

THE STATE HOSPITALS BOARD FOR SCOTLAND

PREVENT POLICY

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Lead Author	Head of Risk and Resilience	
Contributing Authors	South Lanarkshire Council Social Work	
	Training and Professional Development Manager	
	Director of Security, Estates & Resilience	
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The date for review detailed on the front of all State Hospital policies/ procedures/ guidance does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy/ procedure/ guidance at any time due to organisational/legal changes.

Staff are advised to always check that they are using the correct version of any policy/ procedure/ guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies/ procedures/ guidance can be found on the intranet: <http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx>

REVIEW SUMMARY SHEET

No changes required to policy (evidence base checked)



Changes required to policy (evidence base checked)



Summary of changes within policy:

APPROVED

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Linked Strategies, Policies and other documents:

- Adult and Children Protection Policies
- Overarching Safeguarding Strategies
- Prevent Duty Guidance (Guidance for specified Authorities in Scotland)

1 INTRODUCTION

- 1.1 PREVENT is part of the Government's counter-terrorism strategy. This Policy is written to be read alongside other State Hospital PREVENT materials.
- 1.2 Terrorism is an evolving threat within the United Kingdom and increasing evidence suggests that traditional stereotypes of those engaged in terrorist activities no longer apply. Instead, it is felt that an increasing threat is presented by the radicalisation of vulnerable and disenfranchised groups who are being targeted for recruitment to terrorist causes.
- 1.3 The State Hospital is a high secure forensic hospital and as such will have limited contact with members of the public. There are, however, a number of potential interactions between the organisation and the public that could result in concerns being identified regarding the radicalisation of individuals. Radicalisation is a process by which an individual or group comes to adopt increasingly extreme political, social or religious ideals and aspirations that reject or undermine the status quo.
- 1.4 The State Hospital also has a role to oversee how the organisations from which it commissions services from are complying with the requirements of the National NHS PREVENT Programme. The State Hospital will also support and promote a Hospital wide approach to PREVENT ensuring that there is one standard approach to awareness, training and reaction to concerns.
- 1.5 This Policy sets out The State Hospital's response to the PREVENT agenda including training requirements, the flow of information, and overarching governance arrangements.

2 PREVENT – AN INTRODUCTION

- 2.1 PREVENT is part of the Government's counter-terrorism strategy 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 organisations¹ in an effort to stop them becoming terrorists or supporting terrorism. CONTEST also includes the following elements in addition to PREVENT:

Pursue: To stop terrorist attack

Protect: To strengthen our protection against a terrorist attack.

Prepare: To mitigate the impact of a terrorist attack.

- 2.2 In order to deliver the PREVENT agenda, three national objectives have been identified:

Objective 1: Tackle the ideological causes of terrorism

Objective 2: intervene early to support people susceptible to radicalisation

Objective 3: enable people who have already engaged in terrorism to disengage and rehabilitate

- 2.3 The role of the healthcare community will be to help deliver objectives 2 and 3 on the list above.
- 2.4 Healthcare professionals will meet and treat people who may be vulnerable to be drawn into terrorism. Being drawn into terrorism not just violent extremism but also non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views which terrorists exploit. People with mental health difficulties and other vulnerabilities may be more prone to attempted radicalisation and it is also accepted that healthcare

¹ 'Prevent Duty Guidance– Guidance for specified authorities in Scotland.

professionals have been engaged in terrorist activity. As such, it is essential for all groups to be considered on a day to day basis with regards to the PREVENT agenda.

- 2.5 PREVENT is designed to be a multiagency process engaging many different partners from across the public sectors. PREVENT is not designed to replace existing reporting mechanisms that may be in place (e.g. safeguarding processes), but are designed to enhance these processes when there are concerns about potential radicalisation which impacts on national and local security and safety.
- 2.6 The key challenge for healthcare workers is to be able to identify when a member of the public, a colleague, volunteer, hospital visitor, carer or a patient is displaying signs that they may have been or are in the process of being drawn into terrorist based activity. It is essential that healthcare workers are aware of the steps that need to be taken to address the concerns raised and to help protect the individual(s) involved. It is therefore necessary for all organisations to have a robust governance framework in place to enable concerns to be raised initially within the organisation and then if necessary, to wider organisations.
- 2.7 Radicalisation is not a one off event that happens to individuals, it is a series of contacts and episodes that result in potential terrorist acts. It is, therefore, essential that healthcare professionals and volunteers interacting with individuals who display or comment upon potential incidents of concern act on these concerns. It is unlikely that the ongoing protection of that individual and the resolution of the concerns will be the sole responsibility of one organisation. As such, it is essential that a robust network of public sector contacts is developed to ensure effective multi-agency working. Refer to Appendix 2 for more information on radicalisation.
- 2.8 It is usual for radicalisation to happen through interactions with peers, family, siblings or through social networking on the internet. Access to extremist materials is typically through on-line sources and it is often shared through chat rooms and other social media. Given that context, opportunities for radicalisation within the State Hospital are reduced due to the nature of the controlled environment.
- 2.9 In order for organisations to identify potential areas of concern, it is necessary for them to understand the potential vulnerabilities that may lead to someone being targeted for radicalisation. The Scottish Government's Workshop to Raise Awareness of PREVENT (WRAP) Programme includes these issues and is referred to in Appendix 1. The Home Office have developed free to use **Prevent Duty Training on GOV.UK** in which users can select content that is relevant to Scotland.
- 2.10 There is no one definition of a person who is likely to be involved in terrorism, or a single indicator which will alert an organisation to the potential for concern. This makes the PREVENT agenda even more complex, however, by acting on concerns, healthcare workers are able to help mitigate potential acts of terrorism and protect individuals from radicalisation.

