NHS
Cornwall and
Isles of Scilly

# Prevent policy

**Date approved: 22 October 2025**


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# 1. Introduction

The policy addresses the risk of harm from radicalisation. Everyone has the right to live their lives free from abuse and neglect. Some people, because of their circumstances, may not be able to exercise this right and are unable to protect themselves from abuse and neglect.

The Prevent duty is part of the government's counter-terrorism strategy, CONTEST, and aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

There is an increasing threat from 'lone actors' attacks, reflecting a trend towards low cost, low complexity and often spontaneous attacks using knives, or vehicles. Lone actors often derive their ideologies and perpetuate their grievances on social media sites and encrypted online chatrooms.

Radicalisation is a process and not a "one off" event. Several factors can converge to make people susceptible to radicalisation.

Any member of staff may identify possible Prevent concerns through the course of their work; this could come from written reports, complaints, incidents, social media, or direct observation and could include concerns relating to colleagues and members of staff within the ICB or partner organisations.

Prevent operates in a 'pre-criminal' space and recognises that children and adults susceptible to be being radicalised and drawn into any forms of terrorism should be protected.

The objectives of Prevent are to:

- tackle the ideological causes of terrorism
- intervene early to support people susceptible to radicalisation
- enable people who have already engaged in terrorism to disengage and rehabilitate

Concerns should be responded to in a proportionate way, where risk should be a key determinant. If staff are in any doubt about what constitutes an immediate risk, or need advice about making a Prevent referral they should contact their ICB Prevent lead. **In an emergency situation dial 999.**

The Prevent duty is designed to help ensure that susceptible people who are at risk of radicalisation are supported as they would be under other safeguarding processes and provided with appropriate care plans from a health perspective, if required.

All healthcare staff have an important role in Prevent as part of their ongoing safeguarding duties to the public and the patients they work with.

## 2. Purpose

This policy outlines the procedure that all NHS Cornwall and Isles of Scilly integrated care board (ICB) staff must take if they come across a person who is susceptible to being radicalised.

The aim is to support staff to ACT early to identify Prevent concerns using the 'notice, check, share' approach. It is increasingly recognised that some people may appear to be at risk or susceptible to radicalisation without showing a clear ideology.

The policy also sets out how we work with others to prevent susceptible people becoming radicalised in Cornwall and the Isles of Scilly and how we deliver our commissioning responsibilities in relation to safeguarding.

The policy aims to:

- provide guidance on recognising the signs and respond to signs of radicalisation in accordance with their role and responsibility 'notice, check, share'.
- support ICB commissioning assurance through ensuring that commissioned services have implemented Prevent and have appropriate systems in place to continually monitor that assurance
- make clear the duties of ICB staff in relation to Prevent
- enables the ICB to meet its corporate and statutory duties with regards to the Prevent strategy
- alert staff to their Prevent responsibilities through early identification and appropriate information sharing and referral
- describe the ICB's roles and responsibilities to develop and improve Prevent practices across the whole health economy through working with:
    - local safeguarding adult and children boards
    - Devon and Cornwall police
    - NHS England
    - local authorities
    - other key partners

Some people may be at greater risk from abuse and exploitation. This policy aims to outline who may be at greater risk, to mitigate against this, and to reduce the risk of children and adults being radicalised.

This policy relates to safeguarding children and adults who are at risk of being radicalised and should be considered alongside the ICB's child protection policy and procedure and adult safeguarding policy.

## 3. Definitions

**Channel** - The Home Office's Channel Duty Guidance: Protecting people susceptible to radicalisation is statutory guidance for Channel panel members and their partners. This is a voluntary, multiagency programme, that requires the

persons' consent to receive support. Channel operates in England and Wales, as part of the Prevent strategy.

The partners of Channel must cooperate with multi-agencies to support the panel functions. NHS services have a pivotal role in sharing information to support the Channel process and also enabling access to appropriate health services for the person.

**CONTEST** - This is a Home Office strategic national counter-terrorism strategy designed to reduce the risk to the United Kingdom and its citizens and to its interests overseas.

The aim of CONTEST is to reduce the risk from terrorism so people can go about their lives freely and with confidence through the following 4 elements:

- 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

**Exploitation** - Susceptibility to radicalisation can occur to anyone who due to their circumstances, experiences or due to their state of mind become susceptible to a terrorist ideology. Terrorists use a variety of methods to influence and exploit others. These include face to face contact, internet use, social networking or other media.

**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. This also includes calls for the death of members of our armed forces, whether in this country or overseas.

Extremism is the promotion or advancement of an ideology based on violence, hatred or intolerance that aims to:

1. Negate or destroy the fundamental rights and freedoms of others; or
2. Undermine, overturn or replace the UK's system of liberal parliamentary democracy and democratic rights or
3. Intentionally create a permissive environment for others to achieve the results in (1) or (2).

Notice, check, share – This is a key Home Office Prevent message.

