



**Thurrock
Clinical Commissioning Group**

PREVENT POLICY AND GUIDANCE

May 2017

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1 INTRODUCTION

- 1.1 'All NHS organisations should have a Prevent policy in place under the Counter Terrorism and Security Act 2015 and to due regard to the need to prevent people from being drawn into terrorism'. The Prevent Statutory Duty for England and Wales states that:
- Delivery of Prevent is a legal requirement and applies to all areas, regardless of priority
 - Duty applies to bodies which have significant interaction with people who could be vulnerable to radicalisation.
 - These include NHS bodies, schools, further and higher education providers, prisons and young offender institutions and providers of probation services.
- 1.2 Thurrock CCG is committed to ensuring vulnerable individuals are safeguarded from being radicalised into violent extremism and supporting or becoming terrorists themselves as part of the Home Office Counter-Terrorism Strategy (CONTEST).
- 1.3 The strategy is primarily organised around four key principles. Work streams contribute to four 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
- 1.4 The source for this policy is the Southend Essex and Thurrock (SET) Prevent policy and Guidance 2016, which was compliant with all relevant legislation and the SET Adults and Children Safeguarding and Child Protection procedures at the time of publication.

2 PURPOSE / POLICY STATEMENT

- 2.1 Prevent Statutory Duty issued under section 29 of the Counter-Terrorism and Security Act 2015 places a duty on certain bodies ("specified authorities" listed in Schedule 6 to the Act) including the health sector, in the exercise of their functions to have "due regard to the need to prevent people from being drawn into terrorism." This guidance is issued under section 29 of the Act. The Act states that the authorities subject to the provisions must have regard to this guidance when carrying out the duty.
- 2.2 This policy outlines the process for Thurrock Clinical Commissioning Group (CCG) staff to follow if concerns or disclosures. This is made to ensure that the appropriate safeguarding actions are taken where concerns are identified about a person who is at risk, or is suspected, of being drawn into violent extremism.
- The process applies to concerns about patients and their families who may be vulnerable to radicalisation and violent extremism. The flowchart on page 10 and referral form in Appendix B of this policy provides more details of the process.
 - This policy also covers CCG staff who may be vulnerable to radicalisation and violent extremism or have concerns about other members of staff being involved in terrorist activities.
- 2.3 The Office for Security and Counter-Terrorism, in the Home Office, works to counter the threat from terrorism. Their work is covered in the Government's counter-

terrorism strategy.

3 DEFINITIONS

3.1 These definitions are taken from the HM Government Prevent Strategy 2011.

Radicalisation	Radicalisation is defined as the process by which people come to support terrorism and extremism and, in some cases, to then participate on terrorist activity.
Extremism	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 the armed forces.
Vulnerability	In the context of Prevent; is a person who is susceptible to extremist's messages and is at risk of being drawn into terrorism or supporting terrorism at a point in time.

4 ROLES AND RESPONSIBILITIES

4.1 CCG Governing Body

4.1.1 The Governing Body must receive assurances that CCG staff and its members are trained to the appropriate level.

4.2 Relevant Sub-Committees

4.2.1 The Quality and Patient Safety Committee will review the policy for factual accuracy and receive reports relating to concerns being raised in line with the National Prevent strategy

4.3 Accountable Officer

4.3.1 The Accountable Officer has overall responsibility to have processes in place to ensure that

- Clinical staff are aware of this policy and their requirements
- Ensure that appropriate resources exist to meet the requirements of this policy.

4.4 The Chief Nurse- Caldicott Guardian

4.4.1 As a statutory partner of the Thurrock Adult Safeguarding Partnership Board will ensure that this policy is reviewed and concerns relating to Prevent are escalated to the appropriate forum.

4.5 All CCG Managers

4.5.1 All managers are responsible for the implementation of this policy within their teams.

4.6 All CCG Staff

- 4.6.1 All staff will comply with this policy, including the timely response to information where these are deemed appropriate.