3 PURPOSE

- 3.1 The purpose of this policy is to provide staff and volunteers with a clear and reliable framework to enable them to identify and report concerns regarding potential radicalisation.
- 3.2 The Policy will ultimately help minimise the potential impact of radicalisation on members of the general public and minimise the potential for harm arising from any resulting terrorist act, within and outwith the State Hospital.

- 3.3 All State Hospital staff are stakeholders in the policy, including patients, volunteers, carers, hospital visitors, partner service providers and those engaging in any business with the organisation, as well as members of the public.

4 GOVERNANCE ARRANGEMENTS

- 4.1 The State Hospital's Director Security, Estates and Resilience is the PREVENT Lead for the organisation. The Hospital is required to notify the Scottish Government Resilience Team of any change. The PREVENT Lead will report to the Hospital's Chief Executive.
- 4.2 An annual report will be provided to the Board setting out how the Hospital has discharged its responsibilities with regards to PREVENT.
- 4.3 In the event of a PREVENT referral, the PREVENT Lead will inform the Chief Executive to advise them of local service / individual concerns.
- 4.4 PREVENT concerns will be recorded and reported through Staff and/or Clinical Governance Committees on a regular basis.

5 RESPONSIBILITIES

The overall authority for the Prevent Strategy in the local area is the responsibility of the Local Authority. With their wide-ranging responsibilities, and democratic accountability to their electorate, local authorities are vital to the delivery of Prevent strategy². The hospital still has responsibility to collaborate and engage with the local multi-agency CONTEST group.

The following responsibilities have been assigned within the Hospital with regards to PREVENT.

5.1 The Board

It is the Board's responsibility to ensure that the State Hospital is addressing its requirement under the NHS Scotland's Emergency Preparedness, Resilience and Response standards with regards to PREVENT:

- (i) Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.
- (ii) Work with sectors and institutions where there are risks of radicalisation which need to be addressed and the wider CONTEST strategy.

In order to discharge this responsibility, the Board will receive an Annual Report setting out the work that has been undertaken in this area during the financial year.

5.2 Corporate Management Team

The responsibility for PREVENT has been allocated to the Director of Security, Estates & Resilience, who is responsible for monitoring and reporting progress against the delivery of the PREVENT agenda with the Hospital, as well as ensuring that there are appropriate processes in place to ensure that provider organisations are compliant with requirements regarding PREVENT.

The PREVENT Lead is responsible for ensuring that Hospital staff have an awareness of the PREVENT agenda and that all members of staff who have access to members of the public receive the WRAP training course.

² Prevent Duty Guidance for Scotland 2024

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 the event of a referral, it is the PREVENT Lead's responsibility to co-ordinate all relevant statutory healthcare provider organisations to ensure that information is collated as quickly as possible. The PREVENT Lead will also represent the Hospital during the process and will ensure that Board representatives are fully informed of progress.

5.3 Individual Members of Staff

Individual staff members are responsible for reporting any concerns to the PREVENT Lead or a member of the Police using the referral process set out in section 7.

They are also required to complete the training requirements as set out in section 6.

6 TRAINING REQUIREMENTS

- 6.1 It is the responsibility of all members of staff and volunteers to complete WRAP training. This will be scheduled as part of corporate training plan activities.
- 6.2 Monitoring of PREVENT training is to be undertaken as part of each staff member's annual appraisal and as part of the annual volunteer review development process. Where training has not been completed, this will be included within the staff member's personal development plan.
- 6.3 The organisation is responsible for reporting the number of individuals trained through the WRAP training to the PREVENT Lead on a quarterly basis.

