

**Policy**

**PREVENT POLICY**

**Key Points**

The aim of this policy is to identify how staff will be supported to develop an understanding of the PREVENT Strategy and how they can utilise their existing knowledge and skills to recognise that someone may have been or is being radicalised.

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## 1. Introduction

- 1.1 As of 1 July 2015, section 26 of the Counter Terrorism and Security Act 2015 places a statutory duty on NHS bodies to implement the PREVENT strategy (part of the Government's counter terrorism strategy, CONTEST) to help reduce the threat of terrorism in the UK by stopping people from becoming terrorists and supporting terrorism. The PREVENT duty has subsequently become part of the NHS contract.
- 1.2 The PREVENT strategy focuses on all forms of terrorism and operates in the pre-criminal space. Its goal is to identify people at risk of being influenced by extremist ideologies and/or radicalisation before they have planned or committed any crimes that relate to terrorist activities.
- 1.3 Healthcare professionals will encounter individuals who are vulnerable to extremist influences and/or radicalisation. The PREVENT strategy aims to ensure that healthcare professionals are:
- Able to recognise key signs of radicalisation; and
  - Appropriately refer vulnerable individuals to their organisational safeguarding lead in order to receive suitable support and intervention.
  - If a crime is suspected, refer the matter also to the police.

### [NHS England Prevent Training and Competencies Framework \(Oct 2017\)](#)

- 1.4 At Great Ormond Street Children's Hospital NHS Foundation Trust (the "TRUST"), the Executive PREVENT LEAD is the Chief Nurse and the PREVENT strategy will be implemented by the GOSH Safeguarding Team.
- 1.5 All Staff at Great Ormond Street Children's Hospital NHS Foundation Trust
- Have an active duty to safeguard Children and Adults.
  - Must have an appropriate knowledge and understanding of Safeguarding procedures and how to contact Named Professionals and the safeguarding and social work service for advice and support.
  - Should understand their roles and responsibilities with regard to safeguarding children.

## 2. Aims and Objectives

- 2.1 The aim of this policy is to identify how staff will be supported to develop an understanding of the [PREVENT strategy](#) and how they can utilise their existing knowledge and skills to recognise that someone may have been radicalised or is at risk of being radicalised. The policy will build on existing safeguarding policies and procedures which are already in situ within the Trust.
- 2.2 The key [PREVENT strategy](#) objectives of this policy are for staff to be enabled to:
1. Challenge the ideology that supports terrorism and those who promote it.
  2. PREVENT vulnerable individuals 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 [or actual radicalisation].

### 3. Definitions

#### 3.1 **Terrorism:** means the use or threat of action that:

- involves serious violence against a person;
- involves serious damage to property;
- endangers a person's life (other than that of the person committing the action);
- creates a serious risk to the health or safety of the public or a section of the public;
- is designed seriously to interfere with or seriously to disrupt an electronic system; or
- is taken to benefit an organisation on the List of Proscribed Organisations (see link below for List).

Where that use or threat of action is either designed to:

- influence the government;
- influence an international governmental organisation;
- intimidate the public or a section of the public; or
- involves the use of firearms or explosives,

And the use or threat or action is made for the purpose of advancing a:

- political cause;
- religious cause;
- racial cause; or
- ideological cause.

**Terrorist organisation** means an organisation that:

- commits or participates in acts of terrorism;
- prepares for terrorism;
- promotes or encourages terrorism; or
- is otherwise concerned in terrorism.

Examples of terrorist organisations include:

- Religious extremists
- Far Right extremists
- Environmental extremists
- Animal Rights extremists

Please find a [full List of Proscribed Organisations under Schedule 2 of the Terrorism Act 2000 here](#)

**3.2 Radicalisation:** the process by which people adopt increasingly extreme political social or religious ideals and aspirations that undermine the status quo or contemporary ideas and expressions of freedom of choice.

**3.3 Extremism:** a vocal or active opposition to fundamental values including democracy, the rule of the law, individual liberty, and mutual respect and tolerance of different beliefs and faiths.

**3.4 Non-violent extremism:** An atmosphere conducive towards terrorism that can popularise views which terrorists exploit.

**3.5 Vulnerable Person:** someone who is susceptible to extremists' messages and is at risk of being drawn into terrorism or supporting terrorism at a point in time. (See Appendix 1).

**3.6 WRAP:** Workshop to Raise Awareness of PREVENT (“WRAP”) designed by HM Government aims to foster:

- An understanding of the Prevent strategy and your role within it
- The ability to use existing expertise and professional judgement to recognise the vulnerable individuals who may need support
- Local safeguarding and referral mechanisms and people to contact for further help and advice.

**3.7 PREVENT Concern:** A staff member should raise a concern when, in their professional judgement, staff, patients, patients’ families or visitors are at risk of being drawn into terrorism. The staff member does not require “proof” to raise a concern. However, they should be able to point to objective evidence that supports their belief. An example is if a staff member was told by the relevant individual that they frequent extremist websites aimed at recruiting individuals to engage in terrorism.

When raising a PREVENT concern, staff members should ensure that they have considered the requirements of s.149 of the Equality Act 2010 **and** are not making the judgement based solely on the following protected characteristics:

- Age
- Disability
- Gender reassignment
- Pregnancy and Maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

**3.8 CHANNEL:** a multi-agency partnership that works with existing safeguarding partnerships and crime reduction panels in order to assess referrals of vulnerable individuals that are at risk of being drawn into terrorism. Channel is administered and coordinated by police, but chaired by the local authority. Channel is part of the PREVENT strand of the [Government’s Counter Terrorism Strategy CONTEST](#). The Channel group provides a mechanism for supporting individuals who may be vulnerable to terrorist related activity by assessing the nature and the extent of the potential risk, agreeing and providing an appropriate support package tailored to the individual’s needs.

## **4. Duties and Responsibilities**

### **4.1 This policy applies to**

- All GOSH employed staff - where the individual is directly employed by GOSH either on a fixed term or permanent contract;
- Board Members – Member of the Trust Board. Specifically the Chairman, Non-Executive Directors and Executive Directors
- Governors – Member of the Council of Governors
- Contractors – individuals on-site at GOSH, who are employed by an external contracting company including consultancy work;
- Agency staff – individuals on-site at GOSH who are employed via an agency on the NHS Agency Framework;
- Honorary contract holder – individuals engaged via a GOSH Honorary contract;
- Bank staff – individuals with a GOSH bank contract;
- Volunteers - individuals employed via the GOSH volunteer programme.
- Students - students on placement within the Trust as part of their educational programme
- Observers – those over the age of 18 and wish to observe a department within GOSH
- Young visitors programme – those on placements in the different clinical areas of GOSH who are between 16-17 years of age
- Work experience candidates – students aged over 18 years old who are gaining work experience within the Trust
- Foundation Year 1 & Foundation Year 2 Placements – those training to be doctors at Foundation Year 1 and 2 level, who wish to experience a Paediatric Hospital environment to help inform future career decisions
- Research Placements – those holding a research contract issued by the research and governance team or an Honorary contract if they are undertaking both Research and Clinical work

This policy should be read in conjunction with:

- GOSH Safeguarding Children and Young People Policy
- GOSH Safeguarding Vulnerable Adults at Risk Policy
- GOSH Information Sharing Protocol
- GOSH Consent Policy

### **4.2 The Chief Executive**

The Chief Executive takes overall responsibility for Safeguarding and Child Protection Strategy.

NHS England requires that all health providers have effective arrangements in place to safeguard children and adults at risk of abuse or neglect and to assure themselves, regulators and their commissioners that these are working. These arrangements as

outlined in 'Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework' (2015).

*Please Note: See Safeguarding Children and Young People Policy for further details of responsibilities*

#### **4.3 The Executive Lead for Safeguarding**

The Chief Nurse has Executive leadership responsibility for the Trust's safeguarding arrangements and is the Executive PREVENT Lead.

- To chair Allegations Against Staff meetings

*Please Note: See Safeguarding Children and Young People Policy for further details of responsibilities*

#### **4.4 The Medical Director**

The Medical Director has a safeguarding duty in his/her role as a member of the Trust Board. In addition the Medical Director has particular responsibility for the professional practice of medical staff within the organisation and this will include practice relating to their safeguarding duties.

