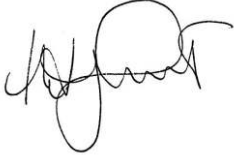




## **PREVENT Policy**

**Protecting those at risk of Radicalisation / Engagement in Violent  
extremism**

<b>Policy number and category</b>	<b>RS 32</b>	<b>Risk &amp; Safety</b>
<b>Version number and date</b>	<b>4</b>	<b>October 2020</b>
<b>Ratifying committee or executive director</b>	<b>Clinical Governance Committee</b>	
<b>Date ratified</b>	<b>October 2020</b>	
<b>Next anticipated review</b>	<b>October 2023</b>	
<b>Executive director</b>	<b>Executive Medical Director</b>	
<b>Policy lead</b>	<b>BSMHFT Prevent Lead</b>	
<b>Policy author (if different from above)</b>	<b>Prevent Team</b>	
<b>Exec Sign off Signature (electronic)</b>		
<b>Disclosable under Freedom of Information Act 2000</b>	<b>Yes</b>	

### **Policy context**

The Prevent Policy describes Birmingham & Solihull Mental Health NHS Foundation Trust's (BSMHFT) responsibilities around the Prevent Agenda. NHS Trusts and NHS Foundation trusts have a statutory duty under the Counter-Terrorism and Security Act 2015 to have "due regard to the need to prevent people from being drawn into terrorism".

The policy outlines the process for BSMHFT staff to follow should there be concerns that a person is vulnerable to being drawn into violent extremism.

### **Policy requirement**

- This Policy is applicable to all Trust staff members.
- To prevent service users from being drawn into extremism and ensure they are given appropriate advice and support. To recognise and minimise any vulnerabilities they may have to being radicalised.
- This policy also covers Trust staff that may be vulnerable to radicalisation and violent extremism or have concern about other members of staff in this area.
- To work with partner organisations to address any issues of radicalisation that may impact upon our service and its users.
- Applicable without exception when a concern has been raised.

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## 1 INTRODUCTION

### 1.1 Rationale (Why)

This policy has been developed because the Prevent Statutory Duty, issued under section 29 of the Counter-Terrorism and Security Act 2015, places a duty on certain bodies. Specified authorities, including the health sector (NHS), must have “due regard to the need to prevent people from being drawn into terrorism”. This includes all forms of terrorism, for example: international terrorism, Northern Ireland related terrorism, extreme right wing terrorism, environmental terrorism and other forms e.g. animal rights activism.

This policy will help to reduce and minimise the impact of radicalisation on the public and safeguard service users from abuse, improper treatment and exploitation.

### 1.2 Scope (Where, When, Who)

This policy applies to all staff members involved in the care of BSMHFT Service Users. The policy also covers Trust staff that may be vulnerable to radicalisation and violent extremism or have concerns about other members of staff being involved in terrorist activities. This includes, but is not limited to, students, agency staff, contractors and volunteers. References to ‘The Prevent Team’ will mean BSMHFT’s Prevent team unless otherwise stated.

This Policy will ensure that:

- NHS Staff know how to safeguard and support vulnerable individuals, whether service users, patients or staff, who have been identified as being at risk of being radicalised by extremists.
- Appropriate systems are in place for staff to raise concerns if they believe that this form of exploitation is taking place.
- The Trust promotes and operates safe environments where those who seek to radicalise vulnerable individuals are unable to operate.
- A trust wide training and awareness programme is implemented to ensure that staff are aware of their responsibilities in relation to the Prevent agenda. Prevent training is provided either via Workshop to Raise Awareness of Prevent (WRAP) or Home Office E-Learning along with refresher training every three years.

### 1.3 Principles (Beliefs)

1.3.1 Birmingham & Solihull Mental Health NHS Foundation Trust is committed to ensuring that vulnerable individuals are safeguarded from being radicalised under the Home Office counter-terrorism strategy **PREVENT**, which is one of the ‘four P’s’ of the counter terrorism strategy- **CONTEST**:

1.3.2 Contest works around four principles, each principle has a specific objective. These are:

- **PURSUE** – To stop terrorist attacks.
- **PREVENT** – To stop people becoming terrorists or supporting terrorism, through early identification and intervention.
- **PROTECT** – To strengthen our protection against a terrorist attack.
- **PREPARE** – To mitigate the impact of a terrorist attack.

1.3.3 BSMHFT and the NHS as a whole is a key partner in the PREVENT agenda. As healthcare professionals, our staff come into contact with people who are potentially vulnerable to radicalisation every day. Service Users who access mental health services may be more easily drawn into drawn into terrorism and it is our responsibility to safeguard them from this.

