

Building Partnerships, Staying Safe

The health sector contribution to HM Government's *Prevent* strategy: guidance for healthcare organisations



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Foreword



The Home Secretary announced the revised *Prevent* strategy on 7 June 2011.

The new *Prevent* strategy focuses on stopping people becoming terrorists or supporting terrorism. To achieve this, the revised strategy also contains a number of initiatives that can proactively contribute to the protection and safeguarding of vulnerable individuals. There are many opportunities for healthcare staff to help to protect people from radicalisation – the key challenge is to ensure that healthcare workers are confident and knowledgeable in addressing situations that cause concern.

Where healthcare workers encounter someone who may be in the process of being radicalised towards terrorism, it is vital that the individual is appropriately supported. It is therefore important 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.

The new *Prevent* strategy provides an opportunity for healthcare organisations to assess their policies and procedures and ensure that their corporate governance supports the patient and the workforce in terms of safeguarding individuals who may have been exploited by radicalisers.

Terrorist-related activity is not a subject normally associated with the health service, but our experience of managing vulnerabilities through structures within safeguarding places the health sector in a key position to support individuals, while providing advice and support to our public sector partners.

I hope that you will find the information in this booklet useful in assisting your organisation to continually improve the quality of care we offer our patients both directly and in the wider community.

A handwritten signature in black ink, appearing to be 'S Burns'.

Rt Hon Simon Burns MP
Minister of State for Health

Executive summary

Prevent is part of the Government's counter-terrorism strategy CONTEST, which is led by the Home Office. The health sector has a non-enforcement approach to *Prevent* and focuses on support for vulnerable individuals and healthcare organisations. The Department of Health and the health sector are key partners in working to prevent vulnerable individuals from being drawn into terrorist-related activities.

Following the pilot phase, most healthcare organisations at local level concluded that since *Prevent* is about recognising when vulnerable individuals are being exploited for terrorist-related activities, it follows that it is most appropriately managed within existing safeguarding structures, working closely with emergency planning. Situating *Prevent* within safeguarding enables the programme to continue regardless of future changes to the NHS organisational structure. It is also in line with wider attempts to mainstream *Prevent* in other government sectors.

This guide is for senior leaders of healthcare organisations in the public, private and voluntary sectors. A guidance document is also available for healthcare workers who have attended a *Prevent* awareness-raising session.

This document comprises three parts. Part 1 introduces *Prevent* and explains how it fits with CONTEST. It also explains why the health sector is a key strategic partner in *Prevent* and how, by working with other public sector bodies, the health sector can help to protect vulnerable individuals and those around them from exploitation or harm. The toolkit in Part 2 is designed to help healthcare organisations to assess whether they have appropriate governance and support mechanisms in place to deal with any concerns that are raised. Part 3 is the self-assessment tool.

It is important to state that the role of healthcare organisations remains unchanged. There is no intention that healthcare workers take on surveillance or enforcement roles as a result of *Prevent*. Rather, the *Prevent* agenda requires healthcare organisations to work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals and making safety a shared endeavour.

Part 1: The *Prevent* strategy

- 1.1 The Office for Security and Counter Terrorism (OSCT) in the Home Office is responsible for providing strategic direction and governance on CONTEST. As part of CONTEST, the aim of *Prevent* is to stop people becoming terrorists or supporting terrorism.
- 1.2 CONTEST is primarily organised around four key principles. Workstreams contribute to four programmes, each with a specific objective:
 - **Pursue:** to stop terrorist attacks
 - **Prevent:** to stop people becoming terrorists or supporting terrorism
 - **Protect:** to strengthen our protection against a terrorist attack
 - **Prepare:** to mitigate the impact of a terrorist attack.
- 1.3 The Department of Health is a long-established partner in CONTEST through *Prevent*, *Protect* and *Prepare*. Responsibility for *Pursue* lies with the enforcement agencies.

Prevent objectives

- 1.4 Three national objectives have been identified for the *Prevent* strategy:
 - **Objective 1:** respond to the ideological challenge of terrorism and the threat we face from those who promote it
 - **Objective 2:** prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support
 - **Objective 3:** work with sectors and institutions where there are risks of radicalisation which we need to address.
- 1.5 In order to deliver these objectives, a number of activities are taking place at national, regional and local levels. Many activities focus on working with those who may be vulnerable, reducing exploitation and susceptibility to radicalisation into terrorism.

The health sector contribution to *Prevent*

- 1.6 Healthcare professionals may meet and treat people who are vulnerable to radicalisation. People with mental health issues or learning difficulties may be more easily drawn into terrorism. We also know that people connected to the health sector have taken part in terrorist acts.
- 1.7 The key challenge for the health sector is to ensure that, where there are signs that someone has been or is being drawn into terrorism, healthcare workers can interpret those signs correctly, are aware of the support that is available and are confident in referring the person for further support. Preventing someone from becoming a terrorist or from supporting terrorism is no different from safeguarding vulnerable individuals from other forms of exploitation.
- 1.8 The method of delivering the healthcare contribution to *Prevent* introduces an escalation process that will enable any worker with concerns, especially front-line workers, to raise them confidently and within appropriate governance structures. However, this is not intended to replace existing escalation processes that have proven effective. Delivery of *Prevent* requires an increase in partnership working and the appropriate sharing of information with other public sector agencies.
- 1.9 The health sector has been involved in the Government's *Prevent* agenda since October 2008. A pilot phase commenced across Strategic Health Authorities in England in January 2010 in areas including mental health, primary care, drug and alcohol programmes, prison health and school nursing. The scope of *Prevent* activity in the health sector has now expanded to include work with charities, medical deaneries and the private health sector.
- 1.10 Working closely with the Home Office, *Prevent* awareness-raising products (HealthWRAP and Short HealthWRAP) have been specifically developed for the health sector and have recently been updated to reflect the new strategy and to improve delivery of the *Prevent* agenda in the health sector.