*Please Note: See Safeguarding Children and Young People Policy for further details of responsibilities*

#### **4.5 Divisional Boards**

The Divisional Boards are responsible for ensuring that corporate requirements for safeguarding are met within their own areas.

*Please Note: See Safeguarding Children and Young People Policy for further details of responsibilities*

#### **4.6 Associate Medical Director / Deputy Chief Nurse / Consultants / Assistant Chief Nurses / Heads of Nursing / General Managers / Heads of Department**

Ward/Unit/Department Managers are responsible for implementing the policy with their immediate staff and ensuring that they carry out the duties prescribed in this policy.

*Please Note: See Safeguarding Children and Young People Policy for further details of responsibilities*

#### **4.7 Clinical Site Practitioners**

CSPs are senior nurses whose role includes assuming responsibilities for ensuring children are safeguarded outside of office hours i.e.

- from 17.00 hrs – 09.00 hrs Monday to Friday
- at weekends
- on Bank Holidays.

*Please Note: See Safeguarding Children and Young People Policy for further details of responsibilities*

#### **4.8 Line Managers**

Must ensure that all staff members are aware of their individual roles and responsibilities in safeguarding to comply with the requirements of this and associated policies.

*Please Note: See Safeguarding Children and Young People Policy for further details of responsibilities*

#### **4.9 All Trust staff, including governors**

All Healthcare workers have a responsibility to familiarise themselves with this policy and to adhere to it.

- To report all PREVENT concerns to their Manager in line with the escalation flowchart in this policy (See [Appendix 2 & 3](#)).
- Assist their manager in appropriate escalation.

*Please Note: See Safeguarding Children and Young People Policy for further details of responsibilities*

#### **4.10 Volunteers**

If Volunteer staff have any PREVENT concerns they must inform the senior person in the area in which they are working in a timely manner or their volunteer co-ordinator.

*Please Note: See Safeguarding Children and Young People Policy for further details of responsibilities*

#### **4.11 Safeguarding Named Nurse & Safeguarding Team**

Operational Prevent Lead at GOSH falls within the remit of the Safeguarding Team.

- To manage the [PREVENT strategy](#) and policy documents on behalf of the Trust.
- To manage the implementation and operation of the [PREVENT strategy](#).
- Liaise with the Health WRAP Facilitators to plan and implement a Health WRAP training and awareness programme.
- Collating Health WRAP training data and referrals enabling the provision of reports to the NHS England Regional PREVENT Co-ordinator.
- Providing PREVENT reports to the Trust Board.

*Please Note: See Safeguarding Children and Young People Policy for further details of responsibilities*

#### **4.12 Human Resources (HR)**

Have a responsibility to familiarise themselves with this policy and to adhere to its process.

- To attend the Allegations Against Staff meeting when requested.
- To give guidance on human resources legislation.
- To hold records on human resources file as appropriate.

#### **4.13 GOSH Social Work Manager or Social Work Senior Practitioners**

Have a responsibility to familiarise themselves with this policy and to adhere to its process.

- To attend Allegations Against Staff meetings and liaise with the Local Authority Designated Officer (LADO) if required.
- To manage & make referrals to the local authority.
- To advise and brief the Matrons as to whether they should call a Person who Poses a Risk meeting.

*Please Note: See Safeguarding Children and Young People Policy for further details of responsibilities*

#### **4.14 Legal Team**

The Legal team are responsible for offering support, expert advice and guidance regarding family and criminal law and the part that Trust employees must play within the legal system.

- To attend the Allegations Against Staff meeting when requested (case-by-case basis)

*Please Note: See Safeguarding Children and Young People Policy for further details of responsibilities*

#### **4.15 Quality and Safety Team**

The Quality and Safety Team will work with the Safeguarding and Social Work teams and divisions to ensure that the appropriate risk management processes are followed so that any risks to patients, parents, families or staff are addressed and minimised by the appropriate risk management and patient safety actions being taken.

*Please Note: See Safeguarding Children and Young People Policy for further details of responsibilities*

#### **4.16 Health WRAP Facilitators**

Liaise with the Safeguarding Team & Training department to plan and implement Health Workshop to Raise Awareness of PREVENT (WRAP) sessions. To manage their own competence and knowledge base to deliver effective training.

#### **4.17 Regional PREVENT Co-ordinators**

NHS England Regional PREVENT Co-ordinators are responsible for the operational co-ordination of PREVENT across an area of the UK.

## **5. The Policy - Raising PREVENT Concerns**

### **5.1 Raising PREVENT Concerns - child/patient/service user or parent/carer**

- 5.1.1** In the event that a member of staff has concerns that a child, patients, patients' families or visitors are being influenced by extremist ideologies and are at risk of radicalisation or being drawn into terrorism they should raise a PREVENT concern with the GOSH Social work team during working hours. For out of hours the Clinical Site Practitioners (CSPs) should be contacted. (See [Appendix 2](#))
- 5.1.2** Social Work should inform the Safeguarding Team and Risk Team within 1 hour of receiving the concern notification, so that a huddle / meeting can be convened to assess the risk. Out of hours the CSP's will assess the risk and review the concerns to see if they can be addressed within working hours and ensure a Social Work referral form is completed. If the concerns cannot wait the CSP's are to contact local children's social care. (See [Appendix 2](#))
- 5.1.3** All such concerns should be discussed with the patient's multi-disciplinary care team and an electronic GOSH Social work referral form completed via the GOSH Web by the person who first raised the concern, with support from their line manager or Prevent Lead. If agreed that escalation is appropriate, the GOSH Social work team will call for a Person Who Poses a Risk meeting as referred to in the "Safeguarding Children and Young People policy" (also see [Appendix 2](#)).
- 5.1.4** If it is determined that a referral to the Local Authority and/or CHANNEL needs to be made at the time of the Person Who Poses a Risk meeting, it will be undertaken by the GOSH Social Worker in accordance with the Safeguarding Children and Young People policy. The Safeguarding Team should be notified that the referral has been made so that it can be included in the Prevent quarterly return to NHS England.
- 5.1.5** Staff can also seek general advice by contacting the Safeguarding team.
- 5.1.6** Advice for Parents and Carers on keeping children and Young People Safe from Radicalisation and Extremism. (See [Appendix 8](#))

### **5.2 Raising PREVENT Concerns - In relation to Employees**

- 5.2.1** Although there have been relatively few instances of Healthcare staff radicalising others or being drawn into extremist acts, it is still a risk that the organisation needs to be aware of and have processes within which to manage any concerns e.g. disciplinary action.
- 5.2.2** Where staff members are concerned that a Trust employee is being influenced by extremist ideologies and are at risk of radicalisation or being drawn into terrorism or is trying to radicalise others, the Trust's HR process will be used to address the concern.
- 5.2.3** Where a staff member has a concern about a colleague, this should be raised with the colleague's line manager. The form at [Appendix 4](#) should be filled out and hand delivered to the GOSH safeguarding team or forwarded by e-mail: to [Safeguarding@gosh.nhs.uk](mailto:Safeguarding@gosh.nhs.uk).
- 5.2.4** The line manager will discuss the concerns with the Safeguarding Team and Human Resources Manager in the first instance (see [Appendix 3](#)) and an Allegations Against

Staff (AAS) meeting will be called, chaired by the Chief Nurse. This meeting will assess and manage any related safeguarding risks and factors that meeting may consider are at 5.2.5 below. Records regarding AAS meetings will be held by the Safeguarding Team.

**5.2.5** If necessary, the AAS meeting may consider the following:

- The Human Resources Manager will lead on advising the line manager in relation to the appropriateness of instigating a disciplinary process.
- The Safeguarding team & Line Manager will support the completion of a Raising a PREVENT Concern Form on behalf of the staff member to the Channel coordinator only where consent has been obtained from the member of staff. (If the staff member has not given their consent, see 5.4.4, for obtaining legal and safeguarding advice.)
- From the AAS meeting of behalf of the Chief Nurse, the Safeguarding Team will assess and manage any related safeguarding risks and, where appropriate, will engage with the Police PREVENT Lead.
- A referral to the Local Authority Designate Officer (LADO), in line with Safeguarding Children and Young People Policy.