7 REFERRAL PROCESS FOR PREVENT CONCERNS

- 7.1 The Hospital's procedure for 'Alert, Referral and Escalation' as a result of concerns being raised is attached at Appendix 3.
- 7.2 If concerns about potential radicalisation are identified surrounding a patient then the process described in the flowchart in Appendix 3 should be followed.
- 7.3 If there are concerns about the potential radicalisation of a member of staff a carer/visitor or a volunteer, then these should be raised using the flowchart in Appendix 3).
- 7.4 On receipt of a PREVENT alert, the PREVENT Lead will confirm that all the steps set out in the PREVENT procedure (Appendix 3) have been undertaken, and advise the Chief Executive or Deputy on action that is required. This will either result in an investigation or will result in a protection plan being developed for the individual about whom there are concerns.
- 7.5 Where a concern is identified relating to a child, the 'Keeping Children Safe' process will be followed (Appendix 3).

8 COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW OF POLICY

This policy will be communicated to all stakeholders within the State Hospital via the intranet and through the staff bulletin.

The Security and Resilience Group will be responsible for the implementation and monitoring of this policy.

Any deviation from policy should be notified directly to the policy Lead Author. The Lead Author will be responsible for notifying the Advisory Group of the occurrence.

The policy will be reviewed every three years or earlier if required.

9 EQUALITY AND DIVERSITY

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Patient pre-admission assessment processes and ongoing review of individual care and treatment plans support a tailored approach to meeting the needs of patients who experience barriers to communication (e.g. Dementia, Autism, Intellectual Disability, sensory impairment). Rapid access to interpretation / translation services enables an inclusive approach to engage patients for whom English is not their first language. Admission processes include assessment of physical disability with access to local services to support implementation of reasonable adjustments. Patients are encouraged to disclose their faith / religion / beliefs, highlighting any adapted practice required to support individual need in this respect. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Carers / Named Persons are encouraged to highlight any barriers to communication, physical disability or anything else which would prevent them from being meaningfully involved in the patient's care (where the patient has consented) and / or other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy".

The volunteer recruitment and induction process supports volunteers to highlight any barriers to communication, physical disability or anything else which would prevent them from contributing meaningfully to patient care and / or engage in other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

10 STAKEHOLDER ENGAGEMENT

Following review of this policy there have been no changes to current practice. Therefore engagement with Key Stakeholders has not been necessary for the 2024 review.

Key Stakeholders	Consulted (Y/N)
Patients	N/A
Staff	N/A
The Board	N/A
Carers	N/A
Volunteers	N/A

APPROVED

APPENDIX 1 TYPES OF VULNERABILITY

TYPES OF VULNERABILITY

The following examples of vulnerability are included within 'Playing our Part'.

Identity Crisis

Adolescents / vulnerable adults who are exploring issues of identity can feel both distant from their parents / family and cultural and religious heritage and uncomfortable with their place in society around them. Radicalisers can exploit this by providing a sense of purpose or feelings of belonging. Where this occurs, it can often manifest itself in a change in a person's behaviour, their circle of friends and the way in which they interact with others and spend their time

Personal Crisis

This may, for example, include significant tensions within the family that produce a sense of isolation of the vulnerable individual from the traditional certainties of family life.

Personal Circumstances

The experience of migration, local tensions or events affecting families in countries of origin may contribute to alienation from UK values and a decision to cause harm to symbols of the community or state.

Unemployment or Under-Employment

Individuals may perceive their aspirations for career and lifestyle to be undermined by limited achievements or employment prospects. This can translate to a generalised rejection of civic life and adoption as a symbolic act.

Criminality

In some cases, a vulnerable individual may have been involved in a group that engages in criminal activity or, on occasion a group that has links to organised crime and be further drawn to engagement in terrorist-related activity.

Similarly, to the above, the following have also been found to contribute to vulnerable people joining certain groups supporting terrorist-related activity:

- Ideology and politics.
- Provocation and anger (grievance).
- Need for protection.
- Seeking excitement and action.
- Fascination with violence, weapons and uniforms.
- Youth rebellion.
- Seeking family and father substitutes.
- Seeking friends and community.
- Seeking status and identity.

APPENDIX 2: INFORMATION ON RADICALISATION

INFORMATION ON RADICALISATION

Radicalisation

People who engage in terrorist activity may come from a variety of socio-cultural backgrounds and there is no single measure which would indicate that a person is becoming supportive of extremist views and ideologies. Furthermore, there remains no clear explanation of what might influence a person to become involved in extremist activities.

However, it is clear that some people are more vulnerable to exploitation and radicalisation. Vulnerable individuals may be patients, their carers/visitors, staff or volunteers. It has been suggested that vulnerability to radicalisation may be increased by negative experiences or adverse circumstances.

Radicalisation is an ongoing process and it is accepted that vulnerable individuals may be targeted and / or groomed by others to become involved in terrorist activities. This process may focus on the person's perceived vulnerabilities or characteristics which can be exploited in order to gain influence and persuade the person of the validity of the ideas. Thereafter, the person may be exposed to increasingly radical ideas which are based upon highly subjective or distorted representations of politics, history or religion. Radicalisation can take place via direct face to face contact, telephone, social media, participation in groups or through access to the internet or other publications.

