response from a Safeguarding perspective, which may include a Prevent referral as outlined above.

Information sharing

Timely and effective information sharing has been identified as a key element within the Prevent Duty, recognising the principles of necessity and proportionality and sharing only personal data required for desired outcome.

It should be noted that in relation to Safeguarding, it may often be the case that there is a duty to share information where there is a belief that somebody may be at risk of significant harm. Furthermore, 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.

Partnership Working

The Trust must work with partner agencies to contribute to the prevention of terrorism by safeguarding and protecting those at risk of exploitation. The Prevent Lead will engage with Local Partnership Groups such as Prevent Boards and Channel Panel throughout Hampshire.

The Prevent Lead is responsible for ensuring that quarterly Prevent returns are submitted to the CCG and to NHS Digital.

Training

Training requirements around Prevent will be taken into account as part of the training profile assigned to each member of staff in accordance with NHS England Prevent Training and Competencies Framework and Hampshire, Southampton, Isle of Wight and Portsmouth Prevent Training Strategy.

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Prevent policy

1. INTRODUCTION & PURPOSE

- 1.1. Prevent is part of the Government's counter terrorism strategy that aims to stop people becoming terrorists or supporting terrorism.

Health has a particularly important role in the Safeguarding element of the strategy 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.

Preventing someone from becoming a terrorist or supporting terrorism is no different from other forms of Safeguarding. Therefore, this policy sits alongside Solent NHS Trust's Safeguarding Children and Adult Safeguarding policies.

- 1.2. The aim of this policy is to ensure that adults and children are protected from any form of radicalisation whilst under the care of Solent NHS Trust and that staff members and volunteers are able to recognise signs of possible radicalisation and respond to those concerns appropriately.

In addition, the policy aims to ensure that staff are supported to develop an understanding of their role within Prevent and describes where staff can seek advice from and how to escalate concerns within the Trust and with external partners and how those referrals will be managed within the existing multi-agency Safeguarding referral processes. Also, this policy sets out how the Trust will meet its obligations to comply with relevant legislation in relation to Prevent.

2. SCOPE & DEFINITIONS

- 2.1. This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.

- 2.2. Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.

- 2.3. **Definitions**

- 2.3.1. **Channel Panel**

Channel Panel 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 people vulnerable to radicalisation, away from the risk they face before a crime occurs.

2.3.2. Contest strategy

The Governments counter terrorism strategy.

There are four 'P' work strands

- 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.

2.3.3. Prevent Duty

The Prevent Duty was introduced through the Counter Terrorism Strategy and Security Act 2015 and the Duty required health bodies, local authorities, higher education institutions, prisons, probation and the police to consider the need to Safeguard people from being drawn into terrorism.

2.3.4. Radicalisation

The process by which someone comes to support terrorism and extremist ideologies associated with terrorist groups.

2.3.5. 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.

2.3.6. 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, either in this country or overseas.

3. **PROCESS/REQUIREMENTS**

3.1. The Process of Radicalisation

Radicalisation is a process and not an event. Government and academic research have 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.

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. **(See Appendix B)**

The increasing body of evidence indicates that factors relating to personal experiences of individuals, affect the way in which they relate to their personal environment and may make them more susceptible to exploitation or supporting terrorist activities. Those vulnerable individuals may be patients, carers or staff and everyone's pathway is different.

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 or religion.

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

Those vulnerable to this type of exploitation may be targeted in many ways by radicalisers. This could be through leaflets, direct face to face contact or increasingly through the internet, social networking or other media.