**5.2.6** Any actions or outcomes following the AAS meeting will lead to a review AAS meeting if necessary, under the direction of the chief nurse.

### **5.3 Partnership Working**

**5.3.1** It should be stressed that there is no expectation that the Trust will take on a surveillance or enforcement role as a result of PREVENT. Rather, its role with partner organisations is to contribute to the PREVENTION of terrorism by safeguarding and protecting vulnerable individuals and making safety a shared endeavour.

**5.3.2** The Safeguarding Team will engage with partnership groups with the responsibility to share concerns raised within the organisation including the Police PREVENT Steering Group.

**5.3.3** The Safeguarding Team will as appropriate represent the Trust on Local PREVENT Steering Groups and inter-agency meetings.

### **5.4 Confidentiality, Information Sharing and Disclosure**

**5.4.1** The Trust must ensure that it shares information appropriately and in compliance with the General Data Protection Regulation (GDPR) (EU) 2016/679, the Common Law Duty of Confidentiality and the Human Rights Act 1998.

**5.4.2** Before the Trust shares an individual's information with another organisation, including the local authority or CHANNEL (See [Definitions 3.8](#)), they should try to obtain consent from the relevant individual, in line with the GOSH Consent Policy. Please be aware to obtain consent from more than one person; each individual's information will need to be consented separately.

**5.4.3** In the event that consent is not obtained or withheld, and the Trust believes that the information should be shared, it will need to satisfy itself that there is a lawful basis upon which to share the information.

- 5.4.4** Trust staff members must not share information without the relevant individual's consent without first consulting both the Safeguarding team and the Trust Legal Team, who will consult with Caldicott Guardian when necessary. They will advise as to the appropriateness of sharing the information with the local authority and CHANNEL and whether or not the relevant individual should be told that their information is being shared. Some of the grounds that **may** be used for information sharing without consent are listed in [Appendix 6](#)
- 5.4.5** Following any decision to share information with or without the consent of the individual, the rationale for this (including, ideally, reference to the specific provisions of the Data Protection Act 1998) must be clearly documented in either the patient records or in HR records, depending on whether the individual is a patient or a member of staff. For individuals who are neither patients nor staff, the Safeguarding Team must be sent the documentation for safekeeping.
- 5.4.6** Sometimes a matter that causes a Prevent concern may also be a crime and/or a free-standing safeguarding issue, but this will not always be the case, and it has a bearing on what information can be shared:
- If a crime has been committed or it is suspected that a crime has been committed, information can always be shared with the police. Where there is reasonable concern or actual evidence that an individual is actually engaged in the planning or undertaking of terrorist or criminal act, then consent is not required to share information with the police that may be required by the police to assess and manage the risk of a serious criminal offence occurring. The police should be called immediately and they will advise as to whether or not the individual should be informed. Be aware that the police may not need to know all of the clinical information the Trust has available; only provide the police with clinical information relevant to the concern or evidence you are reporting.
  - If there are safeguarding issues or suspicions, the rules regarding information sharing are detailed in the Safeguarding Policy.
  - However, if a Prevent concern is neither also a crime nor a free-standing safeguarding concern, staff should make sure that information sharing outside the Trust is done with great care and, in particular, following escalation (see Appendix 2/3) to senior members of staff and the Safeguarding Team. There is an expectation that legal advice will be required on each such occasion.

## 6. Training requirements

See [Appendix 5](#) – PREVENT Training Pathway

- 6.1 All staff & volunteers have an understanding of the PREVENT strategy and be able to respond to individuals who may be at risk of being radicalised.
- 6.2 The Department of Health (DH) has developed a training package to equip healthcare workers in meeting the PREVENT related challenges.
- 6.3 All staff will receive information on PREVENT Awareness either through e-Learning or face to face training which will be valid for three years.
- 6.4 Staff members who require the Level 3 PREVENT training will have to undertake eLearning or face to face training session which will be valid for three years.

## 7. Monitoring arrangements

The following aspects of this policy will be monitored as outlined below.			
How	When	Reported to*	Monitoring of actions if required
Reported incidents categorised as 'PREVENT'	Twice yearly	Safeguarding Strategic Committee (SSC)	Actions summary to Patient Safety and Outcomes Committee via SSC
Compliance with Prevent quarterly returns to NHS England	Quarterly	NHS England	SSC
*This will be reviewed annually or following a reported event to ensure the appropriate committee and staff are informed.			

## 8. Equality Impact Assessment

<b>Title of Document:</b>		PREVENT Policy
<b>Completed By:</b>		Thomas Webster / Lauren Whyte
<b>Date Completed:</b>		06/03/201
<b>Summary of Stakeholder Feedback:</b>		
Potential Equality Impacts and Issues Identified		
Protected Group	Potential Issues Identified	Actions to Mitigate / Opportunities to Promote
Age	Policy applies to all age groups with no exceptions	NA
Disability (Including Learning Disability)	Policy may need adaptations In line with Human Rights	Particular reference is made.
Gender Re-Assignment	Policy applies to all groups with no exceptions	NA
Marriage or Civil Partnership	Policy applies to all groups with no exceptions.	NA
Pregnancy and Maternity	Policy applies to all groups with no exceptions	NA
Race	Policy applies to all groups with no exceptions	GOSH will not be discriminatory on the basis of this characteristic
Religion or Belief	Policy applies to all groups with no exceptions	GOSH will not be discriminatory on the basis of this characteristic.
Sex	Policy applies to all groups with no exceptions	NA
Sexual Orientation	Policy applies to all groups with no exceptions	NA

## 9. References

The following legislation, regulation and guidance have been used to inform this policy:

- a) [Care Act 2014](#)
- b) [Channel Duty Guidance](#)
- c) [Children Act 1989](#)
- d) [CONTEST](#)
- e) [Counter-Terrorism & Security Act 2015](#)
- f) [The General Data Protection Regulation \(GDPR\) \(EU\) 2016/679](#)
- g) [Department of Health Safeguarding Adults: The role of health services, 2011](#)
- h) [Equality Act 2010](#)
- i) [Full list of proscribed organisations under Schedule 2 of the Terrorism Act 2000](#)
- j) [Human Rights Act 1998](#)
- k) [PREVENT Duty Guidance](#)
- l) [Terrorism Act 2006](#)
- m) [Practical guidance on the sharing of information and information governance for all NHS organisations specifically for Prevent and the Channel process – \(NHSE\)](#)

## 10. Operational Guidance

**OPERATIONAL GUIDANCE**  
**Implementing PREVENT Policy**

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6	Information Sharing	<a href="#">22</a>
7	Camden Safeguarding Children Board Keeping Children and Young People safe from Radicalisation and Extremism – Advice for parents and Carers	<a href="#">23</a>
8	Key Contacts	<a href="#">24</a>
9	<a href="#">Practical guidance on the sharing of information and information governance for all NHS organisations specifically for Prevent and the Channel process – (NHSE)</a>	<a href="#">25-39</a>

## **APPENDIX 1**

### **VULNERABILITY FACTORS**

#### **Use of extremist rational (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 view and/or persuading others of the legitimacy of their cause is the primary objective of those who seek to radicalise vulnerable individuals.