5 POLICY DETAIL

5.1 The Counter Terrorism Strategy- CONTEST

- 5.1.1 The strategy is based on 4 areas of work:

i. Pursue: to stop terrorist attacks

- 5.1.2 The purpose of Pursue is to stop terrorist attacks in this country and against our interests overseas. This means detecting and investigating threats at the earliest stage, disrupting terrorist activity before it can endanger the public and, wherever possible, prosecuting those responsible.

ii. Prevent: to stop people becoming terrorists or supporting terrorism.

- 5.1.3 The Prevent strategy:

- responds to the ideological challenge we face from terrorism and aspects of
- extremism, and the threat we face from those who promote these views;
- provides practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support;
- work with a wide range of sectors (including education, criminal justice, faith, charities, online and health) where there are risks of radicalisation that we need to deal with.

- 5.1.4 The strategy covers all forms of terrorism, including far right extremism and some aspects of non-violent extremism for example fundraising for prescribed terrorist groups such as Al Qaeda, IS (Islamic State), Boko Haram and Al-Shabaab and non-violent groups such as Al-Muhajiroun or Combat 18.

- 5.1.5 However, the Prevent strategy prioritises our work according to the risks faced. The Home Office works with local authorities, public sector organisations, a wide range of government departments, and community organisations to deliver the Prevent strategy.

- 5.1.6 The police also play a significant role in Prevent, in much the same way as they do when taking a preventative approach to other crimes.

iii. Protect: to strengthen our protection against a terrorist attack

- 5.1.7 Protect aims to strengthen our protection against terrorist attacks in the UK or against our interests overseas, and so reduce vulnerability. The Home Office is working to:

- strengthen UK border security
- reduce the vulnerability of the transport network
- increase the resilience of the UK's infrastructure
- improve protective security for crowded places

iv. Prepare: to mitigate the impact of a terrorist attack

- 5.1.8 Prepare aims to mitigate the impact of a terrorist incident where it cannot be stopped. The Home Office works with the intelligence agencies and the emergency services to bring a terrorist attack to an end, and to recover from its aftermath. Prepare is based on an approach to emergency preparedness that concentrates on managing

common consequences of a wide range of emergencies, including terrorism.

- 5.1.9 For further information see Prevent Duty Guidance for England and Wales: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance_England_Wales_V2-Interactive.pdf

5.2 CHANNEL

- 5.2.1 Channel is a key element of the Prevent strategy. It is a multi-agency approach to protect people at risk from radicalisation. Channel uses existing collaboration between local authorities, statutory partners (such as the education and health sectors, social services, children's and youth services and offender management services), the police and the local community to:

- Identify individuals at risk of being drawn into terrorism;
- Assess the nature and extent of that risk;
- Develop the most appropriate support plan for the individuals concerned.

- 5.2.2 For further information see Channel Duty Guidance for England and Wales: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/425189/Channel_Duty_Guidance_April_2015.pdf

5.3 Information Sharing

- 5.3.1 Information sharing must be assessed on a case-by-case basis and is governed by legislation. To ensure the rights of individuals are fully protected, it is important that information sharing agreements are in place at a local level. When considering sharing personal information, the specified authority should take account of the following:

- consent: wherever possible the consent of the person concerned should be obtained before sharing any information about them;
- necessity and proportionality: personal information should only be shared where it is strictly necessary to the intended outcome and proportionate to it. Key to determining the necessity and proportionality of sharing information will be the professional judgement of the risks to an individual or the public;
- power to share: the sharing of data by public sector bodies requires the existence of a power to do so, in addition to satisfying the requirements of the Data Protection Act 1998 and the Human Rights Act 1998; Data Protection Act and the Common Law Duty of Confidentiality: in engaging with non-public bodies, the specified authority should ensure that they are aware of their own responsibilities under the Data Protection Act and any confidentiality obligations that exist.

- 5.3.2 There may be some circumstances where specified authorities, in the course of Prevent related work, identify someone who may already be engaged in illegal terrorist related activity. People suspected of being involved in such activity must be referred to the police. For guidance on information sharing speak with your manager in the first instance, or the CCG Caldicott Guardian. Thurrock CCG record keeping policies should be followed in respect of any Prevent case involvement.