- Notice a change in a person that concerns you, that they may be susceptible to radicalisation.
- Check your concern with a manager or safeguarding lead.
- Share the concern with the police by completing the Prevent referral form.

**Prevent** - The Prevent duty is a duty for specified authorities to prevent people being drawn into terrorism. The duty is from the Counter-Terrorism and Security Act 2015

The objectives of Prevent are to:

- tackle the ideological causes of terrorism

- intervene early to support people susceptible to radicalisation
- enable people who have already engaged in terrorism to disengage and rehabilitate

Proscribed terrorist groups or organisations - Under the Terrorism Act 2000, the Home Secretary may proscribe (ban) an organisation if they believe it is concerned in terrorism, and it is proportionate to do so. For the purposes of the act, this means that the organisation:

- commits or participates in acts of terrorism
- prepares for terrorism
- promotes or encourages terrorism (including the unlawful glorification of terrorism)
- is otherwise concerned in terrorism

**Radicalisation** - The process of grooming a person to support, encourage or condone violence to advance terrorist ideology. Radicalisation is the process of a person subscribing to extremist ideology. This can include legitimising support for, or use of, terrorist violence.

The majority of people who commit terrorism offences do so of their own agency and dedication to an ideological cause. Terrorists use normal social processes to manipulate and influence others into their ideology. The internet often plays a big part in the dissemination of extremist material and propaganda. Health care organisations should be aware of employees making frequent visits to websites showing images such as armed conflict around the world and providing access to extremist material.

**Staff** - This definition applies broadly to all individuals working for or on behalf of the ICB, including:

- Permanent employees
- Bank, agency or locums
- Student placements and trainees
- Mandated GPs and clinical leads
- Contractors and third-party service providers
- Volunteers or individuals supporting ICB operations

**Terrorism -** Use or threat designed to influence the government or an international governmental organisation or to intimidate the public or a section of the public. The use or threat is made for:

- the purpose of advancing a political, religious or ideological cause.
- involves serious violence against a person.
- involves serious damage to property.
- endangers a person's life, other than that of the person committing the action.
- creates a serious risk to the health or safety of the public or a section of the public.
- is designed seriously to interfere with or seriously to disrupt an electronic system.

# 4. Responsibilities

## All staff

All NHS Cornwall and Isles of Scilly (ICB) staff have a responsibility to play a part in the prevention, detection and reporting of safeguarding concerns, including Prevent, whether this is through contact with patients, members of the public or colleagues.

All staff should exercise due diligence when they invite or are asked to host speakers to ensure the topic or speaker is appropriate.

Any concerns must be reported to the relevant line manager. Staff members have a responsibility to respond sensitively to a safeguarding disclosure and act in a professional manner and take appropriate, timely, action.

Staff should identify their learning needs and ensure they complete appropriate mandatory training in line with the requirements of Prevent training and competencies framework to ensure:

1. they are able to 'notice, check, share' signs of people susceptible to being radicalised,
2. they know how to seek advice and make a referral,
3. they can support the NHS to meet contractual obligations in relation to safeguarding training, as set out in the NHS standard contract.

## The integrated care board

The ICB has a duty to ensure safe environments where extremists are unable to operate or exploit others. Prevent is a legal duty for all statutory health bodies.

The ICB also needs to have assurance that all commissioned NHS services, as part of their contractual requirement under the NHS Standard Contract SC32 adhere to the Prevent duty.

ICB as a category 1 responder has duties under CONTEST for Prepare, for concerns about emergency, preparedness, resilience and response (EPRR) and for any concerns relating to security of estates contact ciosicb.eprr@nhs.net.

Organisational strategic leadership is key to ensuring the organisation fully discharges its statutory obligation in relation to the Prevent Duty.

Leadership must:

- establish or use existing mechanisms for understanding the risk of radicalisation.
- ensure staff understand the risk and build the capabilities to deal with it
- ensure resources to enable the ICB to meet its responsibilities
- communicate and promote the importance of Prevent; and
- ensure staff implement the Prevent Duty effectively.

The ICB is accountable to NHS England. The ICB has a clear line of accountability in relation to the delivery of its safeguarding duties. These are set out below:

## Chief executive officer

The chief executive officer:

- is accountable to the ICB chair and board for delivery of strategies against the agreed financial plan. This includes the strategic plans of safeguarding boards and partnerships.
- leads a positive culture of how the NHS responds to safeguarding in Cornwall and the Isles of Scilly and this includes prevent.
- assures themselves that their local safeguarding and prevent arrangements are effective and keep children safe. This includes systems of assurance for delivery against contracts.

## Chief nursing officer

The chief nursing officer is accountable to and reports to the chief executive officer.

The chief nursing officer acts as the executive lead for safeguarding, providing professional advice to the ICB board and the relevant committees. They are supported by the designated, named and lead professionals for safeguarding.

