


NHS Central East Integrated Care Board Prevent Policy 2026-2027

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Document Control

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1. Introduction

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

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

This policy sets out how Central East Integrated Care Board (Central East ICB) will support, manage, and deliver its responsibilities in relation to this statutory duty. Central East ICB is committed to ensuring individuals susceptible to radicalisation are safeguarded from being radicalised into violent extremism and supporting or becoming terrorists themselves as part of the Home Office Counter-Terrorism Strategy (CONTEST) (2018) and in line with the Independent Review of Prevent.

[Independent Review of Prevent](#)

[Prevent duty guidance: England and Wales \(2023\) - GOV.UK \(www.gov.uk\) Counter-terrorism strategy \(CONTEST\) 2018 - GOV.UK](#)

Intelligence suggests that the United Kingdom (UK) remains at risk of being subject to a terrorist attack. This is not necessarily from foreign nationals, but also from individuals born in the UK. The CONTEST Strategy is primarily organised around four key principles:

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

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

Channel is an important aspect of Prevent. The Channel programme provides support across the country to those who may be susceptible to being drawn into or supporting terrorism. The overall aim of the Channel programme is early intervention and diverting people away from the risk they may face. The Channel Duty Guidance (updated 2023) [Channel duty guidance - GOV.UK](#) was

additionally issued under the Counter Terrorism and Security Act 2015 to support members and key partners of local panels involved in the Channel process.

2. Purpose and Scope

This policy is aimed at safeguarding children, young people, and adults from being drawn into terrorist related activity and to foster a consistent and proportionate approach to raising awareness of Prevent as part of the wider safeguarding duties of the Central East ICB.

This policy is applicable to all staff employed by the Central East ICB and will include those staff who are employed on a permanent, temporary, voluntary, contract, self-employed, bank or agency basis. The above will be referred to 'all staff' in this policy.

All commissioned provider services, services that work in partnership with other providers and independent contractors are expected to have robust policies and guidelines in place to support their staff in relation to their responsibilities for safeguarding children, young people, and adults including Prevent.

Effective partnership should be demonstrated by engaging appropriately where required with other partners, such as the police and Prevent leads in local authorities. This allows for an up-to-date awareness of risk and threat posed, and latest developments in operational delivery and best practice.

This document provides information for health professionals about the context and implementation of Prevent. It looks at the important role that health can play at a local level, and how they can lead the vital work that is necessary to safeguard individuals against radicalisation.

3. Definitions

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

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

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. We also include in the definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

CONTEST 3.0 Strategy: Sits under the Home Office and is a national strategy or long-term plan of action designed 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 attack

Prevent Strategy: Safeguarding and support those at most risk of radicalisation through early intervention, identifying them and offering support.

Enabling those who have already engaged in terrorism to disengage and rehabilitate.

Tackling the causes of radicalisation and respond to the ideological challenge of terrorism.

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.

Channel multi-agency approach to protect people at risk from radicalisation. It is entirely voluntary and requires the consent of the individual and or their parent or guardian (if aged under 18 years) to participate.

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 at risk 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.

4. Policy Statement

The primary aim of this policy is to ensure that adults at risk of harm and vulnerable children are protected from any form of radicalisation whilst under the care of Central East ICB and that staff members, and volunteers are able to identify any possible signs of radicalisation and raise their concerns with their line manager.

Preventing someone from becoming a terrorist or supporting terrorism is no different from safeguarding vulnerable individuals from other forms of exploitation including child exploitation, domestic abuse, Female Genital Mutilation (FGM) etc. Therefore, this Policy sits alongside Central East ICB existing Safeguarding Policy.

In addition, the policy aims to ensure that staff are staff will be supported to develop an understanding of the Prevent Duty and how they can utilise their existing knowledge and skills to recognise that someone may have been or is at risk of being radicalised and drawn into terrorism.

This Policy also sets out how Prevent related referrals or requests for information from external agencies will be managed by Central East ICB.