#### **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 them 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 role within 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-terrorism legislation
- 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

## **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

## APPENDIX 2

### ESCALATION FLOW CHART - child/patient/service user or parent/carer

Escalation and Referral Process to Preventing people from being radicalised to become terrorists or support terrorism

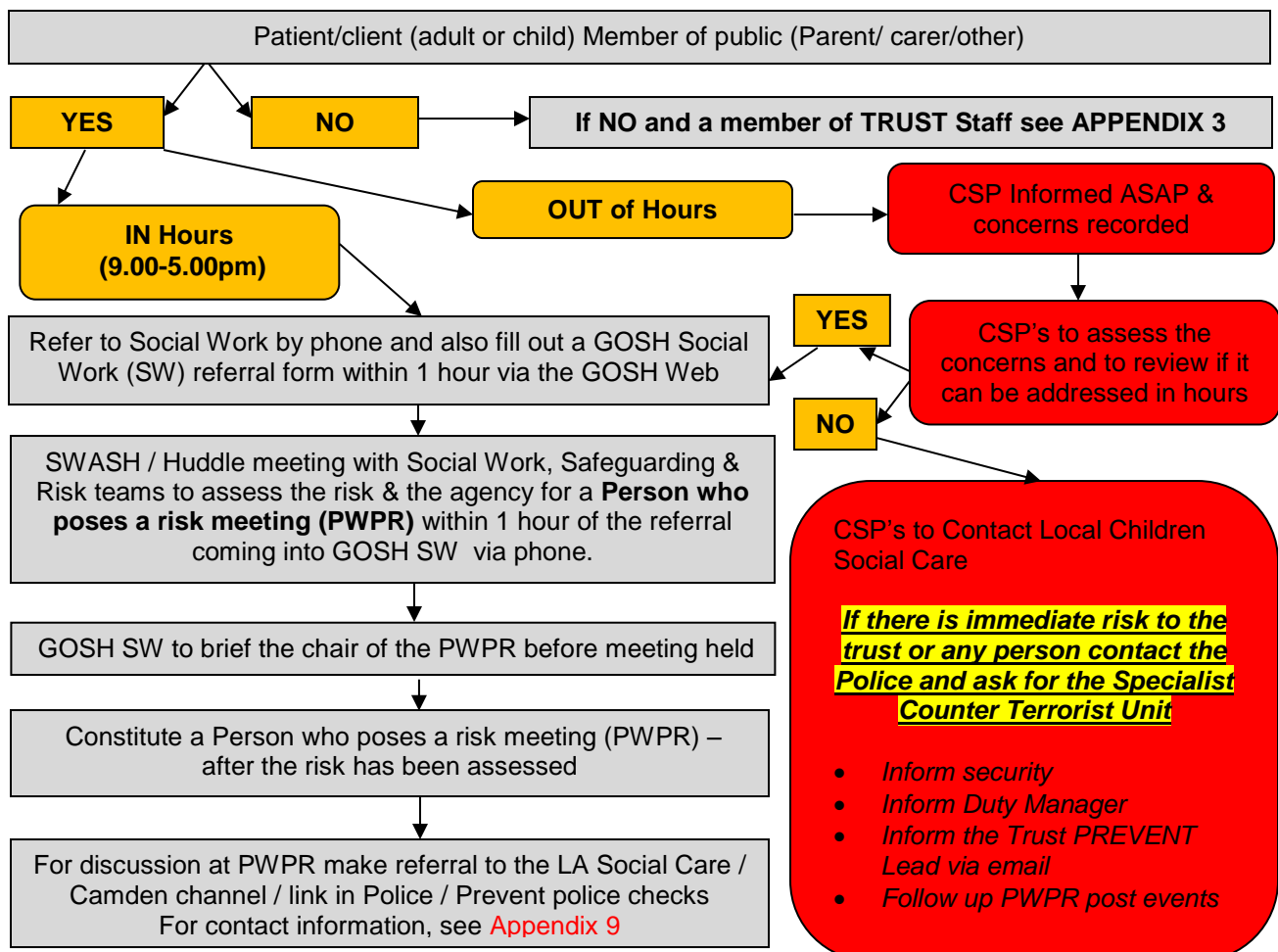
Staff have a responsibility to help the Trust fulfil its obligation to minimise risks, by identifying and supporting adults and children who may be prone to exploitation or influence from violent extremism. Staff can do this by following the PREVENT process:

- Respond to the ideological challenge of terrorism and the threat from those who promote it;
- PREVENT individuals from being drawn into terrorism and ensure that they are given appropriate advice and support;
- Work with institutions where there are risks of radicalisation that we need to address.

Staff member becomes aware of patient/client (adult or child) or member of public who may be at risk of being radicalised (by others) or self-radicalised into extremist activities

#### Is the person at immediate risk?

(Is the person indicating/showing behaviours that indicate they are likely to be an immediate risk of initiating a violent extremist attack?)



## APPENDIX 3

### ESCALATION FLOW CHART – In relation to Employees

Escalation and Referral Process for Preventing Trust Employees from being radicalised to become terrorists or support terrorism

Staff have a responsibility to help the Trust fulfil its obligation to minimise risks, by identifying and supporting adults and children who may be prone to exploitation or influence from violent extremism. Staff can do this by following the PREVENT process:

- respond to the ideological challenge of terrorism and the threat from those who promote it;
- PREVENT individuals from being drawn into terrorism and ensure that they are given appropriate advice and support;
- work with institutions where there are risks of radicalisation that we need to address.

Staff member becomes aware of member of trust staff who may be at risk of being radicalised (by others)

Member of trust staff

YES

NO

If NO see **Appendix 2**

**IN Hours**  
9.00-5.00pm Mon-Fri

**OUT of Hours**

CSP Informed ASAP & concerns recorded

Fill out **Appendix 4** & refer to Line Manager who refers to HR and PREVENT Lead

YES

NO

CSP's to assess the concerns and to review if it can be addressed in hours

Line Manager / Safeguarding & Risk teams to assess the risk & the agency for an **Allegations against staff meeting (AAS)** within 1 hour of the referral / concern coming into link manager

Line Manager to brief the chair before meeting is held

Allegations against staff meeting – after the risk has been assessed

AAS meeting to determine what the next steps are. These could be: make referral to the LA Social Care / Camden channel / link in Police / Prevent police checks  
For contact information, see **Appendix 9**

CSP's to contact *Duty Manager*

**If there is immediate risk to the trust or any person contact the Police and ask for the Specialist Counter Terrorist Unit**

- Inform security
- Inform the Trust PREVENT Lead via email
- Follow up AAS Meeting post events

APPENDIX 4

RAISING A *PREVENT* CONCERN (In Relation To Employees)

**STRICTLY CONFIDENTIAL**

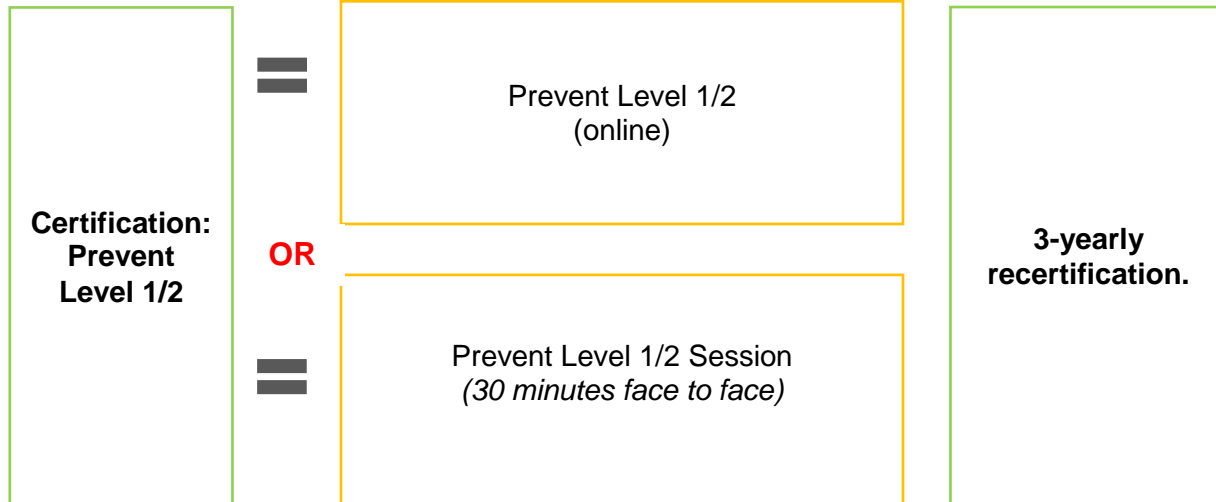
Date Form Completed:	
<b>Details of person you are concerned about:</b>	
Full Name: (First & Surname)	
DOB/Age:	
Job title:	
Contact Address: (if known)	
Telephone:	
E-mail:	
Dept / Ward / Area:	
<b>Brief details of the concern raised:</b> (Include why you feel the person may be vulnerable, any changes that may have occurred. We will contact you directly to discuss in more detail)	
<b>Details of any support in place:</b>	
<b>Is anyone else aware of this concern?</b>	

