**Counterterrorism and Security Act 2015 (including Prevent Duty and Radicalisation) Policy**

# Document Control:

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| Target Audience | This policy is applicable to all staff employed by the Integrated Care Board (ICB) and will include those staff who are employed on a permanent, temporary, voluntary, contract, self-employed, bank or agency basis. |
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# Version History

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| 0.1 | 24/01/22 | Safeguarding Lead | First draft of policy |
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## Introduction

All NHS organisations should have a Prevent policy in place under the Counter Terrorism and Security Act 2015 and to due regard to the need to prevent people from being drawn into terrorism’. The Prevent Statutory Duty for England and Wales 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 vulnerable to radicalisation
* These include NHS bodies, schools, further and higher education providers, prisons and young offender institutions and providers of probation services.

This policy sets out how the ICB will support, manage and deliver its responsibilities in relation to this statutory duty. The ICB is committed to ensuring vulnerable individuals are safeguarded from being radicalised into violent extremism and supporting or becoming terrorists themselves as part of the Home Office Counter-Terrorism Strategy (CONTEST).

Intelligence suggests that the United Kingdom (UK) is currently “highly likely” to be subject to a terrorist attack. This is not necessarily from foreign nationals, but also from individuals born and bred in the UK. The recent terror attacks in Westminster, Manchester Arena and Borough Market and the increased concern regarding right wing extremism have raised the profile of the radicalisation agenda within the UK and central government has reviewed the processes that are in place to help minimise the radicalisation of vulnerable people within the UK.

The strategy is primarily organised around four key principles. Work streams contribute to four programmes, each with a specific objective:

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

The Prevent Strategy is part of the Government’s counter-terrorism strategy CONTEST and aims to stop people becoming terrorists or supporting terrorism. Prevent focuses on all forms of terrorism and operates in a pre-criminal space, providing support and re-direction to vulnerable individuals at risk of being groomed into terrorist activity before any crimes are committed. Radicalisation is comparable to other forms of exploitation; it is therefore a safeguarding issue that staff working in the health sector must be aware of.

Channel is an important aspect of Prevent. The Channel programme provides support across the country to those who may be vulnerable to being drawn into 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 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.

## Purpose

### Aims

* + 1. This policy aims to make clear the duties of ICB employees in relation to Prevent and should be read in conjunction with the Safeguarding Policy and Southend Essex and Thurrock (SET) Safeguarding and Child Protection Procedures and SET Safeguarding Adult Guidance.
    2. This policy is aimed at safeguarding both adults and children 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 ICB.

### Purpose

* + 1. The purpose of Prevent is to safeguard vulnerable individuals from becoming terrorists or supporting terrorism, by engaging with people vulnerable to radicalisation and protecting them from being targeted by terrorist recruiters. Prevent uses a similar approach to public health models, which focus on prevention rather than treatment. Focusing solely on confronting ideologies alone will not undermine terrorism. Prevent provides holistic support to address some of the personal and social conditions which make vulnerable people receptive to radicalisation.
    2. Alongside other public-sector bodies such as policing, Local Authorities and education institutions, the NHS plays a vital role in implementing Prevent to protect vulnerable people and manage the threat from terrorism as part of our safeguarding duty.

## Scope

* + 1. This policy is applicable to all staff employed by the 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.
    2. 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 and adults.
    3. Health professionals have the reach and understanding to create and maintain meaningful relationships with their communities. Although tackling radicalisation may appear to be distant from your typical day-to-day role, the delivery of Prevent requires the support of local communities, local partnerships and local leaders to be implemented effectively.
    4. 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.

## Definitions

* **Counter radicalisation** – refers to the process of protecting vulnerable people from being drawn into terrorist related activity.
* **Extremism** – is defined in the Prevent Strategy as vocal or active opposition to fundamental shared values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
* **Interventions** - projects intended to divert people who are being drawn into terrorist activity. Interventions can include mentoring, counselling, theological support, encouraging civic engagement, developing support networks (family and peer structures) or providing mainstream services (education, employment, health, finance or housing).
* **Islamism** – this term refers to the interpretation of Islam as a utopian model of politics, law and society superior to any other model. Islamists - those that follow the ideology of Islamism - seek to overturn systems based on non-Islamist values, which they consider to oppose their political interpretation of divine law and theology. Islamism is a political ideology, and it is wrong to equate it to the Islamic faith.
* **Radicalisation** - refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.
* **Right-Wing Extremism** – in the UK can be broadly divided into three strands:
* Cultural Nationalism is a belief that Western culture is under threat from mass migration into Europe and from a lack of integration by certain ethnic and cultural groups.
* White Nationalism is a belief that mass migration from the ‘non-white’ world, and demographic change, poses an existential threat to the ‘white race’.
* ‘Western culture’ - White Supremacism is a belief that the ‘white race’ has certain inalienable physical and mental characteristics that makes it superior to other races.
* **Terrorism** – an action (defined in the Terrorism Act 2000) that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use of the threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing political, religious or ideological cause.
* **Vulnerability** - within Prevent, describes factors and characteristics associated with being susceptible to radicalisation.

