**Mid & South Essex Integrated Care Board:**

**Prevent Policy**

# Document Control:

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| Policy Name | Mid & South Essex Integrated Care Board (MSE ICB): Prevent Policy |
| Policy Number | MSE ICB 071 |
| Version | 2.0 |
| Status | Final Version Approved |
| Author / Lead | Safeguarding Lead |
| Responsible Executive Director | Executive Chief Nursing Officer |
| Responsible Committee | Quality Committee |
| Date Ratified by Responsible Committee | 23rd February 2024 |
| Date Approved by Board/Effective Date | 23rd February 2024 |
| Next Review Date | 23rd February 2026 |
| Target Audience | This policy is applicable to all staff employed by the Mid & South Essex Integrated Care Board (MSE ICB) and will include those staff who are employed on a permanent, temporary, voluntary, contract, self-employed, bank or agency basis. |
| Stakeholders engaged in development of Policy (internal and external) | N/A |
| Impact Assessments Undertaken  *(Delete if non-applicable)* | Equality and Health Inequalities Impact Assessment |

# Version History

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| Version | Date | Author (Name and Title) | Summary of amendments made |
| 0.1 | 24/01/22 | Safeguarding Lead | First draft of policy |
| 0.2 | 06/02/22 | Governance Lead | Final amends prior to adoption |
| 0.3 | 21/06/22 | Sara O’Connor | Policy Ref No added |
| 1.0 | 08/07/22 | Charlotte Tannett | Final review of version 1.0. |
| 1.1 | 09/01/24 | Prevent Lead | Review of version 1.0 for approval by Quality Committee:   * MSE ICB to support, manage, and deliver its responsibilities in relation to the ‘Prevent’ statutory duty. * Policy is reflective of updated legislation and NHSE Guidance. * Policy now contains local element of ‘MSE ICB’. * Alternative title to reflect policy purpose (*was ‘071- Counter terrorism and Security Act 2015 (including Prevent Duty and Radicalisation)’.* |
| 2.0 | 23/02/24 | Prevent Lead | Approved by Quality Committee |

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## Introduction

The Counter Terrorism and Security Act 2015 requires that all NHS organisations have a Prevent policy in place and this policy should demonstrate their statutory duties to prevent people being drawn into terrorism. The Prevent Statutory Duty Guidance for England and Wales (2023) states that:

* Delivery of Prevent is a legal requirement and applies to all areas, regardless of priority.
* The duty applies to bodies which have significant interaction with people who could be vulnerable to radicalisation.
* Healthcare professionals have a key role to play in Prevent as they will meet and treat people across the local population.

This policy sets out how Mid & South Essex Integrated Care Board (MSE ICB) will support, manage, and deliver its responsibilities in relation to this statutory duty. MSE ICB is committed to ensuring vulnerable individuals are safeguarded from being radicalised into violent extremism and supporting or becoming terrorists themselves as part of the Home Office Counter-Terrorism Strategy (CONTEST) (2018).

<https://www.gov.uk/government/publications/prevent-duty-guidance/prevent-duty-guidance-for-england-and-wales-accessible>

[Counter-terrorism strategy (CONTEST) 2018 - GOV.UK](https://www.gov.uk/government/publications/counter-terrorism-strategy-contest-2018)

Intelligence suggests that the United Kingdom (UK) remains at risk of being subject to a terrorist attack. This is not necessarily from foreign nationals, but also from individuals born in the UK.

The CONTEST Strategy is primarily organised around four key principles. Work streams contribute to four programmes, each with a specific objective:

* Prevent - to stop people becoming terrorists or supporting terrorism.
* Pursue - to stop terrorist attacks.
* Protect - to strengthen our protection against a terrorist attack.
* Prepare - to mitigate the impact of a terrorist attack.

Prevent does not only include violent extremism, but also non-violent extremism which can reasonably be linked to terrorism such as narratives used to encourage people into participating or supporting terrorism. Safeguarding children, young people and adults from extremism or radicalisation, is no different to other safeguarding harms, many of which are interconnected.