5.4 Channel Panel Process

- 5.4.1 The role of the multi-agency panel is to develop an appropriate support package to safeguard those at risk of being drawn into terrorism based on an assessment of their vulnerability. The panel is responsible for managing the safeguarding risk which is in line with other multi-agency panels where risk is managed, such Multi-Agency

Public Protection Arrangements (MAPPA).

5.4.2 The panel should be chaired by the Local Authority Prevent lead (see Appendix C for local authority contact details) and include the Essex Police and other relevant statutory partners. Channel is not a process for gathering intelligence. It is a process for providing support to people at risk. In common with other such programmes, it does require the sharing of personal information to ensure that the full range of an individual's vulnerabilities are identified and addressed. Information sharing must be assessed on a case by case basis and is governed by legislation.

5.4.3 It is not the purpose of Channel to provide an alternative to the criminal justice system for those who have been engaged in illegal activity. Channel is about early intervention to protect and divert people away from the risk they may face before illegality relating to terrorism occurs. Therefore, in line with other safeguarding processes, being referred to Channel will not lead to an individual receiving a criminal record as a consequence of the referral, nor as a result of any support they may receive through Channel.

5.5 Assessing Vulnerability

5.5.1 Channel assesses vulnerability using a consistently applied vulnerability assessment framework built around three dimensions:

- Engagement with a group, cause or ideology;
- Intent to cause harm;
- Capability to cause harm.

5.5.2 The dimensions are considered separately as experience has shown that it is possible to be engaged without intending to cause harm and that it is possible to intend to cause harm without being particularly engaged. Experience has also shown that it is possible to desist (stop intending to cause harm) without fully disengaging (remaining sympathetic to the cause); though losing sympathy with the cause (disengaging) will invariably result in desistance (loss of intent).

5.5.3 The three dimensions are assessed by considering 22 factors that can contribute to vulnerability. These factors taken together form a rounded view of the vulnerability of an individual that will inform decisions on whether an individual needs support and what kind of support package may be appropriate. By undertaking regular vulnerability assessments the progress that is being made in supporting an individual can be tracked through changes in the assessment.

5.6 Identifying Vulnerable People

5.6.1 Completing a full assessment for all 22 factors requires thorough knowledge of the individual that may not be available at the point of the initial referral (see Vulnerable to Radicalisation (VTR) Referral Form at Appendix B). However, there are a number of behaviours and other indicators that may indicate the presence of these factors. Example indicators that an individual is engaged with an extremist group, cause or ideology include:

- Spending increasing time in the company of other suspected extremists;
- Changing their style of dress or personal appearance to accord with the group;
- Their day-to-day behaviour becoming increasingly centred around an extremist ideology, group or cause;
- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause;
 - Possession of material or symbols associated with an extremist cause (e.g. The swastika for far right groups);

- Attempts to recruit others to the group/cause/ideology.
- Communications with others that suggest identification with a group/cause/ideology.

5.6.2 Example indicators that an individual has an intention to use violence or other illegal means include:

- Clearly identifying another group as threatening what they stand for and blaming that group for all social or political ills;
- Using insulting or derogatory names or labels for another group;
- Speaking about the imminent danger of harm from the other group and the importance of action now;
- Expressing attitudes that justify offending on behalf of the group, cause or ideology;
- Condoning or supporting violence or harm towards others;
- Plotting or conspiring with others.

5.6.3 Example indicators that an individual is capable of contributing directly or indirectly to an act of terrorism include:

- Having a history of violence;
- Being criminally versatile and using criminal networks to support extremist goals;
- Having occupational skills that can enable acts of terrorism (such as civil engineering, pharmacology or construction); or
- Having technical expertise that can be deployed (e.g. IT skills, knowledge of chemicals, military training or survival skills).

5.6.4 The examples above are not exhaustive and vulnerability may manifest itself in other ways. There is no single route to terrorism nor is there a simple profile of those who become involved. For this reason, any attempt to derive a 'profile' can be misleading. It must not be assumed that these characteristics and experiences will necessarily lead to individuals becoming terrorists, or that these indicators are the only source of information required to make an appropriate assessment about vulnerability.

