

TRUST-WIDE NON-CLINICAL and TRUST-WIDE CLINICAL POLICY DOCUMENT

PREVENT

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Scope of this Document:	All staff
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2020 – Version 5

Striving for perfect care
and a just culture

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PREVENT

Further information about this document:

Document name	SD43 - PREVENT POLICY
Document summary	To provide a framework for the implementation of the Prevent Strategy, to ensure the required actions are taken by trust staff in the event of any concerns of concerns of the potential risk to staff, service users/carers/families being drawn into extremist activities.
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To be read in conjunction with	To be read in conjunction with Merseycare NHS Foundation Trust policy for Safeguarding Adults from Abuse (SD17) and Safeguarding and Protection of Children and Young People (SD13)
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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Version Control:

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Consultation Draft	Policy Group	May 2015
Version 2	Executive Committee	May 2015
Version 3	Acquisition Steering Group	June 2016
Version 4		April 2017
Version 5		April 2020

SUPPORTING STATEMENTS

this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child /adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, sex, race, religion and belief (or lack thereof), sexual orientation, gender reassignment, pregnancy and maternity and marital and civil partnership status. The Equality Act also requires regard to socio-economic factors.

The trust is committed to promoting and advancing equality and removing and reducing discrimination and harassment and fostering good relations between people that hold a protected characteristic and those that do not both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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1. PURPOSE AND RATIONALE

The purpose of this policy is to provide a framework for implementation of the Government PREVENT Strategy, and the required action to be by Mersey Care staff in the event of any concerns about the potential risk to staff & vulnerable service users/carers/families being drawn into extremist activities.

This guidance will ensure that all Mersey Care NHS Foundation Trust staff, are aware of how to safeguard & support vulnerable individuals, whether staff or service users, who they feel may be at risk of being radicalised by extremists.

Ensure appropriate systems are in place within the Trust for staff to raise concerns if they think this form of exploitation is taking place

Promote and operate safe environments where extremists are unable to operate

Employees need to know the appropriate actions to take in order to protect individuals whether staff or service users from being radicalised by extremist groups/individuals. This policy has been developed to describe the responsibilities of employees for the recognition and prevention of possible radicalisation of individuals and clarify the actions to take when this is suspected or identified.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES – WHAT IS PREVENT?

- 2.1 The Prevent strategy, published by the government in 2011, is part of the overall counter-terrorism strategy, CONTEST. The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.
- 2.2 Section 21 of the Counter-Terrorism and Security Act 2015 (the Act) places a duty on certain bodies, listed in Schedule 3 to the Act, to have “due regard to the need to prevent people from being drawn into terrorism”. This guidance is issued under s24 of the Act. The Act states that the authorities subject to the provisions must have regard to this guidance when carrying out the duty.
- 2.3 The Office for Security and Counter Terrorism (OSCT) in the Home Office is responsible for providing strategic direction and governance on CONTEST.
- 2.4 PREVENT is one of the 4 key principles of the CONTEST strategy, which aims to stop people becoming terrorists or supporting terrorism.
- 2.5 CONTEST, which is primarily organised around four key principles/ programmes, each with a specific objective:
 - PURSUE: to stop terrorist attacks
 - **PREVENT: to stop people becoming terrorists or supporting terrorism**
 - PROTECT: to strengthen our protection against a terrorist attack
 - PREPARE: to mitigate the impact of a terrorist attack.
- 2.6 The Health Service is a key partner in PREVENT principle of this strategy in line with all parts of the NHS, charitable organisations and private sector bodies which deliver health services to NHS patients. It refers to anyone (staff, patients or visitors).

2.7 PREVENT has 3 specific strategic objectives:

1: respond to the ideological challenge of terrorism and the threat we face from those who promote it

2: prevent 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 which we need to address

2.8 This policy takes into account the change in the revised Government Prevent Guidance (2015) and the Counter-Terrorism and Security Act 2015.

3. SCOPE

3.1 Every member of staff has an individual responsibility for the protection and safeguarding of adults/children. All levels of management must understand and implement the Trust Prevent Policy. These procedures are for all staff working within Mersey Care NHS Foundation Trust. Staff seconded to Mersey Care NHS Foundation Trust, are expected to follow these procedures. Any volunteers, students / trainees employed by Mersey Care NHS Foundation Trust must identify their status when talking about clients to professionals in other agencies.

