

PREVENT PROCEDURE

Ref CLIN-0048-001.v2.2

Status: Approved

Document type: Procedure

Contents

| | | |
|-----------|---|-----------|
| 1 | Purpose | 3 |
| 2 | Related documents | 3 |
| 3 | Prevent responsibilities of mental health providers | 4 |
| 3.1 | Prevent duty | 4 |
| 3.2 | Prevent safeguarding pathways | 5 |
| 4 | Prevent referrals from Trust services | 6 |
| 5 | Role of the Trust and Trust staff in the Prevent process | 6 |
| 5.1 | Representation at Channel Panels..... | 6 |
| 5.2 | Detention under the Mental Health Act | 7 |
| 6 | Referrals into Trust services from Prevent | 7 |
| 7 | Information sharing | 8 |
| 8 | Record keeping | 8 |
| 9 | Definitions | 9 |
| 10 | How this procedure will be implemented | 10 |
| 10.1 | Training needs analysis | 10 |
| 11 | How the implementation of this procedure will be monitored | 11 |
| 12 | References | 11 |
| 13 | Document control | 13 |
| | Appendix 1 - Equality Analysis Screening Form..... | 14 |
| | Appendix 2 – Approval checklist | 18 |

1 Purpose

Following this procedure will help Tees, Esk and Wear Valleys NHS Foundation Trust (the Trust) with:-

- **Prevent responsibilities of the Trust and Trust staff** - outlining the safeguarding pathways that should be in place, the roles and responsibilities of key staff and training requirements for mental health professionals.
- **Prevent referrals from the Trust**– outlining the processes for referring to Prevent, making a referral including consent considerations, and working in partnership with police.
- **Role of the Trust and Trust staff in the Prevent process** – outlining expectations for mental health representation at Channel Panels, information sharing and considerations relating to detention under the Mental Health Act.
- **Referrals into the Trust from Prevent** – outlining expectations to ensure timely access to services to those at risk of radicalisation with mental health needs and considerations for the prioritisation of cases.

2 Related documents

This procedure describes what you need to do to implement the [NHS England \(2017\) Guidance for mental health services in exercising duties to safeguarding people from the risk of radicalisation](#).

It also incorporates the principles of the [Department of Health \(2011\) Building Partnerships, Staying Safe: The health sector contribution to HM Government's Prevent strategy: guidance for healthcare organisations](#) toolkit.



The **NHS England (2017) Guidance for mental health services in exercising duties to safeguarding people from the risk of radicalisation** defines our roles and responsibilities in the Trust which you must read, understand and be trained in before carrying out the procedures described in this document. This should also be in conjunction with **local Prevent processes** in the corresponding geographical areas.

This procedure also refers to:-

- ✓ [Safeguarding Adults procedure](#) [CLIN-0048]
- ✓ [Safeguarding Children policy](#) [CLIN-0027]
- ✓ [Harm minimisation policy](#) [CLIN-0017]
- ✓ [Mental Health Act policies and procedures](#)
- ✓ [Mental Capacity Act 2005 policy](#) [CLIN-0009]
- ✓ [Consent to examination or treatment policy](#) [CLIN-0001]
- ✓ [Records Management policy](#) [CLIN-13]
- ✓ [The Care Programme Approach and Standard Care policy](#) [IA-0002]
- ✓ [Criminal Incident Reporting procedure](#) [HS-0009]
- ✓ [Incident Reporting and Serious Incident Review policy](#) [CORP-0043]
- ✓ [Information Governance Policy](#) [CORP-0006]
- ✓ [Whistleblowing policy](#)

3 Prevent responsibilities of mental health providers

3.1 Prevent duty

Prevent is a key part of the Government's counter-terrorist strategy, CONTEST. The purpose of Prevent is to safeguard people from becoming terrorists or supporting terrorism, by engaging with all people who are vulnerable to radicalisation – including children and young people - and protecting those who are being targeted by terrorist recruiters.

It aims to do so by tackling:

- the influences of radicalisation and respond to the ideological challenge of terrorism, working through partnerships;
- safeguarding and supporting those most at risk of radicalisation by identifying them and offering support; and
- enabling those already engaged in terrorism to disengage and rehabilitate.

Prevent focuses on all forms of terrorism and operates in a 'pre-criminal' space'. Radicalisation is comparable to other forms of exploitation; it is a safeguarding issue that all Trust staff must be aware of.

The [Revised Prevent Duty Guidance: for England and Wales](#) (2015), introduced through the [Counter-Terrorism and Security Act \(2015\)](#), requires local authorities, schools, colleges, universities, **health bodies**, prisons and probation, and police to have '*due regard to the need to prevent people from being drawn into terrorism*'. The duty helps ensure that individuals who might be at risk of radicalisation are supported as they would be under other safeguarding processes.

Trust staff will meet and treat people who may be vulnerable to being drawn into terrorism. Being drawn into terrorism includes not just violent extremism but also non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views which terrorists exploit.