Where the <b>PREVENT</b> concern relates to a staff member, this information must be stored securely with the record for a Allegations Against Staff Meeting (the Chief Nurse's records, held by the Safeguarding Team) and possibly also in their HR record.	
<b>Details of person raising the concern</b>	
<b>Name:</b>	
<b>Job title and/or relationship to person</b>	
<b>Telephone:</b>	
<b>E-mail:</b>	
<p>This form should be sent in a sealed envelope marked <b>STRICTLY CONFIDENTIAL to: Safeguarding Team</b></p> <p>1) Handed to the GOSH Safeguarding Team</p> <p>2) or e-mail: to <a href="mailto:Safeguarding@gosh.nhs.uk">Safeguarding@gosh.nhs.uk</a> (with the subject line saying '<b>STRICTLY CONFIDENTIAL PREVENT</b>')  <i>In line with Information Governance Policy, Please NOTE only use your GOSH email accounts to send to <a href="mailto:Safeguarding@gosh.nhs.uk">Safeguarding@gosh.nhs.uk</a></i></p>	
<b>To be completed by Safeguarding Team / GOSH Social Work Team / Line Manager</b>	
<b>Date Received:</b>	
<b>Date &amp; time of Meeting held (see Appendix 2)</b>	
<b>Referrer contacted:</b>	
<b>Further action:</b>	
<b>Date:</b>	
<b>Signed:</b>	

**This information will only be shared on a need to know basis under the 'Allegations against a member of staff' Safeguarding Guidance Note –within the Safeguarding Children and Young People Policy**

## APPENDIX 5

### Prevent Training at GOSH – Pathway



The Learning and Development Department will hold a copy of the Training Needs Analysis to determine the appropriate level of Prevent training required according to role.

## APPENDIX 6

### **INFORMATION SHARING**

**The Safeguarding team and the Legal team must be consulted about whether or not to share information and where necessary will consult with the Caldicott Guardian.**

Unlike for criminal cases and some safeguarding cases, the fact of a Prevent concern does not automatically give a right to share information. Information sharing in Prevent cases must follow specific legal rules, which are different from the legal rules for information sharing about crimes and about non-Prevent safeguarding issues.

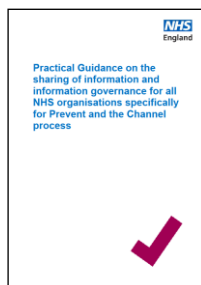
In some cases it may be appropriate to share personal information without consent following a Person Who Poses a Risk or Allegations Against Staff meeting of the patient or individual. Listed below are some of the factors that may need to be considered when deciding whether or not to share personal information without consent. However, it should be noted that these should not be applied indiscriminately and will not cover specific situations where information may be considered for sharing. Any decision to share personal data without consent should be reviewed on a case by case basis with an appropriate legal basis for the use of the data and with input from the relevant leads. It is equally important that a record is kept of any decision and the reasons for it. Bearing in mind that information sharing relies on legal knowledge and awareness of a range of legal factors, input from the Legal Team is likely to be needed.

Factors that may be relevant to information sharing

- Prevention and detection of crime and/or the apprehension or prosecution of offenders
- Serious harm or matter of life or death
- Protection of the public
- For the administration of justice (usually bringing perpetrators to justice)
- For the exercise of functions conferred on any person by or under any enactment (police/social services)
- In accordance with a court order
- Overriding public interest
- Child protection – disclosure to social services or the police for the exercise of functions under the Children Act, where the public interest in safeguarding the child's welfare overrides the need to keep the information confidential

***Please note for any concerns concerning children - See Safeguarding Children and Young People Policy for further details***

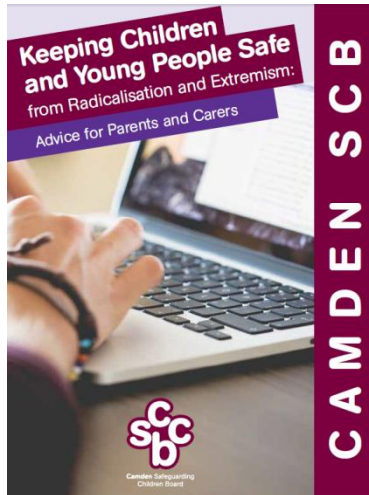
Professionals will share information according to the key principles outlined in NHS England information sharing guidance '[Practical Guidance on the sharing of information and information governance for all NHS organisations specifically for Prevent and the Channel process \(July 2017\)](#)'.



<https://www.england.nhs.uk/wp-content/uploads/2017/09/information-sharing-information-governance-prevent.pdf>

## APPENDIX 7

### Camden Safeguarding Children Board - Keeping Children and Young People safe from Radicalisation and Extremism – Advice for parents and Carers



#### How are young people radicalised?

Young people may come into contact with adults and peers with extremist views both online and in everyday life. The person may be a friend or relative or may be a stranger they meet online.

Contact online may be through social media such as Facebook, Twitter or YouTube but young people may be invited to join discussions on less well-known sites such as iKik, Whisper, Messenger, Vix Talk or Omega. Extremists often use these sites because they are harder to monitor and they can hide their identity.

Extremists often manipulate young people by using emotional triggers to engage with them, and may target them when they are experiencing difficulties such as bereavement, emotional trauma, mental health issues or social isolation.

#### What are the signs to look out for?

Individually these signs may not show evidence of radicalisation but in combination may mean the young person is subject to radicalising or extremist influences:

- Out of character changes in dress, behaviour and beliefs
- Changes in their friendship group or associating with people who hold extremist beliefs
- Losing interest in previous activities
- Changes in use of social media with increased secrecy
- Owning additional mobile phones or devices
- Showing sympathy for extremist causes
- Advocating extremist messages
- Glorifying violence
- Accessing extremist literature and imagery

#### Where to get help

If you are worried that your child may be in contact with people who are trying to radicalise them, you can call the following people for information and advice:

**Police Prevent Engagement Officer**  
07818 587396

**Camden's Prevent Co-ordinator**  
020 7974 1475

You can also talk to your child's teachers; the school will be looking out for any signs that pupils may be being targeted by extremists and may be able to help refer your child on for help if there are signs they are being radicalised.

All the professionals involved will work together with you and your child to see what support can be offered to protect your child from becoming radicalised.

#### Introduction

There have been many reports in the media recently of young people being targeted by adults and peers who hold extreme views that advocate violence. Some young people have been persuaded to leave the country in secret and against the wishes of their family, putting themselves in extreme danger as a result.

This leaflet aims to help parents and carers recognise when their child may be at risk from radicalisation and where to get help if they are worried.

If you need a copy of this booklet in another language please contact the Camden Safeguarding Children Board on 020 7974 8716

Hindi: 020 7974 8716 (Gandhi Bhawan, 100 Regent Street, London W1B 4AH)  
Urdu: 020 7974 8716 (Gandhi Bhawan, 100 Regent Street, London W1B 4AH)  
Arabic: 020 7974 8716 (Gandhi Bhawan, 100 Regent Street, London W1B 4AH)

#### How can parents keep young people safe?

- Make sure you know where your child is and who they are with, find out about your child's friends and their families.
- Be aware of your child's **online activity** and check which social media sites they are visiting; report any sites that you have concerns about.
- Talk to your child about their lives and their interests; encourage them to take up **positive activities** with local groups that you trust.
- Help your child to be **critically aware** of what they see on the TV or the internet; encourage them to see different points of view and help them to develop tolerance for others.
- Remind your child that people they contact over the internet may not be telling them the whole truth and may not inform them of any potential dangers. **If they are being asked to keep something secret then they may be at risk of harm.**
- Get help from other members of your family or community that your child looks up to.
- If you feel there is a risk that your child may leave the country, **take precautions** such as keeping their passport in a safe place and reducing their access to money.