4. DEFINITIONS (Glossary of Terms)

4.1 The overall principle of health is to improve the health and wellbeing through the delivery of healthcare services while safeguarding those individuals who are vulnerable to any form of exploitation. Prevent is also about protecting individuals. Prevent aims to protect those who are vulnerable to exploitation from those who seek to get people to support or commit acts of violence. Healthcare staff are well placed to recognise individuals, whether patients or staff, who may be vulnerable and therefore more susceptible to radicalisation by extremists or terrorists. It is fundamental to our 'duty of care' and falls within our safeguarding responsibilities. Every member of staff has a role to play in protecting and supporting vulnerable individuals who pass through our care.

4.2 All terrorist groups whose pose a threat, seek to radicalise people to their cause. But the percentage of people who are prepared to support violent extremism in this country is very small. It has been identified that this is significantly greater amongst young people (PREVENT Strategy 2011).

DEFINITION OF CHILDREN & YOUNG PEOPLE

- 4.3 “Every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier” (Article 1, Convention on the rights of the Child, 1989).
- 4.4 “A child is defined as anyone who has not yet reached their 18th birthday” (Working Together to Safeguard Children, 2018).

DEFINITION OF ADULT SAFEGUARDING

- 4.5 The Care Act 2014 redefined safeguarding duties as applying to an adult who:
- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
 - is experiencing or at risk of, abuse or neglect; and
 - As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect.
- Therefore this may be applied to service users/staff/carers/families
- 4.6 There are many terms and expressions used in this Prevent Policy. The glossary listed below sets out what is meant by some of the more contentious or heavily used terms. These definitions relate to PREVENT and are not always authoritative in any wider context. We draw particular attention to the way in which this document uses the terms extremism, radicalisation and terrorism.
- 4.7 **Extremism** is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
- 4.8 **Pre-Criminal Activity/Space** this refers to supporting and protecting those who might be susceptible to radicalisation, to be drawn away from becoming involved in ‘criminal activities’; by offering advice/guidance and support. Multi-agency working to ensure that individuals are diverted away before any crime is committed.
- 4.9 **Radicalisation** refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
- 4.10 **Terrorism** the current UK definition of terrorism is given in the Terrorism Act 2000 (TACT 2000). In summary this defines terrorism as an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.
- 4.11 There is no single profile of a terrorist; there is no checklist of traits to look out for. This is not about race, religion or ethnicity; it is about the exploitation of vulnerable people.

5. DUTIES

5.1 **BOARD OF DIRECTORS**

5.2 The Board has ultimate responsibility for ensuring that there are guidance and procedures in place and complied with to protect adults under the Government 'Prevent Strategy' (2011). The Board will assure its self of compliance with this policy through the accountability arrangements delegated to the Quality Committee and via consideration of an annual report prepared by the Deputy Director of Nursing and Strategic Lead for Safeguarding

5.3 The Board has ultimate responsibility for ensuring that an effective system for managing any risks associated with safeguarding adult/children exists within the Trust and that all staff working in the Trust are aware of, and operate within the policy. The Board will assure its self of compliance with this policy through the accountability arrangements delegated to the Quality Committee and via consideration of an annual report prepared by the Safeguarding Adult Lead/Prevent Lead.

5.4 **EXECUTIVE DIRECTOR OF NURSING & OPERATIONS**

5.5 The Executive Director of Nursing & Operations is the Board member with individual responsibility for ensuring that a policy and procedure for effective safeguarding of adults (staff and service users) and children exists; that it is implemented effectively; that all staff are aware of and operate within the requirements of the policy and that systems are in place for the effective monitoring of the standards contained within the policy. The Prevent strategy sits within the framework of safeguarding adults and children and therefore the Trust has a responsibility to meet its statutory and non-statutory obligations in respect of maintaining required standards in relation to Prevent, privacy and confidentiality of staff, service users and carers.

5.6 **QUALITY COMMITTEE**

5.7 The Quality Committee is an established part of the governance structures of the Trust which has the responsibility to ensure that safeguarding of adults and children arrangements are managed appropriately across the organisation. The Committee ensures that it receives assurances in relation to compliance with the requirements of this policy through receipt of reports, audit activity and from the review mechanisms established by the Director of Nursing.