The Revised *Prevent* Duty Guidance requires all specified authorities, which includes the Trust, to ensure that there are mechanisms in place for understanding the risk of radicalisation.

Research on individuals who have engaged in terrorist activity demonstrates that there is no single socio-demographic profile or pathway that leads an individual to become involved in terrorism, making involvement in terrorist activity inherently difficult to predict. Vulnerability to radicalisation depends on complex interactions between different risk factors. These can include involvement in criminality, family influence, failure to integrate, or a sense of grievance or injustice.

Presence of these and other risk factors does not make radicalisation inevitable or predictable. The vast majority of people exposed to risk factors do not go on to engage in terrorist activity. This might be due to the presence of protective factors, such as having a strong family life that provides a sense of belonging, self-esteem and purpose, friendships that would be jeopardised by involvement in terrorism, or being open to challenge from other perspectives.

There is a need for further research on links between terrorism and mental health. The data available on the mental health of terrorists is limited given the small number of terrorists relevant to the population. Existing evidence suggests that while there is no link between mental disorder and

group-based terrorism, terrorists who act alone may be more likely to have a background that includes mental ill health.

There should be no conflation of mental ill health and terrorism. There should be no assumption that an individual who carries out a terrorist attack is suffering from mental ill health, nor that someone with poor mental health is likely to carry out a terrorist act. However, mental ill health may contribute to the risk of making an individual susceptible to adverse influences and exploitation. Timely access to mental health treatment might reduce the overall risk. This is part of the everyday work of mental health professionals, and part of their professional and statutory duties.

The Trusts *Prevent* lead is the Safeguarding and Public Protection team, who acts as a single point of contact for the health regional *Prevent* co-ordinators, police, Channel Panels and employees of the Trust and is responsible for implementing *Prevent* within our organisation. The Senior clinical oversight and Board level accountability is provided by Associate Director of Nursing (Safeguarding) and Executive Director of Nursing & Governance respectively.

The CONTEST strategy highlights an expectation of local multi-agency arrangements to be in place, which the Trust is a part of, to effectively monitor the impact of *Prevent* work. *Prevent* work conducted through local authorities will often directly involve, as well as have an impact on local communities. Effective dialogue and coordination with community based organisations will continue to be essential.

For the purpose of this procedure the *Prevent* lead for the Trust will be referred to as the Safeguarding and Public Protection team throughout.

3.2 Prevent safeguarding pathways

The *Prevent* referral process and Channel programme present an opportunity to obtain a wide range of relevant support from a range of services for people receiving care from our Trust services who may be at risk of radicalisation.

It also provides a mechanism to identify and address the unmet mental health needs of vulnerable people at risk of radicalisation, who may not otherwise have come into contact with mental health services.

There are two key *Prevent* pathways that will ensure effective leadership and management of these processes.

- Pathway to refer people in the care of Trust services who may be at risk of radicalisation, to police to access multi-agency Channel support (Section 4).
- Pathway to ensure timely access to mental health assessment and support for referrals, received by Trust services from Channel panels, where an individual at risk of radicalisation has mental health needs (Section 6).

4 Prevent referrals from Trust services

Trust staff can refer concerns about individuals who may be at risk of radicalisation to Prevent.

Appendix 3 sets out this referral pathway in practice.

A referral to Prevent does not constitute a referral out of Trust services, and any mental health support being provided to an individual referred to Prevent should form an important part of any package of support the Prevent process may provide.

The decision as to whether to make a referral is no different to other safeguarding concerns, and Trust staff should exercise their judgement on a case-by-case basis. The Trust Safeguarding and Public Protection team should be contacted with each concern so seek advice. It is important to consider the impact on the individual in terms of escalation of risk or disengagement from services when making your decision.

Trust staff should ordinarily seek consent from the individual or where the person is under 16, if appropriate, the person with parental responsibility, before sharing their personal information with another agency. However, there may be times where consent is not provided but a referral is made as the individuals or public safety outweighs the duty of patient confidentiality. The individual should be informed of this unless there are exceptional circumstances not to i.e. risk to the safety of the individual, professional or public.

Prevent referrals are made to their relevant local authority or police depending on local procedures. Police partners review referrals to assess the risk of radicalisation and ensure there is no immediate risk to the public. The referral will then be managed by the local authority or police. See **appendix 4** for links to local procedures.

If the police decide that a referral is not suitable for the Channel Programme they may signpost to, or draw upon, other local services to meet the individuals needs and the referral is closed. The police will provide timely feedback about any decisions made when this is appropriate.

If you become aware that a member of staff could be showing signs of radicalisation contact the Trust Safeguarding and Public Protection Team immediately and Human Resources department along with your line manager.

Feedback following a referral into Prevent should always be relayed back to the Trust Safeguarding and Public Protection team.

5 Role of the Trust and Trust staff in the Prevent process

5.1 Representation at Channel Panels

The Channel programme, chaired by the local authority, is a multi-agency approach to provide support for people identified as being vulnerable to being drawn into terrorism.

