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**Prevent Policy**

**April 2025**

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| **Authorship:** | Rachael Sharp Designated Professional Safeguarding AdultsEmma Stevens Designated Professional for Safeguarding Adults |
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 **The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as ‘uncontrolled’ and as such may not necessarily contain the latest updates and amendments.**

**AMENDMENTS**

Amendments to the policy may be issued from time to time. A new amendment history will be issued with each change.

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# Introduction

Prevent is part of the government's counter terrorism strategy (Contest 2023) and aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

Under the [Counter-Terrorism and Security Act 2015](https://www.legislation.gov.uk/ukpga/2015/6/contents/enacted), the Prevent duty requires specified authorities, which includes health, to help prevent the risk of people becoming terrorists. Specified health authorities have a core role in leading health multi agency initiatives to counter terrorism at a local level.

The Prevent duty guidance for England and Wales sets out the expectations that Integrated Care Boards have oversight of fulfilling the Prevent duty and ensuring effective delivery. This is also set out in the Safeguarding Accountability and Assurance Framework 2024.

# Purpose

For the purposes of this policy, Integrated Care Board will be referred to as ‘the ICB’. The Policy outlines the ICB approach to supporting the Prevent agenda.

This policy applies to all staff working within the ICB whether employed, contracted or on a voluntary basis.

The ICB Executive Director of Nursing & Quality is the accountable Prevent lead and is responsible for the overall strategic direction, external reporting and providing assurance at board level. Designated Professionals will lead on the delivery of Prevent and partnership working in localities.

# Definition/ Explanation of Terms

The following terms will be used throughout this document

**Prevent** – the aim is to stop people from becoming terrorists or supporting terrorism. Prevent also extends to supporting the rehabilitation and disengagement of those already involved in terrorism. [Prevent duty guidance: for England and Wales (accessible) - GOV.UK](https://www.gov.uk/government/publications/prevent-duty-guidance/prevent-duty-guidance-for-england-and-wales-accessible)

**Prevent Duty** - requires specified authorities such as education, health, local authorities, police and criminal justice agencies (prisons and probation) to help prevent the risk of people becoming terrorists or supporting terrorism. It sits alongside long-established safeguarding duties

**Contest** – is the UK's counter-terrorism strategy. It aims to reduce the risk from terrorism so that people can go about their lives freely and with confidence. Contest has 4 strands: Pursue: investigate and disrupt terrorist attacks.

[Counter-terrorism strategy (CONTEST) 2023 - GOV.UK](https://www.gov.uk/government/publications/counter-terrorism-strategy-contest-2023)

**Terrorism** - The current UK definition is set out in the [Terrorism Act 2000](https://www.legislation.gov.uk/ukpga/2000/11/contents). In summary this defines terrorism as ‘The use or threat of serious violence against a person or serious damage to property to influence governmental organisation or intimidate the public, for the purpose of advancing political, religious, racial or ideological cause.

**Radicalisation** - The process of legitimising support for, or use of, terrorist violence.

**Extremism** - 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.

**Vulnerability** – describes the condition of being bin need of special care, support, or protection because of ager, disability, risk of abuse or neglect.

**Susceptibility** – refers to the fact that a person may be likely or liable to be influenced or harmed by terrorist and extremist ideologies that support or radicalise people into terrorism. A person's susceptibility maybe linked to their vulnerability, but not all who people susceptible will be vulnerable. [Prevent duty guidance: for England and Wales (accessible) - GOV.UK](https://www.gov.uk/government/publications/prevent-duty-guidance/prevent-duty-guidance-for-england-and-wales-accessible)

**Channel** – A multi-agency approach to protect people at risk from radicalisation.

Channel uses existing collaboration between local authorities, statutory partners (such

as education and health sectors, social services, children’s and youth services and

offender management services, the police and the local community to:

• Identify individuals at risk of being drawn into terrorism

• Assess the nature and extent of that risk and

• Develop the most appropriate support plan for the individual concerned

Channel is about safeguarding children/looked after children and adults from being

drawn into committing terrorist-related activity. It is about early intervention. To protect

and divert away from the risk they face before illegality occurs.