#### Useful websites

The following websites offer information and advice:

For advice about tackling radicalisation within the family go to **Families Against Stress and Trauma** at: [www.familiesagainst.org.uk](http://www.familiesagainst.org.uk)

To report suspected online terrorist content please follow: [www.gov.uk/report-terrorist](http://www.gov.uk/report-terrorist)

Report extremist content to social media providers. Find out more at: [www.coolestreport.org/](http://www.coolestreport.org/)

[www.safefinternet.org.uk/news/online-radicalisation-and-extremism](http://www.safefinternet.org.uk/news/online-radicalisation-and-extremism)

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Camden Safeguarding Children Board  
5 Pancras Square  
London  
N1C 4AG  
Tel: 020 7974 8716  
[www.cscb.org.uk](http://www.cscb.org.uk)

#### What is radicalisation and extremism?

'Extremism' is where someone holds views that are intolerant of people who are of a different belief, ethnicity, culture, religion, gender or sexual identity. The government also includes calls for the death of members of the armed forces, both in this country and abroad as part of this definition. Extremists may try to force their views on others and in some cases, may believe that these views can justify the use of violence in order to achieve certain aims.

'Radicalisation' is the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups. Extremists will try to attract people to their cause by persuading them that their view of the world is the correct view and encouraging them to take action to change the world to fit these extremist views.

Britain is a democratic country where the principles of tolerance and mutual respect for people of all faiths and beliefs, including non-belief, are upheld by the law. Those who hold extremist views and advocate violence go against these fundamental principles.

For young people, a key part of growing up is exploring new ideas and critically questioning the world around them, and this should be encouraged in order to help them develop their understanding of the world and learn the values of tolerance and acceptance. However, this needs to be balanced against the need to protect young people from radicalisation and extremism.

#### Why do young people become radicalised?

The reasons for young people being drawn to extremist views are many and varied, but may include the following:

- They are trying to make sense of world events
- They feel that their culture or religion is under threat
- It makes them feel a sense of identity or belonging or being part of something
- They are looking for adventure or excitement
- They have a personal grievance or experience of racism or discrimination and feel they want to change things
- They are under pressure from their peers who have links with these groups.



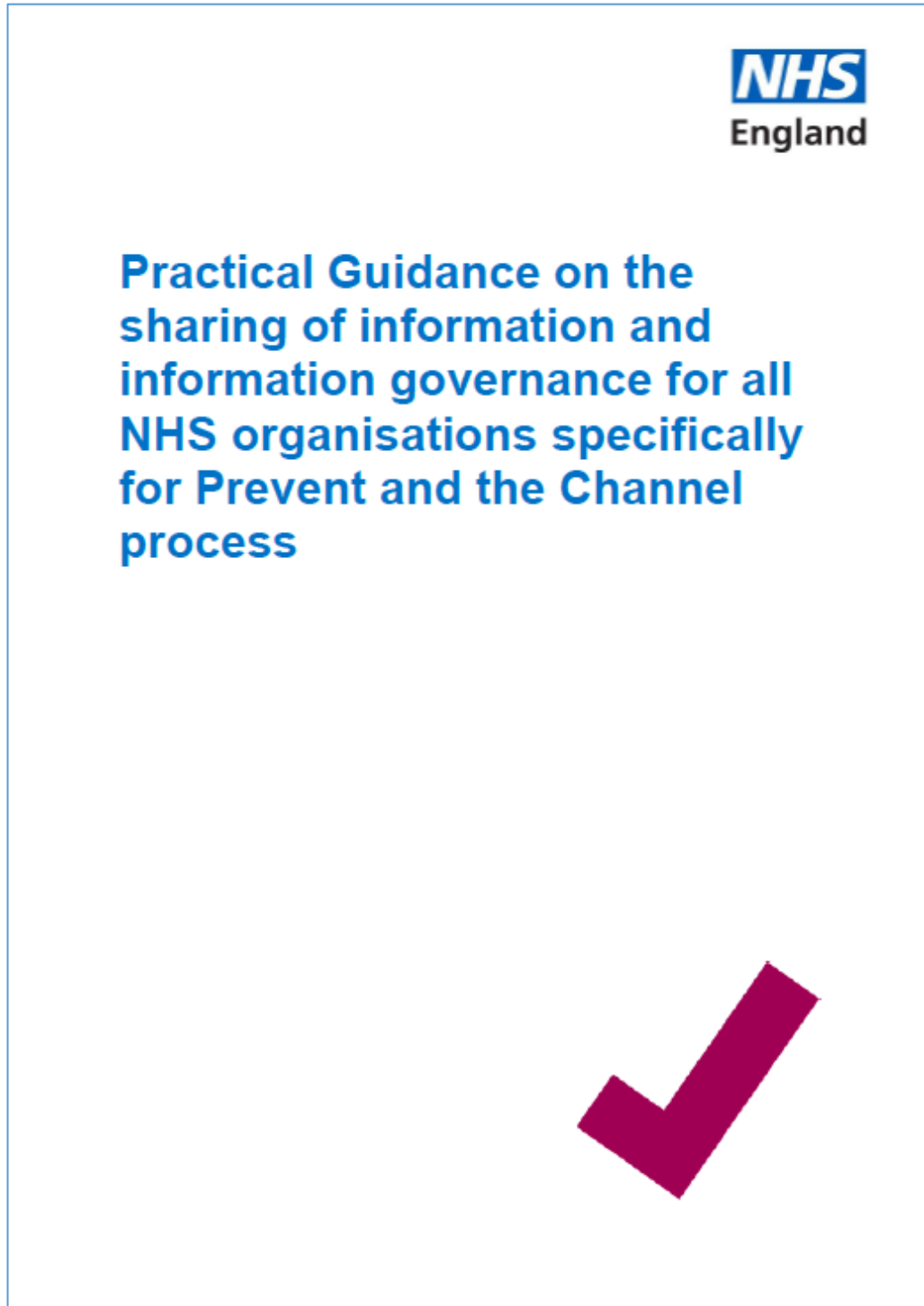
## APPENDIX 8

### Key Contacts

Name	Role	Phone No	Email Address
Lauren Whyte	Operational Prevent Lead GOSH	020 7405 9200 ext. 5044	<a href="mailto:Lauren.Whyte@gosh.nhs.uk">Lauren.Whyte@gosh.nhs.uk</a> <a href="mailto:Lauren.Whyte1@nhs.net">Lauren.Whyte1@nhs.net</a>
Janice Baker	Named Nurse - Child Protection GOSH	020 7405 9200 ext. 5126	<a href="mailto:janice.baker@gosh.nhs.uk">janice.baker@gosh.nhs.uk</a> <a href="mailto:jan.baker2@nhs.net">jan.baker2@nhs.net</a>
Paul McCann	Prevent Regional Coordinator (London)	0113 807 0164 07730375508	<a href="mailto:england.londonprevent@nhs.net">england.londonprevent@nhs.net</a> <a href="mailto:paul.mccann1@nhs.net">paul.mccann1@nhs.net</a>
Camden MASH (FOR PREVENT CONCERNS)	Camden MASH	020 7974 3317 Out of hour 020 7974 4444	<a href="mailto:lbcmarshadmin@camden.gov.uk.cjsm.net">lbcmarshadmin@camden.gov.uk.cjsm.net</a>
Karina Kaur	Camden Panel coordinator Senior Policy Officer (Preventing Extremism)	0207 974 6050 07766160873	<a href="mailto:Karina.Kaur@camden.gov.uk">Karina.Kaur@camden.gov.uk</a>
Manisha Bhikha	Communities Culture and Environment London Borough of Camden	020 7974 1475 07917 594 391	<a href="mailto:Manisha.Bhikha@camden.gov.uk">Manisha.Bhikha@camden.gov.uk</a>
Rema Patel	Camden Prevent officer		<a href="mailto:Rema.Patel@Camden.gov.uk">Rema.Patel@Camden.gov.uk</a>
Sgt Mark Fowler	SO15 Police contact for Camden Panel		<a href="mailto:Mark.P.Fowler@met.pnn.police.uk">Mark.P.Fowler@met.pnn.police.uk</a>

## APPENDIX 9

Practical guidance on the sharing of information and information governance for all NHS organisations specifically for Prevent and the Channel process – (NHSE)



