

# Practice Safeguarding Adult Leads June 2018

## PREVENT: Safeguarding individuals from extremism in General Practice

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Named GP Safeguarding Adults  
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# Session Objectives

To receive an update on MCA and LeDeR

To support the identification and response to those vulnerable to violent extremism as part of a learning programme about exploitation

To discuss the role of General Practice in those vulnerable to exploitation

To share the learning with colleagues within practices

An opportunity for case discussion, peer learning and to share views with NHS England's Prevent Lead



# Mental Capacity and LeDeR Update



Camden

Clinical Commissioning Group

Update from the Learning Disability Mortality Review programme LeDeR:

One Safeguarding Adults Review commissioned in Camden from LeDeR with another being considered

Finding that Camden GPs should strengthen recording of valid and applicable Powers of Attorney/Deputyships and recognise the scope and limitations of any such powers.

The MCA Code of Practice Chapter 7 & 8 explains this:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/497253/Mental-capacity-act-code-of-practice.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf)

Practices should check whether a POA or deputyship is applicable to Personal Welfare or Finance and stamped as registered with the Office of the Public Guardian. A copy of the paper work can be taken and any restrictions to the Power noted. Any concerns that a POA is being abused or not in the persons best interests should be reported to the Local Authority Safeguarding Team and to the Office of the Public Guardian

**Office of the Public Guardian** [opg.safeguardingunit@publicguardian.gsi.gov.uk](mailto:opg.safeguardingunit@publicguardian.gsi.gov.uk)

Telephone: 0115 934 2777

Textphone: 0115 934 2778

Monday to Friday, 9am to 5pm

Wednesday, 10am to 5pm

**As discussed at the last meeting, the MCA templates are now available on EMIS to support you with MCA documentation**

**How many Prevent Referrals did the NHS contribute nationally to Prevent 2016/17?**

3%, 8%, 12%, 18%

**What proportion of people supported away from extremism were far right concerns?**

8%, 15%, 25%, 33%

**Which 'terrorists' name is synonymous with betrayal?**

**How many live terrorism investigations are security services handling at any one time?**

50, 100, 250, 600+

**Which protest group bombed the British Chancellors house for their cause?**

**What do the four P's stand for in the CONTEST (Counter Terrorist Strategy)?**

**The current UK threat level from international terrorism is:**

Moderate – attack is possible not likely

Substantial- attack is a strong possibility

Severe – attack is highly likely

Critical- attack expected imminently

The 2011 *Prevent* strategy aims to protect those targeted by terrorist recruiters. It aims to do so by tackling:

- the influences of radicalisation and respond to the ideological challenge of terrorism, working through partnerships;
- safeguarding and supporting those most at risk of radicalisation by identifying them and offering support; and
- enabling those already engaged in terrorism to disengage and rehabilitate.

Prevent is enshrined in legislation as part of the Counter Terrorism and Security Act 2015

<http://www.legislation.gov.uk/ukpga/2015/6/contents/enacted>



# Is it just about Islamic Extremism?

No. Islamic extremism *is* a high profile and high priority issue in the UK but there are many forms of radicalisation that Prevent also aims to support people away from extremist activity such as:

- Far right – including neo-Nazi ideology
- Northern Ireland related terrorism
- Animal Rights
- Eco Terrorism

# What is the relevance to General Practice?

Currently, GP Practices are not included in the statutory Prevent Duty, NHS Trusts and Foundation Trusts are.

Staff roles within practices are included in the NHS Prevent Training and Competencies Framework 2017.

Preventing people, adults or children, from being drawn in to extremism is part of the safeguarding agenda – it is exploiting vulnerability along with CSE, Modern Slavery, Domestic Abuse

Understanding of radicalisation is within the required competencies of the Intercollegiate Document (2014) for safeguarding children and will be part of the forthcoming equivalent document for safeguarding adults.

The new Camden GP Safeguarding Assurance Tool has a tab to record Prevent training. Ensure safeguarding policies and procedures recognise this form of exploitation.