Channel is an important aspect of Prevent. The Channel programme provides support across the country to those who may be vulnerable to being drawn into terrorism. The overall aim of the Channel programme is early intervention and diverting people away from the risk they may face. The Channel Duty Guidance (updated 2023) was additionally issued under the Counter Terrorism and Security Act 2015 to support members and key partners of local panels involved in the Channel process.

[Channel duty guidance - GOV.UK](https://assets.publishing.service.gov.uk/media/651e71d9e4e658001459d997/14.320_HO_Channel_Duty_Guidance_v3_Final_Web.pdf)

## Purpose

### Aims

* + 1. This policy aims to make clear the duties of MSE ICB employees in relation to Prevent and should be read in conjunction with the MSE ICB Safeguarding Policies, Southend, Essex and Thurrock (SET) Safeguarding and Child Protection Procedures (2022), <https://www.escb.co.uk/media/2739/set-procedures-may2022.pdf> and SET Safeguarding Adult Guidelines (2023) <https://www.essexsab.org.uk/guidance-policies-and-protocols>
    2. This policy is aimed at safeguarding children, young people, and adults from being drawn into terrorist related activity and to foster a consistent and proportionate approach to raising awareness of Prevent as part of the wider safeguarding duties of the MSE ICB.

## Scope

* + 1. This policy is applicable to all staff employed by the MSE ICB and will include those staff who are employed on a permanent, temporary, voluntary, contract, self-employed, bank or agency basis. The above will be referred to ‘all staff’ in this policy.
    2. All commissioned provider services, services that work in partnership with other providers and independent contractors are expected to have robust policies and guidelines in place to support their staff in relation to their responsibilities for safeguarding children, young people, and adults.
    3. Effective partnership should be demonstrated by engaging appropriately where required with other partners, such as the police and Prevent leads in local authorities. This allows for an up-to-date awareness of risk and threat posed, and latest developments in operational delivery and best practice.
    4. This document provides information for health professionals about the context and implementation of Prevent. It looks at the important role that health can play at a local level, and how they can lead the vital work that is necessary to safeguard individuals against radicalisation.

## Definitions

* **Counter radicalisation** – refers to the process of protecting vulnerable people from being drawn into terrorist related activity.
* **Extremism** – is defined in the Prevent Strategy as vocal or active opposition to fundamental shared values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
* **Interventions** - projects intended to divert people who are being drawn into terrorist activity. Interventions can include mentoring, counselling, theological support, encouraging civic engagement, developing support networks (family and peer structures) or providing mainstream services (education, employment, health, finance or housing).
* **Islamism** – this term refers to the interpretation of Islam as a utopian model of politics, law, and society superior to any other model. Islamists - those that follow the ideology of Islamism - seek to overturn systems based on non-Islamist values, which they consider opposes their political interpretation of divine law and theology. Islamism is a political ideology, and it is wrong to equate it to the Islamic faith.
* **Radicalisation** - refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.
* **Right-Wing Extremism** – in the UK can be broadly divided into three strands:
* Cultural Nationalism is a belief that Western culture is under threat from mass migration into Europe and from a lack of integration by certain ethnic and cultural groups.
* White Nationalism is a belief that mass migration from the ‘non-white’ world, and demographic change, poses an existential threat to the ‘white race’.
* ‘Western culture’ - White Supremacism is a belief that the ‘white race’ has certain inalienable physical and mental characteristics that makes it superior to other races.
* **Terrorism** – an action (defined in the Terrorism Act 2000, updated 2006) <https://www.legislation.gov.uk/ukpga/2006/11/contents> that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use of the threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing political, religious, or ideological cause.
* **Susceptibility** to radicalisation may be linked to vulnerability - but that does not mean all people susceptible to radicalisation will be vulnerable, and there are other circumstances, needs or other underlying factors that may make a person susceptible to radicalisation but do not constitute a vulnerability.
* **Mixed,** unclear, and unstable view - used to describe instances where people show or display a combination of elements from multiple ideologies (mixed), shift between different ideologies (unstable), or where the individual does not present a coherent ideology but may still pose a terrorism risk (unclear).
* **Left anarchist and single issues -** Encompasses a wide range of ideologies. It includes those from the extreme political left-wing as well as anarchists who seek to use violence to advance their cause in seeking to overthrow the State in all its forms.

