




Prevent Policy

Protecting those at risk of radicalisation / engagement in violent extremism.

Policy number and category	RS 32	Risk and Safety
Version number and date	5	January 2024
Ratifying committee or executive director	Clinical Governance Committee	
Date ratified	February 2024	
Next anticipated review	February 2027	
Executive director	Executive Director of Quality & Safety (Chief Nurse)	
Policy lead	BSMHFT Prevent Lead	
Policy author (if different from above)	BSMHFT Prevent Coordinator	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

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.

Contents

1: Introduction	
1.1: Rationale:	3
1.2: Scope (when, where and who):.....	3
1.3: Principles:	3
1.4. Think Family	4
2: The policy	4
Risk Indicators:	5
Exploitation.....	5
Contact with Radicalisers	5
Extremist Rationale (Narrative)	5
Indicators of Concern	5
Vulnerability Factors	6
3: The procedure	7
Raising Concerns	7
Concerns about Staff.....	8
Information Sharing.....	8
Prevent Issues attracting media interest.....	9
Training.	9
4: Responsibilities	9
5: Development and Consultation process	10
6: Reference documents:	11
7: Bibliography:	11
Glossary consisting of:.....	12
Definitions (Open source)	12
Audit and assurance consisting of:	13
Appendices consisting of:	13
Equality Analysis Screening Form	14

1: Introduction

1.1. Rationale:

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, self-initiated terrorism and other forms e.g., extreme animal rights activism.

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

The purpose of this policy is to ensure that the trust has robust arrangements to ensure that preventing people from being drawn into extremism is fully integrated into local systems and practice.

1.2. Scope (when, where and who):

This policy applies to all staff members involved in the care of BSMHFT service users. The policy also covers Trust staff (substantive and bank) and volunteers who may be vulnerable to radicalisation and violent extremism or have concerns about other members of staff. 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, located within the Safeguarding team.

This Policy will ensure that:

NHS Staff know how to safeguard and support vulnerable individuals, whether service users 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 via Health Education England eLearning Workshop to Raise Awareness of Prevent (WRAP) with a refresher every three years.

Prison healthcare services can also utilise this policy alongside their own local security arrangements.

1.3. Principles:

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, to

ensure that service users and carers have a positive episode of care whilst in our services. Information is shared appropriately to support this.

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:

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.

BSMHFT and the NHS are key partners in the PREVENT agenda. As healthcare professionals, our staff meet people who are potentially vulnerable to radicalisation every day. Service Users who access mental health services may experience factors that have the potential to increase their susceptibility to being drawn into terrorism and it is our responsibility to safeguard them from this.

This responsibility arises from The Counter Terrorism and Security Act 2015 which places a duty on 'specified authorities' to have "due regard to the need to prevent people from being drawn into terrorism".

1.4. Think Family

Promoting the wellbeing and safeguarding service users and their families is integral to BSMHFT care provision and clinical practice: our duty of care. 'Think Family' is an approach used in safeguarding children practice. However, this can also a useful way of thinking about adults. Adult mental health concerns can exist within a context of wider vulnerabilities. This context can sometimes mean they or their family's wellbeing is compromised, or they are at risk of harm from other's outside of the family. It is essential to apply a whole-family approach and consider others.

The 'Think Family' consideration of a person within a wider context means:

- we ask our service users about their family and partners
- we talk to family members, friends, and carers
- we consider the impact of mental illness on families
- we work in partnership with others to form a full picture of need
- we accept that an individual's issues exist within a context of wider vulnerabilities and are always curious about this

2: The policy

- Staff will be aware of what possible Prevent concerns look like and what to do if they have such concerns.

- 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.

Risk Indicators:

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 contact vulnerable individuals. This could be through face to face contact, via the internet, social media or from a combination of all of the above.

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 publicly 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.

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.

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 online, 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.

Vulnerability/ Susceptibility Factors

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.

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.

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.

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., counterterrorist legislation).

The above list is not exhaustive and other factors have been suggested in Channel Duty Guidance, HM Government 2020 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: The procedure

Raising Concerns

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 or may be on a path that leads them into being influenced into extremism.

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.

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.

If an immediate risk concern is raised through the Counter-Terrorism hotline (0800 789 321) or 999 the referring team should still contact the trust Prevent team and seek advice prior to making the referral unless any further delay would increase the risk of harm. If this is the case, inform the trust prevent team as soon as possible.

If concerns are not immediate, further guidance and direction should be sought by contacting the Trust's Safeguarding team on 0121 301 1100 or via email at bsmhft.safeguarding@nhs.net.

A referral to the trust Prevent team can also be made via RiO. See APPENDICES 3 and 4.

Although consent is not required at the point of referral, it is good practice that these concerns have been previously discussed with the person.