It also describes where staff can seek advice from and how to escalate their concerns within the ICB. Where concerns need to be raised with external agencies, this Policy describes how referrals will be managed within the existing multi-agency safeguarding processes- including through the multi-agency Channel panels (see para 14.4)

5. Roles and Responsibilities

The Chief Executive:

Is responsible for ensuring that the Trust has policies in place and complies with its legal and regulatory obligations. The Chief Executive will provide the means necessary to ensure that staff develop and promote good practice in Prevent. As such, the Chief Executive has delegated a number of responsibilities to the following managers and key workers within the Trust: -

Director of Safeguarding and Complex Cases/SEND:

The Director of Nursing will ensure that quarterly Prevent returns are submitted to NHS England by Provider services as s32 of NHS Standard Contract and oversees progress being made by the ICB to implement the Prevent Duty requirements. This includes data relating to numbers of referrals and staff attending ICB mandatory Prevent training.

Deputy Director of Safeguarding and Complex Cases/SEND:

Devolves the responsibility for Prevent compliance and monitoring to the Board Lead, ensuring that the organisation meets its statutory and non-statutory obligations in respect of maintaining appropriate standards of safeguarding for vulnerable children or adults at risk of harm.

Prevent Lead/Designated Safeguarding Nurse:

The Prevent lead is responsible for the development or review of the Prevent policy as well as ensuring the implementation and monitoring is communicated effectively throughout the ICB via Directorate leads and that monitoring arrangements are robust. The Prevent lead will also be the gatekeeper for Prevent referrals or inquiries from staff within the ICB and will ensure that each case is considered carefully and if required referred onward in accordance with the local inter-agency Prevent and safeguarding procedures

The Prevent Lead is responsible for the development of Prevent policy and ensuring the ICB comply with relevant standards and criteria where applicable. They are also responsible for attending Prevent Boards locally and regionally to disseminate information

and advice implementation of Prevent Duty and updated guidance. They attend Channel panels and inform ICB boards regarding themes, trends and local risk.

The Training and Development team:

Is responsible for making arrangements for a suitable number of training places and events to be delivered to allow all relevant staff identified in the training needs analysis to access the Prevent training programme.

- Ensuring that a Training Plan is in place for Prevent Training at Level 1- 3.
- Providing training reports to the Trust Board as required.

Head of Safeguarding and Senior Managers and Line Managers

Managers are key figures in supporting the safeguarding children and adults at risk agenda, including Prevent, working with the Head of Safeguarding People and the ICB Prevent lead, ensuring clinical and non-clinical staff know what action to take should children or adults at risk of harm concerns be disclosed.

Managers are responsible for ensuring the Prevent policy is, communicated to their staff and that staff adhere to the policy detail: -

- They are responsible for ensuring staff attend Prevent training, relevant to their role .
- Supporting staff with the processes to escalate a concern
- Liaising with Human Resources Department and the Safeguarding People team if the concern raised is about a member of staff.

Head of Safeguarding /Associate Director of Safeguarding

The Head of Safeguarding will oversee the progression of work in relation to Prevent. The post holder will act as a key person in supporting and guiding clinical, non-clinical and managerial staff. The Head of Safeguarding will be a crucial member of the Safeguarding Committee and will ensure that the assurance framework in relation to Prevent is updated and that the resulting work plan is progressed is in line with the ICB Prevent policy, the ICB strategic plan and business plans.

The Safeguarding Lead will assist the Director in implementing, monitoring and reporting on the progress of implementation, uses and outcomes related to this policy and progress made to implement the Prevent Duty. This includes collating organisational data relating to Prevent referrals and the numbers of staff attending Level 1-3 Prevent training and

monitoring compliance by Provider services in Prevent data returns to NHSE and Prevent training compliance.

All Staff:

All ICB staff, including volunteers have a responsibility to familiarise themselves with this Policy and to adhere to its process. All ICB Staff have duties and responsibilities in relation to the Prevent Duty and in keeping with statutory requirements and best practice guidance.