The radicaliser seeks to persuade an individual of the legitimacy of their beliefs and their cause. Once this is achieved, the person may be exploited to act in ways which support the aims of the radicaliser and their cause.

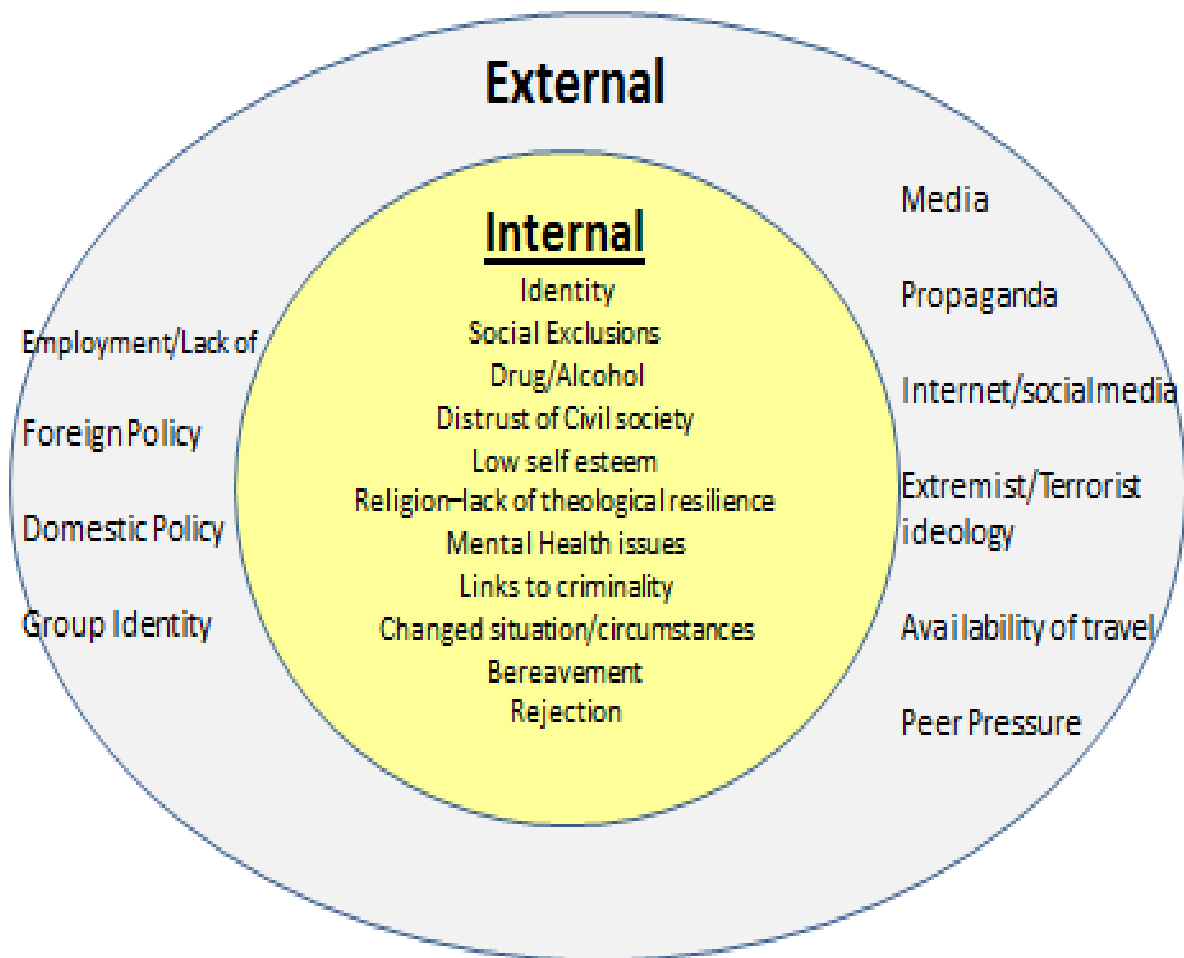
Radicalisation within the State Hospital

It has been suggested that communities which cannot participate fully in all civic society are more vulnerable to radicalisation by terrorist and extremist groups. Within The State Hospital, patients are by necessity removed from mainstream society while staff and volunteers work within a specialised setting which is unique in Scotland.

It is recognised that the unique environment within The State Hospital is a protective factor against radicalisation. This is particularly so for patients whose access to external purchases, screening of visitors, monitoring of calls and restricted internet access limits the opportunity for access to radical propaganda and literature. However, within the hospital there is a need for vigilance in spite of these factors.

A number of identifiers can be used to assess the potential vulnerability of someone to exploitation. These are not exclusive and not all individuals may evidence these characteristics. The individual circumstances of an individual should be considered with the vulnerability factors and any behavioural indicators.