5.7 Consent

5.7.1 People who are vulnerable to violent extremism or radicalisation are more likely to be reached by supportive services if issues of consent are handled with sensitivity and an informed understanding of the issues. Before making a referral, practitioners should respond as we would to all concerns, by clarifying the information.

For children this will ordinarily involve talking to the child/young person and their family (unless the family is implicated in potential extremism), and to other professionals working with the child/young person. Any referral should be made with the young person/family's knowledge and consent, unless to do so would place the child/young person at risk of harm.

5.7.2 For adults (over 18 years old) practitioners should seek the consent of the person who may be at risk of extremism or radicalisation before taking action or sharing information. In some cases, where a person refuses consent, information can still lawfully be shared if it is in the public interest to do so. This may include protecting someone from serious harm or preventing crime and disorder.

5.7.3 When there are grounds to doubt the capacity of those aged 16 and over steps need to be taken to provide support to enable them to give informed consent to be referred to the Channel Panel, please refer to the Mental Capacity Act 2005 for further information. <http://www.legislation.gov.uk/ukpga/2005/9/contents>

5.7.4 As a voluntary programme, no Social Care work can take place without the agreement and engagement of the service user.

5.7.5 Any practitioner who is in doubt about whether or not they should share information, or whether they have consent either to share information or carry out a piece of work, should consult the above guidance, or consult their line manager or Prevent Lead. Advice on information sharing can also be sought from the Information Governance Team for the CCG or the Local Authority. Any worker who believes a crime is being committed, or planned, or is aware of any terrorist activity, should contact Essex Police Prevent team without delay. (Appendix C)

5.8 Referral Process

5.8.1 Any agency or member of the public can make a referral to Channel. Staff need to consider however, their local safeguarding procedures in the first instance and whenever a vulnerable to radicalisation risk is of concern, they should consult with the Prevent Leads within their organisation. Prevent Leads should support in making the decision as to whether a referral to Channel Panel is needed and if this is the appropriate route.

5.8.2 Referrals should be made without delay, where there are concerns about significant harm or directly to the Police on 999 if there is an imminent risk of harm. A referral form, which is also known as person vulnerable to radicalisation (VTR), should be requested from the Channel Panel Coordinator (see Appendix C for the local authority Channel Coordinator).

5.8.3 Once completed, this should be returned securely to: SBFIMU@essex.pnn.police.uk. Any referral received will be initially be screened by the Essex Police Prevent Team. All cases that progress through the Channel process will be subject to a thorough assessment of vulnerabilities in a multi-agency safeguarding environment. The preliminary assessment is co-ordinated by the local authority Prevent Coordinator. It should be informed by multi-agency information gathering and can include consideration of an initial vulnerability assessment.

5.8.4 At this point partners should collectively assess the risk and decide whether the person:

- Is vulnerable to being drawn into terrorism and therefore appropriate for Channel;
- Should be referred to a different support mechanism; or
- Should exit the process.

5.8.5 In assessing the risk, consideration should be given to:

- The risk the individual faces of being drawn into terrorism; and
- The risk the individual poses to society