3.2. The Prevent Duty

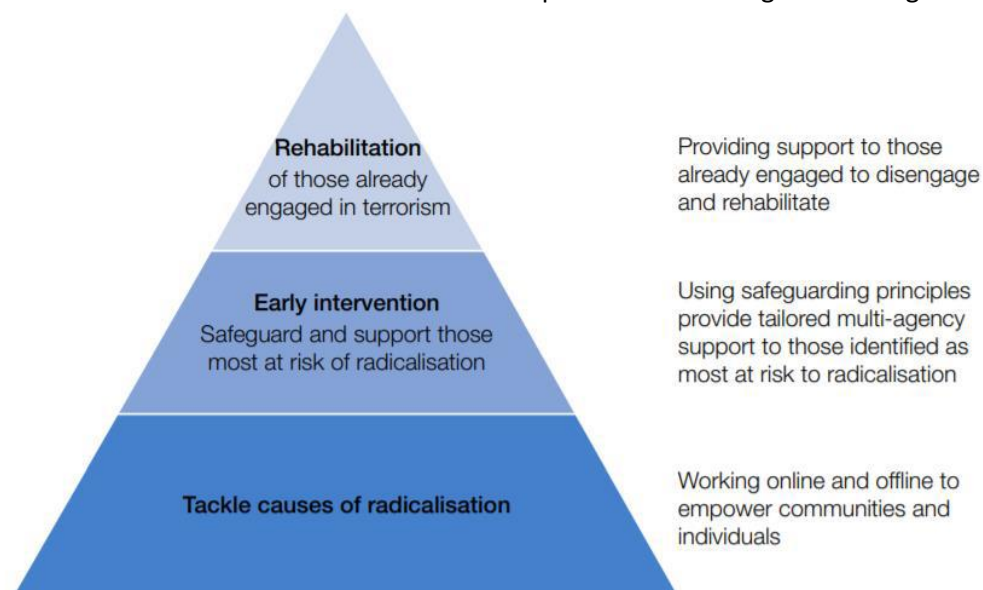
For those working in Health, the Prevent Duty expects those in leadership positions to:

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

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. These threats may come from organisations that act in the name of Al Qa'ida/ISIS groups (or their affiliates), extreme right-wing groups or self-initiated terrorists. The aim of Prevent is to stop people from becoming terrorists (Often referred to as being radicalised) or supporting terrorism. It operates in the pre criminal space before any criminal activity has taken place.

3.3. The key objectives of Prevent are to:

- 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 cause of radicalisation and respond to the ideological challenge of terrorism



Source: Home Office

3.4. Internet use

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

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.

Solent NHS Trust 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.

Solent NHS Trust IT Security Policy details unacceptable use of IT equipment by Solent NHS Trust by Solent NHS Trust staff, see staff Intranet for policy.

3.5. Raising concerns about patients

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 in relation to radicalisation. Early intervention can re-direct an individual away from being drawn into criminality and terrorism, thereby harming themselves and others. By working closely with partners, such as local authorities, social services, the Police and others, healthcare organisations can improve their effectiveness in how they protect vulnerable individuals from causing harm to 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.

In the event that a member of Solent staff has concerns that a patient may be at risk of being drawn into terrorism or may be vulnerable to grooming or exploitation by others, they should ensure that they discuss with their Line Manager. All concerns should initially be discussed with the care team supporting the person prior to referral. If further support or guidance is needed a conversation should be held with the Prevent Lead within the Trust or the Safeguarding Team in the Prevent Leads absence. The Prevent Lead at Solent NHS Trust is the Lead Nurse for Safeguarding Adults who will also give advice regarding children in relation to the Prevent agenda. Contact details for the Safeguarding Adults team can be found on the staff Intranet.

In cases where there is believed to be an immediate risk of serious harm, such as an imminent terror attack, Police and Solent NHS Trust security team should be contacted without delay.

If it is determined that a Prevent referral needs to be made, it will be done in accordance with locally agreed procedures. **See Safeguarding Referral Pathway on Safeguarding Team Intranet page.**

3.6. Raising concerns about colleagues

Although there are relatively few instances of staff being at risk of radicalisation or encouraging others or become involved in extremist activity, it is still a risk that Solent NHS Trust needs to be aware of.

Where any employee expresses views, brings extremist material into work, uses or directs colleagues, or others, to extremist websites, or acts in other ways to promote terrorism, these incidents should be brought to the attention of their line manager and discussed with the Prevent Lead in the first instance by contacting the Safeguarding Adults Team.

Concerns about staff members will also be discussed with the Safeguarding Allegations Management Advisor (SAMA) and People Services, to consider the most appropriate response from a Safeguarding perspective, which may include a Prevent referral as outlined above.

All Prevent referrals are confidential and take place in the non-criminal space. 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 Regulation (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.