# Scope of the Policy

The overarching Prevent standard for commissioners is:

*‘The organisation can clearly demonstrate visibility and oversight of delivery of Prevent duty. Prevent is incorporated as business as usual within safeguarding processes and structures’.*

[Prevent duty: core standards for healthcare commissioners and providers - GOV.UK](https://www.gov.uk/government/publications/prevent-duty-core-standards-for-healthcare-commissioners-and-providers/prevent-duty-core-standards-for-healthcare-commissioners-and-providers)

This policy applies to NHS Humber and North Yorkshire ICB and all its staff and must be followed by all those who work for the organisation, including the Integrated Care Board, Integrated Care Partnership, those on temporary or honorary contracts, secondments, pool staff, contractors and students. All health care professionals have a responsibility to safeguard children and adults at risk of abuse or neglect in the NHS.

Every ICB staff member has a duty and must take responsibility for identifying, responding and sharing information that they have regarding Prevent safeguarding concerns and should not assume that someone else will make the necessary enquiries or referrals.

# Duties/ Accountabilities and Responsibilities

## Duties within the organisation

The NHS Humber and North Yorkshire ICB has the responsibility for the implementation, development and management of each policy. As follows:

## Chief Executive

 The Chief Executive Officer holds ultimate accountability for ensuring that robust arrangements are in place to demonstrate compliance with the Prevent duty in line with legislation, policy and guidance.

## Director of Nursing

The ICB Executive Director of Nursing & Quality has the delegated responsibility for safeguarding as the executive board level lead and the oversight of the requirements of NHS statutory duties for safeguarding under the Prevent duty as set out in Counter-Terrorism and Security Act 2015.

## ICB Safeguarding Team

The Designated Professionals for safeguarding adults and children are responsible for the operationalisation of the Prevent agenda across the ICB geography. The Designated professionals represent the ICB at strategic multi-agency meetings and will work closely with Prevent Leads in partner organisations to ensure that appropriate processes, policies and training plans are in place.

## All Staff

All staff, including temporary and agency staff are responsible for:

* All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.
* Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities.
* Identifying the need for a change in policy and procedures as a result of becoming aware of changes in practice, changes in statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly. Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.
* Ensuring they are compliant with Prevent training, in line with the requirements of their job role.

A Prevent prompt tool has been included in Appendix 2 is designed to offer some guidance to staff when working with people who may be susceptible to being drawn into terrorism.

## Commissioners

Within the NHS, the Prevent duty guidance for England and Wales sets out the expectation that local commissioners and providers of NHS services, have oversight of fulfilling the Prevent duty and ensuring effective delivery. This is also set out in the Safeguarding accountability and assurance framework [NHS England » Safeguarding children, young people and adults at risk in the NHS](https://www.england.nhs.uk/long-read/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs/).

## Responsibilities for approval

The Humber and North Yorkshire ICB Board will approve the first iteration of

this policy and then 3 yearly unless there are any changes required during this time. The ICB Quality Committee will approve subsequent versions.

# Policy Document Requirements

The Health Service is a key partner in the Prevent agenda in accordance with the

Statutory Prevent Duty Guidance in the Counter-Terrorism and Security Act 2015

revised 2019. It applies to all parts of the NHS including charitable organisations

and private sector bodies which deliver health services directly or indirectly to NHS

patients. This also applies to any services commissioned by NHS Humber and North

Yorkshire ICB.

All ICB staff have a key role in Prevent. The strategy focuses on working with

individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist-related activity. Raising concerns about an individuals' risk of radicalisation does not imply they are a terrorist.

**Radicalisation risk indicators**

Those who work in frontline support roles, such as healthcare settings, are well placed to notice if someone is displaying concerning behaviour.

Though everyone is different, and there is no checklist that can tell us if someone is being radicalised or becoming involved in terrorism, there are common signs to be aware of. As just a few examples, someone may be in the process of becoming radicalised if they are:

* justifying the use of violence to solve societal issues
* altering their style of dress or appearance to accord with an extremist group
* unwilling to engage with people who they see as different
* using certain symbols associated with terrorist organisations

(This list is indicative, not exhaustive)

Radicalisation by extremist groups or individuals can be perpetrated in many ways. However, radicalisers are increasingly exploiting online opportunities to target those who are susceptible to radicalisation.