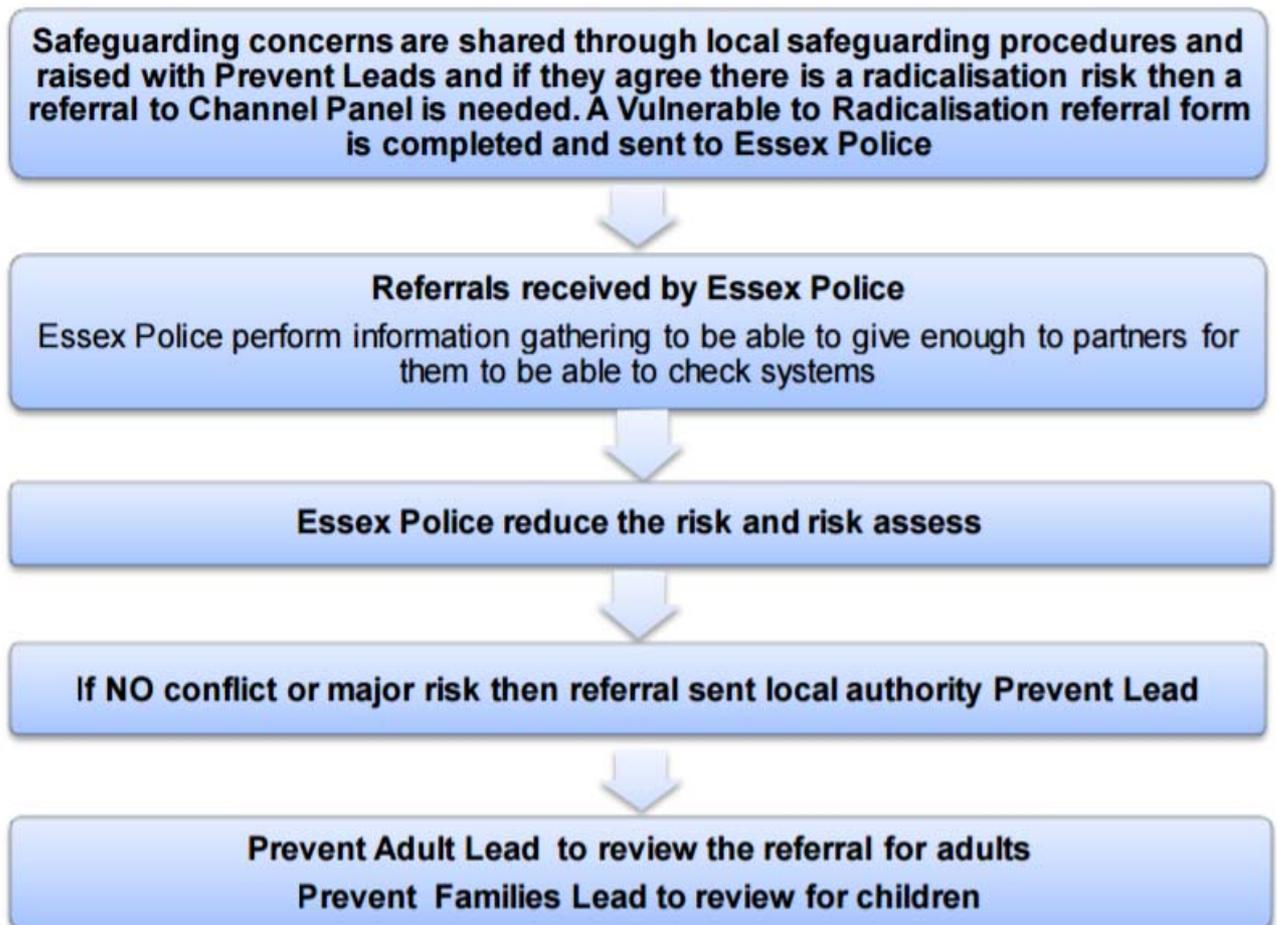
5.8.6 In some cases a Channel referral will exit the process at this stage and be signposted to those support services most appropriate to their needs. If there are concern that the person is suffering or likely to suffer significant harm, a referral to Children' or Adult Social Care must be made, this will be discussed and determined who will raise this before the case exits the process. If there are no concerns or low risk but the person requires additional support. The panel will make a referral may be made for Common Assessment Framework and Early Help.