3.7. Partnership Working

There is no expectation that Solent NHS Trust will take on a surveillance role or challenge extremist views when identifying or supporting a Prevent concern – there is no legal basis for doing so and the Trust does not have the specialist knowledge or skills. However, the Trust must work with partner agencies to contribute to the prevention of terrorism by safeguarding and protecting those at risk of exploitation.

The Prevent Lead will engage with Local Partnership Groups such as Prevent Boards throughout Hampshire and Solent NHS Trust practitioners may be required to attend and contribute to meetings regarding individual patients as requested, as part of the multi-agency approach to safeguarding.

3.8. Channel Process

Upon receipt of the referral and it being triaged, 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 and operate in every local authority area in England and Wales.

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.

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.

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.

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.

3.9. Data Security and Protection and information sharing

The Trust is committed to ensuring the security and protection of all personal information that is stored, recorded, processed, shared and accessed and in all our activities to provide a compliant and consistent approach to data privacy and confidentiality. The Trust fully recognises its obligations in meeting the requirements of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018.

Timely and effective information sharing has been identified as a key element within the Prevent Duty. Staff should refer to the Trust's Data Security and Protection Policy for guidance around information sharing. See staff Intranet for policy.

It should be noted that in relation to Safeguarding, it may often be the case that there is a duty to share information where there is a belief that somebody may be at risk of significant harm. 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.

If the Trust 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 or grooming, with the result of being drawn into terrorism?
- By sharing information, is a serious crime potentially being prevented or detected?
- Is the information that has been requested, appropriate to the risk of the serious crime of exploitation to the individual who may be drawn into supporting terrorism?
- Can the public interest justification be clearly stated?

If in doubt, advice could be sought from the Prevent Lead or Caldicott guardian. In cases where the vulnerable person lacks capacity to give consent, a referral may be made without consent and in their best interests, recording the rationale for the decision making in the clinical record.

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 others, 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.

The overriding principles for sharing personal data are necessity and proportionality. It should be confirmed by those holding personal data that to conduct the work in question it is necessary to share the personal data they hold. Only the personal data required to have the desired outcome should be shared, and only to those partners with whom it is necessary to share it to achieve the objective. Key to determining the necessity and proportionality of sharing personal data will be the professional judgement of the risks to an individual or the public.

Individual information sharing agreements for each of the Channel Panels in Hampshire and the Police Led Panels across the county are held by the Safeguarding Team. Contact the Prevent Lead if access is needed.

4. ROLES & RESPONSIBILITIES

- 4.1. **Chief Executive (CEO)** – The Chief Executive has ultimate accountability for ensuring robust systems are in place to ensure compliance with legal and regulatory obligations in relation to Prevent.
- 4.2. **Directors and Board Members** – Have overall responsibility for ensuring that the Trust has effective systems and processes in place so as to ensure that the Trust meets its duties in relation to Prevent. They also have overall responsibility for ensuring that the Trust has the capacity and capability needed to ensure that the responsibilities of the Trust can be met.
- 4.3. **Trust Executive Lead** – The Chief Nurse takes overall delegated accountability from the CE for ensuring the Trust has effective systems and processes in place to meet the Trust's responsibilities under Prevent. This role falls to the Chief Nurse in their role as Executive Lead for Safeguarding.
- 4.4. **Prevent Lead** – The Lead nurse for Safeguarding Adults is the Prevent Lead for the Trust. They are responsible for development and review of the Prevent policy within the Trust. They are also responsible for ensuring that appropriate training provision is made available to staff within the Trust, with support from Learning and Development. The Prevent Lead (or the Safeguarding Team in the Prevent Leads absence) is the first point of contact for staff who believe that they have identified a concern about a patient which identifies them as being at risk of radicalisation and may wish to discuss further. The Prevent Lead is responsible for ensuring that quarterly Prevent returns are submitted to the CCG and to NHS Digital.
- 4.5. **Managers** – Are responsible for ensuring that staff are undertaking the training that is appropriate to their role, making arrangements for staff to be released from their duties in order to undertake training.
- 4.6. **All staff and volunteers** – Are responsible for undertaking training at a level appropriate to their role and for responding to and reporting any concerns that suggest an individual may be at risk of radicalisation, in line with this policy.

Staff are well placed to recognise individuals, whether patients or staff, who may be vulnerable fundamental to our 'duty of care' and falls within our statutory safeguarding responsibilities. Every member of staff has a role to play in protecting and supporting vulnerable individuals who pass through our care.

