



London Ambulance Service  
NHS Trust



## Prevent Policy and Procedure

## DOCUMENT PROFILE and CONTROL.

Purpose of the document: is to ensure all LAS staff are aware of their responsibilities in relation to the prevention of radicalisation and can recognise signs of potential, and report cases of suspected radicalisation of a person.

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	Building Partnerships, Staying Safe, The health sector contribution to HM Government's prevent strategy: guidance for <b>healthcare Organisations</b> Department of Health, November 2011	
	Building Partnerships, Staying Safe, The health sector contribution to HM Government's prevent strategy: guidance for <b>healthcare workers</b> Department of Health, November 2011	
	Prevent Training and Competencies Framework	V1 Feb 2015
	Channel Duty Guidance – Statutory Guidance for Channel panel members and partners of local panels - 2015	
	Prevent Duty Guidance for England and Wales - 2015	
	Prevent Strategy HM Government, June 2011	
	Prevent Strategy: Equality Impact Assessment HM Government, June 2011	
	No Secrets Guidance. Department of Health (2000) Safeguarding Adults National Framework ADSS, (10/2000)	
TP/009	Policy for Access to Health Records, Disclosure of Patient Information: Protection and use of Patient Information	
TP/018	LAS Safeguarding Children and Young People Policy	
TP/019	LAS Safeguarding Adults at Risk Policy	
	LAS Observer Policy	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are neither controlled nor substantive.

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## Introduction

- 1.1. As a 'specified authority', London Ambulance Service NHS Trust (LAS) has a duty placed upon it by Section 26 of the Counter-Terrorism and Security Act 2015 in the exercise of its functions, to have "due regard to the need to prevent people from being drawn into terrorism".
- 1.2. This policy describes how the London Ambulance Service NHS Trust will ensure that staff are aware of and can fulfil their requirements in relation to the Prevent agenda which is the national strategy to stop people becoming terrorists or supporting terrorism.
- 1.3. The key principles and objectives of this policy are to ensure:
  - 1.3.1. LAS staff know how to safeguard and support vulnerable individuals, whether service users, patients or staff, who have been identified as being at risk of being radicalised by extremists
  - 1.3.2. Appropriate systems are in place for staff to raise concerns if they believe that this form of exploitation is taking place
  - 1.3.3. A Trust wide training and awareness programme is implemented to ensure that staff are aware of their responsibilities in relation to the prevent agenda.
- 1.4. The *Prevent* Strategy is a cross-Government policy that forms one of the four strands of Contest – the Government's counter terrorism strategy.
- 1.5. The aim of *Prevent* is to stop people from becoming terrorists (often referred to as being radicalised) or supporting terrorism. It operates in the pre-criminal space before any criminal activity has taken place.
- 1.6. The NHS is a key partner in the successful implementation of the Prevent agenda particularly as healthcare professionals routinely come into contact with people who may be vulnerable to radicalisation. Service Users and patients who access mental health or learning disability services may be more easily drawn into terrorism.
- 1.7. The NHS Prevent agenda is outlined in the Department of Health document *Building Partnerships, Staying Safe – The Healthcare Sector's contribution to HM Government's Prevent Strategy: For Healthcare Organisations*.
- 1.8. The health sector's contribution to Prevent focuses on objectives 2 and 3 of the Prevent Strategy, namely:
  - 1.8.1. Preventing people from being drawn into terrorism and ensure that they are given appropriate advice and support;
  - 1.8.2. Work with sectors and institutions where there are risks of radicalisation which we need to address.
- 1.9. The overall principle of services provided by healthcare staff and professionals is to improve the health and well-being of those who use our services whilst safeguarding those individuals who are vulnerable to any form of exploitation.
- 1.10. Preventing someone from becoming a terrorist or supporting terrorism is similar to Safeguarding vulnerable individuals from other forms of exploitation. Therefore, this

Policy must stand alongside the LAS policies TP019 - Safeguarding Adults in Need of Care and Support and TP018 – Safeguarding Children and Young People Policy.

## **2. Scope**

This policy applies to all staff, contractors, voluntary agencies and volunteers who work for, in conjunction with or on behalf of the Trust, including those staff, observers and visitors who may not come into direct contact with patients.

## **3. Objectives**

To ensure that all Trust employees, contractors and volunteers are aware of their responsibilities to uphold the rights of those at risk, and to take action to prevent them from being drawn into terrorism.

To ensure that all Trust employees, contractors and volunteers can recognise the signs of potential radicalisation of the vulnerable and know how to report concerns.