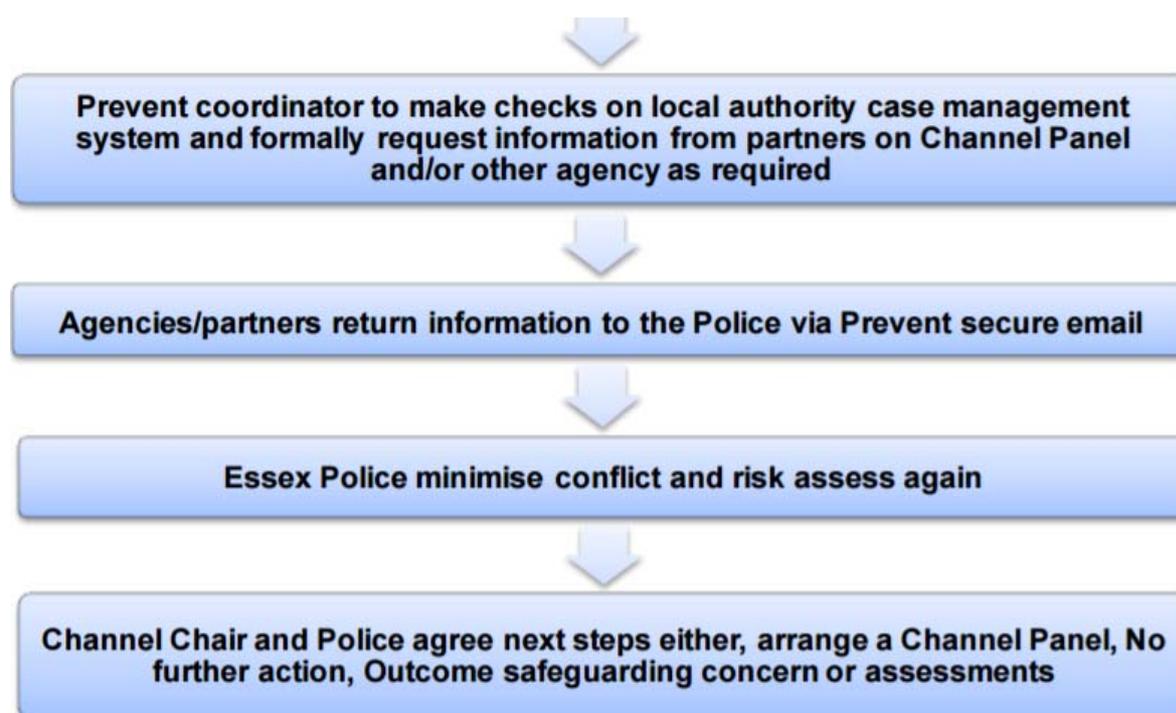
5.9 **Transfer arrangements**

5.9.1 If the person is to be moved to another locality, transfer arrangements will be decided by the Channel Panel chairs of the county the person is leaving and the county the person is moving to. They will decide where the case sits for future management.

5.10 **Referral Flowchart**

5.10.1 This flow chart details the process on receipt of the safeguarding referral or 999 call to the police, this process is managed by the local authority and police.





5.11 Risk and Intervention Process

- 5.11.1 The multi-agency panel using their professional expertise will develop a support package. This will be based on a review of the vulnerability assessment completed by the Essex Police Prevent team at the preliminary assessment stage, the needs of the individual and any risks posed to potential support providers.
- 5.11.2 Risk is a theme that runs through the entire Channel process: risk to the individual; risk to the public; and risk to statutory partners and any intervention providers. Multi-agency panel members should consider sharing any further information with each other for the purposes of Channel, subject to a case-by-case assessment of necessity, proportionality and lawfulness.
- 5.11.3 Wherever possible, the informed consent of the individual (and their family / carers) should be obtained. The panel may conclude that the individual is better suited to alternative support mechanisms or that further assessment indicates that the individual is not vulnerable to being drawn into terrorism. In such cases the Chair of the panel is responsible for confirming the recommendation and ensuring that the decision is properly recorded.
- 5.11.4 If the panel consider that support to reduce vulnerability of being drawn into terrorist related activity is required, they should devise an appropriate support package. This should take the form of a support plan setting out details of the statutory or community partners who will lead on delivery of the support. Consideration must also be given to potential risks posed to the provider of any support package. The action plan should highlight identified behaviours and risks that need to be addressed. This will assist in case reviews and evaluating the effectiveness of the support package. All decisions should be properly recorded.
- 5.11.5 Responses to those who are at risk from involvement in violent extremism are more likely to be effective if they are delivered at an early stage and at the lowest level of intervention. For this reason, it is important to understand the signs, and to be able to engage people effectively. It is anticipated that each Local Authority's Social Care service, will provide effective, whole family based interventions, but the thresholds for higher level interventions must also be understood and applied where appropriate.