The responsibilities of the chief nursing officer are to:

- lead on supporting the chief executive and board for safeguarding people of all ages and this includes prevent.
- promote a positive culture of how the NHS responds to safeguarding and prevent in Cornwall and the Isles of Scilly.
- is accountable for ensuring that the joint forward plan sets out how the ICB responds to the needs of people affected by Prevent.
- ensure that all safeguarding and prevent functions are performed effectively and that there are effective assurance mechanisms in place.
- lead the relationship with key safeguarding and prevent partners, to improve outcomes.
- ensure the arrangements are in place for representation at safeguarding boards and partnerships, delegating attendance at Safer Cornwall to the head of nursing

## Director of nursing

The director of nursing is accountable and reports to the chief nursing officer and deputises for them. They support the chief nursing officer, providing the ICB with the capacity to meet all the statutory duties in relation to safeguarding. They also ensure that the accountable officer, directors, and governing body can access professional advice in relation to when required.

The role ensures the connection between other areas of ICB business, such as quality and patient safety and is responsible for the ICB contribution to the system quality group.

## Head of nursing

The ICB head of nursing reports to the deputy director of nursing and is accountable to the chief nursing officer. The head of nursing is the lead designated professional and is responsible for leading and overseeing programmes of work in relation to Prevent to ensure the effective implementation of this policy as well as preparing submissions on a regular basis to the quality, equity and pathways of care committee.

## Prevent lead

The ICB prevent lead is the lead nurse for adult safeguarding. They are required to;

- be able to access to ICB executive (board level) lead, to ensure that there is the right level of influence of safeguarding on the commissioning process
- work across the local health system to support professionals in their agencies on all aspects of safeguarding and prevent
- for single and multiagency learning reviews provide a health perspective and be responsible for quality assuring the health content and disseminating the lessons learnt
- attend reflective or restorative supervision meetings regularly
- ensure that domestic abuse and sexual violence is an integral part of the ICB clinical and quality governance framework
- provide expertise to the wider system in Cornwall and the Isles of Scilly on the NHS response to Prevent, and health system response to supporting people susceptible to radicalisation.

The ICB Prevent lead provides advice and support on Prevent concerns and assists staff to appropriately take concerns to the relevant authority by:

- monitoring ICB staff Prevent learning and mandatory training in accordance Prevent training and competencies framework
- advising the contracting and commissioning teams of the Prevent requirements
- providing assurance with the service line managers, such as quality and contract managers that providers are meeting their statutory requirements
- ensuring the implementation, monitoring, and review of the Prevent strategy, delivery plan, including within relevant policy documents,
- ensuring engagement at local and regional forums and boards
- ensuring there is appropriate health representation at Channel panel
- ensuring there is compliance with the statutory needs of the Prevent agenda within the ICB and provider organisations
- ensuring, as partners to Chanel panel and the Prevent agenda, information sharing is facilitated to ensure health partners are providing and receiving relevant information

- being the responsible representative for ICB involvement with Devon and Cornwall's Counter Terrorism Local Profile (CTLP)

## People and organisational development (POD) team

The people and organisational development (POD) team have a particular role in relation to safer recruitment and responding to concerns about a person's suitability to work in a position of trust, and any staff members engaging in behaviours of concern. This is addressed through the applicable people and organisational development policies.

The POD team can support managers to ensure that staff are suitably trained to understand the Prevent Duty according to their roles. The POD team provide advice and guidance to all staff in relation to this policy.

## Commissioning managers

Prevent, as part of safeguarding, is a fundamental part of the commissioning strategy ensuring systems and processes are in place in all parts of the commissioning cycle. Commissioners must make sure contracts are clear and detailed in respect of the service specification and provider duties in respect of safeguarding, including their Prevent Duty.

The NHS Standard Contract requires all NHS funded providers to demonstrate that they comply with the requirements of the Prevent Duty. This includes ensuring that there is a named Prevent lead and that there is access to quality training for staff in their organisation; ICBs have a responsibility to provide oversight and performance management regarding implementation and compliance of the Prevent duty within provider organisations.

The Prevent lead will liaise with the head of nursing in the ICB, who will provide the information for contracts and service specifications of all health providers from whom services are commissioned. This will enable clear service standards for Prevent to be included in all contracts and be considered in all commissioning and procurement activity.

The contract standards will then be robustly managed through the ICB's contract monitoring processes. Contract managers will ensure that the ICB safeguarding team are invited to participate in contract monitoring processes.

The commissioning managers will ensure that all new pathways, commissioning cases, and schemes are impact assessed by the ICB's quality impact assessment to ensure all consideration is given to safeguarding requirements.

## Managers

Advice and support can be obtained from the ICB safeguarding team and or Prevent lead.

Each manager has responsibilities to:

- provide a safe environment and an approachable atmosphere, so staff can raise and discuss concerns and issues or incidents about safeguarding, including Prevent
- ensure employees are aware of this policy including referring new employees to the policy as part of their induction process
- ensure that all their own staff members have adequate and appropriate training for their roles and responsibilities
- ensure that staff who have direct contact with patients have access to safeguarding supervision and understand their role in relation to the Prevent Duty
- support staff to escalate a concern, if required
- liaise with the people and organisational development team if a concern is raised about a member of staff. This may include susceptibility to radicalisation and or intelligence the person is affiliated with and or supporting a proscribed group.