## Roles and Responsibilities

### ICB Board

* + 1. The ICB Board is accountable and responsible for ensuring that the ICB has effective processes to ensure compliance. The Board is assured through the work of the Quality Committee.

### Quality Committee

* + 1. This committee is responsible for the detailed oversight and scrutiny of the ICB’s processes for ensuring compliance with the safeguarding guidance.

### Chief Executive

* + 1. The Chief Executive has overall responsibility to have processes in place to ensure that all staff are aware of this policy and their safeguarding responsibilities and ensure that appropriate resources exist to meet the requirements of this policy. This role is supported by the Executive Director of Nursing & Quality who in turn is supported by the Designated Nurses for expert advice.

### Executive Director of Nursing and Quality

* + 1. TheExecutive Director of Nursing and Quality is the ICB overall executive lead for safeguarding and Prevent and:
* Is responsible for the execution of all safeguarding responsibilities on behalf of the AO and the Board members.
* Promotes the safeguarding of children and adults within commissioning arrangements to meet identified quality standards through quality scrutiny processes.

### Designated Professionals (safeguarding and LAC)

* + 1. Designated Professionals (safeguarding and LAC) take a strategic, professional and advisory lead on all aspects of the health service contribution to Prevent across the ICB area, which includes all providers.

### All Staff

* + 1. All staff must:
* Comply with this policy.
* Undertake Prevent training at the appropriate level to their role and maintain a level of knowledge and skills appropriate to their role.

## Policy Detail

### The Threat

* + 1. The UK is currently facing a number of different terrorist threats, ranging from Daesh and Al’Qa’ida inspired to right-wing terrorism.
    2. The current level of threat from terrorism in the UK is substantial - which means an attack is considered likely.
    3. The threat has mainly been caused by Daesh (also known as Islamic State of Iraq and the Levant - ISIL). Their ability to direct, enable and inspire attacks makes the group the most significant global terrorist threat.
    4. There is also a growing threat from right-wing terrorism. The Government has banned three rightwing terrorist groups - National Action, Sonnenkrieg Division (SKD) and Feuerkrieg Division (FKD).
    5. Since 2017, there have been nine Daesh-inspired attacks and two right-wing terrorist attacks in the UK. These attacks have resulted in the tragic loss of many lives, as well as severe injuries and psychological impacts for victims.
    6. Terrorism also represents a huge cost to the country financially, with the direct and indirect costs of the 2017 attacks alone running into the billions of pounds.
    7. Some online spaces are used by terrorists to spread sophisticated propaganda designed to radicalise, recruit and inspire people, and to incite or provide information to enable terrorist attacks.
    8. Since 2010, over 310,000 pieces of illegal terrorist material have been removed from the internet by the CounterTerrorism Internet Referral Unit (CTIRU), a body set up by the Home Office to help counter the spread of terrorist propaganda online.

### Prevent, Counter-Extremism and Integration

* + 1. HM Government’s Prevent Strategy, Counter-Extremism Strategy and Integrated Communities Strategy all play important roles in tackling terrorism, challenging extremism and building stronger, more cohesive communities that are resilient to divisive narratives. Whilst these strategies are complementary, they each have distinct, separate objectives.
    2. The Prevent Strategy aims to safeguard those vulnerable to radicalisation, to stop them becoming terrorists or supporting terrorism.
    3. The Counter-Extremism Strategy 2015 aims to protect the values which underpin our society - the rule of law, individual liberty, democracy, mutual respect, tolerance and understanding of different faiths and beliefs – by tackling extremism in all its forms. It addresses the promotion of hatred, the erosion of women’s rights, the spread of intolerance, and the isolation of communities all of which can increase the risk of hate crime.
    4. The Integrated Communities Strategy 2018 aims to create communities where people, whatever their background, live, work, learn and socialise together, and where many religions, cultures and opinions are celebrated. This is built upon shared rights, responsibilities and opportunities and underpinned by the shared British values that champion tolerance, freedom and equality of opportunity.
    5. Integrated communities provide an important protective factor against the threat of terrorism, because of the association between support for divisive terrorist narratives and the deliberate rejection of strong and integrated societies. Marginalised communities who do not or cannot participate in civil society are more likely to be vulnerable to radicalisation.