## **4. Responsibilities**

### **4.1. The Trust Board**

To scrutinise and ensure prevent obligations are met. The Trust Board also ensures that prevent, as safeguarding, remains integral to the Trust and is not compromised by operational or financial pressures.

### **4.2 Chief Quality Officer**

The Chief Quality Officer is the Executive Lead for prevent. Overseas Trusts Prevent compliance and is responsible for ensuring that Trust staff uphold the principles of prevent guidance as part of the Safeguarding agenda, reporting overall compliance to Trust Board as required at a strategic level.

### **4.3 Medical Director**

To act as the Trusts Caldecott Guardian and provide expert clinical advice.

#### **4.4 Director of Operations**

Responsible for ensuring operational implementation and adherence to this policy. Authorise the release of operational staff to contribute to the prevent agenda and monitor compliance of all contractors who come into contact with patients.

#### **4.5 Director of People and Organisational Development**

To ensure that the Trust is compliant with all prevent training requirements, and that all staff receive the appropriate level of training and that records are kept on the required training statistics

#### **4.6 Emergency Preparedness Resilience and Response Prevent Lead**

To support the Head of Safeguarding with the implementation of operational requirements and communications, ensuring all training materials and methods are accurate and maintained. Ensuring Health Wrap Trainers are trained to the required standard to deliver training requirements.

#### **4.7 Head of Safeguarding**

To lead on prevent requirements, providing advice in relation to prevent and the national prevent agenda.

The development of prevent policy and procedures in line with Trust policies. Submitting prevent monitoring reports to Safeguarding committee and the provision of reports to the Regional prevent Co-ordinator as required

Liaising with the appropriate Executive Lead to manage the prevent Strategy and that this is communicated across the Trust.

Ensure all relevant staff identified in the training needs analysis can access appropriate levels of prevent training

#### **4.8 Emergency Bed Service (EBS) Manager**

To coordinate and quality assure the referral process, ensure routine quality assurance and effective communication with local authorities and other partners.

#### **4.9 Local Management Teams**

For ensuring that the requirements of prevent strategy guidance are effectively managed within their Division or Department and that their staff are aware of, and implement requirements.

For ensuring annual refresher of prevent training is undertaken by staff and that associated training records are forwarded to relevant parties.

Advise staff on processes to escalate concerns, facilitate appropriate escalation of prevent concerns and liaise with the Human Resources Department and prevent Lead should a concern be raised about a member of staff

#### **4.10 Staff**

All members of staff have responsibility for:

Raising any concerns relating to prevent standards and reporting these through the prevent governance reporting flow chart.

Implementation of the requirements of prevent policy and associated procedures

Completing relevant prevent training and ensuring line managers are aware of any non-attendances or difficulties

Seek advice and additional support through Local Management Team, Health Wrap Trainers or prevent lead as required for any part of this process or as required. Notify Head of Safeguarding & Prevent and /or Chief Quality Officer of any staff related incident and follow advice given by them.

Ensure full confidentiality and sensitivity is maintained during the reporting, investigation and management of any prevent related incidents in line with the Trust Prevent, Safeguarding, Data Protection and Information Policies.

Seek advice and support from their line manager (in the first instance) of any ongoing support /training required following any incident reported.

Contribute to discussions following any live event or complex incident to support positive review and reflect on cases in order for any lessons to be learnt and / or improvements to be made.

#### **4.11 Volunteers**

Volunteers should follow the same requirements as staff.

#### **4.12 Contractors**

All contractors have a duty to act and respond to concerns about prevent in a timely manner, and undertake prevent training to the required levels

They must ensure that there is clarity as to who holds corporate responsibility for *prevent* functions within the organisation, and that appropriate governance and safe systems are in place to deliver best practice.

They must be in a position to provide assurance to LAS that responsibilities with respect to prevent strategy are being discharged.

For this policy the groups above follow the same process as LAS staff



## 5. Definitions

**Extremism** - is vocal or active opposition to fundamental British values including democracy, the rule of the law, individual liberty, and mutual respect and tolerance of different beliefs and faiths. Calls for the death of members of our armed forces, whether in this country or overseas is also included.

**Radicalisation** - in this strategy refers to the process by which people come to support terrorism and forms of extremism leading to terrorism.

**Safeguarding** - is the process of protecting vulnerable people, whether from crime, other forms of abuse or (in the context of this document) from being drawn into terrorist related activity.