# 5. Governance

## National governance

The chief nurse for NHS England has ultimate accountability for all safeguarding in the NHS, supported by a national head of safeguarding. NHS England provide oversight and assurance of ICB's safeguarding arrangements and support ICB's in meeting their responsibilities.

NHS England is responsible for empowering local systems to hold partners to account, ensuring that there are safe systems in place to meet their safeguarding needs. Within each NHS England region, the regional chief nurse has the lead responsibility for safeguarding for both children and adults, with a regional safeguarding lead heading the portfolio of work.

## ICB governance

Governance of all aspects of safeguarding including Prevent is set out below.

Governance of the safeguarding process is defined in the NHS England Safeguarding Accountability and Assurance Framework 2024.

The reporting and recommendations to the relevant ICB committee responsible for quality (as the committee with delegated authority for quality) are prepared through the ICB safeguarding assurance meeting. The ICB is accountable for all duties and responsibilities through its board and joint peninsula committee, to which the finance, performance and quality committee reports.

# 6. Making a Prevent referral

**If there is an immediate risk to life dial 999**

- If you have concerns that someone is being radicalised, in the first instance discuss these with the ICB Prevent lead. The ICB Prevent lead can offer advice

and ensure that the right support is put in place for anyone who there may be concern about via ciosicb.scatconcern@nhs.net
- If the Prevent lead is unavailable, please contact one of the ICB safeguarding leads or the head of nursing to discuss.
- Concerns about staff members will also be discussed with their line manager and the people and organisational development team to consider the most appropriate response from a safeguarding perspective, which may include a Prevent referral as outlined below.
- You can also contact the Devon and Cornwall Police Prevent Team or you can email Prevent@devonandcornwall.pnn.police.uk or phone the team on 01392 225130.
- Information on reporting possible online terrorist activity can be obtained from the Home Office website www.direct.gov.uk/reportingonlineterrorism
- Once a referral has been made via the National Prevent referral form, a multi-agency Channel panel will determine if it meets the threshold to be submitted to a formal multi-agency process.

# 7. Identifying individuals susceptible to radicalisation

There is no such thing as a 'typical' terrorist. There are no definitive determinates as to who might be susceptible.

Some internal factors that can make people vulnerable to radicalisation can include bereavement, rejection, isolation, substance misuse, identity crisis/crisis of faith, mental health issues, personal or political grievances, participation in criminal activity and low self-esteem. Some external factors can be peer pressure, unemployment levels, media and group identity.

Research involving people who have engaged in terrorist activity demonstrates that there is no single pathway or socio-demographic profile which makes predicting terrorist activity involvement inherently difficult to predict.

## Potential indicators for radicalisation

- becoming disengaged and or isolated and withdrawn
- changes in existing relationships
- expressing extremist views
- fascination with weapons, chemicals, or explosives
- fascination with extremism and or extremist activities
- scripted speech
- trying to recruit others

## The extremism threat

Staff should not only be alert to violent extremism but also non-violent extremism, including certain divisive or intolerant narratives which can reasonably be linked to terrorism.

Some groups and organisations that promote extremist ideologies are not proscribed (banned) terrorist groups or organisations.

These groups support divisive or hateful narratives towards others but may not promote extreme violence. For example, they may hold views that support the distrust or hatred of people with different faiths and or undermine the principles of democracy.

## Online radicalisation

Increasingly people are at risk of accessing inappropriate and harmful extremist content online. There is a rapid proliferation of terrorist content online and the internet has become the preferred avenue for those searching for terrorist propaganda. This could include downloading or sharing terrorist material, which could be a criminal offence.

Extremist and terrorist groups and organisations use social media (for example, apps, forums, blogs, chat rooms, and artificial intelligence) to identify, target and groom susceptible individuals.

You do not need to be an online expert to understand when a person is at risk of harm. You should deal with harmful online behaviour in the same way as offline activity.

## Susceptibility assessment framework

All Prevent referrals are first triaged through the gateway assessment of risk and susceptibility by the police. Those which are appropriate for Channel consideration have a susceptibility assessment, which is led by the Channel case officer.

The local authority or police request information from panel partners, which includes NHS services, to make an initial assessment of the nature and extent of the person's vulnerability.

Some people may appear to be at risk or susceptible to radicalisation into terrorism without showing a clear ideology.

Individuals increasingly adopt a mix of ideas from different ideologies into their grievance narratives.