The aim for BSMHFT is to ensure that our employees have the necessary skills and knowhow to

recognise the signs associated with this and the confidence and awareness to refer the person or persons affected for support.

- 1.3.4 The Trust positively supports individuals with learning disabilities and ensures that no-one is prevented from accessing the full range of mental health services available. Staff will work collaboratively with colleagues from learning disabilities services and other organisations, in order to ensure that service users and carers have a positive episode of care whilst in our services. Information is shared appropriately in order to support this.

## **2 POLICY (What)**

### **2.1 Risk Indicators**

#### **2.1.1 Exploitation**

Vulnerable individuals can be exploited in numerous ways and there is no single profile of a person who is likely to be involved in terrorism or extremism. Radicalisers use numerous ways to make contact with vulnerable individuals. This could be through face to face contact, via the internet, social media or from a combination of all of the above.

#### **2.1.2 Contact with Radicalisers**

It is very common for people to be introduced to terrorist activity through the influence of others. This could be through contact with peers, family members or others. Interactions can take place in numerous social settings as well as over the internet.

The internet is a pivotal channel for extremist communications. It allows extremist views and information to be publically distributed and displayed quickly and easily. This could be done through internet forums, social media and websites. BSMHFT staff should try to be aware of anyone frequently visiting websites that display content or images that may generate concern.

#### **2.1.3 Extremist Rationale (Narrative)**

Radicalisation may happen through the development of a persuasive rationale, sometimes referred to as 'ideological narrative'. The rationale is usually contained within a storyline or narrative that has the potential to change and influence views with the sole intention of inspiring people and embedding extremist beliefs. Using such a narrative helps to strengthen the legitimacy of their cause although this is NOT NECESSARY to indicate radicalisation.

### **2.2 Indicators of Concern**

Indicators that staff may observe or identify regarding individuals behaviour or actions may include:

- Writing or artwork promoting violent extremist messages or images.
- Service Users/staff accessing violent extremist material on line, including social networking sites.
- Parental / family reports of changes in behaviour, friendships or action and requests for assistance.
- Patients voicing opinions drawn from violent extremist ideologies and narratives.
- Use of extremist or hate terms to exclude others or incite violence.
- Harmful influences on vulnerable individuals from staff, colleagues, volunteers, parents, spouse, family members, friends, external groups of other patients.
- Inappropriate use of the internet on Trust premises.
- External groups using the Trust premises for meetings, distributing violent extremist materials.

### **2.3 Vulnerability Factors**

- 2.3.1 The following factors may make individuals susceptible to exploitation. Building Partnerships: Staying safe (2011) describes some of these. None of them are conclusive in themselves and

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

**It is important to remember that these are not necessarily solely indicators of radicalisation and could be due to any number of factors including family/relationship breakdown, domestic abuse, alcohol/substance use or mental illness itself.**

- 2.3.2 **Identity Issues:** adolescents/vulnerable adults who are exploring issues of identity can feel distant from their parents/family and cultural and religious heritage, and uncomfortable with their place in society. 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.
- 2.3.3 **Personal Crisis:** this may include significant tensions within the family that produce a sense of isolation of the vulnerable individual from the traditional certainties of family life.
- 2.3.4 **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.
- 2.3.5 **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.
- 2.3.6 **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.
- 2.3.7 **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. counterterrorist legislation).
- 2.3.8 The above list is not exhaustive and other factors have been suggested in Channel Duty Guidance, HM Government 2015 that may contribute vulnerable people joining certain groups that support terrorist related activity, some of which can be found below:
- Ideology
  - Politics
  - Provocation & Anger
  - Need for Protection
  - Seeking excitement & action
  - Fascination with violence, weapons and uniforms
  - Youth rebellion
  - Seeking family and father substitutes
  - Seeking friends and community
  - Seeking status and identity
  - A misconception and/or rejection of UK foreign Policy
  - A distrust of western media reporting
  - Perceptions that UK government policy is discriminatory