**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.

**Vulnerability** - describes the condition of being capable of being injured; difficult to defend; open to moral or ideological attack. Within Prevent, the word describes factors and characteristics associated with being susceptible to radicalisation.

## 6. Risk Indicators

The following information will detail a range of risk indicators which should be considered during contact with service users, patients and/or other members of staff.

### 6.1. Exploitation

Evidence suggests that there is no single profile or indication of a person who is likely to become involved in terrorist-related activity. To date there is no universally accepted view of why vulnerable individuals become involved.

The factors surrounding exploitation are many and they are unique for each person. The increasing body of information indicates that factors thought to relate to personal experiences of vulnerable individuals affect the way in which they relate to their external environment.

In this sense, vulnerable individuals may be exploited in many ways by radicalisers who target the vagaries of their vulnerability. Contact with radicalisers is also variable and can take a direct form, i.e. face to face, or can happen indirectly through the internet, social networking or other media. More commonly this will occur through a combination of the above.

Should any member of staff develop concerns arising from changes in an individual's behaviour which indicates that they may be drawn in to violent extremism, they will need to take in to consideration how reliable or significant these indicators are.

### 6.2. Contact with Radicalisers

It is generally more common for vulnerable individuals to become involved in terrorist related activity through the influence of others. Initial contact may be via peers, siblings, other family members or acquaintances, with the process of radicalisation often being a social one. Such social interaction takes place in a

range of unsupervised environments such as gyms or cafés, in private homes and via the internet.

Access to extremist material is often through leaflets and local contacts however, the internet plays an important role in the communication of extremist views. It provides a platform for extremists to promote their cause and encourage debate through websites, internet forums and social networking, and is a swift and effective mechanism for disseminating propaganda material. Healthcare organisations should be aware of anyone making frequent visits to websites showing images such as armed conflict around the world and providing speeches and access to material from those involved in the radicalising process.

### **6.3. 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.

### **6.4. Indicators of concern**

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

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

## 6.5. 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/vulnerable adults 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).

Similarly to the above 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

## **7. Raising Concerns / Prevent Referral Process**

The following information highlights the process for staff to raise concerns and/or make referrals through the Prevent Procedure.

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 one relating to the safeguarding process.

### **7.1. Patients/Service User**

- 7.1.1. If a member of staff feels that they have a concern that someone is being radicalised, then they should in the first instance gain appropriate consent to register the concern.
- 7.1.2. A report should then be made using the current Trust Safeguarding process via the Emergency Bed Service by direct telephone contact only.
- 7.1.3. The EBS will then refer the case to the Borough for consideration by Local Authority Prevent Lead
- 7.1.4. The Trust Head of Safeguarding & Prevent should be informed of all Prevent referrals passed to the Local Authority.
- 7.1.5. Further guidance and direction may also be sought by contacting the Trust's Safeguarding and Prevent Leads.

## **7.2. Staff Members**

- 7.2.1. If a member of staff feels that they have a concern that a colleague is being radicalised, then they should raise concerns with the Trust's Head of Safeguarding & Prevent Lead and follow the Safeguarding Allegations Against Staff Policy.
- 7.2.2. Further guidance and direction may also be sought by contacting the Trust's Safeguarding and Prevent Leads.
- 7.2.3. Following review by Head of Safeguarding and Prevent, where necessary, the Trust's Prevent Lead will then make any required referral to the appropriate agency.

## **7.3. Perceived Immediate Threat**

- 7.3.1. If anyone has immediate concerns 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.
- 7.3.2. Staff must report the incident to their Line Manager or Incident Delivery Manager and for forward notification to the Trust's Head of Safeguarding and Prevent Lead

## **8. PREVENT referral protocol into Channel**

- 8.1. Channel is a supportive multi-agency process, designed to safeguard those individuals who may be vulnerable to being drawn into any form of terrorism. It is a key part of Prevent – the Government's strategy to stop people becoming terrorists or supporting terrorism.
- 8.2. Channel works by identifying individuals who may be at risk, assessing the nature and extent of the risk, and where necessary, providing an appropriate support package tailored to their needs.
- 8.3. A multi-agency panel, chaired by the local authority, decides on the most appropriate action to support an individual after considering their circumstances. It is about early intervention to protect and divert people away from the risk they may face at an early opportunity.
- 8.4. Partnership involvement ensures that those at risk have access to a wide range of support ranging from mainstream services such as health and education through to specialist mentoring or faith guidance and wider diversionary activities such as sporting activities.
- 8.5. Each support package is monitored closely and reviewed regularly by the multi-agency panel.
- 8.6. Any referrals to Channel will be made by the Borough Prevent or Safeguarding Lead

- 8.7. Each referral is screened for suitability. If the referral is not deemed appropriate for Channel it will exit the process or be referred to those services which are more appropriate to the vulnerable individual's needs.