The Safeguarding team will complete the referral to West Midlands Police Prevent if this is indicated following triage. Triage can include visiting the service user and referring team to discuss concerns raised and to jointly assess whether the concern needs to be referred onto the West Midlands Police Counter Terrorism Unit (WMPCTU) for consideration.

The Safeguarding team will act as liaison between the referrer, clinical team and WMPCTU, facilitating and supporting direct contact between the team and WMPCTU.

The Safeguarding team will also provide advice and support to the clinical team about the process and on-going work with the service user.

Not all referrals will result in a formal Counter Terrorism Unit (CTU) Prevent referral. The Safeguarding team will discuss each case individually and make a collaborative decision on future actions. This may include wider discussions with the Safeguarding team.

A flowchart detailing the process to follow can be found in APPENDIX 2 of this document.

Concerns about Staff

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.

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.

The Safeguarding team will assess and manage any concurrent safeguarding risks.

Where appropriate the Safeguarding team will liaise with the People team and West Midlands Police Counter-Terrorism Unit to discuss appropriate action.

Human Resources will take the lead on advising the line manager in relation to the appropriate formal process if required. This may include liaising with the relevant Professional Lead and utilising the Managing Safeguarding Allegations against a Person in a Position of Trust Policy.

Information Sharing

Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and providing interventions.

Fears about sharing information should not stand in the way of obtaining appropriate support for people and raising concerns.

Consent for a Prevent referral does not need to be obtained, (since in this situation, consent cannot be withdrawn as prevent activities won't cease). Consent for any Channel interventions is required. However, best practice dictates that we should be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will be shared. There are rare occasions where this is unsafe or not appropriate to do. All information sharing for Prevent purposes must comply with the relevant legislation i.e., Data Protection Act 2018 and Human Rights Act 1998 and the Common law duty of confidentiality.

Each instance where personal or sensitive information needs to be shared for safeguarding purposes should be decided through a case-by-case assessment, which considers whether the informed consent of the individual can be obtained and that the proposed sharing being necessary, proportionate and lawful. This should always clearly be documented and recorded with the rationale given for the decision. Caldicott principles will be adhered to.

If any staff member is unsure whether confidential information should be disclosed the matter should be discussed with the Safeguarding Team or the Caldicott Guardian. BSMHFT's Confidentiality Policy IG01 and Information Sharing Protocol'

Prevent Issues attracting media interest

Any Prevent issue that may attract media interest will be shared by Senior Managers or the Head of Safeguarding to the Head of Communications and Marketing and the Executive Director of Nursing.

Training.

Prevent training is incorporated into the Trust's Mandatory Training Programme. Prevent training is provided via Health Education England eLearning Mental Health specific Workshop to Raise Awareness of Prevent (WRAP)

All staff are required to undertake Prevent training at commencement of employment, ordinarily during the staff induction.

All staff are required to complete Prevent refresher training every three years.

Compliance with training as detailed above is monitored and is reported to the trust Safeguarding Management Board and to the Trust Board. Training figures are also reported to NHS Digital every quarter

4: Responsibilities

This should summarise defined responsibilities relevant to the policy.

Post(s)	Responsibilities	Ref
---------	------------------	-----

All Staff	<ul style="list-style-type: none"> • Overall responsibilities for ensuring the Prevent duty and the principles of Prevent are complied with. • Share concerns relating to Prevent standards and report them through appropriate routes. • Ensure Prevent training is in date. 	
Service, Clinical and Corporate Directors	<ul style="list-style-type: none"> • Carry responsibility for ensuring the policy and procedure are implemented and Managers within their areas, comply with the requirements. 	
Policy Lead	<ul style="list-style-type: none"> • Ensures that the policy and procedure are understood, is applied consistently and regularly updated in response to changes in Government policy. Provide assurance to the trust that BSMHFT is compliant with the Prevent duty. 	
Executive Director	<ul style="list-style-type: none"> • To ensure Prevent related Trust activity is reported to the Trust Board. To ensure the Trust is compliant in its Prevent requirements. 	
Prevent Coordonator/Safeguarding Team	<ul style="list-style-type: none"> • Ensures that the policy and procedure are understood and is applied consistently. • Ensure appropriate monitoring takes place through meeting with teams, Rio records and maintaining the Prevent records securely. • Lead the implementation of the Prevent Strategy. • Submit Prevent Monitoring Reports. • Contribute to Multi-Disciplinary Operational Prevent Groups and Committees. • Prevent Coordinator support staff throughout Prevent referral/concerns. • Work in conjunction with partners to inform the trusts Prevent agenda. 	