How the objectives of *Prevent* are relevant to the health sector

Objective 2

- 1.11 Objective 2 aims to prevent people from being drawn into terrorism and to ensure that they are given appropriate advice and support.

- 1.12 Radicalisation is a process not an event, and there is no single route or pathway to radicalisation. Evidence indicates that those targeted by radicalisers may have doubts about what they are doing. It is because of this doubt that healthcare organisations and front-line workers need to have the mechanisms and interventions in place to support an individual being exploited and to help them to move away from terrorist-related activity.
- 1.13 A key component of the health sector contribution to Objective 2 is ensuring that healthcare organisations have effective policies and procedures in place to support staff who raise concerns about a patient or a colleague. It is important that they are equipped with the knowledge of how to raise the concern, and are confident that their organisation will handle the concern in the appropriate manner.
- 1.14 The resolution of these incidents will rarely, if ever, be the sole responsibility of any single healthcare professional or provider. It is therefore important that healthcare organisations develop strong communication links with other public sector partners. These include, but are not limited to, local authorities, education, social services, probation services, youth justice boards and the police.
- 1.15 Healthcare organisations should seek to develop working relationships with local multi-agency partnerships involved in this agenda. These are often called Channel Groups¹ and, where appropriate, Regional *Prevent* Co-ordinators² within each Strategic Health Authority need to ensure that the health sector is represented appropriately. Where Channel Groups are not active, participation in multi-agency safeguarding groups will be essential.

Objective 3

- 1.16 Objective 3 focuses on work with sectors and institutions where there are risks of radicalisation which we need to address. Some 1.3 million NHS workers have contact with over 315,000 patients daily and 700,000 workers in private and voluntary organisations delivering healthcare services see many thousands more.

1 Channel Groups provide a mechanism for supporting individuals who may be vulnerable to terrorist-related activity by assessing the nature and the extent of the potential risk, agreeing and providing an appropriate support package tailored to an individual's needs. Channel is a multi-agency panel (including the health sector) and the local Channel lead is normally located within the police or local authority.

2 Regional *Prevent* Co-ordinators (RPCs) are responsible for the operational co-ordination of *Prevent* within each Strategic Health Authority.

- 1.17 With such vast numbers of people working within the sector and accessing healthcare services, it is important that organisations are satisfied that they have policies and procedures in place that are fit for purpose, ensuring that an organisation is able to handle any *Prevent*-related concerns that may arise. Best practice includes adequate record keeping and robust audit trails.
- 1.18 Part of this involves understanding the activities taking place in any facility providing services to NHS patients; for example, ensuring that meeting room facilities are not misused and services such as internet access are managed.
- 1.19 Healthcare providers also need to understand the issues related to *Prevent* that impact on the local community.

Background to *Prevent*

- 1.20 Support for terrorist-related activity can take many forms such as recruiting others and providing funding and/or fundraising. For example, training recruits can involve Outward Bound-type courses to encourage bonding with radicalisers both in the UK and abroad. As there is no typical profile for a UK-based terrorist, all public sector agencies will need to work together through this complex area in order to protect the safety of the UK population as a whole.
- 1.21 Ongoing research is contributing to the body of knowledge about how and why individuals become involved with terrorist-related activity. Evidence taken directly from research and case reviews suggests that the path, or radicalisation process, to terrorist-related activity is not linear or predictable and the length of time involved can differ greatly – from a few weeks to a number of years. It should be noted that even if an individual follows a radicalisation path this does not necessarily mean that it will result in terrorist acts.
- 1.22 To be effective, healthcare organisations need to:
- understand the nature of the threat (at a national and local level)
 - be aware of the activities happening nationally and locally to prevent terrorist-related activity or terrorism
 - ensure that policies and procedures are in place and that the workforce is aware and able to recognise those who are susceptible to exploitation
 - undertake timely interventions to prevent radicalisation of vulnerable individuals that may lead to terrorism.

Process of exploitation

- 1.23 It is suggested that there is no single profile or indication of a person who is likely to become involved in terrorist-related activity. To date there is no universally accepted view of why vulnerable individuals become involved.
- 1.24 The factors surrounding exploitation are many and they are unique for each person. The increasing body of information indicates that factors thought to relate to personal experiences of vulnerable individuals affect the way in which they relate to their external environment.
- 1.25 In this sense, vulnerable individuals may be exploited in many ways by radicalisers who target the vagaries of their vulnerability. Contact with 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 other media. More commonly this will occur through a combination of the above.

Contact with radicalisers

- 1.26 It is generally more common for vulnerable individuals to become involved in terrorist-related activity through the influence of others. Initial 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.
- 1.27 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 through websites, internet forums and social networking, 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.

Use of extremist rationale (often referred to as 'narrative')

- 1.28 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.

Vulnerability

1.29 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.

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 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.

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.

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.

1.30 Similarly to the above, the following have also been found to contribute to vulnerable people joining certain groups supporting terrorist-related activity:

- ideology and politics
- provocation and anger (grievance)
- need for protection
- 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.