### 3 PROCEDURE

#### 3.1 Raising Concerns

- 3.1.1 Having concerns that someone is potentially vulnerable to radicalisation does not mean that you think the person is a terrorist, it means that you are concerned that they are potentially open to exploitation from others.
- 3.1.2 If a staff member has a concern that a service user is being radicalised, then they should in the first instance discuss their concerns with their immediate line manager.
- 3.1.3 If the concerns are that an individual is presenting an **IMMEDIATE** terrorist risk to themselves, others or property, then they should immediately contact the police on 999 and/or the National Counter-Terrorism Hotline on 0800 789 321.
- 3.1.4 If an immediate risk concern is raised through the Counter-Terrorism hotline (0800 789 321) or 999 the referring team should still make contact with the Prevent team and seek advice prior to making the referral, unless any further delay would increase the risk of harm.
- 3.1.5 If concerns are not immediate further guidance and direction should be sought by contacting the Trust's Prevent team on 0121 301 1308/1315 or via email at [bsmhft.prevent@nhs.net](mailto:bsmhft.prevent@nhs.net).
- 3.1.6 A referral to the trust Prevent team should be made via RiO. See APPENDICES 3 and 4.
- 3.1.7 Although consent is not required at the point of referral, it is good practice that these concerns have been previously discussed with the subject.
- 3.1.8 The Prevent team will triage all referrals made. This will usually include visiting the service user and referring team to discuss the concerns raised and to assess whether the concern needs to be referred onto the West Midlands Police Counter Terrorism Unit (WMPCTU) for consideration.
- 3.1.9 The Prevent team will act as liaison between the referrer and WMPCTU, facilitating and supporting direct contact between the team and WMPCTU.
- 3.1.10 The Prevent team will also provide advice and support to the clinical team about the process and on-going work with service user.
- 3.1.11 Not all referrals will result in a formal CTU Prevent referral. The Prevent team will discuss each case individually and make a collaborative decision on future actions. This may include discussions with the Safeguarding team.
- 3.1.12 A flowchart detailing the process to follow can be found in APPENDIX 2 of this document.

## 3.2 Concerns about Staff

- 3.2.1 There are very few instances of Healthcare staff radicalising others or being drawn into extremism. However, it is still a risk that the Trust has to be aware of and have processes in place to manage any concerns.
- 3.2.2 Where a trust employee expresses views, brings material into the organisation, uses or directs patients to extremist websites or acts in other ways to promote terrorism or a staff member has a concern about a colleague, this should be raised with their line manager. The line manager will discuss the concerns with the Prevent team.
- 3.2.3 The Prevent team will liaise with the Safeguarding team in order to assess and manage any safeguarding risks.

- 3.2.4 Where appropriate the Prevent team will liaise with the West Midlands Police Counter-Terrorism Unit to discuss appropriate action.
- 3.2.5 Human Resources will take the lead on advising the line manager in relation to the appropriate formal process. This may include liaising with the relevant Professional Lead and utilising the Persons in a Position of Trust Policy

### 3.3 Training.

- 3.3.1 Prevent training is incorporated into the Trust's Fundamental Training Programme.
- 3.3.2 All staff are required to undertake Prevent training at commencement of employment, ordinarily during the staff induction.
- 3.3.3 All staff are required to complete Prevent refresher training every three years.
- 3.3.4 Compliance with training as detailed above is monitored and is reported to the Strategic Safeguarding Committee and via the Clinical Governance Committee to the Trust Board.

## 4 RESPONSIBILITES

Post(s)	Responsibilities	Ref
All Staff and Volunteers	<ul style="list-style-type: none"> <li>Overall responsibilities for ensuring the Prevent duty and the principles of Prevent are complied with.</li> <li>Share concerns relating to Prevent standards and report them through appropriate routes.</li> <li>Ensure the access training relating to Prevent.</li> </ul>	
Service, Clinical and Corporate Directors	<ul style="list-style-type: none"> <li>Carry responsibility for ensuring the policy and procedure are implemented and Managers within their areas comply with the requirements.</li> </ul>	
Policy Lead	<ul style="list-style-type: none"> <li>Ensures that the policy and procedure are understood, is applied consistently and regularly updated in response to changes in Government policy.</li> </ul>	
Executive Director	<ul style="list-style-type: none"> <li>To ensure Prevent related Trust activity is reported to the Trust Board. To ensure the Trust is compliant in it's Prevent requirements.</li> </ul>	
Prevent Coordinator	<ul style="list-style-type: none"> <li>Ensures that the policy and procedure are understood and ensure it is applied consistently.</li> <li>Ensure appropriate monitoring takes place.</li> <li>Lead the implementation of the Prevent Strategy.</li> <li>Submit Prevent Monitoring Reports.</li> <li>Contribute to Multi-Disciplinary Operational Prevent Groups and Committees.</li> <li>Prevent Coordinators support staff throughout Prevent referral/concerns.</li> </ul>	