<https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competences-healthcare-staff>

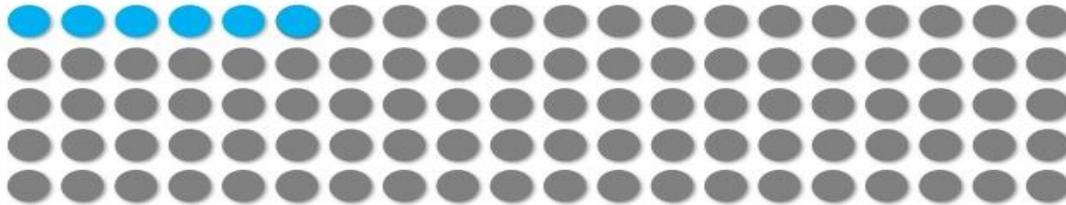
<https://www.bing.com/search?q=nhs+england+prevent+competency+framework&src=IE-SearchBox&FORM=IESR3N>

# General Practice: Prevent Priority NHSE/DH

## WHY A PRIORITY?

- 90% of contacts with the NHS are with GPs
- Low numbers of referrals to Prevent by GPs
- GPs not subject to the Prevent Duty

6% of referrals to Prevent from health sector are made by GPs



Limited evidence of whether this shows an issue with GPs

Nature of GP contact with patients?

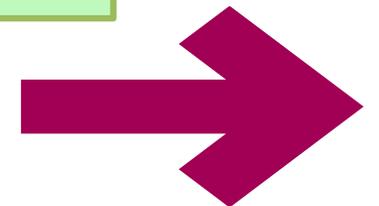
Or

Lack of awareness of Prevent?

## National work

- GP Survey Yorkshire & Humber: Funded by NHSE North Region: Aim- to better understand GP confidence /competence in responding to the threat posed by radicalisation
- National survey of GPs to be funded through Home Office in 2018/19
- Dedicated GP Prevent elearning
- Prevent included in GP revalidation
- GMC/NHSE Prevent Pilot in London
- Ongoing training briefing to local practices

Thoughts?



Radicalisation is a phenomenon occurring when an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that reject or undermine the status quo. Terrorism is seen as a consequence of such extreme ideals. Note they are not necessarily motivated by religious ideals.

As with other forms of exploitation, it is usually a process rather than an event although recent evidence suggest some individuals are becoming radicalised via the internet in less than 3 weeks. There is no single profile of vulnerability to being drawn in to terrorism

Discussion:

- Consider what type of vulnerability could be exploited by extremists?
- How would perpetrators establish contact with people who have those types of vulnerability?

# Is there a checklist?

No. Research on individuals who have engaged in terrorist activity demonstrates that there is no single socio-demographic profile or pathway that leads an individual to become involved in terrorism, making involvement in terrorist activity inherently difficult to predict.

Vulnerability to radicalisation, and/or other forms of exploitation, depends on complex interactions between different risk factors. These may include:

- Involvement in criminality – petty and organised
- Family influence
- Failure to integrate
- Sense of grievance or injustice
- Learning disability or mental ill health – although caution is required not to assume terrorists are mentally unwell

# The Power of the Internet

The internet is a powerful disseminator of Extremist Ideology; an 'Echo Chamber', and can have an adverse impact on social relations / behaviour

**Telegram** is the primary channel of communication, in which ISIS mobilise supporters (security, accessibility, and the range of media features)

Jihadist content is disseminated online by means of a 'Swarmcast' methodology and fishing/raiding expeditions into social media

## Various other platforms used :

- **ISIS support**
- **ers have been highly active and vocal on Twitter**
- **Justpaste.it**
- **Archive.org**
- **Facebook**
- **Instagram**
- **Tumblr**
- **Ask.Fm**
- **Private Messaging – Kik, Surespot, Viber, WhatsApp**



*“It seems that some of those who committed terrorist murders on our streets may have reached their murderous state having been influenced by what they read and what they see online, just as much as by whom they meet-Recruiters are themselves switching to online platforms.”*

**Max Hill QC, the Independent Reviewer of Terrorism Legislation: Jan 2018**

# The consequences of online grooming....

“I urge people not to rely on the internet and those who seek to draw people into their ideology of hate, something I was unfortunately taken in by”

# Working in partnership

As with all safeguarding issues, partnership working and information sharing is key to protecting individuals and, from a wider public health perspective, protecting others.