## Roles and Responsibilities

### ICB Board

* + 1. The MSE ICB Board is accountable and responsible for ensuring that the MSE ICB has effective processes to ensure compliance. The Board is assured through the work of the Quality Committee.

### Quality Committee

* + 1. This committee is responsible for the detailed oversight and scrutiny of the MSE ICB processes for ensuring compliance with the safeguarding guidance.

### Chief Executive

* + 1. The MSE ICB Chief Executive has overall responsibility to have processes in place to ensure that all staff are aware of this policy and their safeguarding responsibilities and ensure that appropriate resources exist to meet the requirements of this policy. This role is supported by the Executive Chief Nursing Officer, who in turn is supported by the Designated Lead Nurses Safeguarding for expert advice.

### Executive Chief Nursing Officer

* + 1. TheExecutive Chief Nursing Officer, is the MSE ICB overall Executive Lead for safeguarding and Prevent and:
* Is responsible for the execution of all safeguarding responsibilities on behalf of the Chief Executive and the Board members.
* Promotes the safeguarding of children, young people, and adults within commissioning arrangements to meet identified quality standards through quality scrutiny processes.

### All Staff

* + 1. **All staff must:**

Understand the implications of this policy and their individual roles and responsibilities as outlined in the Intercollegiate documents (see section 7.4 below).

<https://www.gov.uk/government/publications/nhs-prevent-training-and-competencies-framework>

* + 1. **Information sharing**

Information sharing should comply with the DHSC (2022) Prevent and The Channel Panel process in the NHS: Information sharing and governance.

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

## Policy Detail

### Prevent, Counter-Extremism and Integration

* + 1. Examples of indicators that an individual is engaged with an extremist group, cause or ideology include:
* Spending increasing time in the company of other suspected extremists.
* Changing their style of dress or personal appearance to accord with the group.
* Their day-to-day behaviour becoming increasingly centred around an extremist ideology, group or cause.
* Loss of interest in other friends and activities not associated with the extremist ideology, group or cause.
* Possession of material or symbols associated with an extremist cause (e.g., the swastika for far-right groups).
* Attempts to recruit others to the group/cause/ideology.
* Communications with others that suggest identification with a group/cause/ideology.
  + 1. Example indicators that an individual has an intention to use violence or other illegal means include:
* Clearly identifying another group as threatening what they stand for and blaming that group for all social or political ills.
* Using insulting or derogatory names or labels for another group.
* Speaking about the imminence of harm from the other group and the importance of action now.
* Expressing attitudes that justify offending on behalf of the group, cause, or ideology.
* Condoning or supporting violence or harm towards others.
* Plotting or conspiring with others.
  + 1. Example indicators that an individual is capable of contributing directly or indirectly to an act of terrorism include:
* Having a history of violence.
* Being criminally versatile and using criminal networks to support extremist goals.
* Having occupational skills that can enable acts of terrorism (such as civil engineering, pharmacology, or construction).
* Having technical expertise that can be deployed (e.g., IT skills, knowledge of chemicals, military training, or survival skills).

### Consent

* + 1. People who are vulnerable to violent extremism or radicalisation are more likely to be reached by supportive services if issues of consent are handled with sensitivity and an informed understanding of the issues. Before making a referral, practitioners should respond as we would to all concerns, by clarifying the information.
    2. For children this will ordinarily involve talking to the child/young person and their family (unless the family is implicated in potential extremism), and to other professionals working with the child/young person. Any referral should be made with the young person/family’s knowledge and consent, unless to do so would place the child/young person at risk of harm. Consideration should be given to the child’s age, maturity, and mental capacity, applying the Gillick competency.

<https://www.gov.uk/government/publications/nhs-prevent-training-and-competencies-framework>

* + 1. For adults, it is best practice for the practitioner to seek the consent of the person who may be at risk of extremism or radicalisation before taking action or sharing information. In some cases, where a person refuses consent, or, where it is decided seeking consent from the adult is not appropriate, information can still lawfully be shared if it is in the public interest to do so. This may include protecting someone from serious harm or preventing crime and disorder. The rationale for doing so should be recorded.
    2. When there are grounds to doubt the capacity of those aged 16 and over, steps need to be taken to provide support to enable an informed decision is made whether to consent to work with the Channel Panel. Please refer to the [Mental Capacity Act 2005](http://www.legislation.gov.uk/ukpga/2005/9/contents) for further information.