### Understanding and recognising the risk and identifying vulnerable people

* + 1. There is no such thing as a “typical extremist/terrorist” and those involved in extremism/terrorism come from a range of backgrounds and experiences. Children, young people and adults can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include through the influence of family members or friends and/or direct contact with extremist groups and organisations or, increasingly, through the internet. This can put a person at risk of being drawn into criminal activity and has the potential to cause significant harm. Safeguarding people from all forms of radicalisation is no different to safeguarding them from other forms of harm and abuse.
    2. The risk of radicalisation is the product of a number of factors and identifying this risk requires that staff exercise their professional judgement. The example indicators below are not exhaustive and vulnerability may manifest itself in other ways. There is no single route to terrorism nor is there a simple profile of those who become involved. For this reason, any attempt to derive a ‘profile’ can be misleading. It must not be assumed that these characteristics and experiences will necessarily lead to individuals becoming terrorists, or that these indicators are the only source of information required to make an appropriate assessment about vulnerability.
    3. 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.
* Their 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 far-right groups).
* Attempts to recruit others to the group/cause/ideology.
* Communications with others that suggest identification with a group/cause/ideology.
  + 1. 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.
  + 1. Example indicators that an individual is capable of contributing 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

* + 1. People who are vulnerable 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. Before making a referral, practitioners should respond as we would to all concerns, by clarifying the information.
    2. 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.
    3. For adults (over 18 years old) practitioners should 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, 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.
    4. 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 whether to consent to work with the Channel Panel. Please refer to the [Mental Capacity Act 2005](http://www.legislation.gov.uk/ukpga/2005/9/contents) for further information.

### Prevent and Channel referral process

* + 1. Concerns that an individual may be vulnerable to radicalisation do not mean that you think the person is a terrorist, it means that you are concerned they are prone to being exploited by others and thus, is a safeguarding concern. Safeguarding vulnerable people from radicalisation is no different to safeguarding them from other forms of potential harm.

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* + 1. There are several ways to seek advice:
* Speak to the ICB Safeguarding Team.
* Call 101 and state that you would like advice on a Prevent issue.
* If you see or hear something that could be terrorist related call the anti-terrorist hotline on 0800 789 321.
* If you require urgent police assistance call 999.
  + 1. All Prevent referrals should comply with the [SET Prevent Policy and Guidance](https://www.essexsab.org.uk/professionals/guidance-policies-protocols/). A Vulnerable to Radicalisation (VTR) referral form can be requested by contacting [Prevent@essex.gov.uk](mailto:Prevent@essex.gov.uk) .
    2. Prevent referrals are made to the Counter Terrorist Police at [Prevent@essex.pnn.police.uk](mailto:Prevent@essex.pnn.police.uk) using the VTR referral form. The ICB Safeguarding Team should be notified of all referrals made by staff.
    3. All Prevent concerns about children should be notified to the relevant local authority children’s social care.
    4. Prevent concerns in relation to members of staff will be risk assessed by their line manager Human Resources and the Director of Nursing for Safeguarding.

## Monitoring Compliance

### Contract and Performance Management

* + 1. As commissioners of services the ICB has a responsibility to seek assurance that NHS trusts and foundation trusts consider the Prevent strategy when delivering their services in line with the legal duty placed on them by [The Counter Terrorism & Security Act 2015](https://www.legislation.gov.uk/ukpga/2015/6/contents/enacted). The key elements of this duty are further outlined in the revised [Prevent duty guidance](https://www.gov.uk/government/publications/prevent-duty-guidance) which refers to the Department of Health's [building partnerships staying safe guidance document](https://www.gov.uk/government/publications/building-partnerships-staying-safe-guidance-for-healthcare-organisations)  as the way health organisations should deliver Prevent.
    2. The data/information subject to the data submission process is collected from all NHS Trusts and Foundation Trusts. This provides the necessary assurance that all organisations are compliant with the Prevent duty.
    3. The aim of the data collection is to demonstrate how NHS providers are delivering the key elements of the duty. These include identified Prevent leads, delivery of awareness training, the level of referrals made and the engagement with relevant partnership forums that coordinate the Prevent strategy at local and regional levels.

## Staff Training

Under the Prevent Duty, the health sector is required to ensure that healthcare workers are able to 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. Staff must be able to recognise key signs of radicalisation and be confident in referring individuals to their organisational safeguarding lead thus enabling them to receive the support and intervention they require.