5: Development and Consultation process

Consultation summary		
Date policy issued for consultation		September 2023
Number of versions produced for consultation		1
Committees or meetings where this policy was formally discussed		
NAC		
PAC		
IG Steering Group		
BAME Network		
Local CGC's		
JSOG		
SSC		
Where else presented	Summary of feedback	Actions / Response

6: Reference documents:

This policy should be read in conjunction with the following:

- Adult Safeguarding Policy BSMHFT RS26 Version 8, September 2021
- Safeguarding Children and Young People BSMHFT RS34 Version 4 June 2022
- Confidentiality Policy BSMHFT IG01 Version 6, January 2021
- Police Interventions Policy BSMHFT RS14 Version 6, March 2022
- Managing Safeguarding Allegations concerning People in a Position of Trust Policy BSMHFT HR37 Version 3, March 2022
- Information Sharing Protocol between Birmingham City Council and BSMHFT 2015
- Disclosing Information to the Police Guidelines BSMHFT 2012
- The Right Caldicott Principles: National Data Guardian:
[Eight Caldicott Principles 08.12.20.pdf \(publishing.service.gov.uk\)](#)

7: Bibliography:

Prevent Strategy 2011. HM Government. Home Office

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf

Contest Strategy 2011. HM Government. Home Office

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/7995/strategy-contest.pdf

Prevent Strategy Equality Impact Assessment. 2011. HM Government. Home Office

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/97979/prevent-review-eia.pdf

Revised Prevent Duty Guidance. 2021. HM Government. Home Office [Revised Prevent duty guidance: for England and Wales - GOV.UK \(www.gov.uk\)](#)

Channel Duty Guidance 2020. HM Government. Home Office [Channel Duty Guidance: Protecting people vulnerable to being drawn into terrorism \(publishing.service.gov.uk\)](#)

NHS Standard Contract 2022-2023. NHS England. [NHS England » 2022/23 NHS Standard Contract](#)

BSMHFT Suspicious Packages and Bomb Threat Guidance PM07
Version1.November 2020

Building Partnerships, Staying Safe: Guidance for Healthcare Organisations. Department of Health. 2020 [Building Partnerships, Staying Safe \(publishing.service.gov.uk\)](#)

Practical Guidance on the sharing of information and information governance for all NHS Organisations specifically for Prevent and the Channel Process: NHS England Prevent Team. July 2017 [information-sharing-information-governance-prevent.pdf \(england.nhs.uk\)](#)

Guidance for mental Health services in exercising duties to safeguard people from the risk of

radicalisation. NHS England. Version 1 November 2017 [prevent-mental-health-guidance.pdf \(england.nhs.uk\)](https://www.nhs.uk/prevent-mental-health-guidance/pdf/england.nhs.uk)

NHS Prevent Training and Competencies Framework Department of Health and Social Care
September 2022 [NHS Prevent training and competencies framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/nhs-prevent-training-and-competencies-framework)

8: Glossary:

Definitions (Open source)

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.

Radicalisation

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

Extremism

The holding of extreme political or extreme religious views. The vocal or active opposition to fundamental values. This includes laws, individual liberty and respect and tolerance for different faiths and beliefs.

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.

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.

Prevent Training

The training package utilised by the trust to ensure staff are provided with sufficient knowledge, understanding and confidence to recognise and respond to Prevent related concerns is eLearning via NHS England e-learning for Healthcare programme. This training is also called Workshop for Raising Awareness of Prevent (WRAP). The training package is mandatory training for all

BSMHFT staff and has been developed by the Home Office with support from partners. There is a requirement for refresher training every three years.

Aggravated Activism

Activity that seeks to bring about political or social change but does so in such a way that involves unlawful behaviour or criminality, has a negative impact on community tensions or causes an adverse economic impact to businesses.

9: Audit and Assurance:

Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements
Percentage of staff that have attended WRAP Training	Prevent Coordinator	ESR Report and Prevent activity	Quarterly	NHS Digital 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 Safeguarding Management Board	Quarterly	NHS England Return & Safeguarding Management Board

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>

Title of Policy	PREVENT Policy		
Person Completing this policy	Philippa King	Role or title	Safeguarding Facilitator / Prevent Coordinator
Division	Nursing	Service Area	Corporate Nursing
Date Started	06/06/2023	Date completed	12/06/2023
Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation.			
<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 and staff 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>			
Who will benefit from the policy?			
Service users and their families of BSMHFT, staff of BSMHFT and potentially the wider community in which they reside.			
Does the policy affect service users, employees or the wider community?			
<i>Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward</i>			
Disability Data is showing 4.7% colleagues across our Trust have long-term condition or illness. Currently we have the Disability and Neuro Diversity Staff Network Group who currently support staff with disability. We also support staff with Reasonable adjustment with the Government ‘Access to Work’ Grant.			

Race Equality Data is showing our black and minority ethnic workforce representation is 37.6% We have a Race Equity Staff Network which works to improve the experiences of staff, service users and carers by influencing change within the organisation, whilst raising awareness of challenges experienced within the trust.

BSMHFT have a Spiritual Care Service who are able to support and advise service users and staff around any improper Prevent concerns where these may not be extreme this improving equality by reducing any stigma and disproportionate concerns around any particular faith group.