### Prevent and Channel referral process

* + 1. Concerns that an individual may be vulnerable to radicalisation do not mean that you think the person is a terrorist, it means that you are concerned they are prone to being exploited by others and thus, is a safeguarding concern. Safeguarding vulnerable people from radicalisation is no different to safeguarding them from other forms of potential harm. <https://assets.publishing.service.gov.uk/media/651e71d9e4e658001459d997/14.320_HO_Channel_Duty_Guidance_v3_Final_Web.pdf>

**Referral Flowchart**

Concern regarding individual expressing Extremist views/ behaviour(s).

If a member of staff is referred to Prevent, refer to point 6.3.6

Liaison with ICB Prevent Lead for support/ guidance.

Referral to Essex Police Prevent via portal

[Prevent | Essex Police](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.essex.police.uk%2Fadvice%2Fadvice-and-information%2Ft%2Fprevent%2Fprevent%2F&data=05%7C02%7Ccheryl.gerrard1%40nhs.net%7C9b8a3b965ee44c6b3ca208dc0223ae3c%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638387599774713372%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=%2FdViwUKeOv3JESoqBX4pF7KBYyzE9qntQKFGI%2BXWrB0%3D&reserved=0)

with or without consent/ knowledge (rationale)

Care planning and consent

Information sharing for Channel Panel

Review by Police – as SET LA guidance for terrorism risks.

Decision to progress to Police space/ Channel Panel / ‘No Further Action’ (NFA)

* + 1. There are several ways to seek advice:

Speak to the MSE ICB Prevent Lead or the MSE ICB Safeguarding Team via: [mseicb-bb.msesafeguardingadminsupport@nhs.net](mailto:mseicb-bb.msesafeguardingadminsupport@nhs.net)

* Call Police on 101 and state that you would like advice on a Prevent issue.
* If you see or hear something that could be terrorist related call the anti-terrorist hotline on 0800 789 321.
* If you require urgent police assistance, call 999.
  + 1. All Prevent referrals should comply with the [SET Prevent Policy and Guidance](https://www.essexsab.org.uk/professionals/guidance-policies-protocols/).
    2. Prevent referrals should be made to Essex Police on [Prevent | Essex Police](https://www.essex.police.uk/advice/advice-and-information/t/prevent/prevent/) - *click on ‘make a referral’ at the bottom of the page and complete the online form.* The MSE ICB Prevent Lead should be notified of all referrals made by staff.
    3. All Prevent concerns about children, young people and adults should be shared with the relevant local authority children and adults’ social care.
    4. Prevent concerns in relation to members of staff will be risk assessed by their line manager, Human Resources, and the Deputy Director of Nursing for Safeguarding.

## Monitoring Compliance

### Contract and Performance Management

* + 1. As commissioners of services, the MSE ICB has a responsibility to seek assurance that NHS providers consider the Prevent strategy when delivering their services in line with the legal duty placed on them by [The Counter Terrorism & Security Act 2015](https://www.legislation.gov.uk/ukpga/2015/6/contents/enacted). The key elements of this duty are further outlined in the revised [Prevent duty guidance](https://www.gov.uk/government/publications/prevent-duty-guidance) (2023) which refers to the Department of Health's [Building Partnerships Staying Safe: guidance document](https://www.gov.uk/government/publications/building-partnerships-staying-safe-guidance-for-healthcare-organisations)  as the way health organisations should deliver Prevent.

### Staff Training

7.2.1 Under the Prevent Duty, the health sector is required to ensure that healthcare workers are able to identify early signs of an individual being drawn into radicalisation. Additionally, any provider commissioned using the NHS Standard Contract has a wider contractual safeguarding responsibility which includes Prevent. Staff must be able to recognise key signs of radicalisation and be confident in referring individuals to their organisational safeguarding lead thus enabling them to receive the support and intervention they require.

7.2.2 The Prevent training and competencies framework has been developed to encourage a consistent approach to training and competency development in respect of Prevent. And to ensure that NHS providers meet their legislative responsibilities to equip people to work effectively to safeguard and promote the welfare of children, young people and adults in relation to Prevent <https://www.gov.uk/government/publications/nhs-prevent-training-and-competencies-framework>

7.2.3 To ensure consistency in training and competency development, the framework should be used in conjunction with the Intercollegiate Documents:

* Adult Safeguarding: Roles and Competencies for Health Care Staff (2018) [Adult Safeguarding: Roles and Competencies for Health Care Staff](https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069)
* Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019) [Safeguarding Children and Young People: Roles and Competencies for ...](https://www.rcn.org.uk/professional-development/publications/pub-007366)
* Looked After Children: Roles and Competencies of Healthcare Staff (2020) [Looked After Children: Roles and Competencies of Healthcare Staff](https://www.rcn.org.uk/professional-development/publications/rcn-looked-after-children-roles-and-competencies-of-healthcare-staff-uk-pub-009486)

## Arrangements for Review

This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.

If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the MSE Integrated Care Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the MSE Integrated Care Board.

## Associated Policies, Guidance and Documents

MSE ICB Safeguarding Adults and Children (including Children in Care/Looked After Children) Policy (2022) <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.midandsouthessex.ics.nhs.uk%2Fwp-content%2Fuploads%2F2022%2F07%2F063-Safeguarding-Adults-and-Children-incl-CIC-LAC-V1.0-1-1.docx&wdOrigin=BROWSELINK>

MSE ICB Safeguarding Supervision Policy (2022)

<https://www.midandsouthessex.ics.nhs.uk/publications/064-safeguarding-supervision-policy-v1-0/>

MSE ICB Managing Investigation Guidelines (2022)

[Connect Online Managing-Investigations-Guidelines.pdf– Default (sharepoint.com)](https://nhs.sharepoint.com/sites/99F_Connect/Shared%20Documents/Forms/Default.aspx?id=%2Fsites%2F99F%5FConnect%2FShared%20Documents%2FHR%2FHR%2DGuidance%2FManaging%2DInvestigations%2DGuidelines%2Epdf&parent=%2Fsites%2F99F%5FConnect%2FShared%20Documents%2FHR%2FHR%2DGuidance)

MSE ICB Staff Volunteering Guidance (2023)

[Connect Online - MSE-ICB-Staff-Volunteer-Guidance.pdf – Default (sharepoint.com)](https://nhs.sharepoint.com/sites/99F_Connect/Shared%20Documents/Forms/Default.aspx?FolderCTID=0x012000D3FA0BB4D0AC2C42ABDA5495403A358F&id=%2Fsites%2F99F%5FConnect%2FShared%20Documents%2FHR%2FHR%2DGuidance%2FMSE%2DICB%2DStaff%2DVolunteer%2DGuidance%2Epdf&parent=%2Fsites%2F99F%5FConnect%2FShared%20Documents%2FHR%2FHR%2DGuidance)

Guidance: NHS Prevent training and competencies framework (2022) <https://www.gov.uk/government/publications/nhs-prevent-training-and-competencies-framework/nhs-prevent-training-and-competencies-framework>

MSE ICB Equality in Employment Policy (2022)

[033-Equality-in-Employment-Policy-V1.0.docx (live.com)](https://view.officeapps.live.com/op/view.aspx?src=https://www.midandsouthessex.ics.nhs.uk/content/uploads/2022/08/033-Equality-in-Employment-Policy-V1.0.docx&wdOrigin=BROWSELINK)

## Equality Impact Assessment

The EIA for this policy has been included in Appendix A.