During these meetings they will:

- identify individuals at risk of radicalisation
- assess the extent and nature of that risk; and
- develop appropriate support plans for the individuals concerned; and
- review on a monthly basis whether the risk has been successfully managed.

There are two roles for Trust representatives on Channel panels:

- **Standing advisory role:** Trust Safeguarding and Public Protection team - attends in an independent capacity to provide professional mental health expertise.
- **Case advisory role:** Referring or responsible clinician - to discuss the individual referred and feedback relevant outcomes to the Trust.

5.2 Detention under the Mental Health Act

There may be cases when a person identified at risk of radicalisation is detained in hospital under the Mental Health Act. In conjunction with the Channel panel, professionals may judge that intensive health input in an inpatient mental health setting may mitigate the person's risk or vulnerability to radicalisation. If this is the case it should be closed by the Channel Panel and the sharing of individual information should cease.

If the individual's vulnerability to radicalisation remains, or where it is suspected that the individual may still benefit from intervention and support from the Channel Panel upon their release, the case should remain open. Appropriate information sharing with the police and Channel panel should continue subject to usual information sharing protocols.

This is likely to include:

- Putting information sharing protocols in place at the point of admission.
- Agreeing timescales for regular review.
- Undertaking joint assessments where appropriate.
- Ensuring records are kept that reflect the vulnerability as part of the Care Programme Approach (CPA).
- Closing a Channel case if risk becomes addressed by detention.

6 Referrals into Trust services from Prevent

Referrals into Trust services from Channel Panels will be made via the Trust Safeguarding and Public Protection team, who will provide oversight of these referrals throughout the pathway to ensure appropriate prioritisation, responsiveness and provision of appropriate feedback.

Appendix 5 sets out the referral pathway in practice.

Within **one week** of receiving a mental health referral for an individual identified as at risk of radicalisation by the Prevent process, Trust services should:

- undertake rapid screening and triage of the referral to determine whether there appears to be a mental health need, and level of urgency based on the information available in the referral;

- where there appears to be a mental health need, make contact with the individual and make the offer of a mental health assessment;
- schedule a mental health assessment in line with urgency of clinical need and any relevant access and waiting time standards;
- use clinical expertise to encourage take up of an assessment where an individual may be reluctant; and
- provide feedback to Channel panel partners on suitability of referral and actions undertaken.

The identified Trust service receiving this referral must provide feedback to the Trust Safeguarding and Public Protection team at each point of the pathway. This is to facilitate regular updates to the Channel Panel as to action undertaken and relevant progress on open Channel cases. The Channel Panel should also provide updates as to relevant progress with any other support an individual receiving mental health care is receiving.

7 Information sharing

For any information sharing requests made by police or Channel panels to the Trust, advice should be sought from the Trust Safeguarding and Public Protection team. The decision on what information to share should be treated in the same way as other safeguarding enquiries made by the police, in line with Caldicott principles. Information sharing agreements are in place for safeguarding and Prevent enquiries form part of that agreement.

8 Record keeping

All concerns raised about suspected radicalisation should be recorded accurately on the individuals primary electronic care record (PARIS). This should be recorded in the Safeguarding and Public Protection section of the Central index. This provides a tool that captures safeguarding concerns, taking into account the consideration given to the risk factors, consent, a person's capacity to understand and serve a purpose for formulating a decision for safeguarding.

All concerns require the safeguarding concern section on PARIS to be recorded for either the adult or child that has been identified and a Datix. Trust staff should refer to the [PARIS briefing or e-learning](#) to assist them with this and the Trusts Records Management policy.

All services users that are discussed at local Channel panels will have a PREVENT alert recorded on their care record by the Safeguarding and Public Protection team only until their case is closed.

There is a section in the Central index on PARIS under Safeguarding and Public Protection, PREVENT, where the Safeguarding and Public Protection team only will record a summary of risk and agreed actions from the Channel panel. For individuals that are open to Trust services, direct liaison with that team will be made and involved professionals will be notified.

It is important to note that these are third party information and for information only. They should not be copied and further distributed to any other party without the permission of the chair. They remain confidential and for the Trust use only and cannot be replicated into any other documents or reports. Any request to disclose Prevent information, including Subject Access Requests, should refer to the Information Governance team.

Within integrated teams, Prevent activity may need to be entered onto other recording systems. Staff must follow the agreed guidelines for recording on such systems and seek advice from their line manager.