Vulnerability Factors



1

Further indicators would include: -

- Expressed support for violence and terrorism.
- Possession or attempted acquisition of extremist literature.
- Accessing or contributing to extremist websites.
- Possession or attempted acquisition of weapons / explosives .
- Possession of literature focussed on military skills, training and techniques.
- Claims of involvement in terror related organisations and / or activities.
- Espousing violent or extremist ideology.

As indicated by the above diagram, many of the vulnerability factors would be relevant to The State Hospital patient group and could also reflect the issues and experiences of members of staff and volunteers, in addition to carers/visitors.

Radicalisation is a process akin to grooming and it may be reflected in changed behaviours and opinions. The need for awareness of these issues and recognition of those who are vulnerable allows scope for positive intervention in order to offer support, remove people from the influence of radicalisers and offer the opportunity to challenge support for radical beliefs. This links with the wider aim of public safety and demands that information be shared rapidly, effectively and in a manner proportionate to the perceived concerns.



The State Hospital

Playing Our Part: Implementing PREVENT

Alert, Referral and Escalation Procedures

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1 Introduction

It is imperative that any concerns in respect of a patient, carer, volunteers, visitor or colleague can be raised in an appropriate and robust manner. The “*Playing Our Part: Implementing PREVENT*” document indicates that Health Boards should consider the appropriateness of utilising existing arrangements for the protection of vulnerable groups and governance processes in order to address PREVENT concerns.

Having concerns that an individual may be vulnerable to radicalisation does not mean that you think the person is a terrorist. It means you are concerned they may be prone to being exploited by others. This is a safeguarding concern and it is important that you take action and do not ignore these concerns.

Procedures for sharing PREVENT concerns are designed to elicit a proportional response and there are three key stages involved in PREVENT interventions. These are:

Notice – i.e. being alert to changes from the person’s norm that may give rise to cause for concern.

Check – i.e. informally checking out your concerns with others (e.g. talk with your colleagues or line manager) to help determine whether you need to escalate your concerns.

Share – i.e. using the referral processes detailed below to escalate your concerns and alert relevant others to the nature/reasons for the concerns.

2 Concerns in relation to Patients

Within The State Hospital there are well-established processes in respect of safeguarding vulnerable adults. Given the view that those at risk of radicalisation are likely to be defined in such a way, it has been agreed that the framework for Adult Support and Protection within The State Hospital is used as a model for raising concerns in relation to patients at risk of radicalisation.

Staff and volunteers within The State Hospital are already familiar with policies pertaining to the support and protection of adults at risk. The Adult (Support and Protection) (Scotland) Act 2007 places responsibilities on all statutory, voluntary and private sector agencies to engage and communicate in relation to the prevention of harm and is a fundamental aspect of the care and treatment which is provided in The State Hospital.

Anyone within The State Hospital can make a referral under the terms of the 2007 Act. In terms of PREVENT, referrals are most likely to be generated by front line staff. If it is felt that a patient is at risk of radicalisation, staff should take steps to identify the nature and immediacy of the risk, and:

- Ensure that the concern is reported to the patient’s RMO, and that this is discussed with the Clinical Team who should discuss issues with the patient whenever possible.
- Record the concern / event in RiO.
- Report the concern to the Social Work Service.
- Complete a DATIX report which will provide a prompt in relation to Adult Support and Protection and which will be automatically passed to the Social Work Team Leader.
- Complete PREVENT referral form and forward to Social Work Service.
- Inform the Director of Security, Estates & Resilience, who is the PREVENT Lead.

Whilst the consent of the adult is not required to make the referral, they should be informed of this wherever possible with due regard to the immediacy and level of the perceived concern. Where the referral is generated by patients, volunteers, family or other members of the public then the concern will be recorded and the appropriate paperwork completed by a member of the Social Work team.

3 Concerns in relation to Staff and Volunteers

Within The State Hospital there are well established routes for raising concerns in relation to issues within the workplace and the conduct of employees and volunteers. The State Hospital Whistleblowing Policy provides a comprehensive outline of the actions which require to be taken should there be any such concerns.

It is understandable that staff/volunteers may have anxieties about raising such concerns. However, The State Hospital is committed to enabling staff and volunteers to speak up and raise concerns should they have any. It is preferable that any concerns are raised at the earliest possible stage. In the context of the PREVENT framework it is imperative that early intervention is promoted in order to safeguard all stakeholders.

The process for raising concerns regarding staff and volunteers who may be at risk of radicalisation, or who may be involved in the radicalisation of others, is modelled on existing safeguarding and governance arrangements. In the event that staff had a concern that a member of staff or volunteer was at risk of radicalisation or was engaged in the radicalisation of others, it is expected that they would:

- Raise a concern with their line manager should they feel able to do so.
- The line manager will then raise this with the PREVENT Lead.
- The PREVENT Lead will address the necessity of liaison with external partners and the Police PREVENT Lead, and also ensure the Chief Executive is advised.
- Should staff/volunteers feel unable to raise the matter with their line manager they should raise the matter with PREVENT Lead.
- If staff/volunteers feel unable to discuss their concerns with their line manager, they should raise this with the Director of Workforce or the Chief Executive. They may also raise the matter with the Non-Executive Director (Lead for Staff Concerns) or the Scottish Government Health Directorate.