Someone may be in the process of becoming radicalised online if they are:

* viewing or accessing extremist content online
* sharing or posting extremist content online
* agreeing with posts inciting violence, glorifying terrorism, or dehumanising groups
* encouraging others to access extremist content online

(This list is indicative, not exhaustive)

**Raising a Concern the first steps**

It is a key NHS safeguarding requirement for staff to know who to contact and where to seek advice if they have concerns about an individual who may be being radicalised into terrorist activity, and to be able to raise concerns and act when they arise.

If a staff member has a concern about a person being radicalised, staff may wish to follow the notice, check, share process described below.

|  |  |
| --- | --- |
| Notice | If you notice behaviours in a person that cause you concern, consider whether the person is susceptible to radicalisation. There could be many different reasons for these behaviours, not just radicalisation. It’s important to understand the context before jumping to any conclusions. |
| Check | Discuss your concern with your line manager and the Designated Professional for Safeguarding in your area. Checking before sharing a concern is a way of making sure you have gathered as much relevant information as possible before making a referral. When gathering and sharing information, ensure you comply with data protection laws and always follow your organisation’s arrangements. |
| Share | Once you have gathered the relevant information, make a referral to the police using the National Prevent Referral Form - you should speak to your Prevent lead to obtain your local areas version of this form.In some cases, you may do this referral directly yourself. In other cases, the organisational Prevent lead or equivalent, or the local authority, may do this on your behalf. |

If you are worried that someone you know or have had contact with is susceptible to being radicalised, you should:

* Contact the police on 999 if there is imminent risk or danger present
* Raise the issue with your Line Manager
* Inform the Designated professional leading on Prevent in that locality.
* Make a referral using the local referral pathways (in Appendix 1)
* Consider a referral to adult or children safeguarding when appropriate
* Ensure a record is kept of any actions/ referrals taken and that these are kept in a secure and confidential manner inline with ICB policies.

\* Remain mindful to ensure online patient access is restricted.

**Escalating concerns in relation to staff**

The ICB acknowledges that there are potential risks that staff could be at risk of radicalisation and it is therefore essential to have processes in place to manage any related concerns effectively.

Where a staff member expresses views, brings materials into the organisation, uses or

directs patients to extremist websites or acts in other ways to promote terrorism, the

organisation will use human resources processes in order to address the

concerns.

Where staff have concerns or suspects a colleague/ staff member is susceptible to becoming radicalised, they should in the first instance raise this with their line manager.

Staff should also refer to relevant HR policies including those relating to managing allegations against staff.

6.4.2 **Channel Process – following the referral**

The Channel process is a key element of the Contest strategy and is a multi-agency

approach to receiving referrals from agencies to protect and prevent vulnerable

people at risk from radicalisation.

There may be times that the referrer/ staff member is asked to attend Channel process to share information and work in collaboration with partners to formulate a support plan.

The diagram below shows the process of a referral being submitted through to the Channel pathways and support:



6.4.3 **Information Sharing, Confidentiality and PREVENT**

When considering the sharing of personal data, there is a need to decide whether it is necessary, proportionate and lawful to share this information when the risk to both the individual and/or the public is considered.

Effective information sharing is 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 being drawn into terrorism.

When considering sharing information with relevant authorities, staff need to consider:

* The purpose and legal basis for sharing
* Is it relevant and proportionate and necessary to share the information?
* Does the relevant authority have a legal basis for requesting information?
* Has consent been gained? if not, what legal basis is being used to share the information?

There are occasions when it may not be appropriate to seek consent, before sharing information such as a disclosure for a safeguarding purpose. If staff have concerns or in doubt it is always advisable to speak with the ICB governance lead or Caldicott guardian.

**Consent**

Although consent to share personal data is the gold standard and must be the preferred option, there are times when it is not possible gain consent to safeguard people. Advice can be sought via the Designated Professionals and/ or the Information Governance team.