Does the policy significantly affect service delivery, business processes or policy?

How will these reduce inequality?

The policy affects delivery in that staff will have the confidence and knowledge to respond to any prevent related concerns and will act on these. Whilst this will not significantly affect service delivery or processes, it is a strand of safeguarding that staff need to act on.

Assurance statements regarding Prevent raising and referral pathways are provided to Birmingham City Council Prevent department and Solihull Borough Prevent partnership.

This reduces inequalities as it increases awareness of susceptibility to being radicalised amongst staff and therefore provides opportunities to address and support this. It also enables the promotion and use of professional curiosity around issues that may impact those experiencing factors that have the potential to increase vulnerabilities, hopefully redressing the balance.

Does it involve a significant commitment of resources?

How will these reduce inequality?

There is a role specific Prevent Coordinator embedded within the safeguarding team. This role accounts for 50% of a full time week. This role enables a dedicated, staff member who is able to support staff to consider any inequalities when thinking about Prevent concerns.

Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)

No

Impacts on different Personal Protected Characteristics – Helpful Questions:

<p><i>Does this policy promote equality of opportunity?</i> <i>Eliminate discrimination?</i> <i>Eliminate harassment?</i> <i>Eliminate victimisation?</i></p>				<p><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></p>
<p>Please click in the relevant impact box and include relevant data</p>				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age			X	<p>Potentially, younger people are targeted by radicalisers. Engaging them and highlighting the risks may empower young people to challenge terrorist ideology in the future. However, no age group is excluded from this policy. Access to it is equal across age groups. HM Government: "Individuals aged 15 to 20 accounted for the largest proportion (30%) referrals, with individuals aged under 15 accounting for 29%, followed by individuals aged between 21 and 30 (16%)."</p> <p>www.homeofficemedia.blog.gov.uk/2023/02/08/prevent-and-channel-factsheet-2023/ Accessed 01/06/2023.</p>
<p>Including children and people over 65 Is it easy for someone of any age to find out about your service or access your policy? Are you able to justify the legal or lawful reasons when your service excludes certain age groups</p>				
Disability	X			<p>Individual staff who work within the policy will make adjustments to ensure those with physical or sensory impairments have equal access to it.</p> <p>Disability Data is showing 4.7% colleagues across our Trust have long-term condition or illness. Currently we have the Disability and</p>

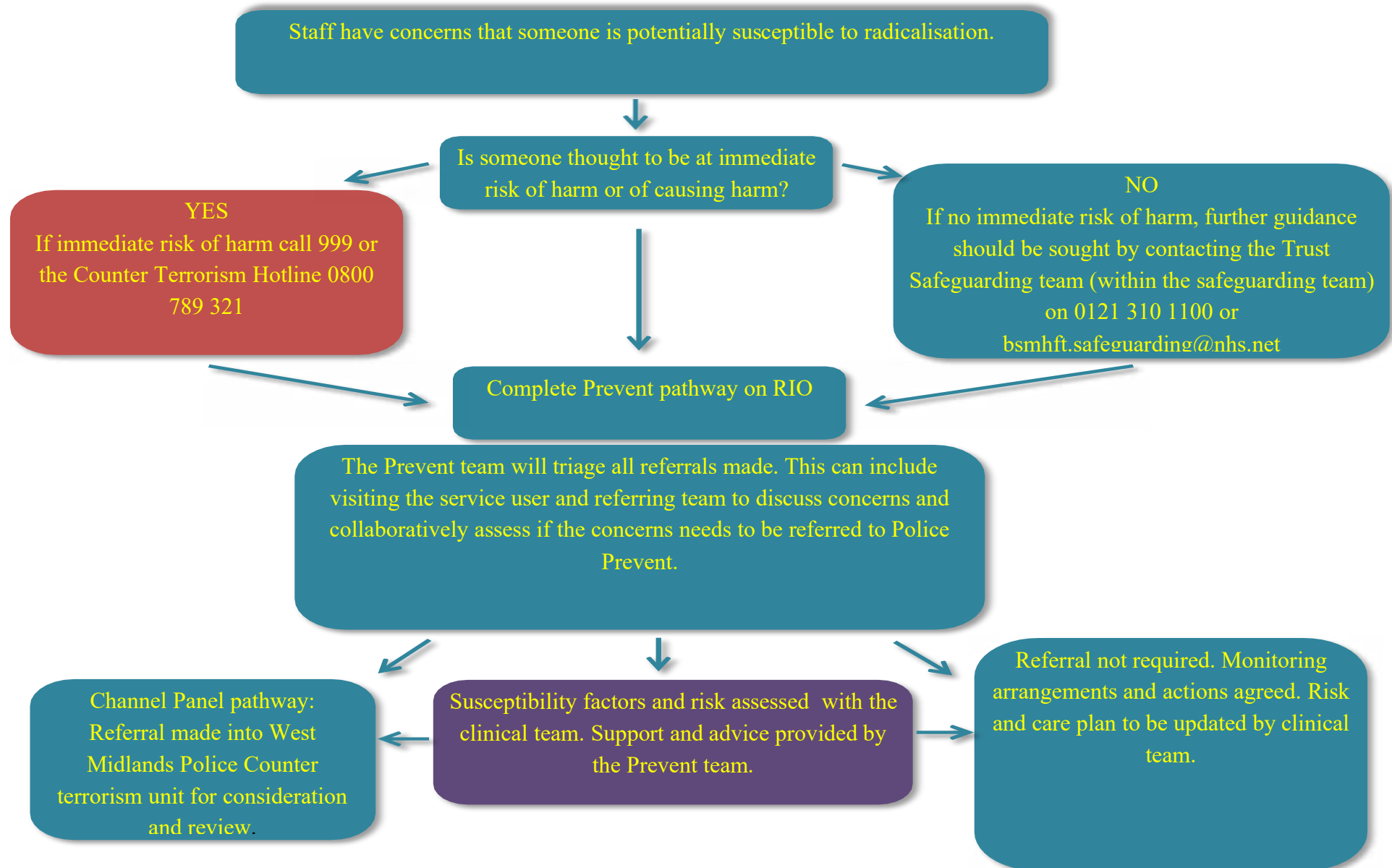
				Neuro Diversity Staff Network Group who currently support staff with disability. We also support staff with Reasonable adjustment with the Government 'Access to Work' Grant.
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you 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?				
Gender	X			The policy will not impact negatively or positively on gender or gender reassignment with no differentiation.
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 policy?				
Marriage or Civil Partnerships	X			The policy will not impact negatively or positively on those who are single, married, unmarried or united via civil partnership with no differentiation.
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?				
Pregnancy or Maternity	X			BSMHFT have a perinatal service who support new and expectant mothers experiencing mental health concerns. This team are able to consider any Prevent related concerns and the impact they have on this group particularly.
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?				
Race or Ethnicity			X	The policy highlights that those who may experience radicalisation or extremism are not confined to any ethnic group. There is criticism of Prevent work that it unfairly focuses on those with a middle eastern, Asian or Arabic heritage as they are seen as being of the Islamic faith.

