group policies and procedures

# prevent strategy policy

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| Category | Corporate Governance |
| Author | Castleman Healthcare Ltd |
| Responsible Director | Dr Dominic Hennessy |
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**Related policies and guidance**

**Document revision and approval history**

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# Aim

**The Prevent Strategy 2011**

The Government’s national counter terrorism strategy, CONTEST[[1]](#footnote-1), aims to reduce the risk to the United Kingdom and its interests overseas from international terrorism, so that people can go about their lives freely and with confidence.

**The strategy has four main work streams:**

1. Pursue: to stop terrorist attacks
2. Protect: to strengthen our protection against terrorist attack
3. Prepare: where an attack cannot be stopped, to mitigate its impact
4. Prevent: to stop people becoming terrorists or supporting terrorism

The Prevent Strategy aims to stop people from becoming terrorists or supporting terrorism.

The Department of Health (DH) has worked with the Home Office to develop guidance for healthcare organisations to implement Prevent Locally; this is called “Building Partnerships, Staying Safe”[[2]](#footnote-2). With more than 1 million consultations undertaken each day by the NHS, it is an area that the DH needs to highlight to all NHS workers.

The Prevent Strategy addresses all forms of terrorism including extreme right-wing views, but continues to prioritise according to the threat posed to our national security.

The aim of Prevent is to stop people from becoming terrorists or supporting terrorism and operates in the pre-criminal space before any criminal activity has taken place. At present, the majority of effort is focused on stopping people from joining or supporting such groups as Al-Qaida and its related groups, as well as other extremist organisations that actively recruit.

The three key objectives of the Prevent Strategy are to:

1. Challenge the ideology that supports terrorism and those who promote it.
2. Prevent vulnerable people from being drawn into terrorism and ensure that they are given appropriate advice and support.
3. Work with sectors and institutions where there are risks of radicalisation.

Health organisations are expected to be involved in delivering objectives 2 and 3.

# Why Must Health Organisations Engage in the Prevent Strategy?

The Department of Health is a key strategic partner in the Prevent Strategy, as healthcare professionals may meet and treat people who are vulnerable to radicalisation. Vulnerable people may be more easily drawn into terrorism.

The Prevent strategy is an ongoing initiative and designed to become part of the everyday safeguarding routine for NHS staff.

It does not need new structures to be created but does require that members of staff are informed and have awareness of the Prevent agenda and how to refer concerns.

# Supportive documents

This protocol should be used alongside existing Policies and Procedures that already govern the NHS and Castleman Healthcare Ltd.

**Local Documents**

1. Safeguarding Vulnerable Adults Policy
2. Incident Policy
3. Safeguarding Children Policy
4. Whistleblowing Policy

**National Guidance**

1. Data Protection Act 1998
2. Human Rights Act 1998
3. Terrorism Act 2006
4. Equality Act 2010
5. No Secrets: Guidance on Protecting Vulnerable Adults in Care.

# Definition of Terms

**Terrorism** is defined in the Terrorism Act of 2000 (TACT 2000) as an action that endangers or causes serious violence to a person or people, causes 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** in this protocol refers to the process by which people comes to support terrorism and forms of extremism leading to terrorism.

**Extremism** is 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.

We also include in our definition of extremism any calls for the death of members of our armed forces, whether in this country or overseas.

**A Prevent Concern** does not have to be proven beyond reasonable doubt; it is however should be based on something that raises concern which is assessed by using exiting professional judgement of a health or social care member of staff.

**Vulnerability** in the context of Prevent is a person who is susceptible to extremists’ messages and is at risk of being drawn into terrorism or supporting terrorism at a point in time.

The definition of vulnerable individual from No Secrets (2000) is “who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”.

The local ICB should have policies in place and should advise practices of their obligations, however it is up to practices to decide when an issue needs to be reported on, in the same way as safeguarding adults, children and even domestic violence.

Patient confidentiality is always key and so disclosing fears and suspicions have to be taken in a responsible manner, weighing up the evidence and the person of concern.

# Castleman Healthcare’s Prevent Strategy Procedure

Castleman Healthcare employee with concerns relating to a colleague or patient



 Line Manager



Castleman Healthcare Prevent Lead – designated Chair of board



Local Police Prevent/Channel lead

# References

1. ‘Building Partnerships, Staying Safe’ - The health sector contribution to HM Government’s Prevent strategy: guidance for healthcare organisations. Department of Health 2011
2. <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215251/dh_131934.pdf>
3. NHS Dorset Safeguarding Policies including staff training <https://nhsdorset.nhs.uk/about/policies/>
1. <https://www.gov.uk/government/publications/counter-terrorism-strategy-contest> [↑](#footnote-ref-1)
2. <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215251/dh_131934.pdf> [↑](#footnote-ref-2)