Grievances

1.31 The following are examples of grievances which may play an important part 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-terrorist legislation).

Summary of exploitation

1.32 Evidence suggests that:

- there is no obvious profile of a person likely to become involved in terrorist-related activity, or single indicator of when a person might move to support extremism
- vulnerable individuals who may be susceptible to radicalisation can be patients and/or staff
- radicalisers often use a persuasive rationale or narrative and are usually charismatic individuals who are able to attract people to their cause which is based on a particular interpretation or distortion of history, politics or religion

- factors such as a change in a person's behaviour may be an example of increased vulnerability
- the particular risks to vulnerable individuals within communities will vary across the country.

National threats

1.33 The Government assesses that the UK is a high priority target for terrorism. There is also a threat from British national and UK-based radicalisers as well as from terrorist organisations based overseas.

1.34 The Joint Terrorism Analysis Centre (JTAC) independently sets the threat level for the UK. More information can be found at www.mi5.gov.uk/output/threat-levels.html

1.35 In addition to the threat posed by Al Qa'ida-influenced groups, there remains a serious and persistent threat from a range of terrorist groups and organisations including those linked to Northern Ireland-related terrorism or extreme right-wing terrorism. These groups often aspire to campaigns of violence against individuals, families and particular communities and, if left unchecked, may provide a catalyst for alienation and disaffection within some communities.

1.36 A list of the groups or movements that espouse the use of violence and meet the conditions for being banned or proscribed under counter-terrorism legislation is at www.homeoffice.gov.uk

The local picture

1.37 The challenge from radicalisers and activities of different groups will vary across communities. Local authorities and police will be able to provide information and assistance to help healthcare organisations to gain an overview of current local issues.

Health and other public sector partners

1.38 In the course of daily work, healthcare workers may face situations that give them cause for concern about the potential safety of a patient, their family, staff or others around them. Early intervention can re-direct a vulnerable individual away from carrying out an act of terrorism. 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 harm or 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.

1.39 Therefore, in order to contribute to the *Prevent* agenda, healthcare organisations need to:

- work in partnership with local agencies involved in *Prevent* to protect vulnerable individuals in their care from becoming radicalised into terrorist-related activity
- ensure that appropriate governance requirements are in place, including the sharing of appropriate information, professional accountability, confidentiality and Caldicott principles
- establish effective working relationships between healthcare organisations and other public sector organisations within the community.

Partnerships in action

1.40 It is important that healthcare organisations understand local challenges and remain up to date with the specific issues affecting their communities. Local authorities, *Prevent* partners and the police will be able to help healthcare organisations to gain an overview of local issues and can give valuable support and advice on issues concerning terrorist-related activity.

1.41 Joint agency working will involve a range of partners working together, including the police and other statutory and voluntary agencies. The range of activities being undertaken will vary depending on the scale of the challenges in the local area. Healthcare organisations need to build upon existing partnership arrangements, for example by using existing safeguarding frameworks where they can. Where the appropriate partnerships are not in place, they will need to be developed.

1.42 Joint agency working with partners will also help healthcare organisations to further understand any tensions within the local community that might impact local people. In the course of healthcare delivery, staff have access to patients through hospitals, clinics and GP surgeries and in their own homes. Additionally, in the course of their contact with patients staff may face situations that give them cause for concern about the potential safety of a patient, their family or others around them. It is therefore important

that agreed protocols and procedures are in place to enable these concerns to be raised safely and confidently, and shared appropriately.

- 1.43 Healthcare organisations need to have in place appropriate mechanisms and forums for sharing information with partners when concerns are raised. They also need to engage in local partnership working on the prevention of terrorist-related activity to ensure that they carry out their responsibilities in delivering equitable access, protecting vulnerable individuals and maintaining the safety of staff and service users.
- 1.44 Much of the work that healthcare organisations are already doing will help to contribute to the goal of stopping vulnerable individuals being drawn into terrorist-related activity. For example, healthcare organisations can build on work they already do in safeguarding adults and children through:
- meeting their corporate governance responsibilities
 - delivering *No Secrets* (Department of Health, 2000), *Working Together to Safeguard Children* (Department for Education, 2010) and *Safeguarding Adults: The role of health services* (Department of Health, 2011)
 - working with partners to prevent vulnerable individuals becoming the victims or causes of harm
 - working with partners and other agencies to build community networks that can provide advice and guidance to healthcare organisations.

Information sharing

- 1.45 It is vital that healthcare organisations have in place effective information sharing and communication. Healthcare organisations need to ensure that they are familiar with and include within their organisational policies and procedures the guidance on information sharing contained in *Information Sharing: Guidance for practitioners and managers* (HM Government, 2009); *The Caldicott Committee's Report on the Review of Patient-Identifiable Information* (Department of Health, 1997); *Confidentiality: NHS Code of Practice* (Department of Health, 2003); and the Data Protection Act 1998.

Part 2: Toolkit

Aims of the toolkit

- 2.1 The toolkit provides advice on how healthcare organisations can review current practice to build and strengthen their existing safeguarding work. It also provides practical steps on how to take forward their responsibilities in contributing to *Prevent*.
- 2.2 It will:
- raise **awareness** among healthcare organisations and their staff of the threat from terrorist groups
 - highlight the risk to **vulnerable individuals** who could be known to or may at some point access healthcare services
 - help healthcare organisations and staff to understand their role in making a positive contribution to preventing terrorism
 - help staff to carry out their responsibilities through contributing to the **protection and well-being** of particular patients or groups who may be vulnerable to exploitation
 - provide advice on **managing risks** at organisational, staff and clinical practitioner level.
- 2.3 The purpose throughout this toolkit is to support the confidence and capability of healthcare organisations and their staff, and to encourage local partnership/inter-agency working.