<p>Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees</p> <p>What training does staff have to respond to the cultural needs of different ethnic groups?</p> <p>What arrangements are in place to communicate with people who do not have English as a first language?</p>				
Religion or Belief			X	The policy highlights that those who may experience radicalisation or extremism are not confined to any ethnic group. There is criticism of Prevent work that it unfairly focuses on those of the Islamic faith. Prevent Watch 2023 state: "It (Prevent) purports to support community cohesion, but it proposes to do so by making British Muslims second-class citizens. They are second-class citizens just in so far as they are to be subject to state scrutiny."
<p>Including humanists and non-believers</p> <p>Is there easy access to a prayer or quiet room to your service delivery area?</p> <p>When organising events – Do you take necessary steps to make sure that spiritual requirements are met?</p>				
Sexual Orientation	X			The policy will not impact negatively or positively on any sexual orientation with no differentiation.
<p>Including gay men, lesbians and bisexual people</p> <p>Does your service use visual images that could be people from any background or are the images mainly heterosexual couples?</p> <p>Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?</p>				
Transgender or Gender Reassignment	X			The policy will not impact negatively or positively on gender or gender reassignment with no differentiation.
<p>This will include people who are in the process of or in a care pathway changing from one gender to another</p> <p>Have you considered the possible needs of transgender staff and service users in the development of your policy or service?</p>				
Human Rights	X			<p>This policy is not intended to interfere with the (European Convention on Human Rights) rights of any person or group. The rights that are being protected under it are:</p> <ul style="list-style-type: none"> • Article 2: Right to life