## 5 DEVELOPMENT AND CONSULTATION PROCESS

<b>Consultation summary</b>		
Date policy issued for consultation	<b>September 2020</b>	
Number of versions produced for consultation	<b>1</b>	
<b>Committees or meetings where this policy was formally discussed</b>		
<b>NAC</b>	<b>September 2020</b>	
PAC	<b>September 2020</b>	
IG Steering Group	<b>September 2020</b>	
BAME Network	<b>October 2020</b>	
Local CGC's	<b>September 2020</b>	
JSOG	<b>September 2020</b>	
SSC	<b>September 2020</b>	
<b>Where else presented</b>	<b>Summary of feedback</b>	<b>Actions / Response</b>
JSOG	Addition of versions/dates of relevant policies in the reference section	References changed to reflect this.
PDMG	Hyperlinks to be added to bibliography	Hyperlinks added



## 6 REFERENCE DOCUMENTS

This policy should be read in conjunction with the following:

Adult Safeguarding Policy BSMHFT RS26 Version 7, August 2018  
Safeguarding Adults and Young People BSMHFT RS34 Version 4, May 2019  
Confidentiality Policy BSMHFT IG01 Version 5, May 2018  
Police Interventions Policy BSMHFT RS14 Version 5, April 2019  
Persons in a Position of Trust Policy BSMHFT HR37 Version 2, March 2018  
Information Sharing Protocol between Birmingham City Council and BSMHFT 2015  
Disclosing Information to the Police Guidelines BSMHFT 2012  
Building Partnerships, Staying Safe: Guidance for Healthcare Organisations. Department of Health. 2011.

## 7 BIBLIOGRAPHY

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## 8 GLOSSARY

### 8.1 Definitions (Open source)

#### 8.1.1 Terrorism

An action that endangers or causes violence to a person or people, causing serious damage to property or seriously interferes or disrupts an electronic system. The use of threat must be designed to influence the government or to intimidate the public and is made for the purpose of political, religious or ideological gain.

#### 8.1.2 Radicalisation

The process by which people come to support terrorism and forms of extremism leading to terrorism.

### **8.1.3 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.

### **8.1.4 Vulnerability**

This policy seeks to - recognise and minimise the vulnerabilities of those susceptible to extremists' messages and may be at risk of being drawn into terrorism and or extremist activities. Prevent training will assist staff in understanding what these vulnerabilities could be and how they may appear.

### **8.1.5 Channel**

Channel is a programme which focusses on providing support at an early stage for people who are identified as being vulnerable to being drawn into terrorism. The programme uses a multi-disciplinary approach of which BSMHFT is a member.

A person referred to Prevent will be considered at a Channel panel. A Channel panel is multiagency and aims to identify and safeguard individuals who are vulnerable to being drawn into terrorism. Individualised support is offered to help achieve this. An individual has the opportunity to consent or decline to this process, or their parents/guardians if under eighteen years of age.

### **8.1.6 Prevent Training**

There are two training programmes utilised by the trust to ensure staff are provided with sufficient knowledge, understanding and confidence to recognise and respond to Prevent related concerns. These are HealthWRAP, a national programme that stands for Workshop for Raising Awareness of Prevent (WRAP) and the Home Office Prevent E-Learning for part of the trust's fundamental training. There is also a requirement for refresher training every three years..

## 9 AUDIT & ASSURANCE

Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements
Percentage of staff that have attended WRAP Training	Prevent Coordinator	ESR Report	Quarterly	NHS England Return & Strategic Safeguarding committee
Duties and local arrangements through- Number/themes trends and outcomes of individual cases referred to Prevent/Channel	Prevent Coordinator	Quarterly Report to the Strategic Safeguarding committee	Quarterly	NHS England Return & Strategic Safeguarding committee

## 10 Appendices

Appendix 1 – Equality Analysis

Appendix 2 – Referral Pathway

Appendix 3- Prevent on RiO Flowchart

Appendix 4 – Opening Prevent on RiO under Safeguarding

Appendix 5 – Channel Flowchart

Appendix 6 – Channel Panel Members

Appendix 7 – Channel Panel Interventions.