The Data Protection Act 2018 and GDPR has strengthened the need for consent and to define and clarify a purpose for which the information is shared [Consent | ICO](https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/lawful-basis/consent/). The legislation ensures that data sharing can continue to:

* Prevent and investigate a crime
* Bring offenders to justice
* Safeguard the vulnerable
* Keep communities safe

[Prevent and the Channel process in the NHS: information sharing and governance - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/prevent-and-the-channel-process-in-the-nhs-information-sharing-and-governance/prevent-and-the-channel-process-in-the-nhs-information-sharing-and-governance%22%20%5Cl%20%22necessary-proportionate-and-lawful-to-share-information)

In cases where a person may lack capacity to give informed consent, a referral can be made in certain circumstances without consent and under the best interest principle of [Mental Capacity Act 2005](https://www.legislation.gov.uk/ukpga/2005/9/contents).

There may also be circumstances a legal requirement or a court order which compels staff to disclose information. If in doubt advise should be sought through the information governance lead/ Caldicott guardian.

# Consultation

Consultation of this document will take place with Directors of Nursing, Human Resources, and partner organisations including the Home Office and other members of the NHSE Regional Prevent group.

# Training

In England, all staff working in health and social care settings must complete training on preventing radicalisation. NHS Prevent training and competencies framework - GOV.UK ([www.gov.uk](http://www.gov.uk))

The ICB will ensure that all staff receive Prevent training as appropriate to their role.

All ICB staff will have access to Prevent sessions via ESR which HR will identify as part of mandatory training requirements.

All staff working in health care should complete the following every 3 years:

* Level 1/2 - Preventing Radicalisation – Basic Prevent Awareness
* Level 3 - Preventing Radicalisation – Awareness of Prevent Level 3

This training includes:

* learning how to recognise key signs of radicalisation
* understanding the pathways for available support
* understanding the Channel multi-agency support programme where necessary

This can be accessed through ESR and e-learning for health care.

* Level 4, 5 and 6 (Specialist and Board) Training commensurate with roles and responsibilities in the ICB will be undertaken in accordance with [NHS Prevent training and competencies framework - GOV.UK (www.gov.uk)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fnhs-prevent-training-and-competencies-framework&data=05%7C02%7Crachaelsharp%40nhs.net%7C15cce280c86144834ed208dce77059b6%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638639716930723406%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=ACkumnnlV5i67F73njW%2FilFt9YTpfYnHDxxk%2FEPyzaw%3D&reserved=0).

**Prevent training is essential for all staff on induction, with updates provided annually will be provided with training undertaken every 3 years.** Supplementary training can also be accessed via [Prevent duty training](https://www.support-people-susceptible-to-radicalisation.service.gov.uk/) on GOV.UK.

Line managers will be responsible for ensuring compliance with Prevent training and the level required for each role.

# Monitoring Compliance

Humber and North Yorkshire ICB will agree a method for monitoring and dissemination and implementation of the policy.

**Permissive Environments**

Within the ICB, understanding and addressing permissive environments is a critical aspect of the Prevent strategy, aimed at safeguarding individuals from the risks of radicalisation. Permissive environments refer to settings or conditions where individuals may feel supported, tolerated, or unchallenged in expressing or developing extremist views or behaviours.

The ICB will ensure safe and inclusive spaces, that promoteenvironments that uphold diversity and equality while discouraging harmful ideologies. By fostering vigilant and inclusive environments, the ICB can help prevent conditions that may enable radicalisation, ensuring the safety and wellbeing of patients, staff, and the wider community.

# Arrangements for Review

The Humber and North Yorkshire ICB will ensure that this policy document is reviewed in accordance with records management with a minimum of every three years.

The HNY ICB Safeguarding Committee will be responsible for the reviewing of the document, and the first policy will subsequently be referred to the ICB Quality Committee for ratification.

# Dissemination

The policy will be available to all staff via the intranet.

# Associated Documentation

Counter-terrorism strategy (CONTEST) 2023 - GOV.UK ([www.gov.uk](http://www.gov.uk))

Counter terrorism and Security act 2015: <https://www.legislation.gov.uk/ukpga/2015/6/contents/enacted>

 NHS Prevent training and competencies framework - GOV.UK (www.gov.uk)

Prevent and the Channel process in the NHS: information sharing and governance - GOV.UK ([www.gov.uk](http://www.gov.uk))

Prevent and the Channel process in the NHS: information sharing and governance - GOV.UK (www.gov.uk)

Safeguarding Accountability and Assurance Framework (2024) <https://www.england.nhs.uk/long-read/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs/>