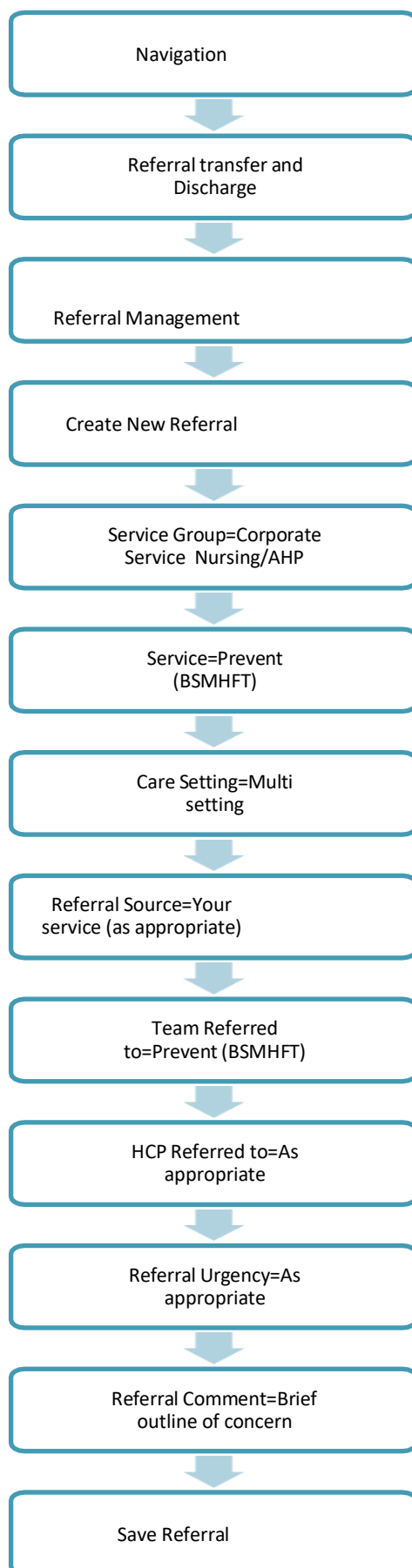
				<ul style="list-style-type: none"> • Article 5: Right to liberty and security • Article 6: Right to a fair trial • Article 7: No punishment without law • Article 8: Right to respect for private and family life • Article 9: Freedom of thought, conscience and religion • Article 10: Freedom of expression • Article 11: Freedom of association and assembly • Article 13: Right to effective remedy Article 14: Prohibition of discrimination. <p>The Prevent Duty must be implemented in line with the requirements set out in the Equality Duty.</p> <p>Equality Act 2010 - The Equality Act is a law which protects you from discrimination. It means that discrimination or unfair treatment on the basis of certain personal characteristics is now against the law in almost all cases.</p> <p>Equality Act 2010: guidance - GOV.UK (www.gov.uk)</p>
<p>Affecting someone's right to Life, Dignity and Respect?</p> <p>Caring for other people or protecting them from danger?</p> <p>The detention of an individual inadvertently or placing someone in a humiliating situation or position?</p>				

<p>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)</p>				
	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
			X	
<p>If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.</p> <p>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 Equality and Diversity Lead before proceeding.</p> <p>If the policy 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 Equality and Diversity Lead.</p>				
Action Planning:				
How could you minimise or remove any negative impact identified even if this is of low significance?				
Equality, Diversity and Inclusion (EDI) Leads will work with the organisation to reduce impact of any detriment experienced by reports of concerns				
How will any impact or planned actions be monitored and reviewed?				
<p>If there were any actions these would be feedback from reporters of concerns via the EDI leads, escalating concerns through governance routes.</p> <p>Regular audits and policy updates, communication to managers through Operational Meetings</p>				
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.				
EDI Communications plan and trust wide promotion in ways accessible to ALL staff without the reliance upon electronic communications				
<p>Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net. 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</p>				