Who is this toolkit for?

- 2.4 This toolkit is for **all** organisations in England providing healthcare services to NHS patients, including the independent and voluntary sectors. It is intended for use by leaders (e.g. executives and senior management) of healthcare organisations in reviewing their organisational practices and in briefing staff. It includes a self-assessment tool that can be used as a basis for checking that organisational systems and processes support the reduction of exploitation by radicalisers.

Status and structure of the toolkit

- 2.5 The toolkit and self-assessment are provided as guidance and do not impose any new requirements on healthcare organisations. The toolkit includes information on how organisations prepare themselves to manage any concern relating to the risk of a vulnerable individual being exploited. It provides practical steps for reviewing organisational practices, systems and processes and emphasises the importance of developing partnership working.
- 2.6 To accompany this toolkit, Regional *Prevent* Co-ordinators can provide healthcare organisations with customised information and contact details relevant to their local area.
- 2.7 The following section sets out practical steps for organisations to follow and includes a self-assessment tool to help an organisation to determine what steps are necessary to ensure that it has the frameworks in place which enable staff to raise concerns confidently. A list is also included of the policies that should be reviewed to ensure that they include issues relating to *Prevent*.

Practical steps for healthcare organisations

- 2.8 Healthcare organisations can integrate the relevant *Prevent* objectives into their governance structures by:
- delivering training and awareness programmes for staff
 - developing organisational protocols, policies and procedures that enable staff and patients to raise concerns
 - working with partners to develop and strengthen safeguarding of vulnerable individuals and obtain specialist advice and support
 - assessing and reinforcing systems for vulnerable and harder-to-reach groups
 - sustaining safer healthcare services.
- 2.9 Through the course of their work, healthcare workers may encounter changes in the behaviour of patients and/or colleagues that are sufficient to cause them concern. A member of staff who has cause for concern will need to be able to raise this concern in the knowledge that it will be handled appropriately and that, where necessary, specialist advice and guidance can and will be obtained. Page 21 and Annex 3 provide information about the

Prevent escalation process for raising concerns, in the absence of existing organisational policies and procedures.

Staff contribution

2.10 Professional codes of practice for clinical staff, contractual and safeguarding frameworks such as *No Secrets* (Department of Health, 2000), *Working Together to Safeguard Children* (Department for Education, 2010) and *Every Child Matters* (HM Government, 2004) require all staff to exercise a duty of care to all patients and, where necessary, to take action for safeguarding and crime prevention purposes. This includes taking preventive action and supporting those individuals who are identified to be at risk of, or who are being drawn into, terrorist-related activity.

2.11 Therefore, healthcare organisations will need to ensure that:

- they raise staff awareness so that they can recognise exploitation of vulnerable individuals being drawn towards terrorist-related activity
- their staff are aware of the escalation processes and support in place that enable them to discuss their concerns
- staff receive training and information about the organisational policies, procedures and processes in place through which they can raise concerns and discuss sensitive/controversial issues
- their staff are aware of *Prevent* contacts within their organisation.

Responsibility: boards; non-executive directors; human resources directors; GP partners; managers; training managers; all staff.

Organisational management and governance

2.12 All healthcare organisations are required to establish mechanisms that incorporate an integrated governance approach to their business. This will include:

- providing positive and effective leadership
- ensuring that regular staff training and updates take place to build staff understanding of issues and confidence to deal with them
- promoting core values of shared responsibility and respect for patients' access to and involvement in their care
- using patient and staff surveys/comments to improve services

- ensuring that organisational policies, procedures and protocols are in place to support core organisational values and support staff in raising genuine concerns
- supporting patients who are at risk within their communities
- building and strengthening local partnership and inter-agency working
- monitoring risks and responding appropriately to events – particularly in the aftermath of an event or incident
- ensuring that recruitment and induction arrangements operate in accordance with relevant regulations for the conduct and vetting of staff
- promoting responsible and effective use of the internet by all staff, volunteers and patients
- being aware and regularly reviewing the use of healthcare premises/facilities.

Responsibility: boards; non-executive directors; executive directors; GP partners; managers; senior clinical staff.

Local partnership working

2.13 Partnership working is challenging for all organisations, not least owing to the differing demands, priorities, controls and funding arrangements of each partner. However, developing strong partnerships and alliances with other public sector agencies will enable the healthcare sector to make an active contribution to *Prevent*. Where possible, healthcare organisations will need to ensure effective partnership working by:

- developing locally agreed joint policies, procedures and protocols
- utilising appropriate partner-agency expertise when dealing with concerns
- ensuring that appropriate information sharing takes place
- ensuring an appropriate joint response to local and national events
- ensuring appropriate health representation and engagement in local *Prevent* groups.

Responsibility: boards; non-executive directors; GP partners; managers; clinical staff.

Raising concerns

2.14 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. Indicators may include:

- graffiti symbols, writing or artwork promoting extremist messages or images
- patients/staff accessing terrorist-related material online, including through social networking sites
- parental/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 voicing opinions drawn from terrorist-related ideologies and narratives
- use of extremist or hate terms to exclude others or incite violence.