## Appendix A - Equality Impact Assessment

**INITIAL INFORMATION**

|  |  |
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| **Name of policy: PREVENT Policy**  **Version number (if relevant): 1.0** | **Directorate/Service**:  MSE ICB Nursing & Quality |
| **Assessor’s Name and Job Title:**  Cheryl Gerrard, Prevent Lead | **Date:** 9th January 2024 |

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| **OUTCOMES** |
| *Briefly describe the aim of the policy and state the intended outcomes for staff* |
| The MSE ICB Prevent policy is part of the UK Government and NHS England’s wider Counter Terrorism Strategy to safeguard both adults, children, and young people from being drawn into terrorist related activity. This will foster a consistent and proportionate approach to raising awareness of Prevent as part of the wider safeguarding duties of the MSE ICB. |
| **EVIDENCE** |
| *What data / information have you used to assess how this policy might impact on protected groups?* |
| There is potential for this Policy to have both a positive and negative impact on people with protected characteristics (see table below). Part of the focus of Prevent training is on awareness raising and challenging stereo types. Communications and learning materials relating to this Policy should avoid discriminating against people. |
| *Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?* |
| This is an MSE ICB Policy, and consultations have taken place with MSE ICB Safeguarding team, MSE ICB Director of Nursing (Safeguarding) and MSE ICB Executive Chief Nurse/Prevent Lead, Counter Terrorism Vetted Officer. |

**ANALYSIS OF IMPACT ON EQUALITY**

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

* ***Positive outcome*** *– the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups.*
* ***Negative outcome*** *–**protected group(s) could be disadvantaged or discriminated against.*
* ***Neutral outcome*** *–**there is no effect currently on protected groups.*

Please tick to show if outcome is likely to be positive, negative, or neutral. Consider direct and indirect discrimination, harassment and victimisation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Protected  Group | Positive  outcome | Negative  outcome | Neutral  outcome | Reason(s) for outcome |
| Age |  |  | √ | No impact identified |
| Disability  (Physical/Learning) | √ |  |  | The Health & Care Act (2022) makes provision for mandatory training on learning disability (LD) and autism for all staff.  As a result, NHSE have recommended that all relevant staff complete the ‘Oliver McGowan’ mandatory training on LD & autism.  There is potential for this policy to have both a positive and a negative impact on people with LD & autism.  Teaching & learning resources as above should enable staff to identify and support individuals with LD & autism from being drawn into radicalisation.  This supports the requirement to promote equality and foster positive relationships. |
| Religion or belief | √ |  |  | There is potential for this policy to result in discrimination against different religions or beliefs, for example stigmatising and stereotyping.  To mitigate this impact the policy promotes training that aims to challenge these types of stereotypes and assumptions.  The NHS Prevent Training & Competencies Framework ensures that all staff have completed the relevant level of training required.  This supports the requirement to promote equality and foster positive relationships. |
| Sex (Gender) |  |  | √ | Prejudice, intolerance, and anti-minority activism is not considered within the Prevent space as it does not have an extremist ideology. |
| Sexual  Orientation |  |  | √ | Prejudice, intolerance, and anti-minority activism is not considered within the Prevent space as it does not have an extremist ideology. |
| Transgender/ Gender Reassignment |  |  | √ | Prejudice, intolerance, and anti-minority activism is not considered within the Prevent space as they do not have an extremist ideology. |
| Race and ethnicity | √ |  |  | There is potential for this policy to result in discrimination against different races. The MSE ICB has an anti-discriminatory ethos which is embedded in the organisations policies.  To mitigate this impact the Prevent policy promotes training that aims to challenge stereotypes and assumptions.  The NHS Prevent Training & Competencies Framework ensures that all staff have completed the relevant level of training required.  This supports the requirement to promote equality and foster positive relationships. |
| Pregnancy and maternity (including breastfeeding mothers) |  |  | √ | No impact identified |
| Marriage or Civil Partnership |  |  | √ | Prejudice and intolerance are not considered within the Prevent space as it does not have an extremist ideology. |

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| **MONITORING OUTCOMES** |
| Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals. |
| *What methods will you use to monitor outcomes on protected groups?* |
| Analysis of themes from whistle blowing, complaints, claims, incidents, and any other relevant data held within MSE ICB. |

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| **REVIEW** |
| *How often will you review this policy / service?* |
| Every 2 years as a minimum and earlier if there are any significant changes in legislation, national or local policy. |
| *If a review process is not in place, what plans do you have to establish one?* |
| Policy should be reviewed in 2026 |