Guidance from the **General Medical Council** (GMC) states that information sharing procedures for *Prevent* should be no different to any other safeguarding referral.

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality>

**NHS England** has produced practical guidance which explains the legal gateways and exemptions for sharing patient confidential information

**Practical Guidance on the sharing of Information and Information Governance for NHS organisations specifically for Prevent and the Channel Process.**

# Usual rules apply to information sharing requests

- Requests needs to be clear regarding the nature of the problem and purpose of sharing information
- Based on fact, not assumption
- Relevant to specific incident
- Strictly limited to the needs of the situation at that time
- Restricted to those with a legitimate need to know
- Recorded in writing with reasons stated
- The new EU GDPR (25<sup>th</sup> May 2018) will strengthen the data subjects' rights- **but legal gateways and exemptions to share information will continue to exist**

# Exceptions to the general duty

- ✓ **Consent** (**Lacks capacity** – best interests/overall benefit to patient?)
- ✓ **Law** (statute and judge-ordered)
- ✓ **Public Interest**

# Case Studies Exercise

Discuss each case and consider:

- What are the vulnerabilities?
- What would you say to the patient?
- What would you do?

# Case Study 1-Faheem

- Faheem is a 16 year-old who has attended the surgery with a hand injury.
- He explains to you that he was walking back from Friday prayers at the local mosque wearing a thawb and was mocked by a group of local youths because of his beard and conservative dress. Faheem says that he had lashed out, and punched a 15 year old male in the group injuring his own hand in the process.
- He mentions that this abuse is now a weekly occurrence and he is tired of having his appearance and religion being mocked and finally lost his temper.
- Faheem tells you that the other boy brought it upon himself and there will be consequences for anyone else who wants to mess with him or to insult his religion.

# Case Study 2 : Lee

Lee comes to the surgery after cutting his hand at work

You notice that he has homemade tattoo and symbols on both forearms one of which says '*National Action/White Power*', which you recognise to be a reference to a banned Nazi organisation

When you inquire about the tattoos he tells you that they were inked by some new friends he met whilst serving a short sentence in a Youth Offenders Institute

You ask him to see the Practice Nurse, (who is from a BME background) to administer a tetanus vaccination, but he refuses, and says that "*I won't be touched by a foreigner*" and storms out of the surgery.

# Case Study 3- Mrs West

- You've just have had a consultation with Mrs West who describes feeling anxious and depressed.
- Her son Charlie was dumped by his girlfriend and then lost his job and was very down. He perked up after meeting a new group of men at the gym who have hooked him up with a new job but she is now really worried after being pleased initially.
- When you inquire about why – she says he has become 'obsessed' with Islam but rather than this being helpful he has become increasingly angry and intolerant to the point his brother wont talk to him and at Christmas he even refused to go in the room where the tree was. She says Charlie is still a caring son but that he pleads with her to convert as she is damned and he is so worried for her.
- Mr West says Charlie is planning to travel abroad soon to explore his new faith more and she is worried what this might mean.

# What happens if I raise a concern?

A Prevent concern can be raised with the local authority or directly with the police on 101. Prevent concern involving children should be raised via normal child protection procedures, radicalisation is considered at level 3 and 4 (top end) of the local safeguarding children threshold document.

The referral will be screened by the police and the local authority to check if the person is already known or if the referral requires redirection to another agency/system.

The vulnerability, intent and capability for terrorism is assessed. If the referral potentially requires support from the multi agency Channel Panel, it will be considered at that meeting with the consent of the individual and/or parents/carers depending on the age.