5.11.6 The type of activities that are included in a support package will depend on risk, vulnerability and local resource. To illustrate, a diversionary activity may be sufficient for someone who is in the early stages of radicalisation whereas a more focussed and structured one-on-one mentoring programme may be required for those who are already radicalised.

5.11.7 The following kinds of support might be considered appropriate:

- Life skills - work on life skills or social skills generally, such as dealing with peer pressure;
- Mentoring support contact - work with a suitable adult as a role model or providing personal guidance, including guidance addressing extremist ideologies;
- Anger management session - formal or informal work dealing with anger;
- Cognitive/behavioural contact - cognitive behavioural therapies and general work on attitudes and behaviours;
- Constructive pursuits - supervised or managed constructive leisure activities;
- Education skills contact - activities focused on education or training;
- Careers contact - activities focused on employment;
- Family support contact - activities aimed at supporting family and personal relationships, including formal parenting programmes;
- Health awareness contact - work aimed at assessing or addressing any physical or mental health issues;
- Housing support contact - activities addressing living arrangements, accommodation provision or neighbourhood; and
- Drugs and alcohol awareness - substance misuse interventions.

5.11.8 Community or non-statutory partners providing support to vulnerable people need to be credible with the vulnerable individual concerned and to understand the local community. They have an important role and their reliability, suitability to work with vulnerable people and commitment to shared values needs to be established. Multiagency panels should make the necessary checks to be assured of the suitability of support providers; including checks to the Disclosure and Barring Service (DBS) for those seeking to work with children, young people and adults.

5.11.9 If the panel is satisfied that the risk has been successfully reduced or managed they should recommend that the case exits the process. This is noted in the minutes. The recommendations will need to be endorsed by the Chair of the panel and Essex Police Prevent lead.

5.11.10 If the panel is not satisfied that the risk has been reduced or managed the case should be reconsidered. A new support plan should be developed and alternative support put in place. If the risk of criminality relating to terrorism has increased the Essex Police Prevent team must consider escalating the case through existing police mechanisms and whether the case remains suitable for the Channel process. All open cases are reviewed at every panel until the point at which they exit the process, using the vulnerability assessment framework. All decisions and actions should be fully recorded in the minutes of the meeting.

5.12 Working with Partner Agencies

5.12.1 Home Office 2015 Prevent Guidance places a specific duty on local authorities to cooperate with all partners to support and complement their work. It is vital that all Social Care staff adopt a collaborative and co-operative multi-agency approach. Strategic and management arrangements are being developed to support practitioners in their duty to work in partnership.

5.12.2 Key partners include: Essex Police, especially their Prevent Team; Social Care Adults and Children; Youth Offending Services, Probation agencies, Prisons and YOIs; EHWP Services; Early Help services; Community Safety Officers; all usual health and education colleagues including colleges and universities; and the full range of community and voluntary organisations, especially youth and faith organisations. Schools and some voluntary organisations are often best placed to identify emerging concerns. This places an additional duty of vigilance upon them, and they have specific support requirements. Keeping Children Safe in Education (DfE, 2015) says that protecting children from the risk of radicalisation should be seen as part of schools' wider safeguarding duties.

5.12.3 If an organisation is asked to provide information to the Channel Panel or Prevent Multi-Agency group it is your responsibility to respond within a set time frame outlined by the Prevent chair and/or administrator. It is also the organisations responsibility to notify the Channel Panel of relevant changes in circumstances or provide an update on progress/intervention.

5.13 Channel Panels

5.13.1 Channel Panels oversee and co-ordinate Prevent interventions in Essex, Southend and Thurrock. The panel has a statutory basis: under the terms of the Counter Terrorism and Security Act 2015, local authorities must:

- Ensure a multi-agency panel exists and chair the panel
- Use the panel to develop a support plan for accepted cases and signpost to other support where cases are not accepted
- Ensure consent is sought prior to support being provided
- Co-operate with other panel partners (South East Counter Terrorism Unit 2015)

5.13.2 Membership: The Channel Panel meets on a monthly basis in Essex and where needed in Thurrock and Southend. Permanent members will include Social Care (Adult and Children), and Essex Police Prevent team. Other agencies will be invited depending on need.

