

# Prevent

Building Partnerships, Staying Safe

There may come a time when someone  
you know needs help or guidance  
Don't let them take the wrong turn



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## What is Prevent?

The Government's counter-terrorism strategy is known as CONTEST. *Prevent* is part of the strategy and its aim is to stop people becoming terrorists or supporting terrorism. The strategy promotes collaboration and co-operation among public service organisations. The Office for Security and Counter Terrorism in the Home Office is responsible for providing strategic direction and governance on CONTEST. You can read the CONTEST strategy in full at [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk).

CONTEST has four key principles:

**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.

The health service is a key partner in *Prevent* and encompasses all parts of the NHS, charitable organisations and private sector bodies which deliver health services to NHS patients.

## How does *Prevent* affect you in your work?

Healthcare professionals have a key role in *Prevent*. *Prevent* focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist-related activity. *Prevent* does not require you to do anything in addition to your normal duties. What is important is that if you are concerned that a vulnerable individual is being exploited in this way, you can raise these concerns in accordance with your organisation's policies and procedures, as you would do with any Safeguarding issue.

*Prevent* works in what is described as the 'pre-criminal' space. It's about identifying people and behaviour BEFORE it becomes criminal. Nobody is asking you to deal with behaviour in the 'criminal' space. That is for the police. Nobody is asking you to spy or inform. This is about Safeguarding and protecting vulnerable people. It's no more than that.

## Working with others

Collaborative working adds real value to patient care. Healthcare services cannot meet all of the needs of a vulnerable person and in many cases the wider range of support and services available from other public sector bodies, charitable organisations and private sector bodies will be required.

Developing an appreciation of the roles of others and understanding how they contribute to the safety of vulnerable people will help you to work more effectively. It is important that we all share a responsibility for safeguarding and promoting the welfare of vulnerable individuals.

## Practical steps for healthcare workers

In your work you may notice unusual changes in the behaviour of patients and/or colleagues which are sufficient to cause concern. It is important that if you have a cause for concern, you know how to raise it, as well as what will happen once you have raised it.

It is important that you attend any Prevent training and awareness programmes sponsored or provided by your organisation, and also be sure that you are:

- aware of your professional responsibilities, particularly in relation to the safeguarding of vulnerable adults and children;
- familiar with your organisation's protocols, policies and procedures;
- aware of whom within your organisation you should contact to discuss your concerns;
- aware of the processes and support available when you raise a concern;
- aware of current patient confidentiality policy.

## PURPOSE

Effective information sharing is vital for early intervention and lies at the heart of good safeguarding practice. Information should be shared if to do so protects children or adults or to prevent a crime.

As part of the Prevent duty the Channel guidance states:

" Partners may *consider* sharing personal information with each other for Prevent purposes, subject to a *case-by-case assessment* which considers whether the *informed consent of the individual* can be obtained and the proposed sharing being *necessary, proportionate and lawful.*"  
[Channel guidance 2015]

The sharing of information must have due regard for the law relating to confidentiality, data protection and human rights. Having a legitimate purpose for sharing information is an important part of meeting those legal requirements.

Five key documents provide the main national framework for information sharing:

**Data Protection Act 1998** – this act provides the main legislative framework and information sharing issues and stipulates the conditions under which information may be shared i.e. the legal justifications.

**Human Rights Act 1998** – this ACT INCORPORATES ARTICLE 8 OF THE European Convention of Human Rights which states that everyone has the right to respect for their private and family life.

**Caldicott & Caldicott 2** – This is a set of principles to support the appropriate sharing of personal information about those who use the health and social care services they were reviewed in 2013, there are 7 principles outlined:

- 1 Justify the purpose
- 2 Use only when absolutely necessary
- 3 Use the minimum required
- 4 Access on a strict need to know basis

- 5 Everyone with access to personal confidential data should be aware of their responsibilities
- 6 Understand and comply with the law
- 7 The duty to share information can be as important as the duty to protect patient confidentiality.