Once a concern has been raised it will be assessed and consideration given to what action may be appropriate. This may include the following actions:

- Advise staff or volunteer of the allegation.
- Fact finding process.
- Relocation of staff or volunteer.
- Suspend staff or terminate volunteer agreement.
- Conduct process.

4 Concerns in relation to External Visitors, Carers, Family Members and Children

There remains the potential for concerns to arise in relation to external visitors to The State Hospital. These may include family members, carers, professional visitors and child visitors. In this circumstance there remains a duty to ensure that concerns are appropriately raised, though the ultimate responsibility for addressing the concern may ultimately lie with external agencies.

Initial concerns regarding the above stakeholders should be raised with the Director of Security, Estates & Resilience as the PREVENT Lead.

Should concerns arise in relation to a child being regarded as at risk of radicalisation then The State Hospital Keeping Children Safe policy would be relevant and would inform the actions which require to be taken in order to safeguard a child.

It is expected that staff would:

- For an adult who is not visiting a State Hospital patient (for example, a contractor), inform the PREVENT lead.

For adults who are visitors/carers of patients:

- Ensure that the concern is reported to the patient's RMO, and that this is discussed with the Clinical Team.
- Record the concern / event in RiO.
- Report the concern to the Social Work Service.
- Complete a DATIX report which will provide a prompt in relation to Adult Support and Protection and which will be automatically passed to the Social Work Team Leader.
- Complete PREVENT referral form and forward to Social Work Service.
- Inform the Director of Security, Estates & Resilience, who is the PREVENT Lead.

PREVENT

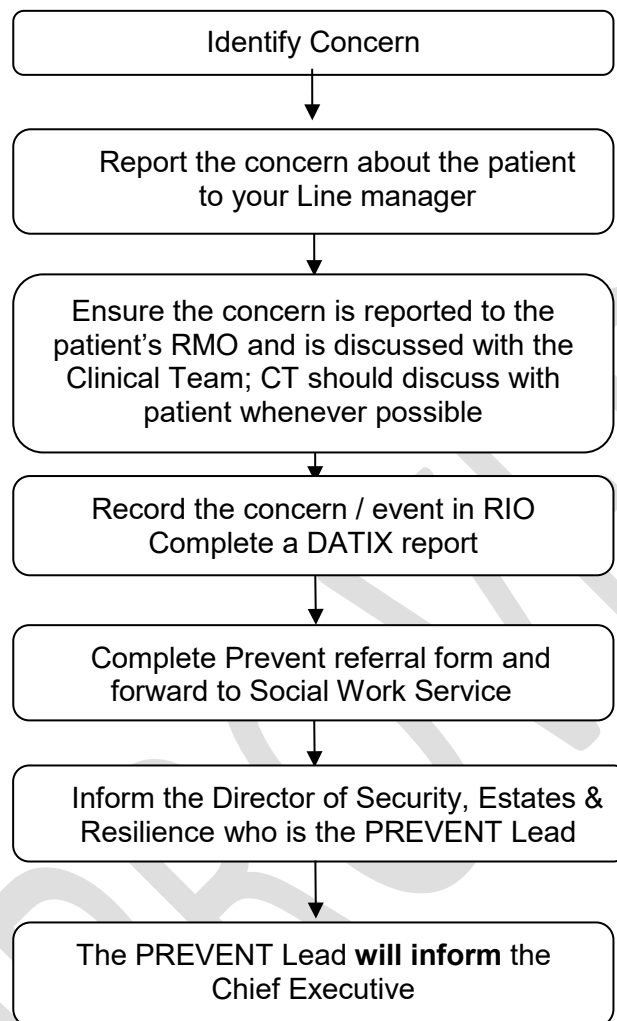
PATIENT AT RISK OF RADICALISATION REFERRAL FORM

REFERRER DETAILS
Name of Referrer:
Job Title:
Contact Telephone Number: Email Address:
Address:
REFERRAL DETAILS
Who else is aware of this referral? Have you informed your line manager and recorded relevant information in Rio and Datix?
Have others discussed the concerns with the patient?
Please give details of the situation leading to this referral. What are the concerns that the patient is at risk of radicalisation?
Is the patient capable or understanding the concerns?
Has the patient given consent to this referral?
What other action have you taken to ensure the patient is safe? e.g. Suspension of grounds access, level of supervision, special visits...