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

6. Processes and Procedures

Recognition of Radicalisation/Extremism

Example indicators that an individual is engaged with an extremist group, cause or ideology include:

- Spending increasing time in the company of other suspected extremists.
- Changing their style of dress or personal appearance to accord with the group.
- Day-to-day behaviour becoming increasingly centred around an extremist ideology, group or cause.
- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause.
- Possession of material or symbols associated with an extremist cause (e.g., the swastika for ERW groups).
- Attempts to recruit others to the group/cause/ideology.
- Communications with others that suggest identification with a group/cause/ideology.

Example indicators that an individual has an intention to use violence or other illegal means include:

- Clearly identifying another group as threatening what they stand for and blaming that group for all social or political ills.
- Using insulting or derogatory names or labels for another group.
- Speaking about the imminence of harm from the other group and the importance of action now.
- Expressing attitudes that justify offending on behalf of the group, cause, or ideology.
- Condoning or supporting violence or harm towards others.

- Plotting or conspiring with others.

Example indicators that an individual can contribute directly or indirectly to an act of terrorism include:

- Having a history of violence.
- Being criminally versatile and using criminal networks to support extremist goals.
- Having occupational skills that can enable acts of terrorism (such as civil engineering, pharmacology, or construction).
- Having technical expertise that can be deployed (e.g., IT skills, knowledge of chemicals, military training, or survival skills).

Consent

People who are susceptible to violent extremism or radicalisation are more likely to be reached by supportive services if issues of consent are handled with sensitivity and an informed understanding of the issues.

For children this will ordinarily involve talking to the child/young person and their family (unless the family is implicated in potential extremism), and to other professionals working with the child/young person. Any referral should be made with the young person/family's knowledge and consent, unless to do so would place the child/young person at risk of harm. Consideration should be given to the child's age, maturity and mental capacity applying the Gillick competency.

[Gillick competence and Fraser guidelines | NSPCC Learning](#)

For adults, it is best practice for the practitioner to seek the consent of the person who may be at risk of extremism or radicalisation before taking action or sharing information.

In some cases, where a person refuses consent, or, where it is decided seeking consent

from the adult is not appropriate, information can still lawfully be shared if it is in the public interest to do so. This may include protecting someone from serious harm or preventing crime and disorder. The rationale for doing so should be recorded.

When there are grounds to doubt the capacity of those aged 16 and over, steps need to

be taken to provide support to enable an informed decision is made. Please refer to the

[Mental Capacity Act 2005](#)

Prevent and Channel Referral Process

Concerns that an individual may be susceptible to radicalisation does not imply the person is engaging in terrorism activities; rather that there are concerns in relation to exploitation by others. Safeguarding people susceptible to radicalisation is no different to safeguarding them from other forms of potential harm.
https://assets.publishing.service.gov.uk/media/651e71d9e4e658001459d997/14.320_HO_Channel_Duty_Guidance_v3_Final_Web.pdf

7. Statutory and National Guidance

As commissioners of services the HWE ICB has a responsibility to seek assurance that NHS providers consider the Prevent strategy when delivering their services in line with the legal duty placed on them by [The Counter Terrorism & Security Act 2015](#) as well as those outlined within the [Prevent duty: guidance for healthcare professionals - GOV.UK](#), [Prevent duty in healthcare: guidance and training for practitioners - GOV.UK \(www.gov.uk\)](#);

- [Mental Capacity Act 2005](#).
- [Channel duty guidance - GOV.UK](#)
- [Independent Review of Prevent](#)

Under the Prevent Duty, the health sector is required to ensure that healthcare workers can identify early signs of an individual being drawn into radicalisation. Additionally, any provider commissioned using the NHS Standard Contract has a wider contractual safeguarding responsibility which includes Prevent.

8. Stakeholder Engagement Record

This Policy is developed by Safeguarding teams to ensure compliance with the Statutory Prevent Duty and is in accordance with national legislation and guidance with key contribution from subject matter experts. Feedback circulated in version control

The following stakeholders were engaged in the development / review of this policy:

Role/Group	Date of Engagement	Summary of Feedback
[central ICB safeguarding team]	N/A	[This policy has been developed by merging the MCA policies from the three formal ICBs. The three formal ICBs' policies were developed with stakeholders' engagement from their various locality therefore from

implication, this policy has been developed with stakeholder engagement.]