9 Definitions

| Term | Definition |
|----------------------------|--|
| CONTEST | Government counter-terrorism strategy aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. |
| Terrorism | A violent action against people or property, designed to create fear and advance a political, religious or ideological cause. |
| 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. |
| Radicalisation | The process by which a person comes to support extremism and terrorism. |
| Prevent strategy | Challenging terrorist ideologies, supporting those who are vulnerable to these ideologies and working with institutions where radicalisation may occur (including the internet and social media) |
| 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 panel | <p>Multi-agency approach to protect people at risk from radicalisation.</p> <p>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:</p> <ul style="list-style-type: none"> • 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 from being drawn into committing terrorist-related activity. It is about early intervention |
| Prevent Lead | Identified individual or department who acts as a single point of contact for their organisations employees, police and Channel Panels. |
| Senior clinical oversight | Identified individual within the organisation who supports, and has oversight, of the Prevent duty. |
| Board level accountability | Identified individual who provides leadership and takes |

| | |
|--|--|
| | responsibility for compliant delivery of the Prevent duty, and its integration within safeguarding procedures. |
|--|--|

10 How this procedure will be implemented

- This procedure will be published on the Trust’s intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

10.1 Training needs analysis

The [NHS England \(2017\) Prevent Training and Competencies Framework](#) and the intercollegiate guidance, [Royal College of Paediatrics and Child Health \(2014\) Safeguarding Children and Young People: Roles and competences for health care staff](#) identifies competencies for all healthcare staff and has been developed to provide a proportionate approach to raising awareness of Prevent as part of the wider safeguarding agenda.

The training allows all relevant staff to recognise the vulnerabilities of someone who could be drawn into terrorism or hold extremist ideas that are used to legitimise terrorism. It challenges stereotypical views of terrorism and highlights peoples potential for unconscious bias. It also looks at what action to take in response, including local processes and policies that will enable them to make referrals to the Channel programme and how to receive additional advice and support.

As a minimum, all staff must undertake basic Prevent awareness training as part of a mandatory e-learning or safeguarding training.

| Staff/Professional Group | Type of Training | Duration | Frequency of Training |
|---|---|-------------|-----------------------|
| All clinical & non clinical staff | Basic Prevent Awareness Training (As part of the safeguarding level 1 training.) | 1.5 hours | Every 3 years |
| All clinical staff band 5 & above. | Workshop Raising Awareness of Prevent (WRAP) | 1.5 hours | Every 3 years |
| Safeguarding and Public Protection team | In addition to Basic Prevent Awareness and WRAP: Attendance at a minimum of two NHS England Regional Prevent Forums every financial year; Evidence of partnership working with the areas Channel Coordinator and Counter-Terrorism Unit officer(s); Completion of Prevent related training advised by NHS England. | As required | As required |

11 How the implementation of this procedure will be monitored

| Auditable Standard/Key Performance Indicators | | Frequency/Method/Person Responsible | Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). |
|---|------------------------------|---|---|
| 1 | Key Performance Indicators. | Quarterly by the Safeguarding and Public Protection team. | Safeguarding and Public Protection Sub Group of the Quality and Assurance Committee. |
| 2 | Key Performance Indicators. | Bi annually by the Safeguarding and Public Protection team. | Clinical Quality Review Group. Contract Management Board. |
| 3 | Key Performance Indicators. | Quarterly by the Safeguarding and Public Protection team. | NHS Digital. |
| 4 | Safeguarding Procedure Audit | Annually by the Safeguarding and Public Protection team. | Safeguarding and Public Protection Sub Group of the Quality and Assurance Committee. |

12 References

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

<https://www.gov.uk/government/publications/building-partnerships-staying-safe-guidance-for-healthcare-organisations>

HM Government (2018) *Data Protection Act*

<http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>

HM Government (2016) *Prevent: Training catalogue.*

<https://www.gov.uk/government/publications/prevent-duty-catalogue-of-training-courses>

HM Government (2015) *Counter-Terrorism and Security Act*

<http://www.legislation.gov.uk/ukpga/2015/6/contents/enacted>

HM Government (2015) *Revised Prevent Duty Guidance: for England and Wales.*

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

HM Government (2014) *Care Act*

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

HM Government (2011) *CONTEST: The United Kingdom's Strategy for Countering Terrorism.*

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

HM Government (2010) *Equality Act*
<https://www.legislation.gov.uk/ukpga/2010/15/contents>

HM Government (2006) *Terrorism Act*
<https://www.legislation.gov.uk/ukpga/2006/11/contents>

HM Government (2004) *Children Act*
<http://www.legislation.gov.uk/ukpga/2004/31/contents>

HM Government (1998) *Human Rights Act*
<https://www.legislation.gov.uk/ukpga/1998/42/contents>

NHS England (2017) *Guidance for mental health services in exercising duties to safeguard people from the risk of radicalisation.*
<https://www.england.nhs.uk/wp-content/uploads/2017/11/prevent-mental-health-guidance.pdf>

NHS England (2017) *Practical Guidance on the sharing of information and information governance for all NHS organisations specifically for Prevent and the Channel process.*
<https://www.england.nhs.uk/publication/practical-guidance-on-the-sharing-of-information-and-information-governance-for-all-nhs-organisations-specifically-for-prevent-and-the-channel-process/>

NHS England (2017) *Prevent: Training and Competencies Framework.*
<https://www.england.nhs.uk/publication/prevent-training-and-competencies-framework/>

Royal College of Paediatrics and Child Health (2014) *Safeguarding Children and Young People: Roles and competences for health care staff.*
<https://www.gov.uk/government/publications/building-partnerships-staying-safe-guidance-for-healthcare-organisations>