This could include individuals who:

- show an interest in multiple extremist ideologies at the same time
- switch from one ideology to another over time
- target a 'perceived other' of some kind (perhaps based on sex or another protected characteristic), but do not otherwise identify with one particular terrorist ideology or cause - for example, involuntary celibates (incels) who direct their anger mainly at women
- are obsessed with massacre, or extreme or mass violence, without specifically targeting a particular group - for example, high school shootings

- show an interest in conspiracy theories which can act as gateway to radicalised thinking, common themes include:
    - religious or ethnic superiority
    - antisemitism
    - misogyny
    - anti-establishment and anti-LGBT grievances
- may be susceptible to being drawn into terrorism out of a sense of duty, or a desire for belonging, rather than out of any strongly held beliefs

## 8. Consent and confidentiality

It is best practice to speak to the person about the concerns and seek gain consent to refer them for support. For children, you should try to get consent from the parents or carers.

Do not do this if it would place the person (child or adult) at greater risk of harm. You can share information without consent if it will help to safeguard the person sooner.

For people aged 16, and over capacity is always assumed. If capacity regarding the decision to consent to this process is questionable, for example a person is being coerced or has a mental impairment consider duties under the Mental Capacity Act 2005 and Mental Capacity Act Code of Practice and discuss with the ICBs mental capacity lead, Prevent lead or safeguarding team, as appropriate.

If someone declines consent, information can still lawfully be shared if it is in the public interest to do so, and this can include protecting someone from serious harm or preventing crime.

Concerns about sharing information should never stand in the way of promoting the welfare and protecting the safety of children, young people and adults. There are legal frameworks in place to support timely, necessary, and proportionate information. UK General Data Protection Regulation (GDPR) and the Data Protection Act 2018 provide a structure to share appropriately and should not be barriers to fulfilling the statutory function as outlined in the Counter Terrorism and Security Act 2015.

Statutory guidance is available to support information sharing and governance for Prevent and the Channel process in the NHS. If necessary, you may share information without the person or family's participation under the Crime and Disorder Act 1998, and or The Caldicott Principles.

If a person is offered ongoing support from the Channel process, this is always voluntary and therefore requires their consent. Information should remain confidential and should not be shared outside of the Channel process. ICB record keeping guidelines should be followed.

Any queries regarding the sharing of information should be discussed with the Prevent lead, Caldicott guardian or the information governance team.

## 9. Quality assurance and monitoring

The ICB has systems in place for quality assuring the safeguarding governance systems within provider organisations from which they directly commission services and this is set out in the ICB safeguarding accountability and assurance framework.

Contract leads and providers should raise concerns if they are concerned about compliance.

## 10. Implementation plans and monitoring effectiveness

All staff will be informed of the approval of the policy via the ICB staff bulletin update which will provide a link to the document on the ICB intranet.

New starters will be informed of safeguarding polices, including Prevent, and associated safeguarding training requirements as part of their induction process. The ICB safeguarding team has oversight of ICB staff safeguarding training compliance.

## 11. Update and review

The policy will be routinely reviewed every 3 years by the ICB Prevent lead, or sooner if changes are required in response to policy or guidance changes.

Where review is necessary due to legislative change, this will happen as soon as practicably possible.

## 12. Policies, guidance and legislation referred to in this document

- ICB adult safeguarding policy
- ICB child protection policy and procedure
- ICB safeguarding accountability and assurance framework
- ICB mental capacity act and deprivation of liberty safeguards policy
- ACT (Action Counters Terrorism) 2025
- Counter-Terrorism and Security Act 2015
- Crime and Disorder Act 1998
- Department of Health & Social Care 2022 Guidance Prevent and the Channel process in the NHS: information sharing and governance
- Department of Health & Social Care 2022 NHS Prevent training and competencies framework
- Equality Act 2010
- Home Office 2023 Counter-terrorism strategy (CONTEST)
- Home Office 2023 Channel Duty Guidance: Protecting people susceptible to radicalisation
- Home Office 2023 Independent review of Prevent

- Home Office 2025. Prevent learning review: Southport attack. Independent Prevent learning review into the contacts the Southport perpetrator had with the Prevent system.
- Human Rights Act 1998
- Mental Capacity Act 2005
- Ministry of Housing, Communities & Local Government and Department for Levelling Up, Housing & Communities 2024. New definition of extremism
- NHS England 2024 Safeguarding children, young people and adults at risk in the NHS. Safeguarding accountability and assurance framework
- NHS England 2025 NHS Prevent training and competencies framework
- Office of Public Guardian 2020 Mental Capacity Act Code of Practice
- Terrorism Act 2000
- Terrorism Act 2006
- The Caldicott Principles 2020 Eight principles to ensure people's information is kept confidential and used appropriately.
- The Terrorism (Protection of Premises) Act 2025
- Prevent duty guidance: England and Wales 2023. Prevent duty guidance for specified authorities in England and Wales.
- UK General Data Protection Regulation (GDPR) and Data Protection Act 2018

## 13. Consultation on this policy

Consultation with colleagues in the ICB safeguarding team, included addition of equality for children in care.

Involvement from POD team to ensure that policy reflects their requirements with regards to staff recruitment and retention processes, managing allegations and supporting managers to ensure appropriate staff training and development.

Circulated for review to ICB head of emergency, prevention, preparedness and response, noting ICB duties under CONTEST.