5. TRAINING

- 5.1. Prevent training is part of the wider Safeguarding training requirement. Training around Prevent is required for all staff at a level relevant to their role. Training requirements around Prevent will be taken into account as part of the training profile assigned to each member of staff in accordance with NHS England Prevent Training and Competencies Framework and Hampshire, Southampton, Isle of Wight and Portsmouth Prevent Training Strategy.

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. EQUALITY IMPACT ASSESSMENT

- 6.1. A thorough and systematic assessment of this policy has been undertaken in accordance with the organisations Policy on Equality and Human Rights.

The assessment found that the implementation of and compliance with this policy has no impact on any employee on the grounds of age, disability, gender, race, faith, or sexual orientation. **See Appendix A.**

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 7.1. Prevent training compliance will be submitted quarterly to NHS Digital by Prevent Lead and reported to Heads of Quality and Professions via Safeguarding Steering Group.
- 7.2. Prevent Lead to carry out annual Prevent Organisational Self- Assessment Tool in partnership with local Prevent Boards and reported to Heads of Quality and Professions via Safeguarding Steering Group.
- 7.3. Prevent Lead to review advice sought and referrals made to Prevent Pathway to ensure correct process followed when Prevent concern identified.
- 7.4. Review of this document with Safeguarding Champions.

8. REVIEW

- 8.1. This document may be reviewed at any time at the request of either staff side or management but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

- 9.1. Legislation
[General Data Protection Regulations/Data Protection Act 2018](#)
[Crime and Disorder Act 1998](#)
[Counter Terrorism and Security Act 2015](#)
[Care Act 2014](#)
- 9.2. Guidance from other organisations
- NHS England (2017) Prevent Training and Competencies Framework, temporarily removed at time of writing this as currently under redevelopment
 - HM Government (2018) Information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers Available at <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice> [Accessed 09/09/2021]

- Home Office (2019) Prevent duty guidance for England, Scotland and Wales. Available at <https://www.gov.uk/government/publications/prevent-duty-guidance> [Accessed 09/09/2021]
- Channel Duty Guidance (2020) – Protecting People vulnerable to being drawn into terrorism Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/964567/6.6271_HO_HMG_Channel_Duty_Guidance_v14_Web.pdf [Accessed 09/09/2021]
- Royal College of Nursing (2019) Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. Intercollegiate Document 4th ed. Available at <https://www.rcn.org.uk/professional-development/publications/pub-007366#:~:text=To%20protect%20children%20and%20young%20people%20from%20harm%2C,take%20effective%20action%20as%20appropriate%20to%20their%20role.> [Accessed 09/09/2021]
- Royal College of Nursing (2018) Adult Safeguarding: Roles and Competencies for Health Care Staff. Intercollegiate Document. Available at <https://www.rcn.org.uk/professional-development/publications/pub-007069> [Accessed 09/09/2021]

9.3. Associated Documentation

- **Solent Safeguarding Children, Young People and Adults at Risk Policy**

Appendix: A

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims

Service Line / Department	Chief Nurse Directorate/ Safeguarding	
Title of Change:	Prevent Policy	
What are you completing this EIA for? (Please select):	Policy	(If other please specify here)
What are the main aims / objectives of the changes	New policy	

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: (e.g. adjustment to the policy)
Sex			N/A	
Gender reassignment			N/A	
Disability			N/A	
Age			N/A	
Sexual Orientation			N/A	
Pregnancy and maternity			n/A	
Marriage and civil partnership			N/A	
Religion or belief			N/A	
Race			N/A	

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	Hampshire, Southampton, Isle of Wight and Portsmouth Strategic Training Group, other NHS providers, NHS England
Have you taken into consideration any regulations, professional standards?	Yes	Legislation and guidance detailed above

Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input checked="" type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?	N/A		
Who will be responsible for monitoring and regular review of the document / policy?	N/A		

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality
Assessor:



Date:

01/11/2021

Appendix B – Vulnerability factors for Radicalisation

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.

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.

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. Inspiring new recruits, embedding the beliefs of those with established extreme views and/or persuading others of the legitimacy of their cause is the primary objective of those who seek to radicalise vulnerable individuals.

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 of 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.