## Appendix 1

### Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect

<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

<b>Title of Proposal</b>		<b>Prevent Policy</b>		
<b>Person Completing this proposal</b>		<b>Nick Conway</b> <b>Philippa King</b>	<b>Role or title</b>	<b>Prevent Coordinator</b>
<b>Division</b>			<b>Service Area</b>	
<b>Date Started</b>		<b>October 2020</b>	<b>Date completed</b>	<b>October 2020</b>
<b>Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.</b>				
<p>This policy has been developed because the Prevent Statutory Duty, issued under section 29 of the Counter-Terrorism and Security Act 2015, places a duty on certain bodies. Specified authorities, including the health sector, must have “due regard to the need to prevent people from being drawn into terrorism”.</p> <p>This policy will help to reduce and minimise the impact of radicalisation on the public and safeguard service users from abuse and improper treatment. This policy puts service users first, works alongside them, their families and carers, involving partners to achieve the best outcomes for their wellbeing and recovery.</p>				
<b>Who will benefit from the proposal?</b>				
Service users and their families of BSMHFT, staff of BSMHFT and potentially the wider community in which they reside.				
<b>Impacts on different Personal Protected Characteristics – Helpful Questions:</b>				
<i>Does this proposal promote equality of opportunity?</i> <i>Eliminate discrimination?</i> <i>Eliminate harassment?</i> <i>Eliminate victimisation?</i>			<i>Promote good community relations?</i> <i>Promote positive attitudes towards disabled people?</i> <i>Consider more favourable treatment of disabled people?</i> <i>Promote involvement and consultation?</i> <i>Protect and promote human rights?</i>	
<b>Please click in the relevant impact box or leave blank if you feel there is no particular impact.</b>				
<b>Personal Protected Characteristic</b>	<b>No/Minimum Impact</b>	<b>Negative Impact</b>	<b>Positive Impact</b>	<b>Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.</b>
<b>Age</b>			<b>X</b>	<b>Potentially, younger people are targeted by radicalisers. By engaging them and highlighting the risks may empower them to</b>

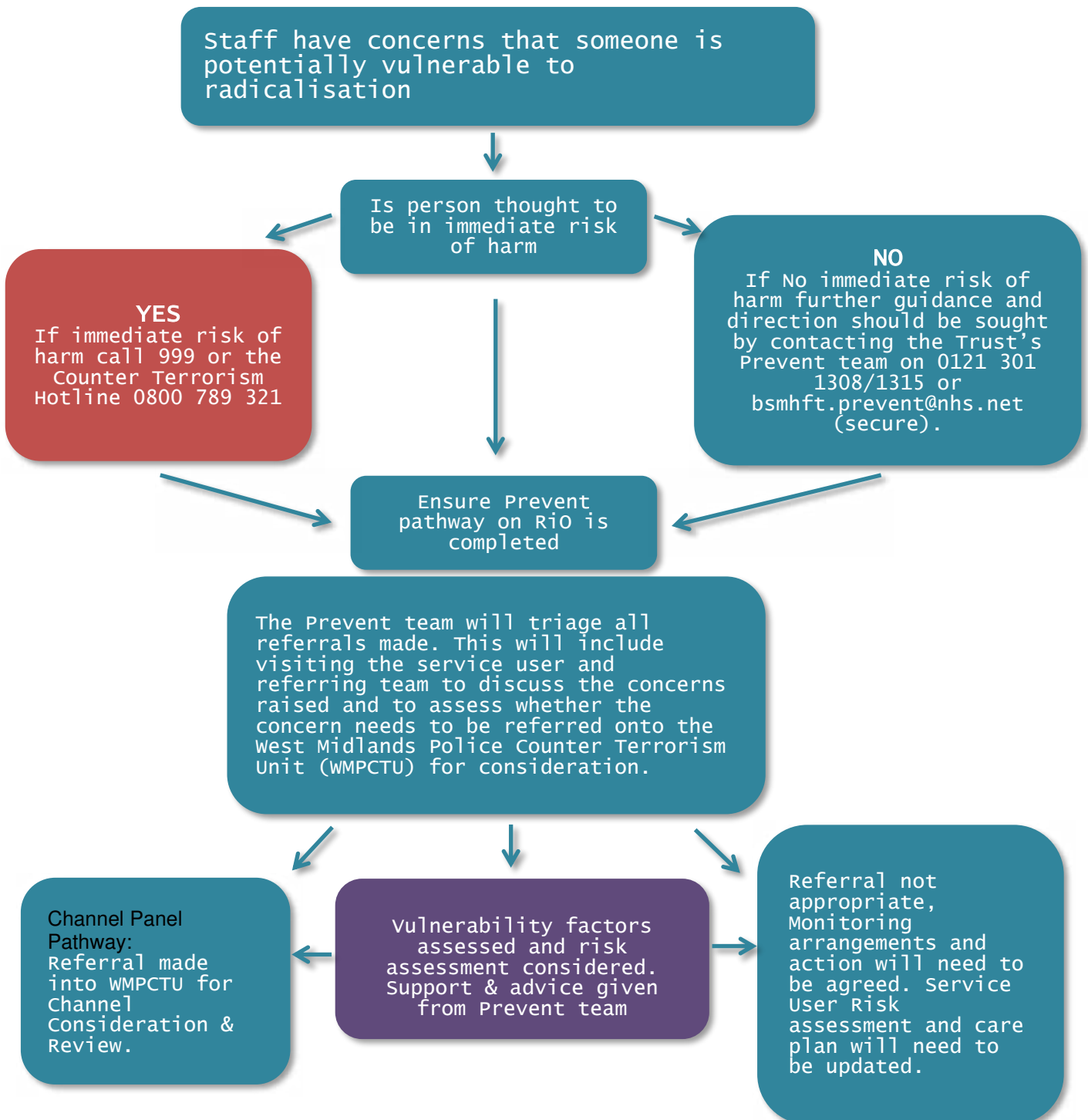
				<b>challenge terrorist ideology in the future. However, no age group is excluded from this policy. Access to it is equal across age groups.</b>
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
<b>Disability</b>	X			<b>Individual staff who work within the policy will make adjustments to ensure those with physical or sensory impairments have equal access to it.</b>
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
<b>Gender</b>	X			<b>The policy will not impact negatively or positively on gender or gender reassignment with any differentiation.</b>
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
<b>Marriage or Civil Partnerships</b>	X			
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
<b>Pregnancy or Maternity</b>	X			
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
<b>Race or Ethnicity</b>			X	The policy highlights that the victims of radicalisation or extremism are not confined to any ethnic group.
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
<b>Religion or Belief</b>			x	The policy highlights that terrorism/radicalisation or extremism are not confined to any religion or belief. The Trust has in place connections to chaplaincy and community engagement workers to help address any