Working Together to Safeguard Children (2024) <https://assets.publishing.service.gov.uk/media/669e7501ab418ab055592a7b/Working_together_to_safeguard_children_2023.pdf>

# Appendices

Appendix 1: Local Referral pathways

Appendix 2: Prevent Prompt Tool

Appendix 3: QEIA

# Impact Assessments

## Equality

NHS Humber and North Yorkshire ICB is committed to creating an environment where everyone is treated equitably and the potential for discrimination is identified and mitigated. It aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It is required that a Quality and Equality Impact Assessment (QEIA) is carried out on a

new policy that is likely to impact on patients, carers, communities, or staff.

A copy of the QEIA has been included in Appendix 3.

## Sustainability

A Sustainability Impact Assessment has been undertaken. No positive or negative impacts were identified against the twelve sustainability themes. The results of the assessment are displayed on the internet with this policy.

## Bribery Act 2010

Due consideration has been given to the Bribery Act 2010 in the development (or review, as appropriate) of this policy document.

## General Data Protection Regulations (GDPR)

The UK General Data Protection Regulation (GDPR)/ Data Protection Act 2018 includes the requirement to complete a Data Protection Impact Assessment for any processing that is likely to result in a high risk to individuals. Consideration should be given to any impact the policy may have on individual privacy; please consult NHS Humber and North Yorkshire ICB Data Protection Impact Assessment Policy. If you are commissioning a project or undertaking work that requires the processing of personal data, you must complete a Data Protection Impact Assessment.

The ICB is committed to ensuring that all personal information is managed in accordance with current data protection legislation, professional codes of practice and records management and confidentiality guidance. More detailed information can be found in the Data Protection & Confidentiality Policy and related policies and procedures.

# Appendix 1 PREVENT Referral Pathways

Hull [Prevent – Hull Collaborative Partnership](https://www.hullcollaborativepartnership.org.uk/information-professionals/prevent/3#:~:text=A%20Prevent%20referral%20does%20not,from%20engaging%20in%20harmful%20activity.)

East Riding [Prevent – Support for people at risk of radicalisation](https://www.eastriding.gov.uk/living/crime-and-community-safety/prevent-support-for-people-at-risk-of-radicalisation/#:~:text=For%20further%20advice%20and%20support,%40eastriding.gov.uk.)

North East Lincolnshire [SaferNEL | Prevent terrorism - SaferNEL](https://safernel.co.uk/prevent-terrorism/#:~:text=If%20you%20would%20like%20a,gov.uk%20to%20request%20one.&text=If%20you%20have%20a%20concern,North%20East%20team%20on%20101.)

North Lincolnshire [North Lincs SAB | PREVENT Humberside Channel Referral Form - North Lincs SAB](https://www.northlincssab.co.uk/professionals/prevent-humberside-channel-referral-form/)

North Yorkshire [Prevent | North Yorkshire Partnerships](https://www.nypartnerships.org.uk/prevent)

York [Prevent - counter-terrorism – CYSCP](https://www.saferchildrenyork.org.uk/safeguarding-information/prevent-counter-terrorism#:~:text=Make%20a%20Prevent%20referral&text=Telephone%3A%2001904%20555742,preventenquiries%40york.gov.uk)

# Appendix 2 Prevent Prompt tool

The following prompt tool is designed to offer some guidance when working with people who may be susceptible to being drawn into terrorism. The prompt tool is not expected to be used within its entirety, but to offer assistance in areas to consider before, during and after consultations. Whilst there is often no definitive disclosure of abuse, the prompt tool can assist staff to explore their gut feeling through history, observations (including auditory) and further prompts.