5.8 **LOCAL ADULT AND CHILDREN SAFEGUARDING BOARDS**

5.9 The Local Authorities covered by Mersey Care's NHS Foundation Trust services have established Local Channel Coordinator's.

5.10 **DEPUTY DIRECTOR OF NURSING AND STRATEGIC LEAD FOR SAFEGUARDING**

5.11 The Deputy Director of Nursing and Strategic Lead for Safeguarding reports directly to the Executive Director of Nursing & Operations and has overall responsibility for the strategic delivery of the policy arrangements within the Trust. This post holder is the Trust's link to the respective Adult and Children Safeguarding Boards and ensures that the strategic direction provided by the Boards is translated into practice in the form of effective multi-agency working and strong local procedural arrangements.

5.12 SAFEGUARDING ADULT/PREVENT LEAD

5.13 The Safeguarding Adult Lead is the nominated Prevent Lead for Mersey Care NHS Foundation Trust and is responsible for:

- The development of Prevent guidance and structures in line with Trust Adult Safeguarding structures
- Liaising with the Deputy Director of Nursing and Strategic Lead for Safeguarding to manage the Prevent Strategy and that this is communicated across the Trust
- The implementation and operation of the Prevent Strategy
- Submitting quarterly Prevent monitoring reports
- Contributing to locality Adult Safeguarding Partnership at regional and local level relating to Prevent
- Standing member of Local Channel Panel monthly meetings for Liverpool and Sefton
- Lead the coordination of training and awareness events to ensure all relevant staff identified in the training needs analysis can access e-learning training.
- Coordinate the collation of training data and providing reports to the Regional Prevent Coordinator as required
- Report annually on Prevent activity within the Trust to the Board of Directors via Annual Safeguarding Report

5.14 NAMED NURSE FOR SAFEGUARDING CHILDREN

5.15 The Named Nurse for Safeguarding Children is responsible for liaising and notifying with the Trust Prevent Lead for any incidences reported. Support staff in any concerns involving children and reporting these through appropriate child safeguarding processes.

5.16 ALL STAFF

5.17 The duties contained within this policy apply to contracted, substantive, temporary, seconded and volunteer staff. All members of staff have a duty and a personal responsibility to share concerns of a safeguarding nature in relation to children and adults. All members of staff have responsibility for raising any concerns relating to Prevent standards and reporting these through the Prevent governance reporting flow chart (see Appendix 2). Implementation of the requirements of Prevent guidance and associated procedures via Trust's Adult & Children Safeguarding Policy and Procedures.

5.18 All staff have a duty to access all relevant Prevent awareness training. Alerting Safeguarding Adult Lead/Prevent Lead of any incident reported and submission of Datix/Ulysses incident form for all cases identified. Seek advice and additional support through Safeguarding Adult Lead/Prevent Lead or HR (or on call manager during out of hours) for any part of this process or as required.

5.19 Notify Human Resources of any staff related incident after discussion with the Prevent Lead and follow advice given by them. Ensure full confidentiality and sensitivity is maintained during the reporting, Investigation and management of any Prevent related incidents will be the decision of the HR dept in line with the Trust Prevent, Safeguarding, Dignity and Respect at Work Policy, Data Protection and Information Governance Policy. Liaison between the Trust HR department, Prevent Lead and Local Authority Channel Lead will then inform a formal decision of what actions will be taken.

5.20 Seek advice and support from their line manager (in the first instance) of any on-going support /training required following any incident reported. Document actions taken using the appropriate safeguarding process and Prevent flow chart. Contribute to discussions following any live event or complex incident to support positive review and reflect cases in order for any lessons to be learnt and/or improvements to be made.

6. PROCESS

6.1 Concerns that an individual may be vulnerable to radicalisation does not mean that you think the person is a terrorist, it means that you are concerned they are prone to being exploited by others, and so the concern is a safeguarding concern.