				concerns.
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
<b>Sexual Orientation</b>	x			
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
<b>Transgender or Gender Reassignment</b>	x			
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
<b>Human Rights</b>	x			<p><b>This policy is not intended to interfere with the Convention rights of any person or group. The rights that are being protected under it are:</b></p> <ul style="list-style-type: none"> <li>• <b>Article 2: Right to life;</b></li> <li>• <b>Article 5: Right to liberty and security;</b></li> <li>• <b>Article 6: Right to a fair trial;</b></li> <li>• <b>Article 7: No punishment without law;</b></li> <li>• <b>Article 8: Right to respect for private and family life;</b></li> <li>• <b>Article 9: Freedom of thought, conscience and religion;</b></li> <li>• <b>Article 10: Freedom of expression;</b></li> <li>• <b>Article 11: Freedom of association and assembly;</b></li> <li>• <b>Article 13: Right to effective remedy; and,</b></li> <li>• <b>Article 14: Prohibition of discrimination.</b></li> </ul>

Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
<b>If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)</b>				
	<b>Yes</b>	<b>No X</b>		
<b>What do you consider the level of negative impact to be?</b>	<b>High Impact</b>	<b>Medium Impact</b>	<b>Low Impact</b>	<b>No Impact</b>
				<b>X</b>
If the impact could be discriminatory in law, please contact the <b>Equality and Diversity Lead</b> immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the <b>Equality and Diversity Lead</b> before proceeding.				
If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the <b>Equality and Diversity Lead</b> .				
<b>Action Planning:</b>				
How could you minimise or remove any negative impact identified even if this is of low significance?				
How will any impact or planned actions be monitored and reviewed?				
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.				
Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at <a href="mailto:hr.support@bsmhft.nhs.uk">hr.support@bsmhft.nhs.uk</a> . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.				