**NHS confidentiality Code of Practice** – the code was issued on July 2003 and applies to all NHS organisations. It is a guide to the practice on confidentiality, security and disclosure of personal information.

**Crime and Disorder Act 1998** – the Act is the primary legislative tool, common to all crime reduction protocols. It does not override existing legal safeguards on personal information.

### What factors might make people vulnerable to exploitation?

Some of the following factors are already known to contribute to the vulnerability of individuals and could put them at risk of exploitation by radicalisers.

**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.

**Grievances** - 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)

**Other Factors** - 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

Any change in an individual's behaviour should not be viewed in isolation and you will need to consider how reliable or significant these changes are.

But some signs might include:

- parental/family reports of unusual changes in behaviour, friendships or actions and requests for assistance;
- patients/staff accessing extremist material online;
- use of extremist or hate terms to exclude others or incite violence;
- Writing or artwork promoting violent extremist messages or images.

You will need to use your judgement in determining the significance of any unusual changes in behaviour, and where you have concerns you should raise these in accordance with our policy.

### Raising *Prevent* concerns about patients

Every healthcare organisation will have in place existing arrangements for reporting concerns which comply with good governance and safeguarding practices. *If you find that you need to raise concerns, you should use your own organisation's policies and procedures that reflect the process.*

If you are uncertain about what to do, speak with your manager as the first step, or another person with authority.

### Notice - Check - Share

Allows concerns to be checked in order to understand them better.

#### **NOTICE**

There is a change in the behaviour of a patient or colleague or you see something that concerns you.

#### **CHECK**

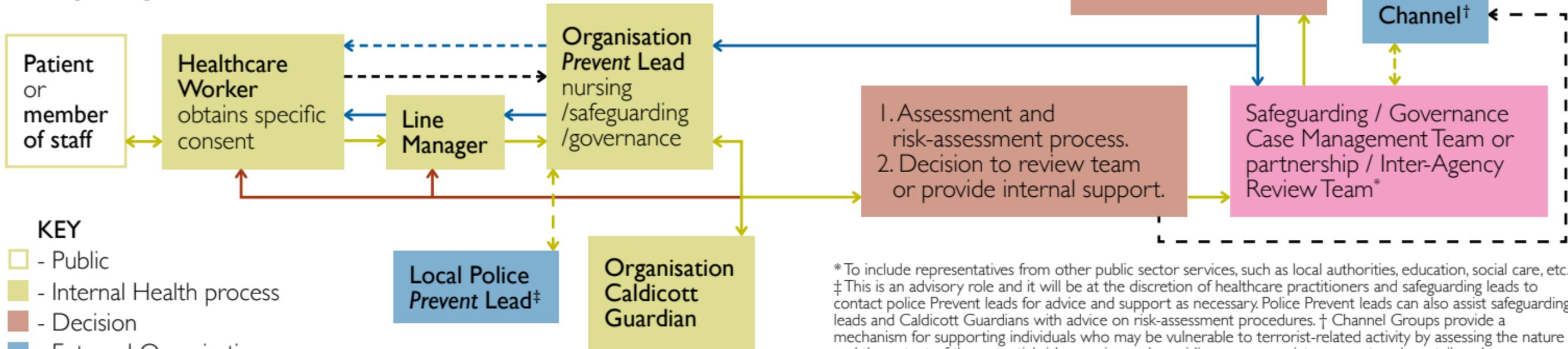
Discuss your concerns with a colleague, supervisor or manager.

#### **SHARE**

Share your concerns with the Prevent Lead in your organisation.

In the absence of any existing arrangements for raising concerns, the following flow chart is provided as an example of an escalation procedure.

*If you have any concerns talk to your line manager, Prevent Lead or Safeguarding Professional.*



\* To include representatives from other public sector services, such as local authorities, education, social care, etc.  
 ‡ 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.  
 † 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 Health) and the local Channel lead is normally located within police or local authority.