# Appendix 1: Equality impact assessment

**Name of policy or service to be assessed:** Prevent policy
**Department or section:** Nursing and quality
**Date of assessment**: 15 August 2025
**Person(s) responsible for the assessment:** Cerian Margetts, lead nurse for adult safeguarding and Prevent
**Is this a new or existing policy?** Existing

## Aims, objectives and purpose of the policy

**Describe the aims, objectives, and purpose of the policy.**
For all staff employed by NHS Cornwall and Isles of Scilly (ICB) to be aware of their statutory, corporate, roles and responsibilities with regard to Prevent.

To enable ICB staff to ensure commissioned organisations are aware of why there is the need to make safeguarding and Prevent core business throughout all commissioned work streams.

**Who is intended to benefit from this policy, and in what way?**
This policy will benefit all ICB staff by enhancing their knowledge and by providing a robust structure with regards to Prevent.

As a strategic commissioner the ICB needs to assure itself that the organisations from which they commission have effective safeguarding and Prevent arrangements in place. It will also benefit all people in receipt of our care, including employees who require safeguarding.

**What outcomes are wanted from this policy?**
To protect all staff, public and providers from terrorist activities, through early health intervention and support for people susceptible to radicalisation through
ICB staff understanding their corporate and individual responsibilities for Prevent as a strategic commissioner of NHS care services.

**What factors or forces could contribute or detract from the outcomes?**
- local and national changes in legislation, procedures and guidance, including outcomes of any serious enquiry.
- organisational resource to support safeguarding and Prevent throughout the commissioning and contract review process
- national and local service pressures

**Who are the main stakeholders in relation to the policy?**
All staff and safeguarding partners.

**Who implements the policy, and who is responsible for the policy?**
All staff working in the ICB will implement the policy. The Executive lead for safeguarding is responsible for the effective implementation of the policy. The ICB Prevent lead is responsible for cascading the revised policy, and subsequent changes every 3 years or sooner, in response to legislative or other practice guidance changes.

## Differential impacts

**Does this have a positive or negative impact on people from an ethnic minority background? How will any negative impact be mitigated?**

We are fully committed to equity and diversity equality, both as an employer and for the services we commission. The policy explicitly aims to advance equality of opportunity for those who are disadvantaged, including those from ethnic minority backgrounds. The policy acknowledges that some individuals may be more susceptible to radicalisation due to personal or social vulnerabilities, which can intersect with ethnicity, religion, or cultural identity. The policy includes training and awareness components that are intended to be sensitive to different cultural and religious contexts.

**Does this have a positive or negative impact on people who identify as male, female or intersex? How will any negative impact be mitigated?**

The policy is expected to have a positive impact by supporting the reduction in misogyny and promoting gender equality.
It aligns with the broader safeguarding agenda, which includes protecting individuals from gender-based abuse, exploitation, and radicalisation. The policy is embedded within broader safeguarding policies that address domestic abuse, sexual violence, and gender-based exploitation.

**What is the positive or negative differential impact on people from the perspective of disability? How will any negative impact be mitigated?**

The policy recognises that people with disabilities, including those with mental health conditions and neurodiversity, may be more vulnerable to radicalisation due to factors such as isolation, exploitation, or coercion.
It promotes personalised care and support planning for individuals identified as susceptible, ensuring that their specific needs are addressed.
Prevent referrals consider capacity and consent, with reference to the Mental Capacity Act 2005 and its Code of Practice, ensuring that individuals with cognitive impairments are safeguarded appropriately.
The policy supports early intervention, which can be particularly beneficial for individuals with disabilities who may not otherwise access support until a crisis point.

Some risks could include:

Misinterpretation of behaviours: Certain behaviours linked to neurodiversity or mental health conditions could be misread as indicators of radicalisation.
Stigma or over-surveillance: Individuals with disabilities may feel unfairly monitored or labelled as “vulnerable” in a way that undermines their autonomy.

Mitigations include:
Training and awareness: Staff are expected to complete Prevent training that includes understanding vulnerabilities linked to disability and mental health.
The policy encourages safeguarding supervision and reflective practice to reduce bias and improve decision-making.

Consent and capacity protocols: The policy outlines clear procedures for assessing capacity and obtaining consent, with reference to legal frameworks.
It encourages consultation with the ICB's mental capacity lead when concerns arise.
Inclusive safeguarding: The policy is embedded within broader safeguarding frameworks that promote equity and dignity for people with disabilities.
It supports multiagency collaboration, ensuring that health, social care, and safeguarding professionals work together to provide appropriate support.

**Does this have a positive or negative impact on people who identify as heterosexual, lesbian, gay, bisexual, pansexual or asexual? How will any negative impact be mitigated?**
The policy recognises that some extremist ideologies include anti-LGBTQ+ grievances, and therefore the Prevent strategy may help protect individuals from targeted radicalisation or hate-based exploitation.