**NHS England Information Reader Box****Directorate**

Nursing

**Publication Gateway Reference: 06915**

Document Purpose	Guidance
Document Name	Practical Guidance on the sharing of Information and Information Governance for all NHS organisations specifically for Prevent and the Channel Process.
Author	NHS England Prevent Team
Publication Date	July 2017
Target Audience	All NHS employees
Additional Circulation List	
Description	Guidance to strengthen the information sharing and information governance regarding Prevent
Cross Reference	
Superseded Docs (if applicable)	
Action Required	
Timing / Deadlines (if applicable)	
Contact Details for further information	Prevent Team Nursing Directorate 3 Leeds City Office Park Meadow Lane Leeds LS11 5BD

**Document Status**

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**Practical Guidance on the sharing of Information and  
Information Governance for all NHS organisations  
specifically for Prevent and the Channel Process**

Version number: 3

First published: March 2017

Updated: June 2017

Prepared by: NHS England

Classification: OFFICIAL

## Contents

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## 1 Executive Summary

- 1.1 This guidance is intended to assist those involved in Information Sharing and Information Governance for the purpose of Prevent. It is designed to assist in the decision making process about the appropriateness of sharing information (particularly sensitive health information) such as the decisions made by Caldicott Guardians.
- 1.2 There are already a number of documents to inform and guide staff in their decision making process when considering the sharing of personal information. This document provides a brief overview of the key principles that are particularly relevant to Prevent, and to highlight in the attached Appendices, the particular sections of legislation and guidance that may be relevant.
- 1.3 The guidance has been developed in response to concerns raised by health care practitioners about information sharing for the purposes of Prevent and Channel particularly when:
  - They are requested to share information without the individuals' prior consent or
  - The individual has not been explicitly identified as being at risk of harm, abuse or exploitation
- 1.4 The aim is to support practitioners to be confident in their actions and to understand how they can share information appropriately, proportionately and lawfully.
- 1.5 Effective information sharing is the key to the delivery of Prevent, enabling partners to take appropriate, informed action and is central to providing the best support to those who are vulnerable to radicalisation. This is particularly the case for objective 2 of the Prevent Strategy, 'protecting vulnerable people, who may be drawn into terrorism ensuring that they are given appropriate advice and support'. (Appendix 1)
- 1.6 Everyone who works within the NHS or is a healthcare provider in England (including staff, contractors and volunteers) has a duty of confidentiality and a responsibility to safeguard any NHS England information or data that they access.

## 2. Key Principles

2.1 The sharing of personal or sensitive personal data needs to be considered carefully, particularly if consent from the individual is not to be sought or obtained. It is considered to be good practice to have an Information Sharing Agreement [ISA] in place at a local level to support this process, this is considered to be best practice. A link to an example of an ISA is included later in this document. (Appendix 1)

2.2 It is important that this agreement is signed by the appropriate senior level member of staff, (usually the Caldicott Guardian) for each NHS organisation.

### 2.3 Necessary and Proportionate

2.4 When considering sharing of data there is a need to consider whether it is necessary and proportionate to share the information when the risk to both the individual and/or the public is considered.

2.5 When considering sharing personal data with relevant authorities, you will need to consider:

- Why are you sharing? – the purpose and the legal basis for sharing the information.
- What are you intending to share – is it relevant and proportionate for the purpose of the sharing?
- With whom – do they really need it? Do they have a lawful basis to request or to have this information?
- Consent – have you gained the consent of the data subject, or if consent has not been gained, or sought, what other legal basis are you using for disclosing the data?

### 2.6 Consent

2.7 Consent should be obtained wherever possible. If it is not obtained, or if consent is withheld, you will need to satisfy another lawful basis to share the information.

Decision making should comply with all of the following:

- Data Protection Act (DPA) 1998; (Appendix 1)
- Common Law Duty of Confidentiality (if you are looking to share sensitive personal data); (Appendix 1)
- Human Rights Act (HRA). (Appendix 1)

2.8 Compliance with the DPA and HRA are significantly simplified by having the subject's consent. Consent must be informed and unambiguous particularly in the case of sensitive personal information; the individual should understand how and

for what purpose their information will be used. If consent is received this should be recorded.

- 2.9 There will be circumstances of course, when seeking the consent of the individual will not be desirable or possible because it will prejudice delivery of the intended outcome, or may increase the risk of significant harm to the individual or the public.
- 2.10 In these circumstances there are gateways or exemptions which permit sharing of information to take place without consent, if for example, it is required by law or can be justified in the public interest.

## 2.11 The Power to Share

- 2.12 Public bodies are required to meet the requirements of the DPA, HRA and Common Law Duty of Confidentiality (CLDC). Some statutes confer a permissive or mandatory gateway to sharing information for particular purposes; such as section 115 of the Crime and Disorder Act 1998. (Appendix 1:8)
- 2.13 A permissive gateway means you may consider sharing information to help prevent or detect a crime, however, you can however still refuse to share information.
- 2.14 Whereas a mandatory gateway means you must share the information specified or requested, it imposes a legal obligation on public bodies to provide relevant information.
- 2.15 CLDC arises in situations where an individual provides sensitive information about themselves, in the expectation that the person they are disclosing to will keep that information confidential (e.g.: doctor/patient relationship). Meeting this requirement can be done by:
- Getting consent of the individual to share for a particular purpose;
  - Statutory disclosure is required (e.g. Court Order);
  - The public interest in disclosure outweighs the duty of confidence owed to the individual. Disclosure in the public interest needs to be documented and justified, be made using a balance of judgements, and used on a case-by-case basis. Disclosures made in the public interest should not be used on a routine basis.
- 2.16 It will also be necessary to ensure compliance with the DPA by (in all cases) either by meeting the processing conditions in Schedules 2 and 3 (if sensitive personal data is to be shared). Or by relying on one of the exemptions [such as section 29 for the prevention of crime].

## 2.17 Exemptions

- 2.18 The DPA contains exemptions for how data is used. They do not exempt the Data Controller from all parts of the DPA, only from certain parts (as specified in each exemption).

- 2.19 The main section for the police is the s29 exemption. This exemption allows the police to approach a Data Controller with an exemption to the DPA for the purpose of detecting or preventing a crime.
- 2.20 The Data Controller is exempt from telling data subjects they have shared any records/documents with the police, as long as the purpose for the disclosure is for the prevention or detection of crime or apprehension of offenders and to do so would prejudice the cause [investigation].
- 2.21 You will need to be certain that there is justification for not informing the data subject, a log of the decision making process should be maintained.
- 2.22 Section 29 would not automatically 'switch off' the data subject's right to be informed of the disclosure, this should be considered on a case by case basis as whilst it is likely that informing the data subject might be detrimental to an investigation, there should be no automatic assumption of this.
- 2.23 It would be advisable to seek advice and approval from the Caldicott Guardian in such matters. A record must be kept as part of a Caldicott log.
- 2.24 Section 29 also allows a Data Controller to proactively disclose information to the police, as long as the purpose is for the prevention/detection of crime, or the apprehending of offenders. The Data Controller in this case, is exempt from Principles 1-5 DPA 1998, section 10 (right to object to processing) and section 14 (right to altering, rectification, destruction etc. by court order).
- 2.25 The Data Controller will still need Caldicott approval for such a disclosure, and the same considerations apply as mentioned in s2.19 of this document which refers to justifying and logging any decision not to inform the data subject via Caldicott guardian approval
- 2.26 You may need to consider how the request for information is made; this may be by the use of an agreed document:
- Crime and Disorder Act –section 29, prevention of crime; The police typically use their own S29 forms (DP7 – non-consented disclosures and DP9 where they have the subjects consent)
  - Data Protection [processing of sensitive personal data] Order 2000,[SI 2000/417] - of particular relevance to Prevent is paragraph 1 [purpose of the prevention or detection of crime] and paragraph 4[discharge of any function designed to provide confidential counselling, advice, support or other service].
  - If you are sharing with non-public bodies you should be confident that they are aware of their own responsibilities under the DPA.

## 2.27 Legislation and guidance relevant to information sharing

- 2.28 Although not an exhaustive list, the following acts and statutory instruments may be relevant. The original legislation can be found at the Statute Law Database or type into your browser <http://www.legislation.gov.uk/>.