9. Accessibility Statement

This policy is available in alternative formats upon request, including large print, Braille and translated versions, to ensure accessibility for all staff and stakeholders.

10. Implementation Plan

Development and Consultation: [the policy was developed in line with statutory guidance and by subject matter experts within the safeguarding team]

Dissemination: All ICB staff and relevant stakeholders should be made aware of this policy and guidance through various communication channels. The policy should be published on the ICB's website. Insert details

Training: [All staff are required to undertake relevant training including safeguarding Training commensurate with their duties and responsibilities as outlined in the Intercollegiate Document 'Adult Safeguarding: Roles and Competencies for Health Care Staff' and the ICB document 'Staff requiring bespoke training should speak to their line manager in the first instance']

Monitoring: [To be monitored via the ICB policy governance structure]

Review: This policy will be reviewed in 3 yearly or sooner if there is a change in legislation, case law, or organisational structure that impacts on the operationalisation of the policy

Equality, Diversity, and Privacy: See Appendices, CEICB recognise the diversity of the local community and those in its employment. The policy is supported by the auditable EQIA standards contained in this document and will be monitored for impact. See Appendices. CEICB recognise the diversity of the local community and those in its employment. The policy also acknowledges specific vulnerable groups where abuse and coercion may have an impact on victims and perpetrators of this type of crime.

Associated Documents: [Insert details]

References: [see statutory guidance section 7

by [The Counter Terrorism & Security Act 2015](#) as well as those outlined within the [Prevent duty: guidance for healthcare professionals - GOV.UK](#), [Prevent duty in healthcare: guidance and training for practitioners - GOV.UK \(www.gov.uk\)](#);

- [Mental Capacity Act 2005](#).

- [Channel duty guidance - GOV.UK](#)
- [Independent Review of Prevent](#)

Appendix 1: Equality Impact Assessment

Please answer the questions against each of the protected characteristic and inclusion health groups. If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken. It is against the law to discriminate against someone because of these protected characteristics. For support and advice on undertaking EQIAs please contact: agcsu.equalities@nhs.net

Name of Policy:	Prevent Policy
Date of assessment:	03/03/2026
Screening undertaken by:	Designated Nurses for All Age Safeguarding

<p>Protected characteristic and inclusion health groups.</p> <p>Find out more about the Equality Act 2010, which provides the legal framework to tackle disadvantage and discrimination:</p> <p>https://www.equalityhumanrights.com/en/equality-act/protected-characteristics</p>	<p>Could the policy create a disadvantage for some groups in application or access?</p> <p>(Give brief summary)</p>	<p>If Yes - are there any mechanisms already in place to mitigate the potential adverse impacts identified?</p> <p>If not, please detail additional actions that could help.</p> <p>If this is not possible, please explain why</p>
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<p>Age</p> <p>A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).</p>	<p>No, this Policy relates to all n/a employees of the ICB, regardless of age. The equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.</p>
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<p>Disability</p> <p>A person has a disability if she or he 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.</p>	<p>Subjects who have any difficulty with sight, reading, or interpreting critical or complex information (either verbal or written) may require additional support to interpret information.</p>
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The equality needs of individuals

Gender reassignment

The process of transitioning from one gender to another.

when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

This Policy relates to all included subjects irrespective of gender re-assignment.

The equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

Marriage and civil partnership

Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

This Policy relates to all included subjects irrespective of marital/partnership status.

The equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

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. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

This Policy relates to all included subjects irrespective of pregnancy or maternity status.

The equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

Race

Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour and

Subjects whose first language is not English may require additional support with translation of the policy. For some people this policy

nationality (including citizenship) ethnic or national origins.

may not be understandable and as such may need additional support to understand the Law and Statutory guidance that underpins this policy.

The equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

Religion or belief

Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Subjects may require additional support with the context interpretation of the policy and as such may need additional support to understand the Law and Statutory guidance that underpins this policy.

The equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

Sex

A man or a woman.

This Policy relates to all included subjects irrespective of Sex.

The equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

Sexual orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none.

This Policy relates to all included subjects irrespective of sexual orientation.

The equality needs of individuals when interacting with the policy

and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

Carers

Individuals within the ICB which may have carer responsibilities.

This Policy relates to all included subjects irrespective of carer status.

The policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

Please summarise the improvements which this policy offers compared to the previous version or position.

This policy provides guidance. It commits to meeting the equality needs of individuals when they interact with the policy. It is my opinion that a full equality impact assessment (EqIA) is not required and that decision makers have sufficient information in this brief EqIA to be able to show Due Regard as required by the Equality Act 2010.

Has potential disadvantage for some groups been identified which require mitigation?

Some individuals with protected characteristics around Disability, Race, Religion or Belief and other identified groups such as individuals who are not UK citizens may require support in relation to the interpretation or translation of this policy.

This has been addressed by the policy which includes provision for any affected individual to be encouraged to approach the safeguarding team for support.

Yes / No – (If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken.)

Appendix 2: Data Protection Impact Assessment

Screening questions to determine if a full DPIA is required. Guidance on handling personal and sensitive data.

Data protection is the fair and proper use of information about people. Before completing this form, please refer to the Data Protection Impact Assessment (DPIA) Guidance in the Information Governance (IG) section on the staff Intranet or contact the Data Protection Officer for support via **(insert email address once confirmed)**

A DPIA is a process to help you identify and minimise the data protection risks. You must do a DPIA for processing that is likely to result in a high risk to individuals. You can use our screening checklist below to help you decide when to do one. If you have answered 'Yes' to any of the 10 screening questions, you must then carry out a full DPIA using the Stage 2 form, which is also available on the Intranet in the IG section.

Name of Policy:	Prevent Policy
Date of assessment:	03/03/2026
Screening undertaken by:	Designated Nurses for All Age Safeguarding

Stage 1 – DPIA form

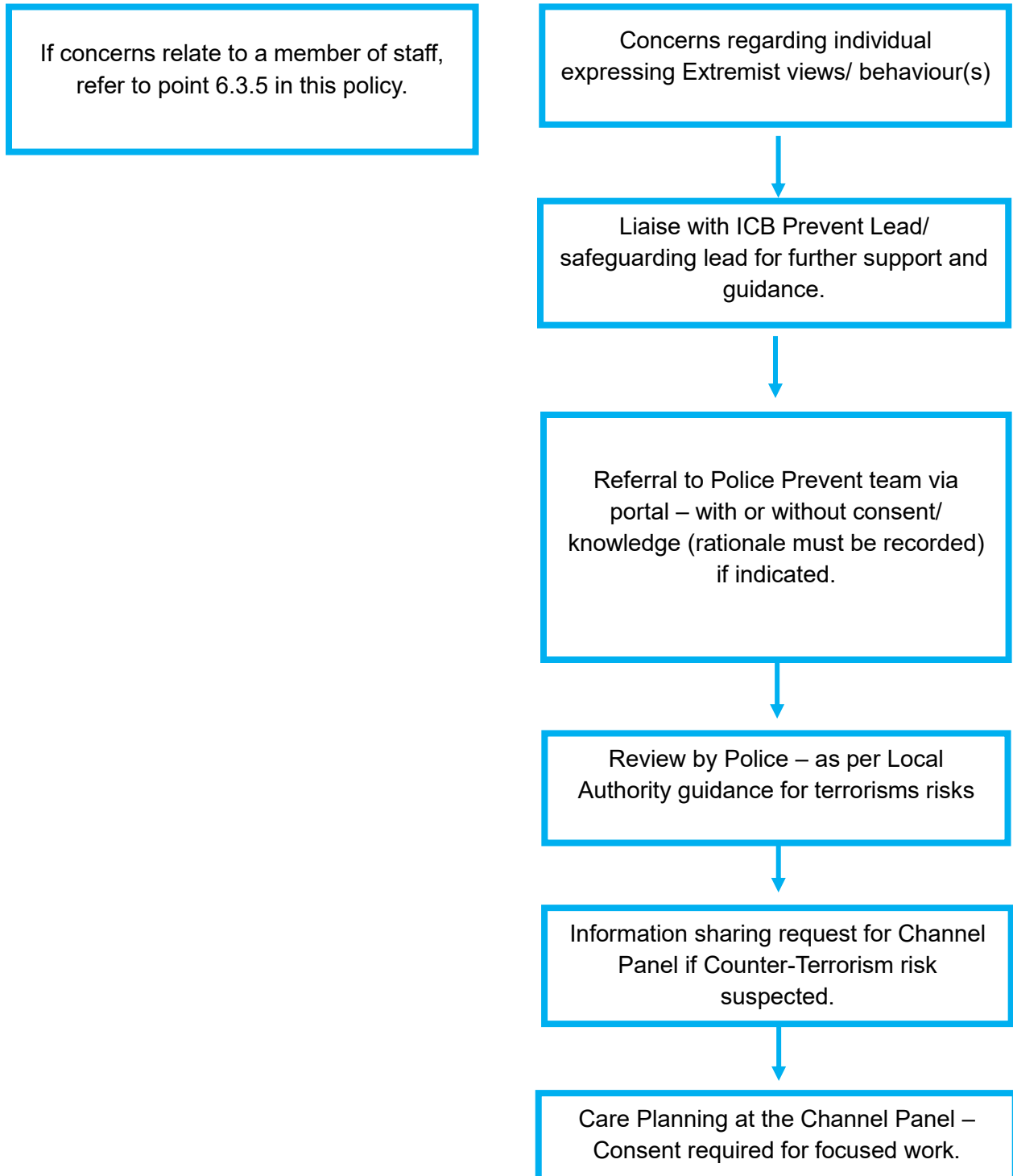
please answer 'Yes' or 'No'