13 Document control

| | | |
|---|--|--|
| Date of approval: | 22 June 2018 | |
| Next review date: | 22 December 2021 | |
| This document replaces: | Prevent Protocol - Ref: CLIN-0048-001-v1 | |
| Lead: | Name | Title |
| | Claire Byers | Named Nurse Safeguarding Adults |
| Members of working party: | Name | Title |
| | | |
| This document has been agreed and accepted by: (Director) | Name | Title |
| | Elizabeth Moody | Executive Director of Nursing and Governance |
| This document was approved by: | Name of committee/group | Date |
| | Safeguarding and Public Protection meeting | 10 Feb 2020 |
| This document was ratified by: | Name of committee/group | Date |
| | n/a | |
| An equality analysis was completed on this document on: | 05 June 2018 | |

Change record

| Version | Date | Amendment details | Status |
|---------|---------------|--|-----------|
| 1 | 18 May 2015 | New procedure | Withdrawn |
| 2 | 22 Jun 2018 | Full revision in line with current guidelines | Withdrawn |
| 2.1 | 20 Feb 2019 | Minor amendment – new contact for Prevent in D&D | Withdrawn |
| 2.2 | 10 Feb 2020 | Minor amendment – contact details appendix 6 and links appendix 4. | Published |
| 2.2 | 30 March 2021 | Review date extended to 22 December 2021 | Published |
| | | | |

Appendix 1 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page

| | | | | |
|---|--|--------------------------|-------------------------------------|--------------------------|
| Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc. | Nursing and Governance Safeguarding Adults | | | |
| Name of responsible person and job title | Karen Agar Associate Director of Nursing (Safeguarding) | | | |
| Name of working party, to include any other individuals, agencies or groups involved in this analysis | Safeguarding Adult Team Safeguarding and Public Protection Group | | | |
| Policy (document/service) name | PREVENT procedure | | | |
| Is the area being assessed a... | Policy/Strategy | <input type="checkbox"/> | Service/Business plan | <input type="checkbox"/> |
| | Procedure/Guidance | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Code of practice |
| | Other – Please state | | | |
| Geographical area covered | Trustwide | | | |
| Aims and objectives | Following this procedure will help the Trust to adhere to the NHS England (2017) <i>Guidance for mental health services in exercising duties to safeguarding people from the risk of radicalisation</i> and the HM Government (2015) <i>Revised Prevent Duty Guidance: for England and Wales</i> . | | | |
| Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.) | 23 April 2018 | | | |
| End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved) | 05 June 2018 | | | |

You must contact the EDHR team if you identify a negative impact. Please ring Sarah Jay or Julie Barfoot on 0191 3336267/3046

| | | | | | |
|--|----|---|----|--|----|
| 1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit? | | | | | |
| Tees, Esk and Wear Valleys NHS Foundation Trust, Trust employees, service users & general public. | | | | | |
| 2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below? | | | | | |
| Race (including Gypsy and Traveller) | No | Disability (includes physical, learning, mental health, sensory and medical disabilities) | No | Gender (Men, women and gender neutral etc.) | No |
| Gender reassignment (Transgender and gender identity) | No | Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.) | No | Age (includes, young people, older people – people of all ages) | No |
| Religion or Belief (includes faith groups, atheism and philosophical belief's) | No | Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) | No | Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) | No |
| <p>Yes – Please describe anticipated negative impact/s</p> <p>No – Please describe any positive impacts/s</p> <p>The purpose of Prevent is to safeguard people from becoming terrorists or supporting terrorism, by engaging with all people who are vulnerable to radicalisation – including children and young people - and protecting those who are being targeted by terrorist recruiters.</p> | | | | | |

Although this procedure does not directly impact negatively on any of the protected characteristics groups above, it is acknowledged that there is a public perception that impacts on race and religion i.e. stereotyping that happens around South Asian/ Arab Muslim people and this agenda.

In order to address this the training contains information on unconscious bias and the research on the complex factors that make individuals vulnerable to radicalisation. It explores all types of radicalisation and actively challenges the stereotyping that happens around this agenda.

| | | | | |
|---|------------|------------|-----------|--|
| 3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not? | Yes | YES | No | |
|---|------------|------------|-----------|--|

| | |
|---|--|
| Sources of Information may include: <ul style="list-style-type: none"> Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. Investigation findings Trust Strategic Direction Data collection/analysis National Guidance/Reports | <ul style="list-style-type: none"> Staff grievances Media Community Consultation/Consultation Groups Internal Consultation Research Other (Please state below) |
|---|--|

4. Have you engaged or consulted with individuals, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership

Yes – Please describe the engagement and involvement that has taken place

Consultation for this procedure has been made with the Safeguarding and Public Protection team and the Safeguarding and Public Protection sub group of the Quality and Improvement Committee.