## 2.29 Data protection

### 2.30 Data Protection Act (DPA) 1998

2.31 The DPA is the principal legislation governing the use and processing (including collection, storage and disclosure) of data relating to individuals. The Act defines:

- personal data (as information by which an individual can be identified either on its own or with other information);
- sensitive personal data (including information about an individual's health, criminal record, and political or religious views);
- the circumstances in and extent to which they can be processed details the rights of data subjects.

2.32 All of the eight data protection principles (which are listed in part 1 of schedule 1 to the Act) must be complied with when sharing personal data but the first data protection principle is particularly relevant. The first data protection principle states that personal data shall be processed:

- **Fairly**; this requirement for fair processing will not be met if the data subject is not informed about that processing, without good reason for not doing so.
- **Lawfully** (meaning that there is the power to share and other statutory and common law obligations must be complied with), and only if a condition in schedule 2 and, if sensitive personal data is involved, schedule 3 is met.

2.33 Both of these requirements must be met to comply with the first data protection principle. The DPA cannot render lawful any processing which would otherwise be unlawful.

2.34 If compliance with the data protection principles is not possible, then one of the exemptions (such as the prevention of crime under section 29 of the Data Protection Act 1998) may apply, which may exempt you from some of the Principles.

### 2.35 Data Protection (Processing of Sensitive Person Data (Appendix A) Order 2000

2.36 This Statutory Instrument (SI 2000/417) specifies further conditions under which sensitive personal information can be processed, including conditions where the processing must necessarily be carried out without the explicit consent of the data subject.

2.37 Of particular relevance to Prevent are paragraph 1 (for the purposes of prevention or detection of crime), and paragraph 4 (for the discharge of any function which is designed for the provision of confidential counselling, advice, support or any other

service).

- 2.38 The first data principle states that personal data shall be processed fairly and lawfully, meaning that other statutory and common law obligations must be complied with, and that the DPA cannot render lawful any processing which would otherwise be unlawful. Schedules 2 and 3 of the Act provide the conditions necessary to fulfil the requirements of the first principle.

**2.39 Human Rights Act (HRA 1998)**

- 2.40 Article 8 of the European Convention on Human Rights has particular relevance to Prevent. It states that individuals have a right to respect for private and family life. The HRA further states that:
- 2.41 "Everyone has the right to respect for his private and family life, his home and his correspondence", and that public authorities shall not interfere with "the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others".

**2.42 Common Law Duty of Confidentiality (CLDC)**

- 2.43 CLDC is built up from case law and its basis is that information that has the necessary quality of confidence should not be used or disclosed further, except as originally understood by the discloser, or with their subsequent permission. Some situations and relationships (such as Doctor/Patient relationship) also add a level of quality to the information imparted, which can help to achieve the necessary threshold for CLDC. Case law has been established that exceptions can exist "in the public interest"; and confidentiality can also be overridden, or set aside, by legislation.
- 2.44 The Department of Health [DH] has produced a code of practice concerning confidentiality, which is required practice for those working within or under contract to NHS organisations. DH – Code of Practice on protecting the Confidentiality of service user information [Jan 2012. chapters 3 and 5]. (Appendix 1).

**2.45 Gateways, exemptions and explicit powers**

**2.46 Crime and Disorder Act (CDA) 1998**

- 2.47 Section 115 confers a power to disclose information to a "relevant authority" on any person who would not otherwise have such a power, where the disclosure is necessary or expedient for the purposes of any provision of the Act.
- 2.48 The "relevant authority" includes a chief officer of police in England, Wales or Scotland, a police authority, a local authority, a health authority, a social landlord or a probation board in England and Wales. It also includes an individual acting on behalf of the relevant authority. The purposes of the CDA include, under

section 17, a duty for the relevant authorities to do all that they reasonably can to prevent crime and disorder in their area.

**2.49 Common Law Powers**

2.50 Because the range of partners, with whom the police deal has grown – including the public, private and voluntary sectors, there may not be either an implied or explicit statutory power to share information in every circumstance. This does not necessarily mean that police cannot share the information, because it is often possible to use the common law. The decision to share using common law will be based on establishing a policing purpose for the activity that the information sharing will support, as well as an assessment of any risk.

**2.51 The Code of Practice on the Management of Police Information (MoPI)**

2.52 The Code of Practice on the Management of Police Information (MoPI) defines policing purposes as: protecting life and property, preserving order, preventing the commission of offences, bringing offenders to justice, and any duty or responsibility of the police arising from common or statute law. (Appendix 1)

**2.53 Local Government Act 1972**

2.54 Section 111 provides for local authorities to have "power to do anything...which is calculated to facilitate, or is conducive or incidental to, the discharge of any of their functions".

**2.55 Local Government Act 2000 (Appendix A – Section 2(1))**

2.56 Local Government Act 2000 (Appendix A – Section 2(1)) provides that every local authority shall have the power to do anything which they consider is likely to achieve the promotion or improvement of the economic, social or environmental wellbeing of the area.

2.57 National Health Service Act (NHSA) 2006 Section 251 of the NHSA 2006 provides a power for the Secretary of State to make regulations governing the processing of patient information.

**2.58 Offender Management Act (OMA) 2007**

2.59 Section 14 of the OMA enables disclosure of information to or from providers of probation services, by or to Government departments, local authorities, Youth Justice Board, Parole Board, chief officers of police and relevant contractors, where the disclosure is for the probation purposes (as defined in section 1 of the Act) or other purposes connected with the management of offenders.

## Appendix 1 – Further reading

Documents are available in support of this guidance and have been referenced throughout. This guidance should therefore be read in conjunction with the following documents:

1. Prevent Duty 2015  
<https://www.gov.uk/government/publications/prevent-duty-guidance>
2. Example Information Sharing Document [ISA]  
[www.this.nhs.uk/fileadmin/IG/interagency-information-sharing-protocol.pdf](http://www.this.nhs.uk/fileadmin/IG/interagency-information-sharing-protocol.pdf)
3. Data Protection Act [DPA] 1998 – Paragraph 1 is of particular relevance to Prevent.  
<https://www.gov.uk/data-protection/the-data-protection-act>
4. Common Law Duty of Confidentiality  
<https://www.health-ni.gov.uk/articles/common-law-duty-confidentiality>
5. Human Rights Act [HRA] 1998 – Schedule 1 part 1 article 8  
[www.legislation.gov.uk](http://www.legislation.gov.uk)
6. Information Commissioner's Office Guidance on Interpretation of the DPA  
<https://ico.org.uk/for-organisations/guide-to-data-protection/>
7. Department of Health [DOH] – Code of Practice on protecting the confidentiality of service user information Jan 12 p43, ch5  
<https://www.health-ni.gov.uk/publications/dhssps-code-practice-protecting-confidentiality-service-user-information>
8. Crime and Disorder Act 1998 – section 29 prevention of crime – section 115  
<http://www.legislation.gov.uk/uksl/2000/417/made>
9. Management of Police Information .[MOPi]  
<https://ict.police.uk>
10. Channel Duty Guidance  
<https://www.gov.uk/government/publications/channel-guidance>
11. Caldicott and Caldicott 2  
<https://www.gov.uk/government/publications/the-information-governance-review>
12. NHS Confidentiality Code of Practice (Privacy Impact Assessment – P27 1st paragraph)  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/200146/Confidentiality - NHS Code of Practice.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf)
13. Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers  
<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

14. European Convention on Human Rights

<http://rightsinfo.org/the-rights-in-the-european-convention>

15. NHS-wide Code of Practice and supplementary guidance on public interest disclosures

<https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice>

## Appendix 2 – Key messages

All IG/ Information sharing agreements that are signed on behalf of the organisation should have specific reference to Prevent.

All safeguarding policies should reference Prevent.

If you are a Channel Panel member and are asked to sign an explicit and specific confidentiality agreement for the purposes of Channel you should ensure that your organisational Caldicott or Data Controller is sighted on the document.

All staff should be aware of who their organisational Data Controller is and how to contact them as they are responsible for giving guidance within an organisation.

Consideration should be given as to how staff, particularly Prevent Leads, are made aware of the process and legal position for sharing information legally.

In line with information sharing policy there should be clarity as to what basis the information is being shared, is it being shared for safeguarding purposes or national security or the prevention of crime.

**Get in touch**

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