**What is the positive or negative differential impact on people from the perspective of age? How will any negative impact be mitigated?**
The policy explicitly states that it provides additional support to people of all ages who are vulnerable to being drawn into extremist activities.

It recognises that children and young people, as well as older adults, may be susceptible to radicalisation due to factors such as:

- Isolation
- Identity crisis
- Online grooming
- Mental health challenges

The policy is aligned with the UN Convention on the Rights of the Child, referencing key articles such as:

- Article 19: Protection from violence
- Article 24: Health and health services
- Article 28: Education

It promotes early intervention and safeguarding through multiagency collaboration, which is particularly beneficial for younger individuals and those in care.

**What is the positive or negative differential impact on people from the perspective of religion or belief? How will any negative impact be mitigated?**
The policy is designed to protect individuals from radicalisation, including those targeted because of their religion or belief. Any negative impact will be mitigated by specialist Home Office training, which will be sensitive to the needs of different religions or beliefs.
The policy supports freedom of thought, conscience, and religion, aligning with the Human Rights Act 1998 and the Equality Act 2010.

**What is the positive or negative differential impact on people from the perspective of marriage and civil partnership? This is particularly relevant for employment policies. How will any negative impact be mitigated?**
No impact bias expected. We are fully committed to equity and diversity equality, both as an employer and for the services we commission.

**Does this have a positive or negative impact on people who identify as trans or transgender, non-binary, or gender fluid? How will any negative impact be mitigated?**
No impact bias expected. The policy recognises that some extremist ideologies include anti-transgender grievances, and therefore the Prevent strategy may help protect individuals from targeted radicalisation or hate-based exploitation. We are fully committed to equity and diversity equality, both as an employer and for the services we commission

**Does this have a positive or negative impact on people who are pregnant, people who are breast feeding, or those on maternity leave? How will any negative impact be mitigated?**
No impact bias expected. We are fully committed to equity and diversity equality both as an employer and for the services we commission.

**Are there any other identified groups? How will any negative impact be mitigated?**
Positive impact due to the additional support Prevent provides. Prevent recognises the additional risks to children in care who may be at increased due to vulnerability and isolation, and people with mental health, neurodiversity conditions and disabilities and seeks additional, personalised, support to prevent radicalisation.

## Human rights values

**How have the core human rights values of fairness, respect, equality, dignity, and autonomy been considered in the formulation of this policy, service, or strategy?**
This policy is embedded from the Human Rights Act, Equality Act, Mental capacity Act, and child and adult safeguarding core legislation.

**Which of the human rights articles does this document impact?**

☒ To life
☒ Not to be tortured or treated in an inhuman or degrading way
☒ To liberty and security
☒ To a fair trial
☒ To respect for home and family life, and correspondence
☒ To freedom of thought, conscience, and religion
☒ To freedom of expression
☒ To freedom of assembly and association
☒ To marry and found a family
☒ Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention

☒ To peaceful enjoyment of possessions

**Which of the UN Convention on the Rights of the Child does this document impact?**

Every child has the right to:

☒ Relax and play (Article 31)
☒ Freedom of expression (Article 13)
☒ Be safe from violence (Article 19)
☒ An education (Article 28)
☒ Protection of identity (Article 8)
☒ Sufficient standard of living (Article 27)
☒ Know their rights (Article 42)
☒ Health and health services (Article 24)

**What existing evidence (either presumed or otherwise) do you have for this?**
This policy is embedded from the Human Rights Act, Equality Act and takes into account the Mental capacity Act.

**How will you ensure that those responsible for implementing the policy are aware of the human rights implications and equipped to deal with them?**
They will have received appropriate training to their role.

## Public Sector Value Act 2012

NHS Cornwall and Isles of Scilly is committed and obliged to fulfil the requirements of the Public Sector Social Value Act 2012. This Act requires organisations to consider how services commissioned or procured might improve the economic, social, and environmental wellbeing of an area.

**Please describe how this will support and contribute to the local system, wider system, and community.**
This policy will support the organisation when commissioning or providing services, with particular respect to safeguarding individuals.

1. **Safeguarding individuals across the health economy**
- It ensures that Prevent is embedded as core business in all commissioned services, helping to protect vulnerable individuals from radicalisation.
- This contributes to safer communities by identifying and supporting people at risk before they engage in harmful behaviours.

2. **Commissioning and procurement**
- The policy guides the ICB in commissioning services that are compliant with Prevent duties, ensuring providers have robust safeguarding arrangements.
- This strengthens the quality and safety of care across the local health system.

3. **Promoting equality and inclusion**
- It promotes inclusive practices and culture, which benefits both staff and service users, particularly those from disadvantaged or marginalised groups.

4. **Improving outcomes through early intervention**

- By supporting early identification of individuals susceptible to radicalisation, the policy helps prevent escalation and promotes rehabilitation and support.
- This reduces long-term harm and contributes to public safety and wellbeing.

5. **Collaborative working across agencies**

- The policy facilitates multiagency collaboration with police, local authorities, NHS England, and safeguarding boards.
- This integrated approach enhances the resilience of the wider system and ensures consistent safeguarding standards.