No – Please describe future plans that you may have to engage and involve people from different groups

| | | | | | |
|--|---|---------------|----|---------------------------------------|--------------------|
| 5. As part of this equality analysis have any training needs/service needs been identified? | | | | | |
| Yes/No | Please describe the identified training needs/service needs below | | | | |
| A training need has been identified for; | | | | | |
| Trust staff | Yes | Service users | No | Contractors or other outside agencies | Yes |
| Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so | | | | | |
| The completed EA has been signed off by: You the Policy owner/manager: Type name: Karen Agar | | | | | Date: 05 June 2018 |
| Your reporting (line) manager: Type name: Elizabeth Moody | | | | | Date: 22 June 2018 |
| If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046 | | | | | |

Appendix 2 – Approval checklist

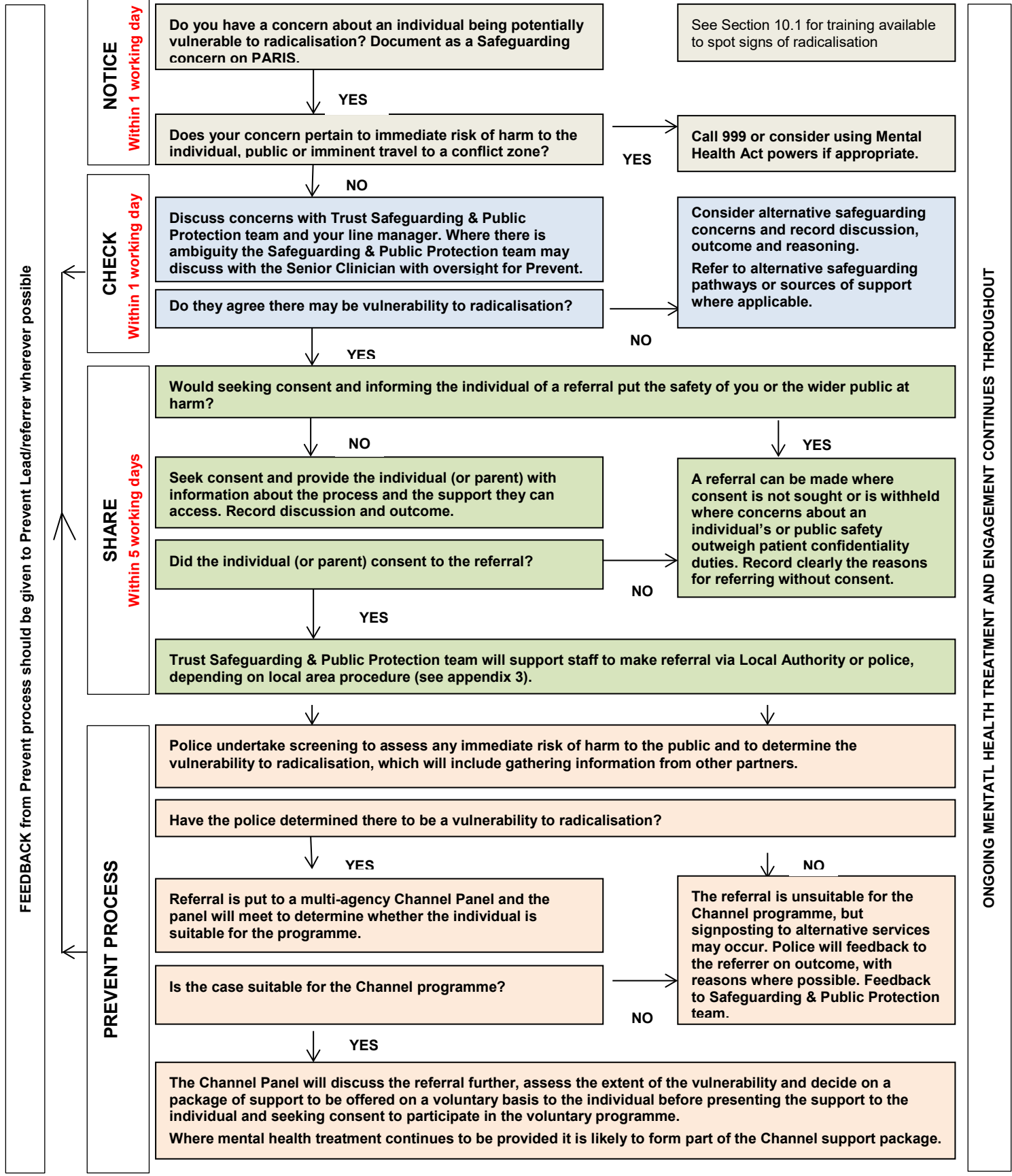
To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