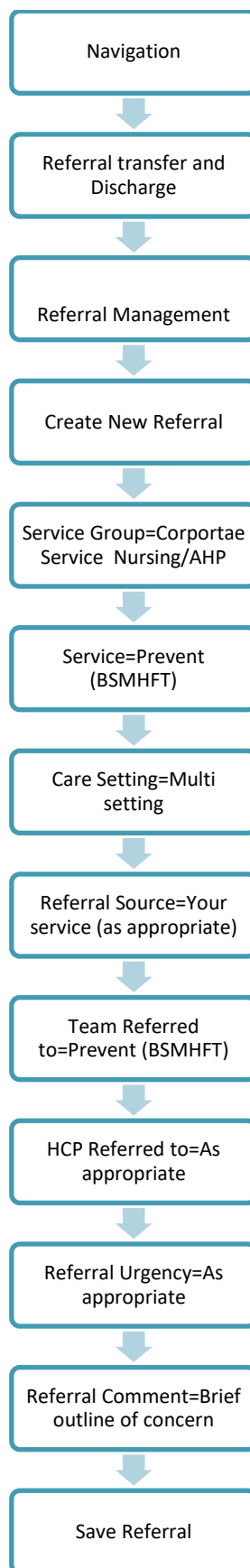
# REFERRAL PATHWAY

## Appendix 2

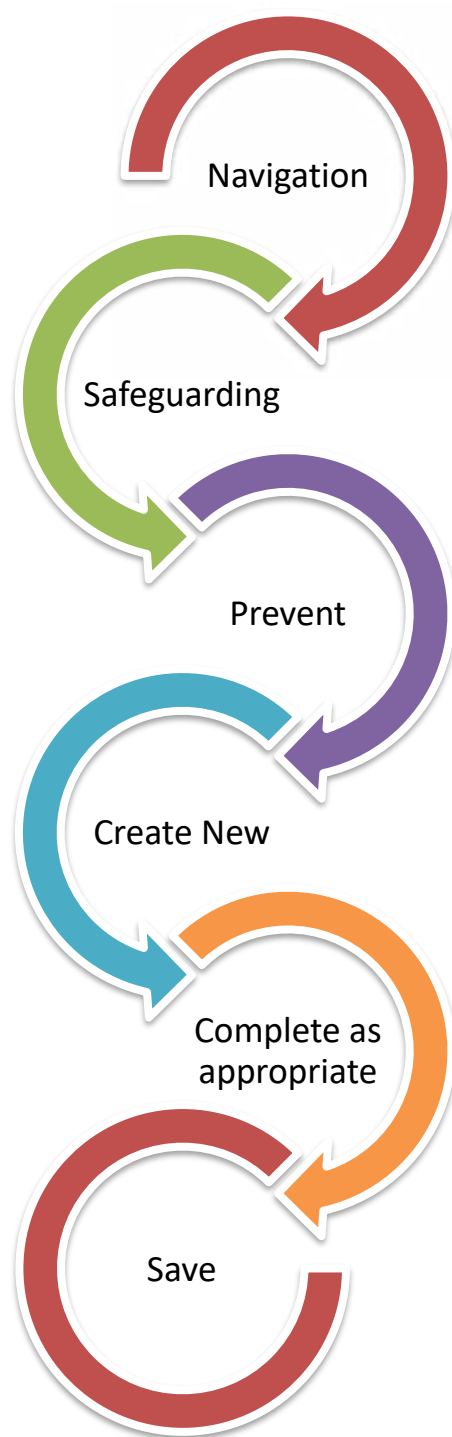




**Appendix 3. Prevent On RiO Flowchart:**

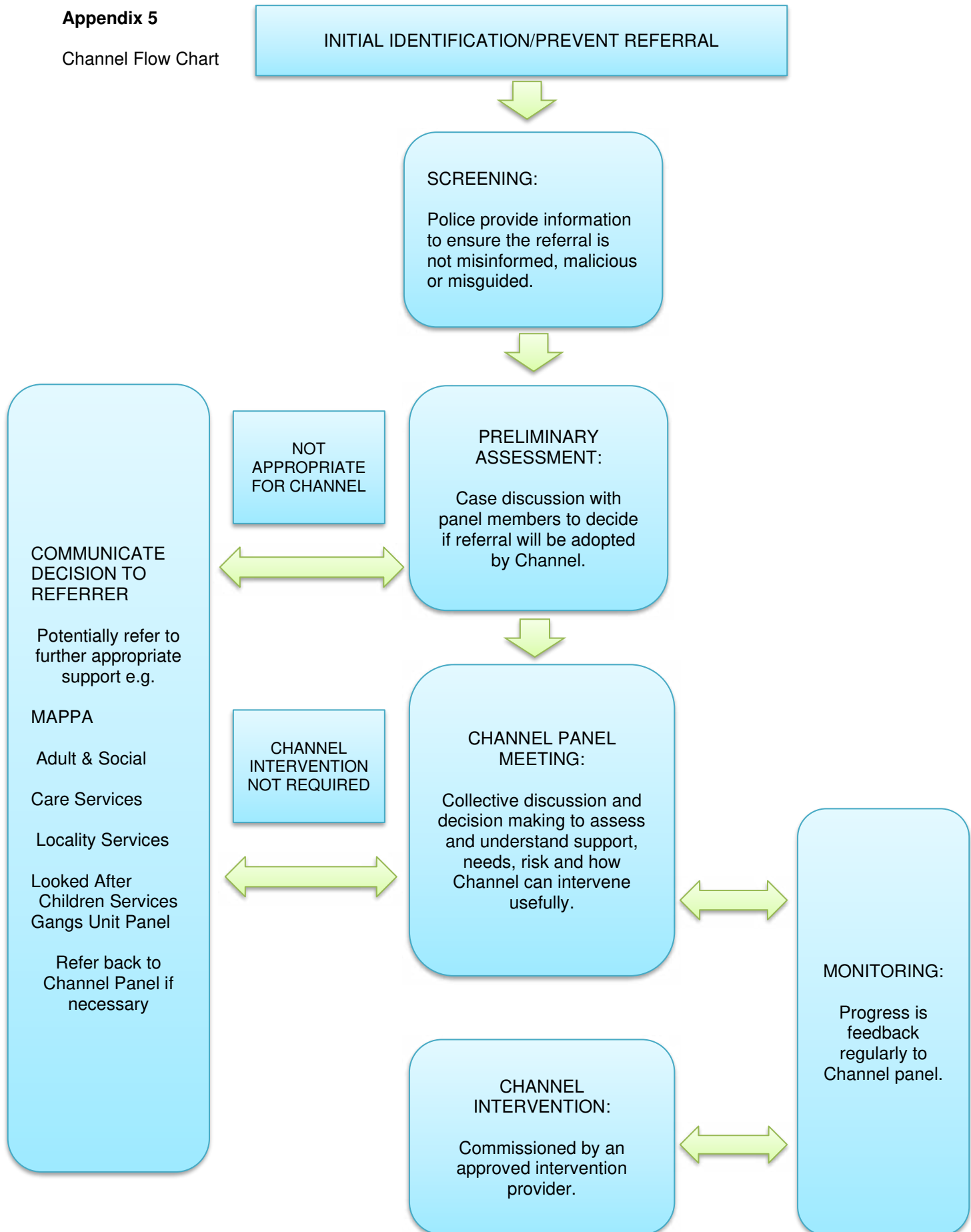