2.15 It may be that a patient or staff member is facing multiple challenges in their life, of which exposure to terrorist-related influences is just one. Healthcare workers will need to use their judgement in determining the significance of any changes in behaviour where sufficient concerns are present. These should be reported in accordance with the organisation's policies and procedures.

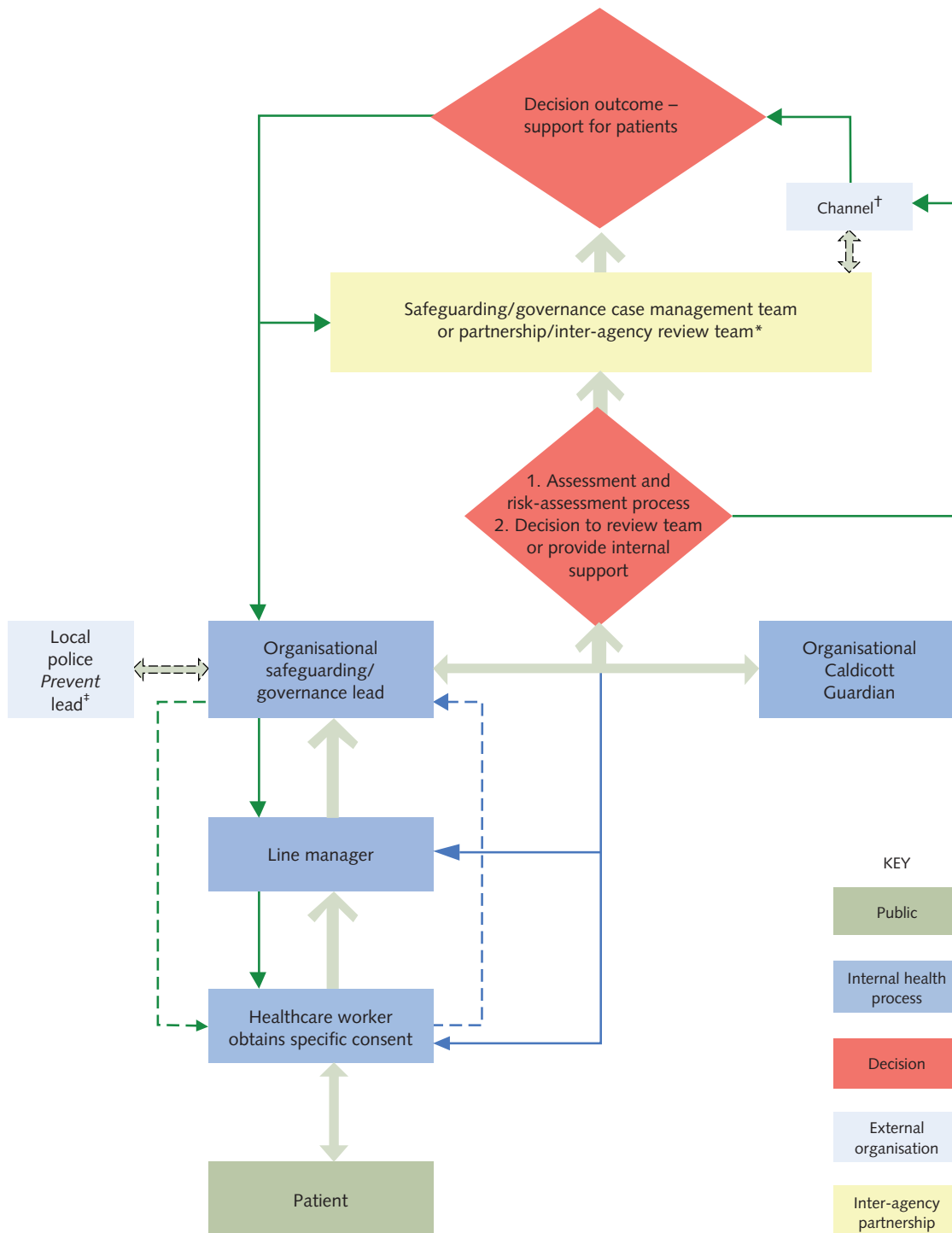
2.16 When concerns are raised, staff and/or the healthcare organisation may need to contribute to a multi-agency assessment of the situation in line with the locally agreed protocols. It is in the interests of all healthcare organisations to identify a lead who will work closely with the Regional *Prevent* Co-ordinator and other external agencies/partners to examine areas of concern in a planned and logical way which safeguards both the individual and the organisation.

2.17 Every healthcare organisation will have in place existing arrangements for reporting concerns which comply with good governance and safeguarding practices. Staff will be familiar with these local arrangements and they should continue. However, healthcare organisations will need to review their arrangements, ensuring that they strengthen any existing processes, enabling

staff to raise concerns relating to vulnerable individuals and *Prevent* confidently and safely.

2.18 In the absence of any existing arrangements, the following escalation flow chart is provided to assist healthcare organisations in reviewing their existing systems and processes. There is also a separate escalation process for concerns relating to staff at Annex 3.

Raising Prevent concerns



* To include representatives from other public sector services, such as local authorities, education, social care, etc.
 † Channel Groups provide a mechanism for supporting individuals who may be vulnerable to terrorist-related activity by assessing the nature and the extent of the potential risk, agreeing and providing an appropriate support package tailored to an individual's needs. Channel is a multi-agency panel (including the health sector) and the local Channel lead is normally located within the police or local authority.
 ‡ This is an advisory role and it will be at the discretion of healthcare practitioners and safeguarding leads to contact police Prevent leads for advice and support as necessary. Police Prevent leads can also assist safeguarding leads and Caldicott Guardians with advice on risk-assessment procedures.