**Any concerns about radicalisation of those under 18 years must be referred to Children's Social Care under normal child protection procedures – see level 3 and 4 of the multi-agency threshold document.**

# What if no one raises this concern?

Not all individuals who go on to cause harm to themselves and others through violent extremism will come to the attention of health and social care services

A recent child Serious Case Review in Brighton highlighted missed opportunities to help two young brothers aged 17 and 18 years were killed after travelling to Syria to fight with an al-Qaida affiliated group.

History of fleeing persecution Libya, repeated contacts regarding domestic abuse, child abuse, victims of racism in the community and behaviour issues at school

Amongst the findings:

Lack of knowledge and skills to explore cultural and religious beliefs and behaviours

Identification and support for families who have experienced long standing trauma

Support for women from ethnic minority backgrounds

Understanding of radicalisation

How police work with other agencies to manage risk

<http://brightonandhovelscb.org.uk/sibling-wx-serious-case-review/>

# What is Channel?

Channel is a multi-agency group which considers referrals and, once in Channel, arranges appropriate tailored support aimed to draw the person away from terrorism with consent from the person or their parent/carer .

How? Depending on the person, it will usually involve an expert in the area of ideology involved to provide a 'counter-narrative' to what they have seen, heard, read.

Who is on the panel? Local Authority (Chair), Children's Social Care, Adult Social Care, Education, CCG, Mental Health, Police and Probation

# Does it Work?

The evidence base is in its infancy and numbers are low compared to other forms of safeguarding, in 2016/17 6,093 individuals were referred to Prevent. 36% were no further action, 45% to other support and 19% in to Channel.

Just over a quarter of all people supported in 2015/16 were the result of far right concerns. This has risen to more than a third in 2016/17.

Of individuals supported by Channel in 2016/17 68 per cent were aged 20 years or under and 87 per cent were male.

Of those that received Channel support in 2016/17, 79 per cent left with their vulnerability successfully reduced.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/694002/individuals-referred-supported-prevent-programme-apr2016-mar2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/694002/individuals-referred-supported-prevent-programme-apr2016-mar2017.pdf)

- Often poorly coded in EMIS
- Can be helpful in considering more proactive approach
- Suggested code would be Vulnerable Adult -

Useful but note exhaustive list to consider coding:

- Patients with MH conditions requiring additional support
- Patients with learning disability or cognitive impairment
- Patients known to be victims of domestic abuse
- Patients known to Adult Social care
- Frail patients
- Patients who often attend with support of carer
- Carers
- Homeless patients

# Referral and Advice



Camden

Clinical Commissioning Group

All Under 18 years refer to Children Social Care under normal child protection procedures

**Immediate concerns** Police emergency 999 or routine enquiry 101

**Prevent Referrals:** Karina Kaur [Karina.Kaur@camden.gov.uk.cjism.net](mailto:Karina.Kaur@camden.gov.uk.cjism.net)

Telephone: 0207 974 6050

Mobile: 07766160873

## **Advice and support**

Vikki Gray Designated Nurse Safeguarding Adults - [Victoria.gray3@nhs.net](mailto:Victoria.gray3@nhs.net) mob. 07939 974292

Dr Dee Hora Named GP Safeguarding Adults – [d.hora@nhs.net](mailto:d.hora@nhs.net) mob. 07950 889049

## **Referrals and Advice**

Camden Adult Social Care Safeguarding Adults – 020 7974 4000 select option1

[asc.mash.safeguarding@camden.gov.uk.cjism.net](mailto:asc.mash.safeguarding@camden.gov.uk.cjism.net)

# Next Network Meeting



Camden

Clinical Commissioning Group

The next network meeting will continue to focus on exploitation in relation to Modern Slavery and Human Trafficking

Details are:

**Date:** Thursday 8 November 2018

**Time:** 12.00-2.00pm

**Venue:** TBC

On line booking will be available

Please complete the evaluations, slide decks and certificates will follow.