The [Prevent Training and Competencies Framework](https://suffolksp.org.uk/assets/Prevent-Training-and-Competencies-Framework-2021-v4.pdf) has been developed to encourage a consistent approach to training and competency development in respect of Prevent and to ensure that NHS Trusts and Foundation Trusts meet their legislative responsibilities to equip people to work effectively to safeguard and promote the welfare of children, young people and adults in relation to Prevent.

This document supports NHS provider organisations, NHS commissioners and organisations providing services on behalf of the NHS, to meet contractual obligations in relation to safeguarding training, as set out in the NHS Standard Contract.

To ensure consistency in training and competency development, the framework should be used in conjunction with the Intercollegiate Documents:

* Adult Safeguarding: Roles and Competencies for Healthcare Staff (2018).
* Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019).
* Looked after Children: Roles and Competencies for Healthcare Staff (2020).

## Arrangements for Review

This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.

If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the Integrated Care Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the Integrated Care Board.

## Associated Policies, Guidance and Documents

* Safeguarding Adults and Children (including Children in Care/Looked After Children).
* Safeguarding Supervision.
* Management of allegations against staff, volunteers and people in positions of trust who work with adults and children.
* Mental Capacity (Amendment) Act 2019 - (including Deprivation of Liberty Safeguards/Liberty Protection Safeguards).
* Safeguarding Adults and Children Experiencing/at Risk of Domestic Violence and Abuse.
* Management of Perplexing Presentations and Fabricated or Induced Illness in Children.

## Equality Impact Assessment

The EIA for this policy has identified a generally neutral impact and is attached at Appendix A.

## Appendix A - Equality Impact Assessment

**INITIAL INFORMATION**

|  |  |
| --- | --- |
| **Name of policy:** Counterterrorism and Security Act 2015 (including Prevent Duty and Radicalisation)  **Version number (if relevant): 1.0** | **Directorate/Service**: Quality |
| **Assessor’s Name and Job Title:** Safeguarding Lead | **Date:** May 2022 |

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| **OUTCOMES** |
| *Briefly describe the aim of the policy and state the intended outcomes for staff* |
| This policy is aimed at safeguarding both adults and children 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 ICB. |
| **EVIDENCE** |
| *What data / information have you used to assess how this policy might impact on protected groups?* |
| N/A |
| *Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?* |
| N/A |

**ANALYSIS OF IMPACT ON EQUALITY**

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

* ***Positive outcome*** *– the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups*
* ***Negative outcome*** *–**protected group(s) could be disadvantaged or discriminated against*
* ***Neutral outcome***  *–**there is no effect currently on protected groups*

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation

| Protected  Group | Positive  outcome | Negative  outcome | Neutral  outcome | Reason(s) for outcome |
| --- | --- | --- | --- | --- |
| Age |  |  | x | No impact identified |
| Disability  (Physical and Mental/Learning) | x |  |  | NHS England have developed specific training packages to assist professionals working within mental health organisations to understand  the prevalence and vulnerability of individuals with mental ill health being  susceptible to being radicalised. This policy aims to protect and prevent  such individuals from being drawn into radicalisation. |
| Religion or belief |  |  | x | There is potential for this policy to result in discrimination against different religions or beliefs, for example the stigmatising and stereotyping of Muslims.  To mitigate this impact the policy promotes training that aims to challenge these types of stereotypes and assumptions. |
| Sex (Gender) |  |  |  | No impact identified |
| Sexual  Orientation |  |  |  | No impact identified |
| Transgender/Gender Reassignment |  |  |  | No impact identified |
| Race and ethnicity |  |  |  | There is potential for this policy to result in discrimination against different races, for example the  stigmatising and stereotyping of Muslims of South Asian (e.g. Pakistani), Middle Eastern and African descent.  To mitigate this impact the policy promotes training that aims to challenge these types of stereotypes and assumptions. |
| Pregnancy and maternity (including breastfeeding mothers) |  |  | x | No impact identified |
| Marriage or Civil Partnership |  |  | x | No impact identified |

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| **MONITORING OUTCOMES** |
| Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals. |
| *What methods will you use to monitor outcomes on protected groups?* |
| Analysis of complaints, claims, incidents and any other relevant data. |

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| **REVIEW** |
| *How often will you review this policy / service?* |
| Every 2 years as a minimum and earlier if there are any significant changes in legislation, policy or good practice. |
| *If a review process is not in place, what plans do you have to establish one?* |
| N/A |