Accessing targeted and specialist support for vulnerable individuals

- 2.19 Healthcare organisations may identify a need for specific support programmes for individuals or groups of patients or staff, such as:
- mentoring
 - access to experts who can provide relevant guidance and/or information.
- 2.20 Trusted relationships formed across other public sector agencies and partnership working will be vital in assisting this work.

Managing risk

- 2.21 Although there are relatively few instances of healthcare workers encountering patients exposed to or accessing material related to terrorism, it is still a risk that healthcare organisations and staff need to be aware of and prepare for.
- 2.22 Risks could arise from:
- harmful influences on vulnerable individuals, for example from staff, colleagues, volunteers, parents, a spouse, other family members, friends, external groups or other patients
 - inappropriate use of the internet on healthcare premises
 - external groups using healthcare premises for meetings, distributing terrorist-related material or undertaking terrorist-related activity.
- 2.23 This toolkit will help to guide organisations in assessing whether or not their existing arrangements are operating in accordance with reducing risks from terrorist-related activity.

Harmful influences on vulnerable individuals

- 2.24 Healthcare workers, members of the public, contractors or patients may express views, bring material into the organisation, use or direct patients to extremist websites or act in other ways to promote terrorism.
- 2.25 This action may constitute a breach of the relevant professional codes of conduct or may in some cases be illegal. In such an event, healthcare workers should be subject to the relevant disciplinary procedures and, as appropriate,

healthcare organisations should ensure that they meet all their statutory responsibilities.

Responding to events

2.26 Terrorism is unlikely to affect most healthcare organisations directly. However, some healthcare organisations have been affected by:

- national incidents such as the Exeter bombing and the Glasgow Airport attack, both of which had a particular impact on healthcare organisations locally
- international politics
- domestic political events in other countries that are relevant to particular communities within the UK
- local counter-terrorism operations and related community tensions
- high-profile trials of those accused of terrorist-related offences.

2.27 Healthcare organisations need to develop strong partnerships in order to understand the issues that impact upon the communities they serve, and be aware of the issues that affect local people. Partnership working aids understanding and appreciation of partners' roles and challenges.

2.28 The starting point for healthcare organisations is to ensure that:

- mechanisms are in place that allow anyone who has concerns about the behaviour of any patient, visitor or staff member to seek advice from within the organisation
- staff are engaged within the organisation and their views are listened to
- staff know their patients and are able to respond to their changing needs.

2.29 Healthcare organisations need to have effective systems and processes in place to respond promptly to issues of concern, informing staff of the mechanisms in place for raising any concern. Developing strong partnership working is the essence of *Prevent*. Healthcare organisations should ensure that staff are made aware of the issues through training and awareness programmes, as ensuring good communication about relevant issues is vital.

Internet use

2.30 The government and the police are committed to protecting the public from terrorist content online, but cannot do this alone. A dedicated website where people can report online content they think might be illegal, or which they find offensive, is available at www.direct.gov.uk/en/CrimeJusticeAndTheLaw/Counterterrorism/DG_183993

Information sharing

Healthcare organisations should ensure that any *Prevent* referral processes put in place for front-line staff are underpinned by the principles of Caldicott Guardianship and guidance in *Information Sharing: Guidance for practitioners and managers* (HM Government, 2009). Employers should also ensure that staff understand *Confidentiality: NHS Code of Practice* (Department of Health, 2003) and *Information Governance: Guidance on legal and professional obligations* (Department of Health, 2007).

Part 3: *Prevent* self-assessment tool

Introduction

- 3.1 This self-assessment tool has been developed as an aid to healthcare organisations in assessing the mechanisms they have in place to achieve the objectives of *Prevent*. The tool is not intended to be prescriptive, nor is it intended to be used externally to measure organisational performance.
- 3.2 It is recognised that these are sensitive issues for individuals and organisations to manage with confidence and consistency. However, adopting a process of regular self-assessment has been shown to be one of the most effective ways to identify the areas and issues that need further consideration and/or attention.

Self-assessment tool for internal use

Organisation _____

Name _____

Date of assessment _____

Name of assessor _____

	Organisational	Care Quality Commission Registration Regulations (amended 2010)	Comment	Action required Y/N	Department lead/ Nominated lead	Date for completion
1	Policies and procedures are in place within the respective departments that address <i>Prevent</i> concerns	Regulations 12, 24				
2	Statutory and mandatory induction and updating programmes contain <i>Prevent</i> awareness training and policy updates	Regulations 12, 13, 14				

	Organisational	Care Quality Commission Registration Regulations (amended 2010)	Comment	Action required Y/N	Department lead/ Nominated lead	Date for completion
3	<p>There are organisational and joint agency agreed protocols and procedures for:</p> <ul style="list-style-type: none"> • obtaining advice • raising concerns • reporting concerns • consent • information sharing • escalation processes and procedures • list of local and regional <i>Prevent</i> contacts 	Regulations 12, 21, 22, 23, 24				
4	Organisational risk assessments include risk issues in <i>Prevent</i> Objectives 2 and 3	Regulations 12, 21, 22, 23, 24				
5	Governance and risk reporting requirements include <i>Prevent</i> incident(s) reporting for both organisational and inter-agency issues	Regulations 12, 21, 22, 23, 24				
6	Action plans are put in place to address issues following a 'near miss' incident or event and are fed back to staff through appropriate communication channels	Regulations 12, 21, 22, 23, 24				