6.2 **Vulnerability Factors**

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

Radicalisers usually attract people to their cause through a persuasive rationale contained within a storyline or narrative that has the potential to influence views. Inspiring new recruits, embedding the beliefs of those with established extreme views and/or persuading others of the legitimacy of their cause is the primary objective of those who seek to radicalise vulnerable individuals

6.3 **What Factors Might Make Someone Vulnerable**

In terms of personal vulnerability, the following factors may make individuals susceptible to exploitation. None of these are conclusive in themselves and therefore should not be considered in isolation but in conjunction with the particular circumstances and any other signs of radicalisation:

- **Identity crisis** - Adolescents/adults with vulnerabilities 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** - 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
- 6.4 If a member of staff feels that they have a concern that someone is being radicalised, then they should discuss their concerns with their immediate line manager and contact the Trust Safeguarding Adult Lead/Prevent Lead/Safeguarding Team. The flow chart (appendix 2) must be followed to ensure effective governance processes are being used. All discussions and outcomes to be sensitively documented on individual patient electronic records and correct Prevent codes entered
- 6.5 A Datix/Ulysses Incident form must also be completed and submitted using the approved processes.
- 6.6 Should anyone have concerns that an individual is presenting as an immediate terrorist risk to themselves, others or property then immediate action is required.
They should contact direct:
- Ring 999 Emergency Police
 - Police contact or National Counter-Terrorism Hotline on 0800 789 321
 - Follow Line management communication cascade
- 6.7 Then notify:
Safeguarding Adult/Lead Prevent Lead and on call Manager immediately

7. CONSULTATION

- 7.1 Consultation in compiling this policy has been undertaken with the North West Regional Prevent Co-ordinator, Merseyside Police Channel Lead, Liverpool Local Authority Prevent Co-ordinator and the Trust Safeguarding Assurance Group (SAG). The policy is a document to enable Trust staff to have a full awareness of their responsibilities and which signposts them to the relevant Trust procedures

8. TRAINING AND SUPPORT

- 8.1 The Prevent Training and Competencies Framework has been developed to provide clarity on the level of training required for healthcare workers; This will support NHS provider organisations and organisations providing services on behalf of the NHS to meet contractual obligations in relation to safeguarding as set out in the NHS Standard Contract. (See Appendix 2).
- 8.2 Training has been implemented Trust wide since November 2013, and is a statutory mandatory requirement and is aligned with the UK Core Skills Training Framework 2014; Safeguarding Adults and Children (Subject 8 and 9).
- 8.3 Prevent e-learning awareness Level 3 is to be accessed on a 3 yearly basis, in line with the above competency framework.

9. MONITORING

- 9.1 The Deputy Director of Nursing and Strategic Lead for Safeguarding is responsible for monitoring the effectiveness of this policy and will provide an annual report detailing compliance to the Board of Directors. The Safeguarding Adult Lead /Prevent Lead will undertake reviews of practice and records based file audits to gauge compliance with the provisions of the policy. In addition, reporting arrangements and data capture enable analysis of activity in terms of Prevent concerns/referrals; advice provided and acted on; the number of strategy meetings/Channel Panels attended. The Trust's Safeguarding Assurance Group will receive quarterly reports demonstrating activity and compliance with the policy arrangements.
- 9.2 This policy will be formally reviewed every 3 years, or earlier depending on results of monitoring, auditing, new national/local guidance or recommended changes in practice. Monitoring of staff training will be undertaken via central Trust recording processes.

10. EQUALITY IMPACT ANALYSIS

Equality Impact Analysis – Relevance screening

A **screening** process can help judge relevance and provides a record of both the **process** and **decision**. Screening should be a short exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, and
- whether or not it is necessary to carry out a full equality impact analysis

Division/Programme: Corporate	Service area/Project: Safeguarding
Lead person: Leigh Tindsley	Date: 24.07.2020

1. Title: <Name of the Strategy/Policy/Project/Service

Is this a: <Tick as appropriate>

Change to an existing Strategy / Policy

New Strategy/policy

Change to Service(s) / Function (s)

Other

If other, please specify:

2. Summary of the intended outcome of the strategy, policy, Service(s) for function(s) being assessed. Please also detail if this links to a corporate equality objective:

To provide a framework for the implementation of the Prevent Strategy, to ensure the required actions are taken by Trust staff in the event of any concerns of the potential risk to staff, service users/carers/families being drawn into extremist activities

3. Who will be affected

Service Users/Carers/Staff/Volunteers/representatives of agencies undertaking work on behalf or within buildings of Mersey Care NHS Foundation Trust

4. Relevance to equality

All the Trusts policies, projects, strategies, services and major developments affect patients, carers, service users, employees or the wider community. These will also have a greater or lesser relevance to equality and diversity.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation, pregnancy and maternity and any other relevant characteristics (for example socio-economic status, social class, income, military veterans, unemployment, residential location or family background and education or skills levels).