1. Will the policy result in the processing of personal identifiable information / data? This includes information about living or deceased individuals, including their name, address postcode, email address, telephone number, payroll number etc.	Yes
2. Will the policy result in the processing of sensitive information / data? This includes for living or deceased individuals, including their physical health, mental health, sexuality, sexual orientation, religious belief, National Insurance No., political interest etc.	Yes
3. Will the policy involve the sharing of identifiers which are unique to an individual or household? e.g., Hospital Number, NHS Number, National Insurance Number, Payroll Number etc.	Yes
4. Will the policy result in the processing of pseudonymised information by organisations who have the key / ability to reidentify the information? Pseudonymised data - where all identifiers have been removed and replaced with alternative identifiers that do not identify any individual. Re-identification can only be achieved with knowledge of the re-identification key. Anonymised data - data where all identifiers have been removed and data left does not identify any patients. Re-identification is remotely possible, but very unlikely.	Yes
5. Will the policy result in organisations or people having access to information they do not currently have access to?	No
6. Will the policy result in an organisation using information it already holds or has access to, but for a different purpose?	No
7. Does the policy result in the use of technology which might be perceived as being privacy intruding? e.g., biometrics, facial recognition, CCTV, audio recording etc.	No
8. Will the policy result in decisions being made or action being taken against individuals in ways which could have a significant impact on them? Including profiling and automated decision making. (This is automated processing of personal data to evaluate certain things about an individual i.e., diagnosis and then making a decision solely by automated means - without any human involvement)	No

9. Will the policy result in the collection of additional information about individuals in addition to what is already collected / held?	No
10. Will the policy require individuals to be contacted in ways which they may not be aware of and may find intrusive? e.g., personal email, text message etc.	No

Appendix 3: Process Flow Diagram

Prevent and Channel Referral Process:



Appendix 4: Useful Contacts

Cambridgeshire and Peterborough: Prevent@cambs.pnn.police.uk or telephone 01480 422596

Hertfordshire: Prevent@hertfordshire.gov.uk

Bedfordshire and Luton: preventreferrals@beds.police.uk

Milton Keynes: preventreferralsmiltonkeynes@thamesvalley.pnn.police.uk