**Appendix 4: Opening Prevent on RiO under Safeguarding**



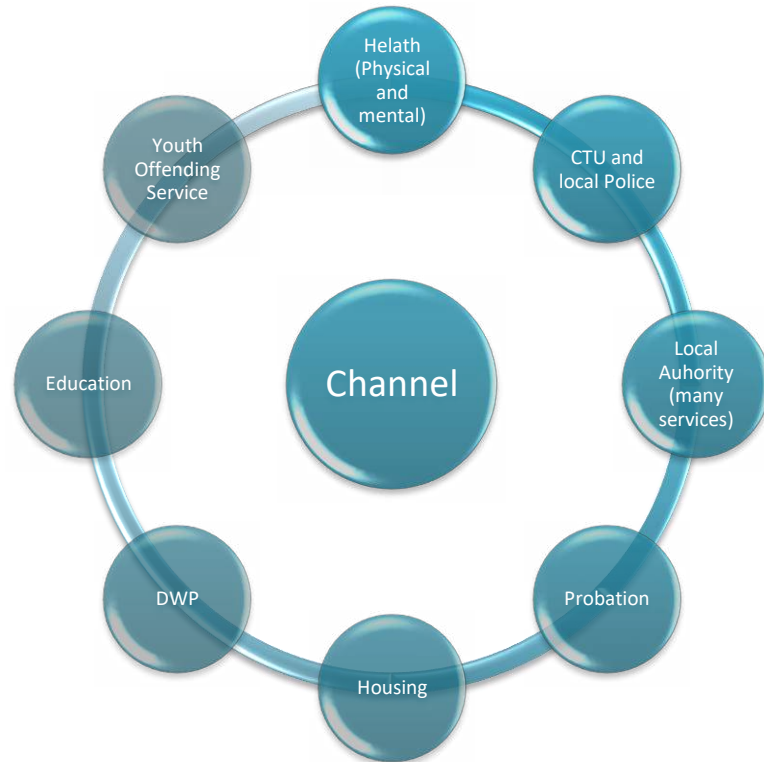
**Appendix 5**

Channel Flow Chart



## Appendix 6

### CHANNEL PANEL MEMBERS:



Appendix 7

CHANNEL PANEL INTERVENTIONS:

