

<b>Corporate</b>	<b>CCG CO24 Prevent Policy</b>
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Version Number	Date Issued	Review Date
V1.1	January 2022	01 July 2022 (or in line with Integrated Care Board establishment)

<b>Prepared By:</b>	Safeguarding Adults Lead
<b>Consultation Process:</b>	Head of Corporate Affairs Executive Committee
<b>Formally Approved:</b>	January 2022
<b>Approved By:</b>	Executive Committee
<b>Policy Adopted From:</b>	CO24 Prevent Policy (1)

## Equality Impact Assessment

Date	Issues
January 2020	See Section 21

## POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3 year period.

## Accessible Information Standards

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact [cdccg.enquiries@nhs.net](mailto:cdccg.enquiries@nhs.net)

## Version Control

Version	Release Date	Author	Update comments
V1	April 2020	Safeguarding Adults Lead	New policy template.
V1.1	January 2022	Safeguarding Adults Lead	Policy extended in light of ICB establishment

## Approval

Role	Name	Date
Approval	Combined Working Group Combined Management Board	10 March 2020
Approval	Executive Committee	11 January 2022

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## 1. Introduction

Prevent is part of the Government's Counter-Terrorism Strategy (2011) CONTEST, which is led by the Home Office. The health sector has a non-enforcement approach to Prevent and focuses on support for vulnerable individuals and healthcare organisations in recognising and helping stop vulnerable individuals from becoming terrorists or supporting terrorism.

CONTEST also includes the following elements in addition to Prevent:

- Pursue: to stop terrorist attacks.
- Protect: to strengthen our protection against a terrorist attack.
- Prepare: to mitigate the impact of a terrorist attack.

In order to deliver the Prevent agenda, three national objectives have been identified:

- Objective 1: respond to the ideological challenge of terrorism and the threat we face from those who promote it.
- Objective 2: prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.
- Objective 3: work with sectors and institutions where there are risks of radicalisation which we need to address.

“Channel” forms a key part of the National Prevent Strategy. This is a multi- agency process to identify and provide support to individuals who are at risk of being drawn into terrorism.

Prevent Duty Guidance for England and Wales: Guidance for specified authorities in England and Wales on the duty in the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism has been published and the Prevent Duty came into force on 1<sup>st</sup> July 2015. [Prevent Duty Guidance for England and Wales](#)

CCGs are not specifically captured in either the Prevent or the Channel Duty however they have responsibilities as a result of their role within the health system. See Appendix 1 for CCG Prevent Duties Responsibilities.

### 1.1 Status

This policy is a corporate policy.

### 1.2 Purpose and Scope

For the purposes of this policy, County Durham Clinical Commissioning Group will be referred to as “the CCG”. This policy outlines Clinical Commissioning Group’s (CCG) approach to supporting the Prevent agenda.

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

The CCG Prevent Lead is the Designated Nurse for Safeguarding Adults/Designated Nurse Safeguarding & Looked After Children and who’s responsibility it is to ensure all CCG staff have Prevent training in accordance with the “Prevent Training and Competences Framework” NHS England 2017

<https://www.england.nhs.uk/publication/prevent-training-and-competencies-framework/>

## **2. Definition**

The following terms are used in this document

### **2.1 Terrorism**

Actions of individuals or groups who seek to bring about social or political change through actions intended to cause harm, loss of life, disruption or raise attention through fear and/or damage to property

### **2.2 Radicalisation**

The process of grooming an individual to support, encourage or condone violence to advance terrorist ideology.

### **2.3 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.

### **2.4 Contest**

Strategy sits under the home office and is a national strategy or long term plan of action designated to reduce the risk of terrorism, by stopping people becoming terrorists, preventing terrorist attacks, strengthening the UK's resilience to terrorism and facilitating emergency preparedness procedures in the event of an attack.

### **2.5 Prevent Strategy**

Challenging terrorist ideologies, supporting those who are vulnerable to these ideologies and working with institutions where radicalisation may occur (including the internet and social media)

### **2.6 Vulnerability**

In the context of Prevent is a person who is susceptible to extremists' messages and is at risk of being drawn into terrorism or supporting terrorism at a point in time.

### **2.7 Channel**

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 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.

### **3. Understanding and Recognising the Risks and Vulnerabilities of Radicalisation**

There is no such thing as a 'typical extremist' and those involved in extremism come from a range of backgrounds and experiences, there is no obvious profile of a person likely to become involved in terrorist-related activity, or single indicator of when a person might move to support extremism.. Vulnerable individuals who may be susceptible to radicalisation can be patients and/or staff.

Radicalisers often use a persuasive rationale or narrative and are usually charismatic individuals who are able to attract people to their cause which is based on a particular interpretation or distortion of history, politics or religion.

Organisations/Trusts should exercise due diligence when they invite or are asked to host external speakers to ensure that the purpose of the use is appropriate.

Vulnerable adults can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include through the influence of family members or friends and/or direct contact with extremist groups and organisations or, increasingly, through the internet. This can put a person at risk of being drawn into criminal activity and has the potential to cause significant harm.

The risk of radicalisation is the product of a number of factors and identifying this risk requires that staff exercise their professional judgement, seeking further advice as necessary. It may be combined with other vulnerabilities or may be the only risk identified

Children and young people can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include exposure through the influence of family members or friends and/or direct contact with extremist groups and organisations or, increasingly, through the internet. This can put a young person at risk of being drawn into criminal activity and has the potential to cause significant harm.

Children and young people are vulnerable to exposure to, or involvement with, groups or individuals who advocate violence as a means to a political or ideological end. Safeguarding children and young people from radicalisation is no different from safeguarding them from other forms of harm.

Where a concern is identified relating to a child, the Child safeguarding process must also be followed.

## 4. Training, Compliance and Implementation

- 4.1 The Safeguarding Team have trainers who are Home Office approved to facilitate Workshop Raise Awareness of Prevent (WRAP) The CCG will ensure that all staff receive basic Prevent awareness during corporate updates and staff who have contact with members of the public receive Health WRAP training as directed by the CCG Prevent Lead.
- 4.2 All staff are to be made aware of the Prevent strategy and how it is being implemented within the CCG.
- 4.3 All CCG staff will have access to a Health WRAP /Prevent awareness sessions .or eLearning in accordance with the training needs analysis

### Level 3 Training

- Face to Face Workshop to Raise Awareness of Prevent: Led by organisational Prevent trainers.
- E-Learning (e-learning for healthcare) Preventing Radicalisation Level 3: <https://portal.e-lfh.org.uk/Component/Details/511790>
- E-Learning Mental Health Prevent Training: <https://www.elearning.prevent.homeoffice.gov.uk/mentalhealth>

### Level 1/2 Training

- Face to face Basic Prevent Awareness :Induction training, children and adult safeguarding training etc
- E-Learning (e-learning for healthcare) Preventing Radicalisation Level 1 and 2: <https://portal.e-lfh.org.uk/Component/Details/459770> .
- E-Learning Basic Prevent Training: <https://www.elearning.prevent.homeoffice.gov.uk/>

To access the e-LfH packages register or log in : <https://portal.e-lfh.org.uk/Component/Details/511790>

All these links and further published documentation for Prevent can be found at: <https://www.england.nhs.uk/ourwork/safeguarding/our-work/prevent/>

These sessions will ensure that staff are:-

- Aware of their professional responsibilities, particularly in relation to safeguarding of vulnerable adults and children.
- Familiar with the CCG's relevant protocols, policies and procedures.
- Aware of whom they should contact to discuss concerns.
- Aware of the processes and support available when they raise a concern
- Aware of current patient confidentiality policy

**Prevent training for all staff groups is essential on induction and will be undertaken every 3 years.**

## 5. Guidance for Raising Concerns

- 5.1 Concern that an individual may be vulnerable to radicalisation does not mean that you think a terrorist, it means that you are concerned they are prone to being exploited by others and so the concern is a safeguarding concern. In the event of being concerned, the individual member of staff should raise the issue with their Line Manager (appendix 3 flow chart )
- 5.2 The Prevent Lead within the CCG will be informed and will liaise with the Local Police Prevent Lead. Referrals can be made using local referral documents (see reference & resources section for Durham and Appendix 4 for Tees).
- 5.3 Channel, alongside other supportive processes, provides a clear framework in which to respond to safeguarding concerns for those adults and young people who may be particularly susceptible to terrorist ideology and thereby at risk of becoming involved in terrorism. Intervention must include the individuals consent (Code of Practise on Confidentiality)
- 5.4 Where there are concerns that there is imminent danger to either the individual or to public safety then the Police should be contacted directly on 999 in addition to the standard process being followed.

### Escalating concerns in relation to an employee

Although there are very 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.

Where an employee 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 look to use human resources processes in order to address the concerns (see pathway)

### Staff Support

All staff will be supported through this process by their line manager, the relevant HR and the Prevent Lead.

## 6. Monitoring, Review

### Monitoring

The governing body will agree with the Designated Nurse a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

### Review

The governing body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

The Governing body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management

<https://digital.nhs.uk/binaries/content/assets/legacy/pdf/n/b/records-management-cop-hsc-2016.pdf>

## References and resources



PREVENT Referral  
Form - Durham.pdf1.

[HQspecialbranch@durham.pnn.police.uk](mailto:HQspecialbranch@durham.pnn.police.uk)

Safeguarding Adults Policy

NHS North Durham Clinical Commissioning Group  
[www.northdurhamccg.nhs](http://www.northdurhamccg.nhs).

Allegation policy web addresses  
NHS North Durham Clinical Commissioning Group  
[www.northdurhamccg.nhs](http://www.northdurhamccg.nhs).

Prevent Duty Guidelines for England and Wales 2015

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/736759/Prevent Duty Toolkit for Local Authorities.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/736759/Prevent_Duty_Toolkit_for_Local_Authorities.pdf)

Counter-Terrorism and Security Act 2015

GDPR

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/711097/guide-to-the-general-data-protection-regulation-gdpr-1-0.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/711097/guide-to-the-general-data-protection-regulation-gdpr-1-0.pdf)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/736759/Prevent Duty Toolkit for Local Authorities.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/736759/Prevent_Duty_Toolkit_for_Local_Authorities.pdf)

<https://www.england.nhs.uk/publication/practical-guidance-on-the-sharing-of-information-and-information-governance-for-all-nhs-organisations-specifically-for-prevent-and-the-channel-process/>

## Appendix 1

### Roles and Responsibilities

<b>Council of Members / Members Assembly</b>	The Council of Members / Members Assembly has delegated responsibility to the Governing Body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
<b>Chief Operating Officer / Accountable Officer</b>	The Chief Operating Officer / Accountable Officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements. The Chief Operating Officer devolves the responsibility for compliance and monitoring to the Director of Nursing and Quality and the Designated Nurse for Adult Safeguarding . The Designated nurse for Adult Safeguarding will ensure that the organisation meets its statutory and non-statutory obligations in respect of maintaining appropriate standards of Safeguarding Adults and Children at Risk, privacy and confidentiality for patients and their carers. The Chief Officer has overall responsibility for the strategic direction and operational management ,including ensuring that CCG process documents comply with all legal .statutory and good practice guidance requirements.
<b>Director of Nursing and Quality</b>	Board level leadership and responsibility for Prevent rests with the Director of Nursing and Quality, ensuring the CCG meets its statutory and non-statutory responsibilities. The Director of Nursing and Quality is responsible for monitoring progress against the Delivery of the Prevent agenda within the CCG, as well as ensuring that there are appropriate processes in place to ensure that those provider organisations are compliant with requirements regarding Prevent as set out in the NHS Contract.
<b>Safeguarding Adults Lead</b>	<p>The Safeguarding Adults Lead</p> <ul style="list-style-type: none"> <li>• generating and formulating this policy document</li> <li>• identifying the need for any change to the document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional standards and local/national directives</li> <li>• establishing mechanisms for regular the monitoring of compliance</li> <li>• notifying the Director of Nursing and Quality should any revision to this document be required.</li> </ul>

<p><b>Prevent Lead Designated Nurse for Adult Safeguarding/Designated Nurse Safeguarding &amp; Looked After Children</b></p>	<p>The Prevent Lead is responsible for ensuring that all CCG's staff have an awareness of the Prevent Agenda, receive training in line with the "Prevent Training and Competences Framework" NHS England 2017. The Designated Nurse, as Prevent Lead represents CCG at the strategic multi-agency Silver Command Group meetings. The Prevent Lead is also responsible for working closely with Prevent Leads in other organisations to ensure that appropriate processes and policies are in place and that there is a robust and effective training plan in place for key staff in accordance with the "Prevent Training and Competencies Framework" NHS England 2017</p>
<p><b>All Staff</b></p>	<p>All staff, including temporary and agency staff are responsible for:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken</li> <li>• Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities.</li> <li>• 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.</li> <li>• Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.</li> <li>• Attending training/awareness sessions when provided.</li> </ul>
<p><b>Commissioning</b></p>	<p>As commissioners of local health care the CCG will be responsible for safeguarding quality assurance through contractual arrangements with all provider organisations. It has a duty to ensure that all health providers with whom they have commissioning arrangements discharge their functions with regard to the need to safeguard and promote the welfare of vulnerable adults.</p>
<p><b>CSU Staff</b></p>	<p>Whilst working on behalf of the CCG, CSU staff will be expected to comply with all policies, procedures and expected standards of behaviour within the CCG, however they will continue to be governed by all policies and procedures of their employing organisation.</p>

## Appendix 2

### **The Duty as it applies to CCGs (taken from NHS England CCG Prevent Duties Responsibilities published July 2015)**

CCGs are not specifically captured in either the Prevent or the Channel Duty however they have responsibilities as result of their role within the health system.

#### **Contract and Performance Management**

As commissioners of services from NHS Trusts and Foundation Trusts named in the Prevent duty and contract holders of a number of health organisations utilising the NHS Standard Contract, CCGs have a responsibility provide oversight and performance management regarding implementation of the Prevent duty within provider organisations.

As Statutory partners of Safeguarding Boards for both adults and children, CCGs are among the organisations that need to provide oversight to the implementation of the duty in the system.

As part of the NHS CCG Assurance Framework, CCGs are required to ensure they are demonstrating they are a well led organisation, including meeting statutory requirements places upon them and that they are meeting NHS performance requirements, including safeguarding standards. NHS England will seek assurance from CCGs regarding how they undertake these duties and fulfil their requirements.

#### **Key Considerations for monitoring provider performance**

- Are providers meeting the training requirements in line with PREVENT training and Competencies Framework –NHS England.  
[www.england.nhs.uk/wp.../prevent-training-competencies-framework](http://www.england.nhs.uk/wp.../prevent-training-competencies-framework)
- Do providers have up to date and relevant policies and procedures which reflect national guidance?
- Are providers identifying Prevent concerns and making Channel referrals?
- Are providers engaging with Channel Panel when relevant?

#### **Governance Oversight**

CCGs. will need to ensure they have in place robust governance systems that provide both internal and wider system assurance that the statutory duties are being implemented and organisations are meeting their requirements to safeguard individuals at risk or radicalisation.

#### **Partnership Working**

As partners to Channel panels, CCGs can facilitate information sharing to ensure all relevant health partners are both providing relevant input into panel and that panel is sharing information to assist partners manage and support patients.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/711097/guide-to-the-general-data-protection-regulation-gdpr-1-0.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/711097/guide-to-the-general-data-protection-regulation-gdpr-1-0.pdf)

CCGs as the commissioners of health services for their local population are also well placed to provide advice to panel members regarding the health partners that should be brought into discussions and the health services that are available that may be appropriate to an individual's support package.

There is no statutory requirement for CCGs to engage with partners in local Prevent forums, to feed into Counter Terrorism Local Profiles and to work with health partners regarding Prevent. However, in order to have governance and oversight regarding provider performance, NHS engagement in Channel Panel and local risks and strategies it is strongly recommended that CCGs engage in these local partnerships in line with local policy requirements

### **CCG Internal Training**

In order to undertake the responsibilities as outlined above CCGs and individual staff within the CCG will need to understand what prevent is, how it impacts the organisation and how it applied to different job roles.

Consideration should be given to:

- Providing returns for NHS England and providing assurance via the assurance framework.
- Contract management of providers and seeking assurance they are meeting their statutory requirements.
- Governance and strategic over view, what are the groups and boards that will provide this, and who will the CCG board assure themselves of system compliance with the duties.
- Linking contracts and commissioning teams, Prevent is part of the quality schedule
- Including Prevent in HR policies and procedures, giving consideration to NHS employees.
- Ensuring Prevent is linked to both adults and children's safeguarding
- Considering Prevent in quality and safety, including serious incidents and complaints.

### **Prevent in the NHS Standard Contract**

The NHS Standard Contract 2018 /19 outlines specific Prevent requirements under the Safeguarding and Safety section specifically SC32 Safeguarding, Mental Capacity and Prevent.

The requirements set out in the contract are generally in line with those detailed in the Prevent Duty, which include:-

- Protecting individuals from abuse and improper treatment.
- Nominating a Prevent Lead.
- Developing a Prevent Policy and Procedure.

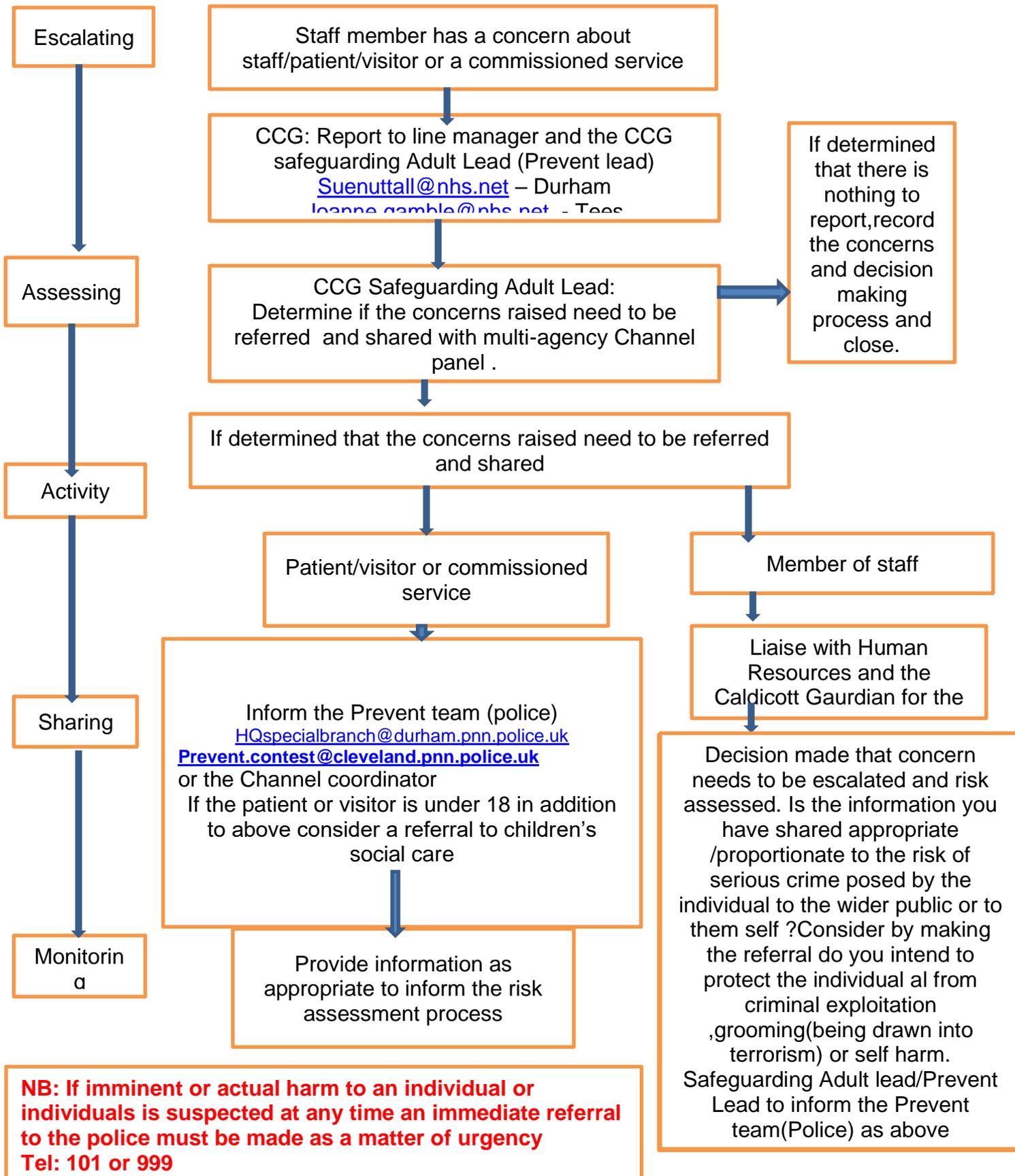
In addition the NHS Standard Contract requires commissioned services to:-

- Provide evidence of addressing any Safeguarding concerns through multiagency reporting systems, which would include Prevent concerns.
- If requested participate in the development of local multi-agency safeguarding quality indicators and/or plan.
- Include in the Prevent Policy and Procedures a programme to raise awareness of Prevent as per the NHS England Prevent training and competencies.
- The Counter Terrorism & Security Act 2015 places a legal duty on NHS trusts and foundation trusts to consider the Prevent strategy when delivering their services. The key elements of this duty are further outlined in the revised [Prevent duty guidance](#) which refers to the Department of Health's [building partnerships staying safe guidance document](#) as the way health organisations should deliver Prevent. The data/information subject to the data submission process(NHSE) is collected from all NHS Trusts and Foundation Trusts. This provides the necessary assurance that all

organisations are compliant with the Prevent duty. The aim of the data collection is to demonstrate how NHS providers are delivering the key elements of the duty. These include identified Prevent leads, delivery of awareness training, the level of referrals made and the engagement with relevant partnership forums that coordinate the Prevent strategy at local and regional levels. The collection of this information is monitored by CCG on a quarterly basis.

## Appendix 3

## PREVENT Referral Pathway



## Appendix 4

OFFICIAL -SENSITIVE

Your Ref No:



### PREVENT/CHANNEL REFERRAL

Date:

Referring Agency/Department:

Name of person referring and contact details (including mobile telephone number):

Referring person – Wrap trained? If so what level?

Area where Wrap training received:

Full name of person being referred:

Age/D.O.B/Place of Birth:

Telephone number/ Email/ Social media details if known:

Address:

Family Composition: (please include full names/dob/address/telephone numbers if known of family members):

School/Educational establishment (if applicable):

OFFICIAL –PERSONAL SENSITIVE

**OFFICIAL –PERSONAL SENSITIVE**

Circumstances that have led to the referral and details of action already taken:

What actions have your organisation already undertaken with regards to this referral?

Have you spoken with the individual directly about this referral? If not please provide your rationale. If yes please provide a summary of their response.

*(If applicable)* Have you spoken with the individual's parent/guardian about this referral? If not please provide your rationale. If yes please provide a summary of their response.

What support structure have you implemented at your establishment regarding this individual/referral?

What safeguarding measures have you undertaken with regards to this referral?

Are there any other safeguarding concern? If so please submit SAFER.CAMHS referral as applicable.

Who best knows this individual the within your organisation? Please provide their contact information.

Please provide contacts details for someone who is available to discuss this referral within the next 72 hours.

Any other relevant comments/details of any attachments included:

When completed, please forward via secure email to:  
**[prevent.contest@cleveland.pnn.police.uk](mailto:prevent.contest@cleveland.pnn.police.uk)**  
Once received your referral will be acknowledged via email.

If you wish to speak to a member of the Police Prevent Team, please call:

**01642 303397/ 07841 533804 or 01642 301332**

**OFFICIAL –PERSONAL SENSITIVE**

## Equality Impact Assessment Screening

### Step 1

As a public body organisation we need to ensure that all our strategies, policies, services and functions, both current and proposed have given proper consideration to equality and diversity, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership, Carers and Health Inequalities).

A screening process can help judge relevance and provides a record of both the process and decisions made.

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

### Name(s) and role(s) of person completing this assessment:

Name: Bev Walker  
Role: Adult Safeguarding Lead

### Title of the service/project or policy:

CCG CO38 Prevent Policy

Is this a:

Strategy / Policy

Service Review

Project

If other, please specify:

### What are the aim(s) and objectives of the service, project or policy:

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 at risk of being radicalised.

**Who will the project/service /policy / decision impact?**

Consider the actual and potential impacts:

- Staff
- service users/patients
- other public sector organisations
- voluntary / community groups / trade unions
- others, please specify:

Questions	Yes	No
Could there be an existing or potential impact on any of the protected characteristic groups?	Yes	
Has there been or likely to be any staff/patient/public concerns?	Yes	
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	Yes	
Could this piece of work affect the workforce or employment practices?	Yes	
Does the piece of work involve or have an impact on: <ul style="list-style-type: none"> <li>• Eliminating unlawful discrimination, victimisation and harassment</li> <li>• Advancing equality of opportunity</li> <li>• Fostering good relations</li> </ul>	Yes	

**If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:**

**If you have answered yes to any of the above, please now complete the ‘STEP 2 Equality Impact Assessment’ document.**

## Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Bev Walker	Adult Safeguarding Lead	06.11.2019

# Equality Impact Assessment

## Step 2 Evidence Gathering

Name of person completing EIA: Bev Walker	
Title of policy/strategy/guidance: CCG CO38 Prevent Policy	
Existing: <input checked="" type="checkbox"/> /      New/proposed: <input type="checkbox"/> Changed: <input type="checkbox"/>	
<p>What are the intended outcomes of this policy/service/process? Include outline of objectives and aims</p> <p>That staff employed by, or seconded to, the CCG are aware of their roles and responsibilities in relation to Prevent and in the course of their role meet the CCG statutory duties in this area.</p>	
<p>Who will be affected by this policy/strategy /guidance? (please tick)</p> <p><input type="checkbox"/> Consultants      <input type="checkbox"/> Nurses      <input type="checkbox"/> Doctors</p> <p><input checked="" type="checkbox"/> Staff members      <input type="checkbox"/> Patients      <input type="checkbox"/> Public      <input type="checkbox"/> Other</p> <p>If other please state:</p>	
<b>Current Evidence/Information held</b>	<b>Outline what current data/information is held about the users of the service / patients / staff / policy / guidance? Why are the changes being made?</b>
(Census Data, Local Health Profile data, Demographic reports, workforce reports, staff metrics, patient/service users/data, national reports, guidance ,legislation changes, surveys, complaints, consultations/patient/staff feedback, other)	5 CCG workforce data  <div style="text-align: center;">                       Workforce data.docx                 </div> Please see below Health Profile data  <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">                       cd health profiles.pdf                 </div> <div style="text-align: center;">                       darlington health profiles.pdf                 </div> </div> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">                       redcar health profile.pdf                 </div> <div style="text-align: center;">                       middlesbrough health profile.pdf                 </div> <div style="text-align: center;">                       hartlepool health profile.pdf                 </div> </div>

### Step 3 Full Equality Impact Assessment

**The Equality Act 2010 covers nine ‘protected characteristics’ on the grounds upon which discrimination and barriers to access is unlawful.**

Outline what impact (or potential impact) the new policy/strategy/guidance will have on the following protected groups:

#### **Age**

*A person belonging to a particular age*

There is no impact on any staff member belonging to a particular age group.