| | Title of document being reviewed: | Yes/No/ Unsure | Comments |
|-----------|---|---------------------------|-----------------|
| 1. | Title | | |
| | Is the title clear and unambiguous? | Yes | |
| | Is it clear whether the document is a guideline, policy, protocol or standard? | Yes | Procedure |
| 2. | Rationale | | |
| | Are reasons for development of the document stated? | Yes | |
| 3. | Development Process | | |
| | Are people involved in the development identified? | Yes | |
| | Has relevant expertise has been sought/used? | Yes | |
| | Is there evidence of consultation with stakeholders and users? | Yes | |
| | Have any related documents or documents that are impacted by this change been identified and updated? | Yes | |
| 4. | Content | | |
| | Is the objective of the document clear? | Yes | |
| | Is the target population clear and unambiguous? | Yes | |
| | Are the intended outcomes described? | Yes | |
| | Are the statements clear and unambiguous? | Yes | |
| 5. | Evidence Base | | |
| | Is the type of evidence to support the document identified explicitly? | Yes | |
| | Are key references cited? | Yes | |
| | Are supporting documents referenced? | Yes | |
| 6. | Training | | |
| | Have training needs been considered? | Yes | |

| | Title of document being reviewed: | Yes/No/ Unsure | Comments |
|-------------------------|--|-------------------|----------|
| | Are training needs included in the document? | Yes | |
| 7. | Implementation and monitoring | | |
| | Does the document identify how it will be implemented and monitored? | Yes | |
| 8. | Equality analysis | | |
| | Has an equality analysis been completed for the document? | Yes | |
| | Have Equality and Diversity reviewed and approved the equality analysis? | Yes | |
| 9. | Approval | | |
| | Does the document identify which committee/group will approve it? | Yes | |
| Signature: Claire Byers | | | |

APPENDIX 3

Prevent referral pathway for mental health providers



FEEDBACK from Prevent process should be given to Prevent Lead/referrer wherever possible

ONGOING MENTAL HEALTH TREATMENT AND ENGAGEMENT CONTINUES THROUGHOUT

APPENDIX 4

LOCAL PROCESSES

DARLINGTON

- For concerns about children: make a referral to Childrens Social Care
- For concerns about an adult at risk: make a referral to Local Authority Safeguarding Adults
- For concerns about any other adult: contact the police (see appendix 6)

<https://www.darlington-safeguarding-partnership.co.uk/media/1745/prevent-channel-process-july-19-dsp-1.pdf>

DURHAM

- For concerns about children: make a referral to Childrens Social Care
- For concerns about adults: contact the police (see appendix 6)

<https://www.durham-scp.org.uk/professionals/multi-agency-safeguarding-arrangements/prevent-counter-terrorism/>

<http://www.countydurhampartnership.co.uk/article/8567/Counter-Terrorism>

NORTH YORKSHIRE

- For concerns about children: make a referral to Childrens Social Care
- For concerns about an adult at risk: make a referral to Local Authority Safeguarding Adults

<http://www.nypartnerships.org.uk/sites/default/files/Partnership%20files/Safer%20communities/Prevent/Prevent%20working%20with%20individuals.pdf>

<https://www.nypartnerships.org.uk/prevent>

YORK

- For concerns about children: make a referral to Childrens Social Care
- For concerns about an adult at risk: make a referral to Local Authority Safeguarding Adults

<https://www.saferchildrenyork.org.uk/concerned-about-a-child-or-young-person.htm>

TEES (HARTLEPOOL, MIDDLESBROUGH, REDCAR & CLEVELAND, STOCKTON)

- For concerns about adults & children: complete [Channel referral form](#) and return to the police generic email address (see appendix 6)

<https://www.teescpp.org.uk/specific-issues-that-affect-children/prevent-channel-referral-process/>