Notice - Check - Share

|  |  |  |  |
| --- | --- | --- | --- |
| **ASSESSING CONCERNS DURING CONTACTS** | **YES** | **NO** | **NO INFORMATION?****DON’T KNOW** |
| **PRE SCREENING – CONSIDER INCREASED SUSCEPTABILITY TO BEING DRAWN INTO TERRORISM** |  |  |  |
| Staff member has concerns of susceptibility to be drawn into terrorism or a disclosure is made |  |  |  |
| Are there any previous safeguarding concerns? Think of family members and any Adverse Childhood Experiences (ACE’s) |  |  |  |
| Is there a diagnosis of a neuro – diverse condition such as Autism/ ADHD that could impact on their susceptibility? |  |  |  |
| Are there any current or historical mental health concerns? |  |  |  |
| Are family or social networks known to have or be involved in extremism? |  |  |  |
| Do they have a current or historical need for a sense of belonging, identity or meaning – that may cause harm to self or others? |  |  |  |
| Are they going through a transitional period in their life – moving house, family break up, moving to a new area, loss of significant other? |  |  |  |
| Do they have unlimited access to situations that could present them with an opportunity to become involved with a groupthey would not normally associate with? |  |  |  |
| Are they or known to justify the use of violence to solve societal issues? |  |  |  |
| Are they articulating support for extremist causes or leaders? |  |  |  |
| Are there any significant changes to appearance and/or behaviour? |  |  |  |
| Is there evidence of social isolation? |  |  |  |
| **USING A PHONE CONSULTATION** |
| Service user sounds anxious on the phone provides only limited answers to conversation |  |  |  |
| Service user talks about new interests and places they are visiting, which is unusual for them |  |  |  |
| Are they presenting angry? Displaying mood swings? Are they expressing insecurities/ feelings of vulnerability/ alienation |  |  |  |
| Do they want to dominate the conversation? Are they vocalising about ideologies? Are they trying to convince you to support their view? |  |  |  |
| Are they seeking out your understanding/ permission about the particular purpose they are talking about? |  |  |  |
| **USING A VIDEO CONSULTATION/ FACE TO FACE** |
| Are there signs of extremist material/ literature in the property? Is there evidence of accessing extremist websites,especially those with a social networking element? |  |  |  |
| Do you know who else is present in the room? Are they someone you recognise from the family? Is it a new friendship group? Check if the patient is happy to proceed with the consultation if other people are around. |  |  |  |
| Articulating support for extremist causes or leaders |  |  |  |
| How does the patient present? Is this very different to usual? Have they changed their appearance? |  |  |  |
| **NOTICE –** Notice Something of concern**CHECK –** Check your concern and ask the opinion of someone you trust to see if they agree**SHARE –** Share the concern if you/ your trusted person feel that it is warranted |
| **Consider additional safeguarding features for children or adults** |
| Families where there are family members/children with learning difficulties or disabilities; |  |  |  |
| Consider if a safeguarding referral needs completing for a child or an adult at risk? Consider if a Channel Panel referral needs completing? |  |  |  |
| Carers with limited support or individuals who are socially isolated may require support |  |  |  |
| Families where there are known adverse childhood experiences such as mental health, domestic abuse |  |  |  |
| Is there evidence of unusual access to funds or equipment? |  |  |  |
| Emotional or mental health problems in parents or children |  |  |  |
| Are there new people who appear to have moved into the service user’s home? |  |  |  |
| Are there apparent financial issues for the family or does a service user appear to not have control over their finances? |  |  |  |
| Situations where there are other safeguarding concerns such as exploitation or modern day slavery |  |  |  |
| How does the room look? Is there any obvious evidence extremist material including posters/ videos? Are there any obvious environmental risks, particularly if there are young children in the home? |  |  |  |
| Are there concerns around clutter or hoarding within the home environment? That would be unusual for them |  |  |  |
| Concerns that the individual does not appear to be looking after themselves? |  |  |  |
| Is there any concern around the person’s ability to make decision, consider Mental Capacity Act 2005? |  |  |  |
| **Trust your instincts** |
| If something doesn’t feel right…it probably isn’t right!You could:* *Check it out with any other professional involved with the family (Health Visitor, Social Worker, etc.) – do they have any other information about how things are going?*
* *Go back to the family – follow up your instincts and check in again with a call or text*
* *Use professional curiosity – take a more holistic approach*
* *Seek supervision with your line manager/ supervisor/ safeguarding team or Prevent lead in your organisation*
* *Offer a face-to- face consultation (if only telephone or virtual contact)*
* *If there is an IMMEDIATE RISK of a terror incident taking place you MUST call 999 or the Anti-Terrorist Hotline (0800 789321) You can contact your local police force on 101 for non-urgent concerns*
* ***If in doubt always share your concern***
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# Appendix 3: EQIA