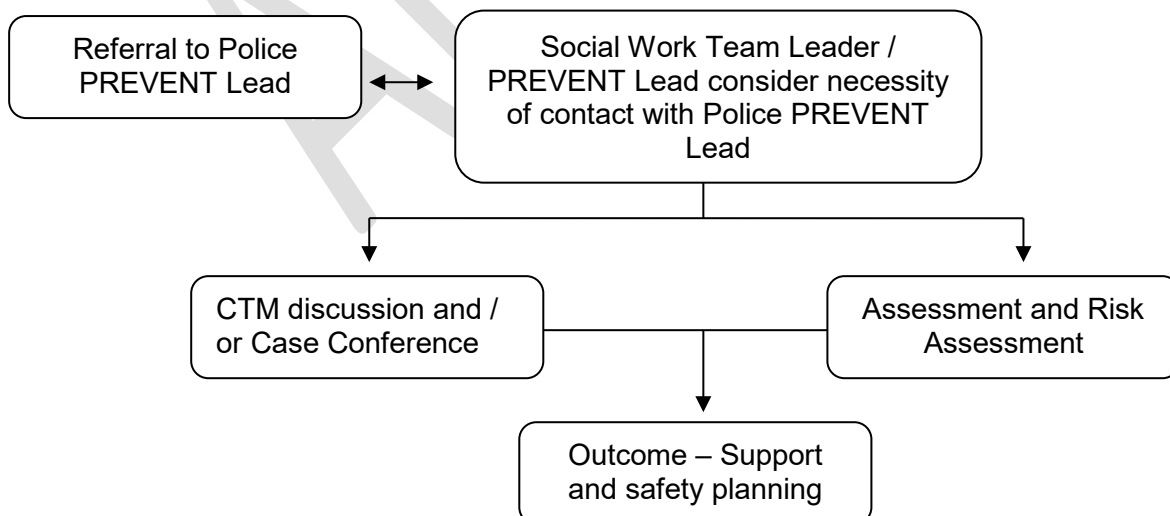
PATIENT DETAILS:	
Name:	Known As:
Address:	
Telephone Number:	
Gender:	Ethnic Origin:
Religion:	
Any known communication needs:	Yes/No
If YES, please detail:	
Relevant health information <i>Confidentiality is important but, for the purposes of allowing Social Work Resources to undertake inquiries and investigations to safeguard a patient, relevant information should be shared.</i>	
DETAILS OF THE ALLEGED RADICALISER, IF APPLICABLE	
Name:	
Relationship to patient:	
Address:	
ANY OTHER RELEVANT INFORMATION <i>Include details of any previous incidents including dates, times, actions taken and outcomes</i>	
Referrer Signature:	
Print Name:	
Date:	

PATIENT REFERRAL

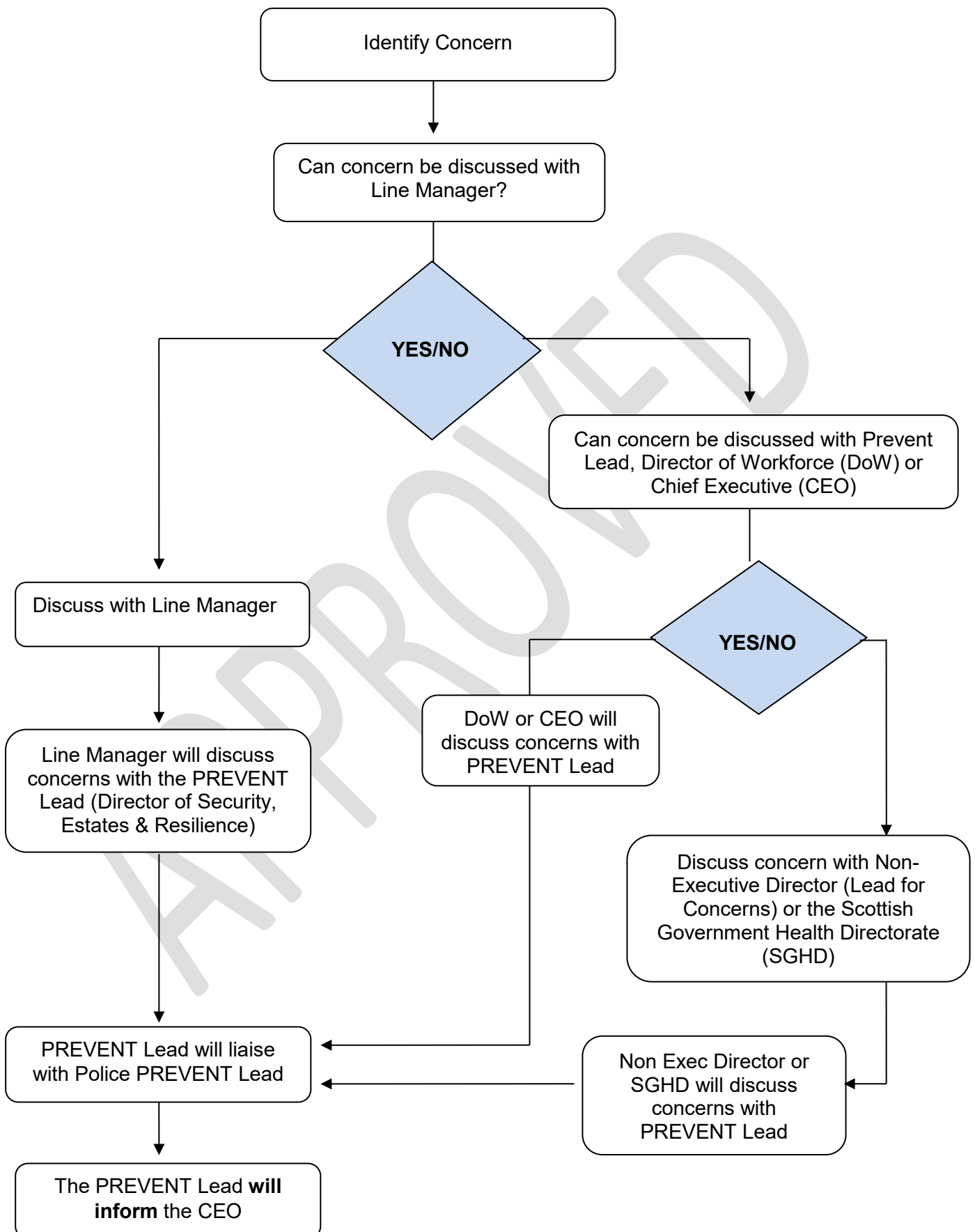
Referral to Clinical Team and Prevent Lead