<https://www.stockton.gov.uk/community-safety/prevent/>

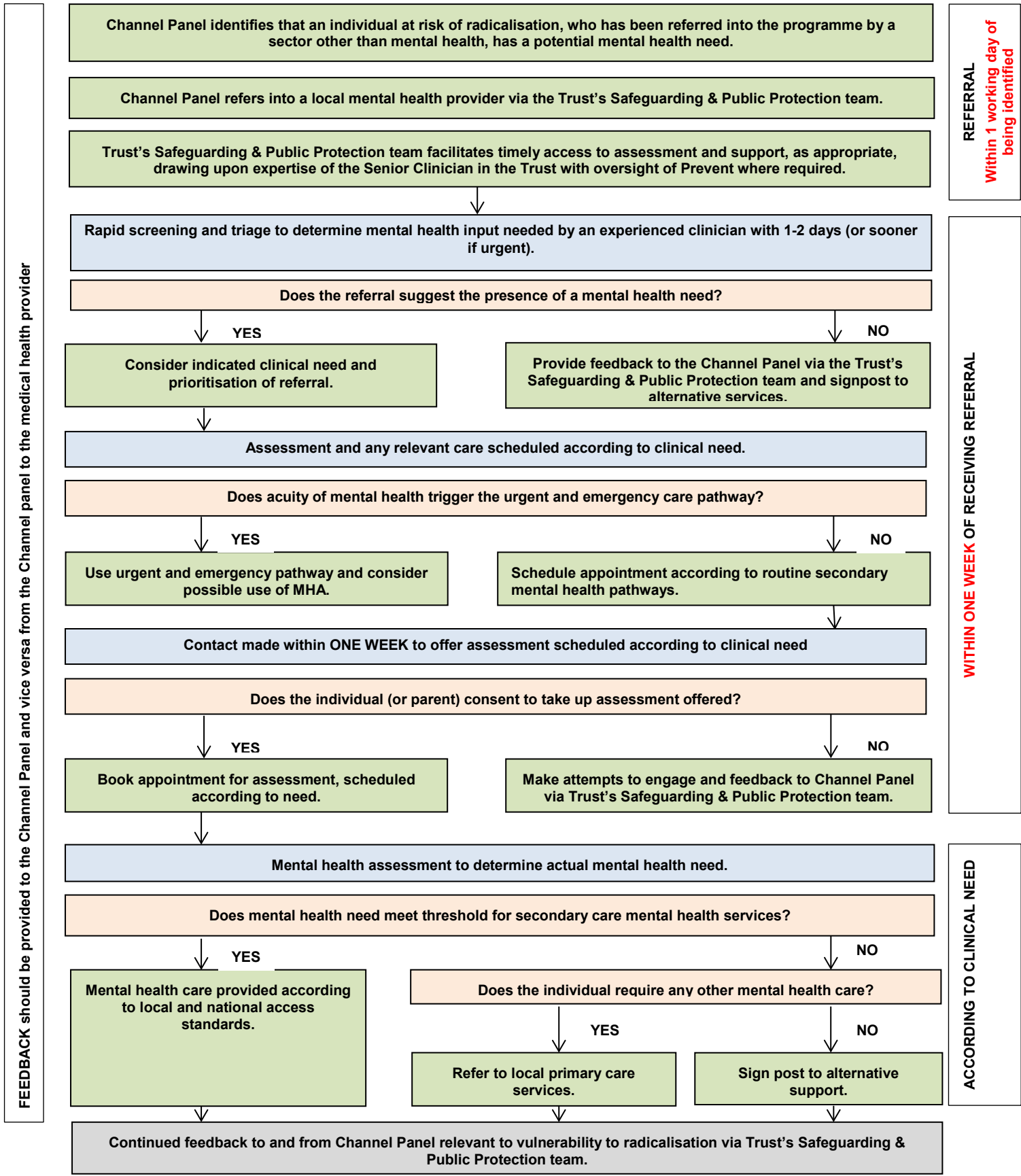
<https://www.redcar-cleveland.gov.uk/resident/adult-children-health/prevent/Documents/Prevent-%20Channel%20Process.pdf>

<https://www.middlesbrough.gov.uk/community-support-and-safety/prevent>

https://www.hartlepool.gov.uk/info/20043/community_safety/542/prevent

APPENDIX 5

Mental health pathway for referrals from Prevent



APPENDIX 6

RELEVANT CONTACTS

Safeguarding adults boards (includes links to safeguarding referrals):

| | | |
|---|--|--------------|
| Darlington Safeguarding Adults Board | 01325 406111 – Out of hours: 01642 524552 | |
| Durham Safeguarding Adults Board | 03000 267979 | |
| North Yorkshire Safeguarding Adults Board | 01609 780780 | |
| Teeswide Safeguarding Adults Board | Hartlepool | 01429 523390 |
| | Stockton | 01642 527764 |
| | Middlesbrough | 01642 065070 |
| | Redcar & Cleveland | 01642 065070 |
| | Out of hours: 01642 524552 | |
| York Safeguarding Adults Board | 01904 555111 – Out of hours: 01609 780780 | |
| East Riding Safeguarding Adults Board | 01482 396940 – Out of hours: 01377 241273 | |

Safeguarding children boards (includes links to safeguarding referrals):

| | |
|--|--|
| Darlington Safeguarding Children Board | 01325 406222 – Out of hours: 01642 524552 |
| Durham Safeguarding Children Board | 03000 267979 |
| Hartlepool Safeguarding Children Board | 01429 284284 – Out of hours: 01642 524552 |
| Middlesbrough Safeguarding Children Board | 01642 130700 – Out of hours: 01642 524552 |
| North Yorkshire Safeguarding Children Board | 01609 780780 |
| Redcar & Cleveland Safeguarding Children Board | 01642 130700 – Out of hours: 01642 524552 |
| Stockton on Tees Safeguarding Children Board | 01429 284284 – Out of hours: 01642 524552 |
| York Safeguarding Children Board | 01904 551900 – Out of hours: 01609 780780 |

Police Prevent lead:

| | | |
|--|--|---|
| Durham & Darlington | Steve Smith/Billy Crampsie | 0191 375 2234 |
| HQspecialbranch@durham.pnn.police.uk | | |
| North Yorkshire & York | Astrid Croasdale (York) Ben Hallewell (North Yorkshire) | Dial 101, press option 2 and ask by full name |
| prevent@northyorkshire.pnn.police.uk | | |
| Teeswide (Cleveland) | Phil Johnson | 01642 301330 |
| For referrals: prevent.contest@cleveland.pnn.police.uk / For advice: Philip.johnson@cleveland.pnn.police.uk | | |
| Emergency calls | 999 | |
| Non-emergency calls | 101 | |