	Organisational	Care Quality Commission Registration Regulations (amended 2010)	Comment	Action required Y/N	Department lead/ Nominated lead	Date for completion
7	All staff and volunteers are aware where they can obtain information about <i>Prevent</i> and how and where they can raise any concerns	Regulations 21, 22, 23, 24				
8	All protocols, policies and procedures address issues of patient involvement, participation and engagement; management of grievances/ complaints/patient feedback; equity of access; cultural diversity; inclusion; and dignity and respect, and are approved through the organisation's governance framework	Regulations 21, 22, 23, 24				
9	Protocols, policies and procedures address issues of internet access	Regulations 21, 22, 23, 24				
10	Protocols, policies and procedures address the management of booking meeting rooms/public areas/seminar rooms, etc., and the safety of their use	Regulations 16, 17				
11	Protocols, policies and procedures address issues of inappropriate canvassing/leafleting					

	Organisational	Care Quality Commission Registration Regulations (amended 2010)	Comment	Action required Y/N	Department lead/ Nominated lead	Date for completion
	Staff and volunteers					
12	Staff apprise themselves with and know where to access organisational protocols, policies and procedures	Regulations 21, 22, 23, 24				
13	Staff and volunteers attend HealthWRAP awareness raising and associated updates in accordance with organisational requirements. Organisation has approved HealthWRAP trainers	Regulations 21, 22, 23, 24				
14	Staff and volunteers are aware of issues that can lead to the exploitation of vulnerable individuals, resulting in them being drawn into terrorist-related activity, and know how to support patients at risk	Regulations 21, 22, 23, 24				
15	Staff and volunteers are aware of their responsibility to raise concerns and know how and where to do this	Regulations 21, 22, 23, 24				

	Organisational	Care Quality Commission Registration Regulations (amended 2010)	Comment	Action required Y/N	Department lead/ Nominated lead	Date for completion
	Partnership working					
16	Locally agreed protocols, policies and procedures are in place for addressing <i>Prevent</i> concerns that appropriately utilise the expertise of partner agencies when dealing with concerns	Regulations 12, 24				
17	There are locally agreed protocols and procedures for sharing information, including joint information	Regulations 12, 24				
18	There is a nominated <i>Prevent</i> representative who regularly attends local or regional inter-agency <i>Prevent</i> meetings	Regulations 12, 24				
19	There are appropriate processes for co-operation and joint care planning with other providers/ agencies where care is transferred or shared. The above should take account of appropriate information procedures	Regulation 24				

Action plan

Action plan following <i>Prevent</i> objectives self-assessment				
Action required	Priority (high, medium, low)	Completion date	Responsible individual(s)	Completed (Y/N), date assessed and signature

Policies and procedures checklist

Do your current policies and procedures include the following actions required to address *Prevent* concerns?

- Clearance checks for staff and volunteers
- Confirmation of registration
- Re-confirmation of electronic Criminal Records Bureau (e-CRB) checks and current registration for individuals
- Equality and diversity
- Appraisal
- Disciplinary procedures
- Restricted and responsible use of ICT
- Whistleblowing (public disclosure)
- Bullying and harassment
- Use of healthcare and associated premises/facilities on same site
- Complaints management, including vexatious complaints
- Access to healthcare
- Induction, updating, and training and awareness programmes
- Dignity and respect
- Safeguarding vulnerable individuals
- Clinical protocols and procedures
- Confidentiality, including information sharing/escalation of concerns
- Access to health records
- Data protection
- Consent
- Record keeping.

Annex 1: Legislation and guidance

Information governance legislation and guidance

- *The Care Record Guarantee: Our guarantee for NHS Care Records in England* (NHS, 2011)
- Children Act 2004
- Common law duty of care
- Common law duty of confidentiality
- *Confidentiality: NHS Code of Practice* (Department of Health, 2003)
- Crime and Disorder Act 1998
- Data Protection Act 1998
- Data Protection (Processing of Sensitive Personal Data) Order 2000
- Health and Social Care Act 2008
- Human Rights Act 1998
- *Information Sharing: Guidance for practitioners and managers* (HM Government, 2009)
- Mental Capacity Act 2005
- National Health Service Act 2006
- *NHS Information Governance: Guidance on legal and professional obligations* (Department of Health, 2007)
- *No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse* (Department of Health, 2000)
- Professional codes of conduct (as relevant)
- Public Interest Disclosure Act 1998
- *Reference Guide to Consent for Examination or Treatment* (Department of Health, 2nd edition, 2009)