5.14 Case Management, Recording, Supervision and Support

5.14.1 Case management & recording Social Care case management and recording policies should be followed in respect of Prevent casework.

5.14.2 Supervision & support Social Care supervision policies should be followed. The existing research into Prevent casework acknowledges the complexity of the issues around: maintaining consent and trust when dealing with complex and highly emotive issues, delivering help to families where there may be either pressure or a need to monitor and report back, balancing human rights and individual liberties against the risk of harm, operating as a confident and challenging practitioner in a politically charged environment, & understanding cultural issues.

6 MONITORING COMPLIANCE

6.1 This document is used to support the Local Authority in their management of PREVENT. The CCG will be audited on their compliance with PREVENT through the NHSE Safeguarding Adults Tool and through internal auditing processes.

6.2 No KPI apply to this document.

7 STAFF TRAINING

- 7.1 WRAP (Workshop to Raise the Awareness of Prevent) is 1-2 hour long DVD led interactive workshop. It is aimed at frontline staff as well as the community based staff. The National Counter Terrorism Policing Headquarters (NCTPHQ), in conjunction with the College of Policing, have developed a general awareness e-learning package for Channel. This e-learning is not a substitute for WRAP training.
- 7.2 The package includes:
- information on how Channel links to the Government's Counter-Terrorism Strategy (CONTEST) through the Prevent strategy
 - guidance on how to identify people who may be vulnerable to being drawn into terrorism,
 - how to refer them into the Channel process.
- 7.3 The CCG staff can access this training through the Local Authority, please seek advice from the Quality Team how this can be arranged.

8 ARRANGEMENTS FOR REVIEW

- 8.1 This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance.
- 8.2 If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the CCG Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the CCG Board.

9 ASSOCIATED DOCUMENTATION

- See appendix B

Associated Policies

- Record Keeping Policy

10 REFERENCES

- Data Protection Act 1998
- Human Rights Act 1998; Data Protection Act
- Mental Capacity Act 2005
- Counter Terrorism Strategy 2011
- Prevent Duty Guidance for England and Wales 2015
- Channel Duty Guidance for England and Wales 2015
- Keeping Children Safe in Education Dept for Education 2015
- Counter Terrorism and Security Act 2015
- SET Prevent Policy and Guidance 2016

11 LIST OF STAKEHOLDERS CONSULTED

Date Policy Circulated	Name of Individual or Group	Were Comments Received?	Were Comments incorporated into Policy?	If no, why not?
March 2017	QPSC (virtually)	Yes	Yes	
May 2017	Governing Body	No	N/A	

12 Results of Equality Impact Assessment

12.1 The EIA has identified no equality issues with this policy.

12.2 The EIA has been included as Appendix A.

13 Change History:

Date	Version	Author	Description
15.3.17	V0.1	Linda Smart	New document
24.4.17	V0.2	Linda Smart	Changes to 4.5 to read CCG Managers and to add 5.10.1 to advise that the flowchart is for information about processes to manage the individual but which is external to the CCG.
1.6.17	V1.0	Linda Smart	Final Document

APPENDIX A

Equality Impact Assessment

To be completed and attached to any policy/procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	▪ Race	No	
	▪ Ethnic origins (including gypsies and travellers)	No	
	▪ Nationality	No	
	▪ Gender	No	
	▪ Culture	No	
	▪ Religion or belief	No	
	▪ Sexual orientation including lesbian, gay and bisexual people	No	
	▪ Age	No	
	▪ Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?		
6.	What alternatives are there to achieving the policy/guidance without the impact?	No	
7.	Can we reduce the impact by taking different action?	No	

APPENDIX B

Referral Form



Joint VTR Template
 v.1.2 Feb 2016.docx

APPENDIX C

PREVENT and CHANNEL leads/administrators

Thurrock Council	Fran Leddra	Chair of Thurrock PREVENT Board Chair of Thurrock Channel Panel	feddra@thurrock.gov.uk
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