## 9.0 Training

### 9.1 Levels

The NHS England prevent training and competencies framework <https://www.england.nhs.uk/wp-content/uploads/2015/02/train-competnc-fmwrk.pdf> identifies the levels and competencies that must be achieved by all LAS personnel.

This framework provides for 3 levels of Prevent training with LAS staff requiring the following levels:

#### **Basic Prevent Awareness**

All LAS personnel not in the list below. This will be undertaken via e-learning.

#### **Workshop to Raise Awareness of Prevent (WRAP)**

Prevent Lead  
Front line ambulance staff  
Patient experiences team  
Staff providing telephone triage services  
Adult Safeguarding practitioners & leads  
Children's Safeguarding practitioners & leads  
Safeguarding Committee

HR Staff\*  
Occupational Health Staff\*  
Reception Staff\*

*\*Departmental Managers to undertake risk assessment of need based on the level of contact with individuals and groups with a higher level of vulnerability to determine if Workshop to Raise Awareness of Prevent is required.*

### 9.2. Training Method and Frequency

#### Basic Prevent Awareness

All staff requiring Basic Prevent Awareness can achieve the competencies by completing the Trust prevent on line training programme. Upon completion of the programme, the certificate should be printed and handed to the line manager for recording purposes.

Staff who require this level of training must complete a refresher programme every three years as a minimum.

#### WRAP Training

Staff who require WRAP training must attend an approved training programme following which a certificate will be issued.

Such staff should receive annual updates to ensure the appropriate compliance with competencies.

All new entrants to the organisation will receive the training required of their role as part of their vocational induction programme.

## **10. Confidentiality, Information sharing and disclosures.**

- 10.1. Trust staff should ensure they share information appropriately both professionally and legally when there is a safeguarding concern and in line with HM Governments Information Sharing Guidance and Confidentiality: NHS Code of Practice, and the relevant local information sharing protocols. Prevent is based on the active engagement of the vulnerable individual and is at a pre-criminal stage, therefore appropriate consent should be obtained from the individual involved prior to a referral to Channel intervention both to comply with the Code of Practice on Confidentiality (2003) and to establish an open relationship with the vulnerable individual at the start of the process.
- 10.2. However, in exceptional circumstances, where seeking consent prior to referral would cause immediate significant harm to the vulnerable individual and/or where the vulnerable person lacks capacity to give consent, a referral may be made without consent in their best interests.

- 10.3. Where there is concern or evidence that an individual is actually engaged in the planning or undertaking of terrorist acts, or staff are concerned for their safety or welfare, then consent is not required to share any information that may be required to assess and manage the risk of a serious criminal offence occurring. In these cases the police should be contacted either locally or through the Counter-terrorist hotline and the individual should not be informed that information is being shared without multi agency agreement of what is required to ensure the safety of others.
- 10.4. If staff are unsure on information sharing or consent issues, they should seek advice from the Trust Safeguarding Team or Caldicott Guardian.