- Safeguarding Vulnerable Groups Act 2006
- Terrorism Act 2006

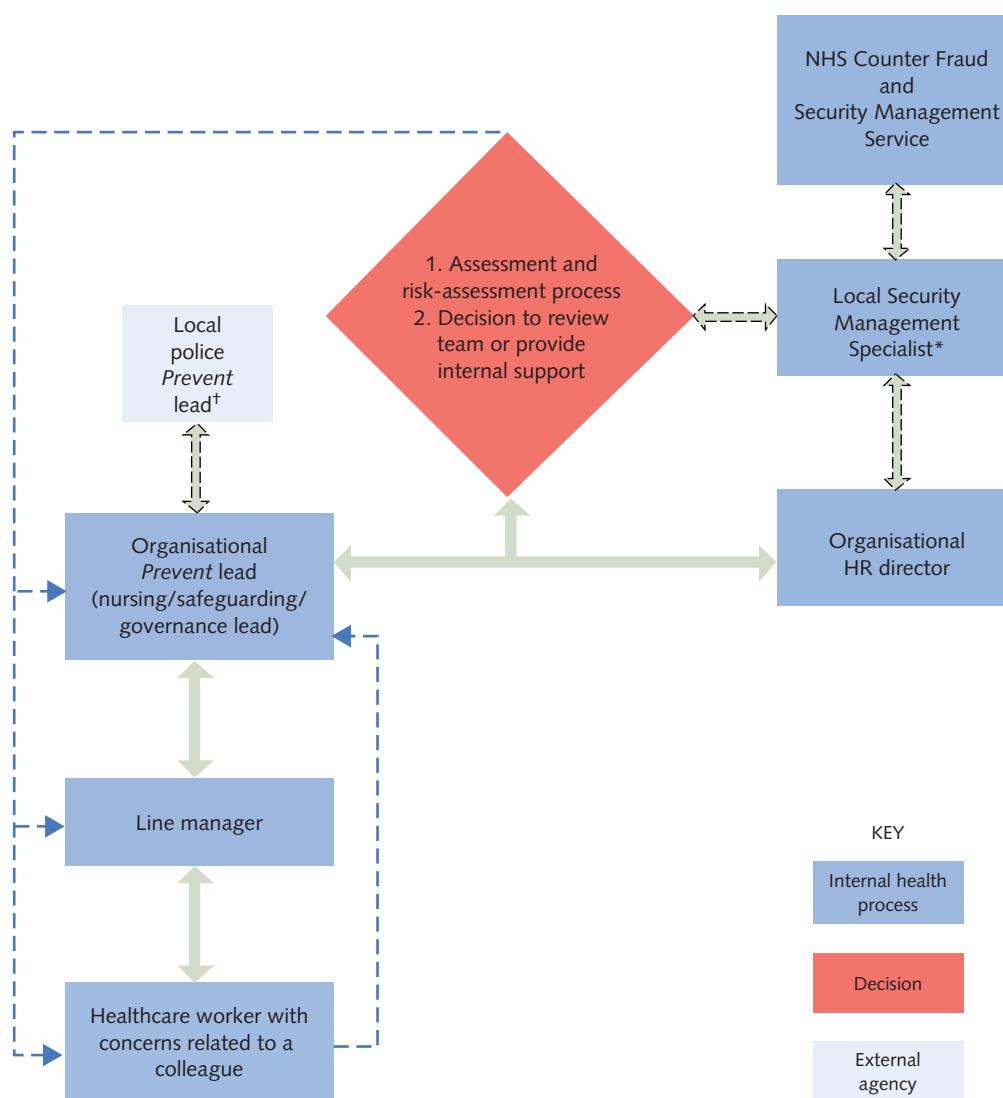
Other relevant legislation

- Computer Misuse Act 1990
- Freedom of information Act 2000
- Multi-agency Public Protection Arrangements (MAPPA) 2007
- *Confidentiality: Guidance for doctors* (General Medical Council, 2009)
- *Safeguarding Adults: The role of health services* (Department of Health, 2011)

Annex 2: Partners for health organisations at national, regional and local levels

- Local authority
- Social services
- Home Office
- Department for Business, Innovation and Skills
- Department for Communities and Local Government
- Department for Education
- Department for Culture, Media and Sport
- Foreign and Commonwealth Office
- National Offender Management Service
- National Probation Service
- Police partners
- UK Border Agency
- Youth Justice Board

Annex 3: Prevent escalation process – raising concerns relating to a colleague



*Corporate policy will direct the involvement of the NHS Counter Fraud Service as necessary.
 † This is an advisory role and it will be at the discretion of healthcare practitioners and safeguarding leads to contact police *Prevent* leads for advice and support as necessary. Police *Prevent* leads can also assist safeguarding leads and Caldicott Guardians with advice on risk-assessment procedures.

References

- *Caldicott Committee Report on the review of patient-identifiable information* (Department of Health, 1997)
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4068403
- *Confidentiality: NHS Code of Practice* (Department of Health, 2003)
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253
- *CONTEST: The United Kingdom's strategy for countering terrorism* (HM Government, 2011)
www.homeoffice.gov.uk/publications/counter-terrorism/counter-terrorism-strategy
- *Every Child Matters: Change for children* (HM Government, 2004)
www.education.gov.uk/publications/eOrderingDownload/DFES10812004.pdf
- *Guidance on the Data Protection Act* (Information Commissioner's Office, 1998)
www.ico.gov.uk/for_organisations/data_protection.aspx
- *Information Sharing: Guidance for practitioners and managers* (HM Government, 2008)
www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00807-2008
- *Learning Together to be Safe: A toolkit to help schools contribute to the prevention of violent extremism* (Department for Children, Schools and Families, 2008)
www.education.gov.uk/publications/eOrderingDownload/00804-2008BKT-EN.pdf
- *No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse* (Department of Health, 2000)
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486
- *Prevent strategy* (HM Government, 2011)
www.homeoffice.gov.uk/publications/counter-terrorism/prevent/prevent-strategy

- *Safeguarding Adults: The role of health services* (Department of Health 2011)
[www.dh.gov.uk/en/Publicationsandstatistics/Publications/
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