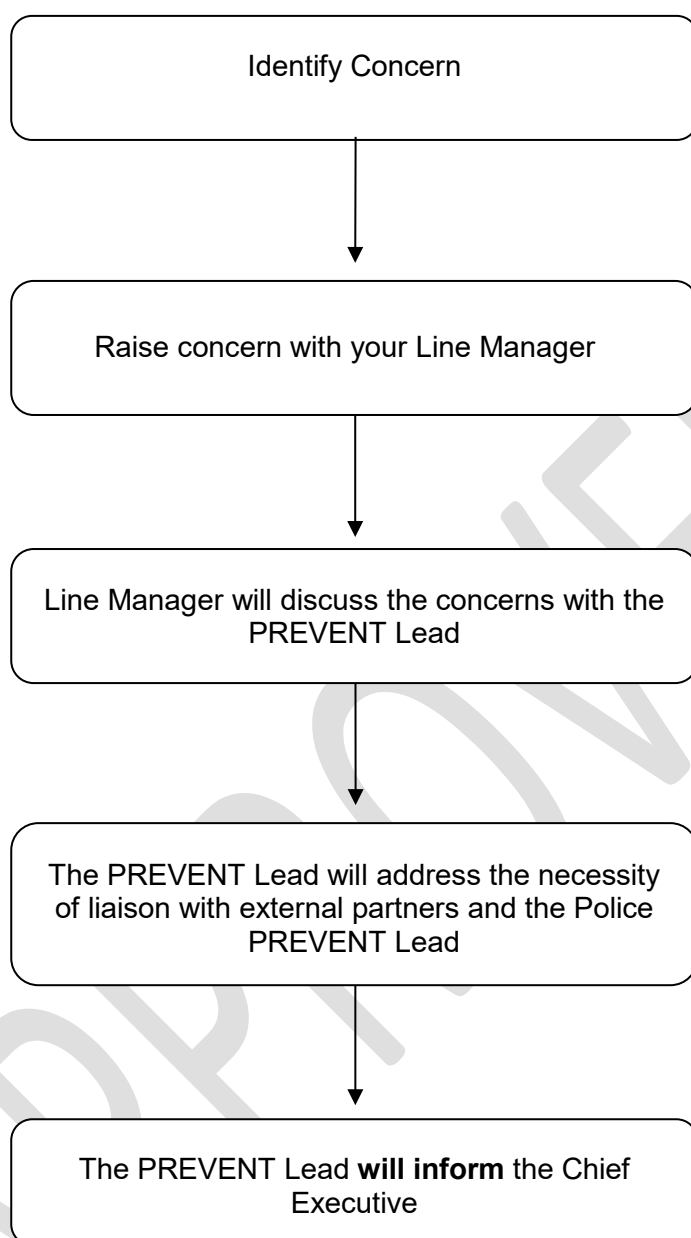
Post Referral Actions by Prevent Lead



STAFF / VOLUNTEER REFERRAL



EXTERNAL VISITOR / CARERS / FAMILY MEMBERS REFERRAL



CHILD REFERRAL