6. **Embedding human rights and legal duties**

- The policy is grounded in the Human Rights Act, Equality Act, and Mental Capacity Act, ensuring that services uphold dignity, autonomy, and fairness.
- It supports the community by ensuring that legal protections are actively implemented in health and safeguarding practices.

**Describe how the policy contributes towards eliminating discrimination, harassment, and victimisation.**

This policy ensures the Equality Act 2010 and Human Rights Act 1998 is embedded throughout this organisation and any organisation which are commissioned. We are committed to promoting equality and diversity in all its activities to promote inclusive processes, practices and culture. We will strive to work to eliminate any unlawful or unfair discrimination including direct or indirect discrimination.

1. **Embedding equality and human rights legislation**
   The policy explicitly states that it is underpinned by the:

- Equality Act 2010
- Human Rights Act 1998
- Mental Capacity Act 2005
- Relevant safeguarding legislation for children and adults

This legal foundation ensures that the policy is aligned with statutory duties to prevent discrimination and uphold individual rights.

2. **Commitment to inclusive culture**
   The policy commits to inclusive practices. This includes both internal practices, such as staff training and recruitment, and external commissioning of services.
3. **Safeguarding focus**
   Prevent is framed as a safeguarding duty, not a surveillance tool. It aims to protect individuals, especially those from marginalised or vulnerable groups, from being exploited or drawn into extremist ideologies, which often involve hate-based narratives.
4. **Training and awareness**
   Staff are required to complete Prevent training that includes:

- Recognising signs of radicalisation
- Understanding vulnerabilities
- Responding without bias or prejudice

This helps reduce the risk of discriminatory assumptions or profiling.

**Describe how the policy contributes towards advancing equality of opportunity.**

This policy ensures the Equality Act 2010 and Human Rights Act 1998 is embedded throughout this organisation and any organisations which are commissioned. We are

committed to promoting equality and diversity in all its activities to promote inclusive processes, practices and culture. We strive to work towards equality of opportunity.

1. **Safeguarding focus on vulnerable groups**
   The policy recognises that individuals who share protected characteristics—such as ethnicity, disability, gender identity, or religion—may be at greater risk of exploitation or radicalisation. This is achieved by identifying and supporting those who are disproportionately affected by extremist grooming or hate-based ideologies.
2. **Personalised support and early intervention**
   The policy promotes early identification and tailored safeguarding responses, including personalised care plans for individuals susceptible to radicalisation. This ensures that support is responsive to individual needs, particularly for those facing systemic or social disadvantage.
3. **Inclusive training and workforce development**
   All staff are required to complete Prevent training that includes:

- Recognising signs of vulnerability
- Responding without bias
- Understanding the impact of discrimination and inequality

   This helps build a workforce that is equipped to support diverse communities fairly and effectively.

4. **Equitable commissioning and contracting**
   The policy ensures that commissioned services are held to the same standards of equality and safeguarding. Contracts must include clear expectations around Prevent compliance and equity, helping to embed inclusive practices across the wider health system.

**Describe how the policy contributes towards promoting good relations between people with protected characteristics.**
This policy ensures the Equality Act 2010 and Human Rights Act 1998 is embedded throughout this organisation and any organisations which are commissioned.

The Prevent Policy promotes good relations between people with protected characteristics by:

- challenging hate-based ideologies
- embedding inclusive language and practices
- providing training to reduce bias
- encouraging multiagency collaboration

**If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services and or the working environment for that group of people.**
It will ensure their rights are respected. We aim to promote equality by ensuring that health inequalities are addressed and are at the heart of our values. The policy outlines referrals to safeguard vulnerable individuals.

**Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.**

The policy has been reviewed and re-written to ensure that new evidence has been considered, language updated to reflect the more inclusive tone within the revised Prevent statutory guidance, and to ensure minority groups are treated fairly.

**If the negative impacts identified have been unable to be mitigated through amendment to the policy or other mitigating actions, explain what your next steps are using the following equality impact assessment action plan.**
The policy has been reviewed and re-written to ensure that new evidence has been considered, including ensuring minority groups are treated fairly. No negative impacts and associated actions have been identified.

## Equality impact assessment action plan

| Issue to be addressed | Action required | Responsible person | Timescale for completion | Action taken |
|---|---|---|---|---|
| Nil | Not applicable | Not applicable | Not applicable | Not applicable |

**Comments on action plan**:
Not applicable – no action plan required.

**Signed (completing officer)**: Cerian Margetts, lead nurse for adult safeguarding and Prevent.

**Date**: 2 September 2025

**Signed (head of department or section)**: Executive Team

**Date**: 22 October 2025

Please ensure that a signed copy of this form with the policy is sent to both the corporate governance team and equality and diversity lead.

## Comments and reviews

| Reviewed by | Date | Any comments not captured above |
|---|---|---|
| Jayna Chapman | 18.09.25 | None. |