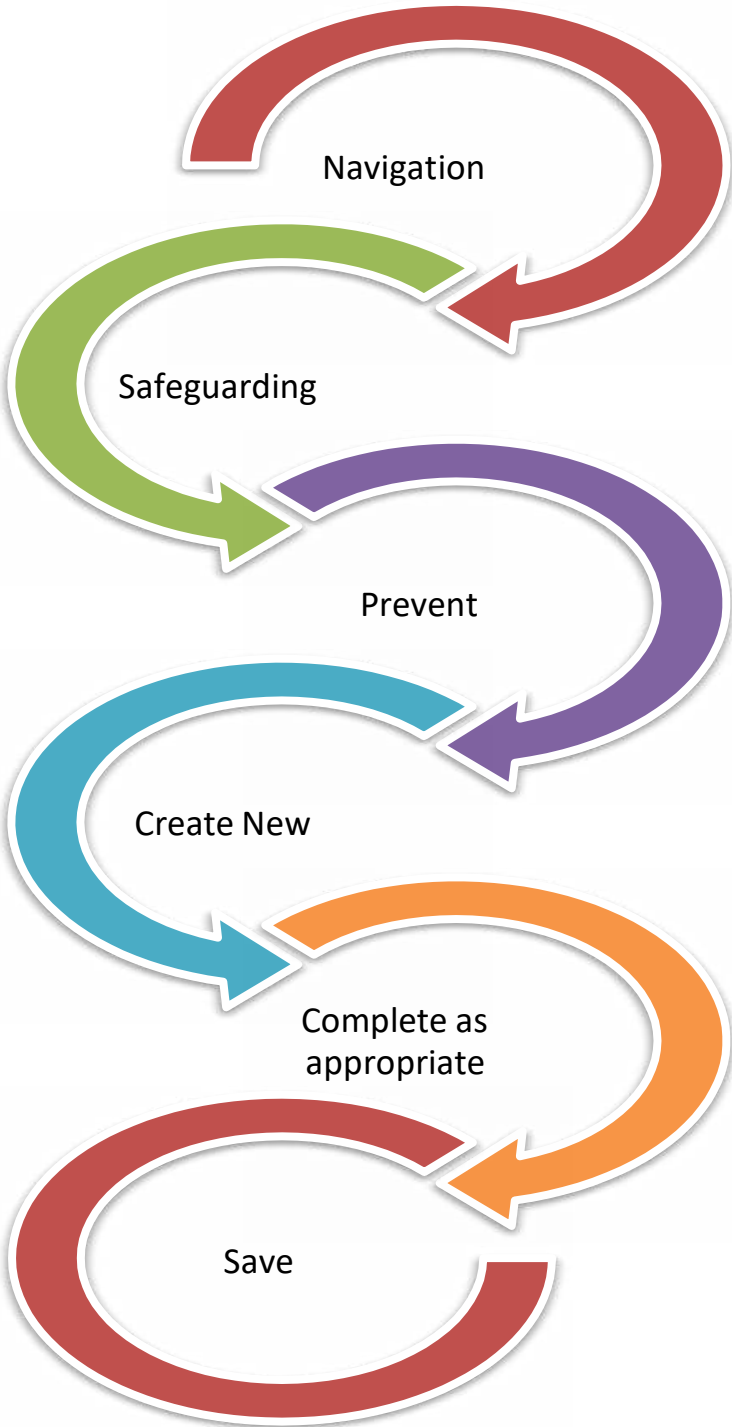
Appendix 2: Referral Pathway



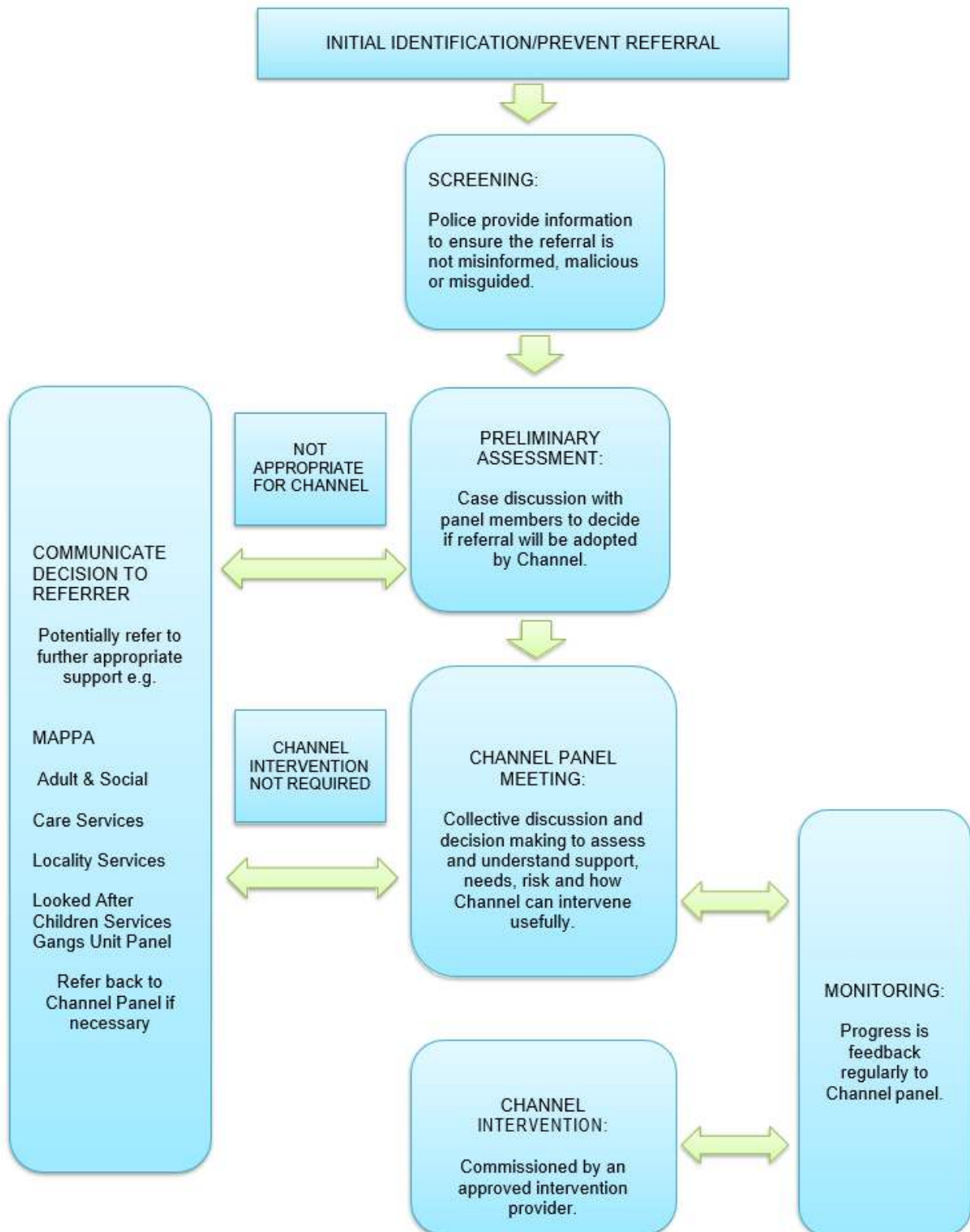
Appendix 3. Prevent on Rio Flowchart:



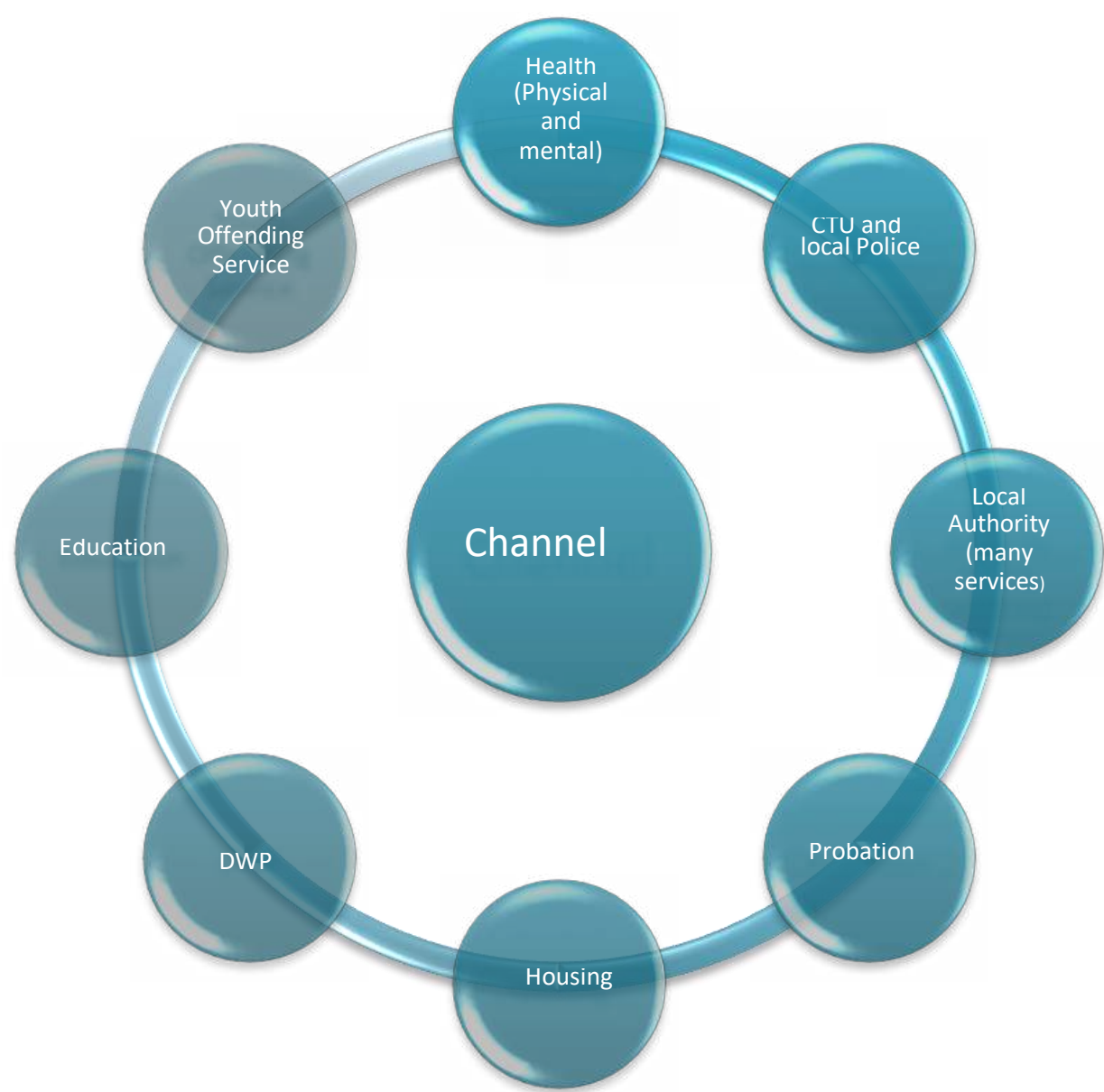
Appendix 4: Opening Prevent on RiO under Safeguarding



Appendix 5: Channel Flow Chart.



Appendix 6: Channel Panel Members.



Appendix 7: Channel Panel Interventions.