If training is required for this policy each CCG has accessible venues with good IT facilities for presentations with several screens placed within each room.

#### **Disability**

*A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities*

The policy is available of the internet and will be made available in other formats where required, such as Braille, Audio, easy read etc.

Communications should be available in a range of formats for people with sensory and learning disabilities, e.g. Braille, audio, video, Easy Read etc., to ensure engagement in an exclusive way.

Arrangements should be made for venues that are accessible to all e.g. ramps for wheelchairs, disabled toilets, hearing loops, signing, interpreters/translators (where requested).

If training is required for this policy each CCG has accessible venues with good IT facilities for presentations with several screens placed within each room.

#### **Gender reassignment (including transgender) and Gender Identity**

*Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.*

The content of the policy does not include vocabulary that should cause offense.

**Marriage and civil partnership**

*Marriage is defined as a union of a man and a woman or two people of the same sex as partners in a relationship. Civil partners must be treated the same as married couples on a wide range of legal matters*

There is no distinction between married and civil partners.

**Pregnancy and maternity**

*Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.*

There are no implications for pregnancy or those members of staff on maternity or paternity leave.

**Race**

*It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.*

The policy does not negatively impact on race, however there are issues associated with race and culture that need to be considered so that the service provided is accessible and appropriate, For example staff are aware that interpreters may be needed where there are language barriers and information can be provided in other languages.

**Religion or Belief**

*Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.*

Although the policy does not negatively impact on people on the grounds of religion or belief, there may be issues associated with religion or belief that need to be considered.

**Sex/Gender**

*A man or a woman.*

The policy has no impact as it does not discriminate between males and females

**Sexual orientation**

*Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes*

Policy uses appropriate language no additional considerations are required

**Carers**

*A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person*

The policy is accessible on the CCG intranet whilst staff are at work.

**Other identified groups relating to Health Inequalities**

*such as deprived socio-economic groups, rural areas, armed forces, people with substance/alcohol abuse and sex workers.*

*(Health inequalities have been defined as “Differences in health status or in the distribution of health determinants between different population groups.”*

*Health inequalities can therefore occur across a range of social and demographic indicators, including socio-economic status, occupation, geographical locations.)*

Other groups have been considered however as the policy is for staff there are no additional impacts on health inequalities.

**Step 4 Engagement and Involvement**

Have you engaged stakeholders in testing the policy/guidance or process proposals including the impact on protected characteristics?

The 5 CCG Designated Nurses for Safeguarding have been involved with the revision of the Prevent policy.

If no engagement has taken place, please state why:

**Step 5 Methods of Communication**

What methods of communication do you plan to use to inform service users/staff about the policy/strategy/guidance?

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Verbal – meetings | <input type="checkbox"/> Verbal - Telephone   |
| <input type="checkbox"/> Written – Letter             | <input type="checkbox"/> Written – Leaflets/guidance booklets                               |
| <input type="checkbox"/> Written - Email              | <input checked="" type="checkbox"/> Internet/website <input type="checkbox"/> Intranet page |
| <input type="checkbox"/> Other                        |   |

If other please state:

## Step 6 Potential Impacts Identified – Action Plan

Ref no.	Potential/actual Impact identified	Protected Group Impacted	Action(s) required	Expected Outcome	Action Owner	Timescale/ Completion date
	None identified.					

### Sign off

Completed by:	Bev Walker
Date:	06.11.2019
Presented to: (appropriate committee)	Combined Management Group
Publication date:	