Questions	Yes	No
Is there any indication or evidence (including from consultation with relevant groups) that different groups have different needs, experiences, issues and priorities in relation to the proposed policy or proposal?		X
Is there potential for or evidence that the proposed policy or proposal will affect different population groups differently (including possibly discriminating against certain groups)?		X
Have there been or are there likely to be any public concerns (including media, academic, voluntary or sector specific interest) about the policy or proposal?		X
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?		X
Could the proposal affect our workforce or employment practices?		X
Does it relate to an area of work with known inequalities ?		X
Is there a greater impact on any protected group (that is not consistent with the policy aims?)		X
Is there potential for or evidence that the proposed policy or proposal		X

will discriminate or not promote equality of opportunity or promote good relations between different groups?		
Is there an opportunity to further advance and promote equality?		X
Is there a communications issue?		X
Is there a sensitivity issue regarding the needs of different cultures?		X
Is there an impact on the Trusts ability to achieve national targets or to satisfy inspection body standards?		X
Is there a risk of loss of reputation, service restriction or loss of confidence in the Trust?		X

If you have answered **no** to the questions above please complete **section 6**

If you have answered **yes** to one or more of the above and;

- Believe that the policy or proposal is equality relevant, please complete **section 5** and carry out a full Equality Impact Analysis
- Believe you have already considered the impact of your proposal on equality and diversity and there is little or no relevance, please go to **section 4**
- Believe that whilst the policy or proposal is equality relevant, a full Equality Impact Analysis is not necessary at this stage, please go to **section 4**

4. Considering the impact on equality and diversity

If you have answered yes to one or more of the screening questions and believe that the policy or proposal is not equality relevant or that a full equality impact analysis is not required at this stage, please provide specific details for all three areas below:

- **How have you considered equality and diversity?**

(**think about** the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)

- **Key findings**

(**think about** any potential positive and negative impact on the different protected characteristics, potential to promote strong and positive relationships between groups, potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another)

<ul style="list-style-type: none"> • Actions (think about how you will promote positive impact and remove or reduce negative impact)

<p>5. If the policy or proposal is equality relevant, you will need to carry out a full Equality Impact Analysis</p>	
Date to scope and plan your equality impact analysis:	
Date to complete your equality impact analysis:	
Lead person for your equality impact analysis: (Include name and job title)	<Name> <Job Title>

<p>6. Governance, ownership and approval Please state here who has approved the actions and outcomes of the screening</p>		
Name	Job title	Date
Leigh Tindsley	Adult Safeguarding Lead	24.07.2020

For use by the Equality Impact Analysis Sub Group:

<p>Governance, ownership and approval State here which members of the Equality Impact Analysis Sub Group Quality assured the actions and outcomes from the equality impact analysis relevance screening.</p>		
Name	Job Title	Date



Mersey Care
NHS Foundation Trust

Community and Mental Health Services

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Monitoring	Monitor for equality issues in relation to the Protected characteristics.	Bi - annually	Safeguarding Team Corporate Division
Involvement and consultation	When the policy is due for review consultation to be made with the People Participation group.	2023	Safeguarding Team Corporate Division

11. REFERENCE DOCUMENTS/BIBLIOGRAPHY

Care Standards Act (2000)

Channel Guidance, HM Government (2015)

Counter-Terrorism and Security Act (2015)

Building Partnerships, Staying Safe, The health sector contribution to HM Government's Prevent strategy: guidance for healthcare workers Department of Health, (2011)

Equalities Act (2010)

Prevent Duty Guidance HM Government, (2015)

Prevent Strategy HM Government, (2011)

Prevent Strategy: Equality Impact Assessment HM Government, (2011)

Prevent Training and Competences Framework, NHS England (2015)

Safeguarding Adults National Framework ADSS, (10/2000)

Safeguarding Adults from Abuse Mersey Care NHS Foundation Trust Policy & Procedure (2018) SD17

Safeguarding and Protection of Children and Young People Mersey Care NHS Foundation Trust Policy & Procedure (2018) SD13