## **11. Commissioned Services**

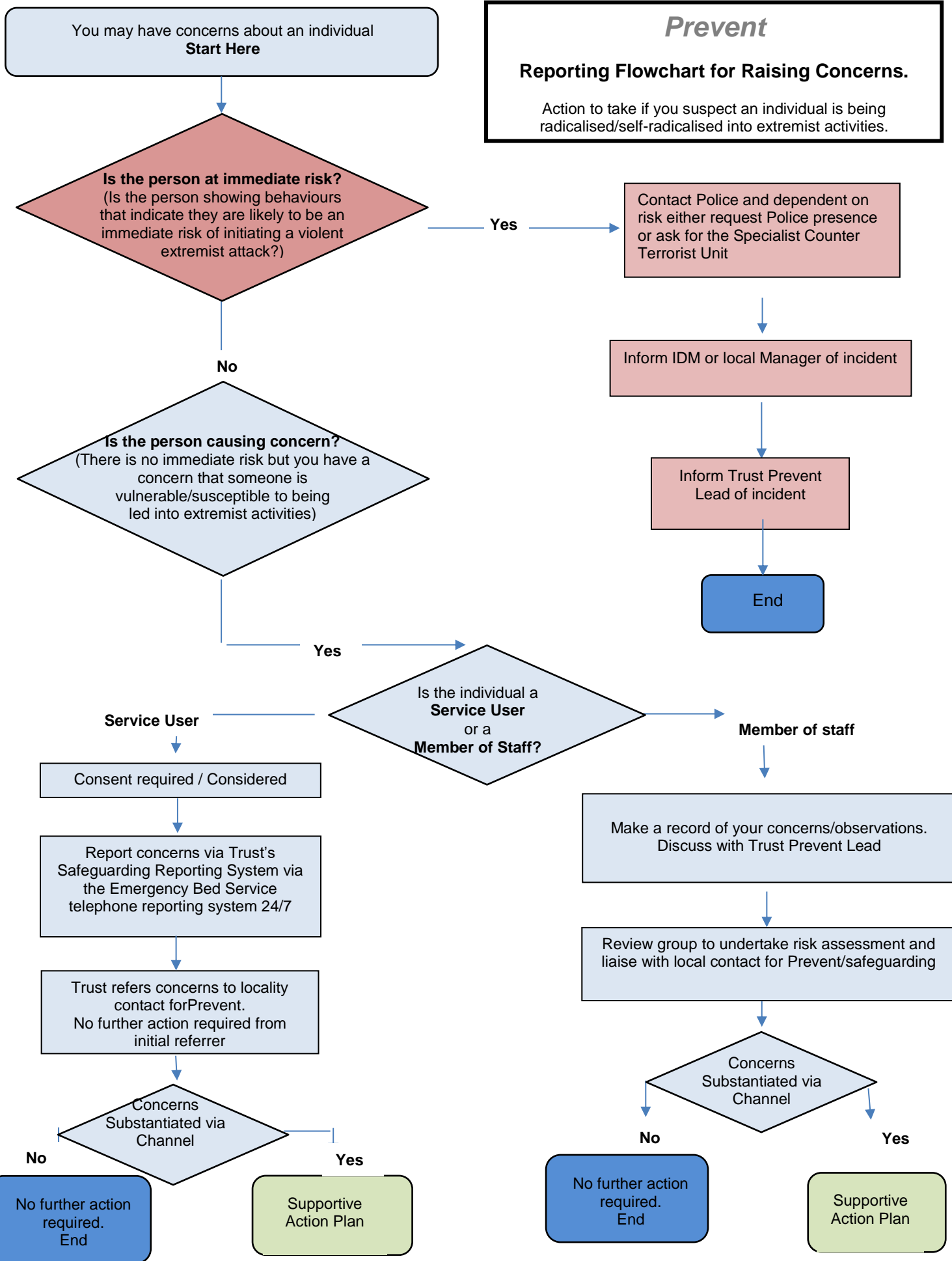
The Trust will require that all commissioned service providers produce their own guidelines that reflect the Trusts position on the prevent strategy. The guidelines should set out staff responsibilities and how to report concerns. In addition the LAS require the providers of commissioned services to report any safeguarding concerns through the LAS reporting processes.

## **12. Review and Compliance Monitoring**

The Trust has a Prevent review group that consists of the Head of Safeguarding & Prevent, The Head of Emergency Bed Service and EPPR Prevent Lead that meet on a quarterly basis to review referrals made by staff.

This policy will be reviewed every three years.





**Prevent**

**Reporting Flowchart for Raising Concerns.**

Action to take if you suspect an individual is being radicalised/self-radicalised into extremist activities.



## References

### **CONTEST Strategy**

<https://www.gov.uk/government/publications/counter-terrorism-strategy-contest>

### **PREVENT Strategy**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/97976/prevent-strategy-review.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf)

### **Counter-Terrorism and Security Act 2015**

<http://www.legislation.gov.uk/ukpga/2015/6/contents>

### **NHS England – Prevent Training and Competencies Framework**

<http://www.england.nhs.uk/wp-content/uploads/2015/02/train-competnc-frmwrk.pdf>

### **Revised 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](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance_England_Wales_V2-Interactive.pdf)

### **Building Partnerships, Staying Safe - The health sector contribution to HM Government's *Prevent* strategy: guidance for healthcare organisations**

<https://www.gov.uk/government/publications/building-partnerships-staying-safe-guidance-for-healthcare-organisations>

### **Building Partnerships, Staying Safe - The health sector contribution to HM Government's *Prevent* strategy: guidance for healthcare organisations**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215253/dh\\_131912.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215253/dh_131912.pdf)