12. APPENDICES

Appendix 1

Prevent Awareness Training – Level 3, 4 & 5

<p>Staff groups</p>
<p><u>Level 3 staff groups</u></p> <p>All staff working with adults, children and young people and/or their parents/carers including: GPs, forensic physicians, urgent and unscheduled care staff, mental health staff (adult and CAMHS), child psychologists, learning disability staff, learning disability nurses, specialist nurses for safeguarding, looked after children’s nurses, health professionals working with substance misuse services, ambulance staff, nurses working in community services (including Practice nurses), court and prison based health staff, youth offender team staff, offender and forensic community health clinicians and practitioners, School college and university nurses and practitioners, paediatric allied health professionals, sexual health staff, safeguarding children’s nurses, health visitors, all children’s nurses, midwives, obstetricians, all paediatricians, paediatric radiologists, paediatric surgeons, lead paediatric anaesthetists for safeguarding, paediatric intensivists and paediatric dentist, People providing services to migrants or asylum seekers, Practitioners working in adult acute services, Practitioners working in children’s acute services, Practitioners working in adult community services with adults of a working age, Practitioners working in children’s community services with young people, People providing patient transport services, Health staff in secure children’s settings, chaplaincy staff.</p>
<p><u>Level 4 staff groups</u></p> <p>Named professionals (named doctors, named nurses named health visitors, named midwives (in organisations delivering maternity services), named health professionals in ambulance organisations and named GPs for Organisations commissioning Primary Care)</p>
<p><u>Level 5 staff groups</u></p> <p>Designated Professionals (designated doctors and nurses, lead paediatricians, consultant/lead nurses, Child Protection Nurse Advisers (Scotland)).</p>
<p>Competencies</p> <ul style="list-style-type: none"> • How to support and redirect vulnerable individuals at risk of being groomed into a terrorist related activities; and • How to share concerns, get advice, and make referrals into the Channel process and Prevent Case Management.

Competency Level for Organisational Prevent Leads

<p>Staff Groups Organisational Prevent Leads in both commissioner and provider organisations</p>
<p>Competencies In addition to the competencies of Basic Prevent awareness Training and Workshop to Raise Awareness of Prevent, a Prevent Lead will be able to demonstrate that they:</p> <ul style="list-style-type: none"> • Are aware of the HM Government's Prevent strategy: Building Partnerships, Staying Safe national guidance for healthcare organisations and workers and the related organisational self- assessment toolkit; • Are able to advise staff in relation to any Prevent concerns; • Understand how to make a Prevent referral to Channel or alternative local multi-agency group and how to escalate unresolved concerns; • Understand the role of Channel panels and how to advise managers and practitioners on their participation in local panels; • Understand the Prevent Standards contained in the NHS Standard Contract and the need for compliance; • Are able to advise staff in relation to those thresholds and links to other adult and children's safeguarding and public protection processes.
<p>Competencies</p> <ul style="list-style-type: none"> • Know who the Channel Coordinator is for their area and how to contact them; • Are aware of the HM Government's Prevent strategy: guidance for healthcare workers and the related organisational self- assessment; • Understand the role of Channel panels and how to advise managers and practitioners on their participation in local panels; • Understand the Prevent Standards contained in the NHS Standard Contract and the need for compliance; • Are able to advise staff in relation to those thresholds and links to other adult and children's safeguarding and public
<p>Criteria for assessment</p> <ul style="list-style-type: none"> • Attendance at a minimum of two NHS England Regional Prevent Forums every financial year. • Evidence of a face to face meeting with the areas Channel Coordinator and Counter-Terrorism Unit officer(s). • Completion of Prevent related training advised by NHS England. <p>On-going: Competence knowledge and skills should be reviewed annually as part of an individual's appraisal to ensure individuals are up to date with current policy and practice to undertake the role of organisational Prevent Lead.</p>
<p>Competency development options and compliance targets</p> <p>Competencies of a Prevent Lead may be developed on a single organisation basis or on a partnership basis between health organisations, or on a multi-agency basis, it should include:</p> <ul style="list-style-type: none"> • Participation in local or regional multi-agency Prevent Forums/Boards when required. • <input type="checkbox"/> Attendance at local, regional, national multi-agency training events and/or Prevent conferences when required.



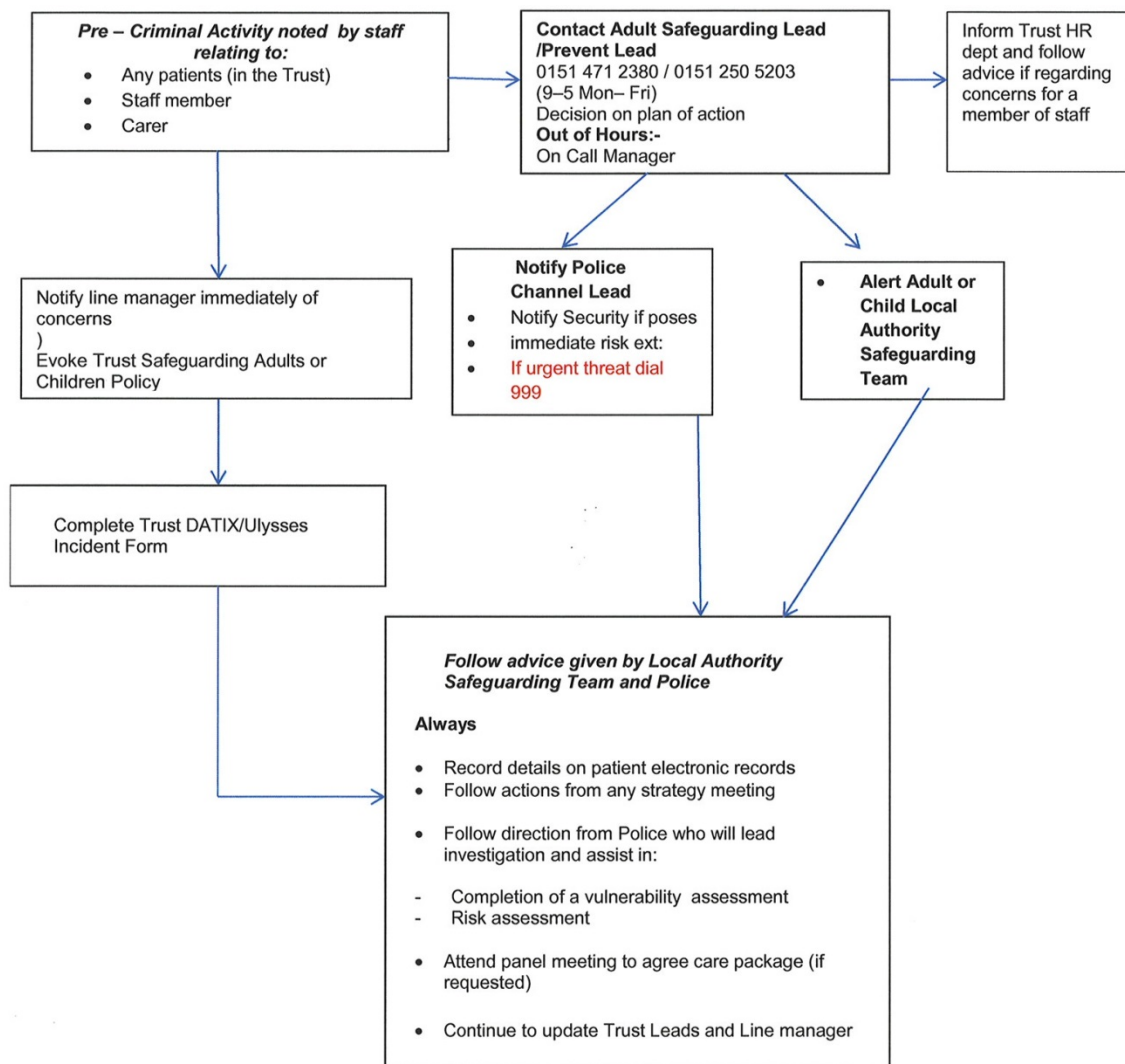
The compliance target for organisational Prevent Leads in organisations at Level 3 is 100%.

Appendix 2

The following flow chart describes the reporting arrangements for staff reporting suspected or actual abuse

Safeguarding Adults and Children from being exploited and recruited into extremism

**Prevent – Governance Reporting
FLOW CHART**





Mersey Care

NHS Foundation Trust

Community and Mental Health Services