



**Dorset
Clinical Commissioning Group**

NHS Dorset Clinical Commissioning Group

PREVENT (UK counter-terrorism Strategy)

Policy and Procedures



PREFACE

This policy sets out to outline the practice and procedures for all Clinical Commissioning Group staff to follow. It provides guidance in line with Home Office Anti-Terrorism Strategy staff roles and responsibilities to PREVENT processes to minimise risk of radicalisation.

The purpose of this policy is to ensure that there is a consistent, fair and transparent approach in its application across NHS Dorset Clinical Commissioning Group (hereafter referred to as the “CCG” or the “organisation”). This CCG policy will promote, maintain and strengthen the organisation’s strategies and values.

All managers and staff (at all levels) are responsible for ensuring that they are viewing and working to the current version of this policy. If this document is printed in hard copy or saved to another location, it must be checked that the version number in use matches with that of the live policy on the CCG intranet.

All CCG policies are published on the staff intranet and communication is circulated to all staff when new policies or changes to existing policies are released. Managers are encouraged to use team briefings to aid staff awareness of new and updated policies.

All staff are responsible for implementing policies as part of their normal responsibilities, and are responsible for ensuring they maintain an up to date awareness of policies.

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1. INTRODUCTION

CONTEST

- 1.1 The Government's national counter terrorism strategy is called CONTEST. CONTEST aims to reduce the risks from any/all types of terrorism, so that people can go about their lives freely and with confidence.
- 1.2 **CONTEST has four national work streams:**
 - Pursue: to stop terrorist attacks
 - Protect: to strengthen our protection against terrorist attack
 - Prepare: where an attack cannot be stopped, to mitigate its impact
 - **Prevent:** to stop people becoming terrorists or supporting terrorism
- 1.3 This policy refers only to the Prevent element of Contest which is the phase that operates in the pre-criminal space. All other elements are the responsibility of the Police and Security Services.
- 1.4 The national *Prevent* Strategy (2011) addresses all forms of terrorism including extreme right wing factions but continues to reprioritise according to the threat posed to our national security.
- 1.5 The Counter-Terrorism and Security Bill, which came into being in February 2015, seeks to place a duty on specified authorities to 'have due regard, in the exercise of its functions, to prevent people from being drawn into terrorism'.
- 1.6 The aim of *Prevent* is to stop people from becoming terrorists, often referred to as being radicalised or supporting terrorism. It operates in the pre-criminal space before any criminal activity has taken place. At present, the majority of effort is focused on stopping people from joining or supporting Al-Qaida, Islamic State and their related groups.
- 1.7 The key focus for Prevent in healthcare is to make sure staff have the skills and knowledge to identify when a member of the public or a colleague is displaying signs that they may have been, or are in the process of being drawn into terrorist based activity. It is essential that healthcare workers are aware of the steps that need to be taken to address the concerns raised and to help protect the individual(s) involved. It is necessary for all organisations to have a robust governance framework in place to enable concerns to be raised initially within the organisation and then, if necessary, through the Channel process, to wider organisations.
- 1.8 Sections 36 to 41 of the Counter Terrorism and Security Act 2015 sets out the duty on local authorities and partners (including health) to provide support for people vulnerable to being drawn into terrorism. In England and Wales this duty is the Channel programme. The Channel process is designed to provide support at an early stage and to work through intervention providers to support the vulnerable individual. All partners have a duty under the Counter Terrorism and Security Act to provide any relevant information to inform the Channel process which will include, but not limited

to, providing primary care clinical information and producing chronologies. The CCG will act as a conduit between the Channel Panel and primary care providers.

2. PURPOSE

- 2.1 The Department of Health is a key strategic partner in The *Prevent Strategy* as health care professionals may meet and treat people who are vulnerable to radicalisation.
- 2.2 Preventing someone from becoming a terrorist or supporting terrorism is no different from safeguarding vulnerable individuals from other forms of exploitation. Therefore, this policy stands alongside the NHS Dorset Clinical Commissioning Group Safeguarding Adults Policy (2015).
- 2.3 The three key objectives of the national *Prevent Strategy* are to:
 1. Challenge the **ideology** that supports terrorism and those who promote it
 2. *Prevent* vulnerable **individuals** from being drawn into terrorism and ensure that they are given appropriate advice and support
 3. Work with sectors and **institutions** where there are risks of radicalisation,
- 2.4 Health organisations are expected to be involved in delivering objectives 2 and 3, compliance through referring individuals who they feel are at risk of radicalisation (see section four), through progressing the training and development framework (2014), and through contracting providers.
- 2.5 It remains clear that while the focus is an imminent threat from Al-Qaida and Islamic State, it has to be noted that radicalisation of vulnerable individuals can be undertaken from any extremist group. These forms of terrorism include (but not limited to):
 - Far Right extremists e.g. English defense league
 - Al-Qa'ida influenced groups
 - Environmental extremists
 - Animal Rights extremists
- 2.6 The Home Office have launched a new website focussing on the increasing concern of young people who are putting themselves at risk by travelling to Syria and other conflict zones. The website provides advice and support for family members to enable them to share concerns in relation to loved ones who are potentially being radicalised.

3. FACTORS AFFECTING SUSCEPTABILITY TO RADICALISATION

- 3.1 The following examples of vulnerability are included within "Building Partnerships, Staying Safe" (DoH 2011 available [here](#))
- 3.2 **Identity crisis** Adolescents/vulnerable adults who are exploring issues of identity can feel both distant from their parents/family and cultural and religious heritage, and uncomfortable with their place in society around them. Radicalisers can exploit this by providing a sense of purpose or feelings of belonging. Where this occurs, it can often

manifest itself in a change in a person's behavior, their circle of friends, and the way in which they interact with others and spend their time.

- 3.3 **Personal crisis** This may, for example, include significant tensions within the family that produce a sense of isolation of the vulnerable individual from the traditional certainties of family life.
- 3.4 **Personal circumstances** The experience of migration, local tensions or events affecting families in countries of origin may contribute to alienation from UK values and a decision to cause harm to symbols of the community or state.
- 3.5 **Unemployment or under-employment** Individuals may perceive their aspirations for career and lifestyle to be undermined by limited achievements or employment prospects. This can translate to a generalised rejection of civic life and adoption of violence as a symbolic act.
- 3.6 **Criminality** In some cases a vulnerable individual may have been involved in a group that engages in criminal activity or, on occasion, a group that has links to organised crime and be further drawn to engagement in terrorist-related activity.
- 3.7 An additional vulnerability is around young people moving from childhood into adulthood, and in particular those children known to children's services as they transition into adult services.

4. REFERRAL PROCESS

- 4.1 Any member of staff identifying concerns that vulnerable people may be radicalised, should report their concerns to the police as outlined in the flowchart (Appendix 1). Some staff may require support of their line manager in making this referral, however if the line manager is unavailable this must not delay making the referral. In the event that a line manager is not available staff may seek advice and support from the Safeguarding Lead Nurses (adult or children), the Head of Patient Safety or the Deputy Director of Quality within the CCG's quality directorate. Any delay in reporting a concern could have a direct impact on the safety of the public, so if a member of staff is in any doubt, then the police must be contacted and should not wait for authorisation to do so.
- 4.2 If the incident occurs outside of office hours, staff should contact the Police as outlined in the flow chart (appendix 1).

5. DUTIES RESPONSIBILITIES AND ACCOUNTABILITY

Compliance with statutory requirements and other guidance

- 5.1 This Policy sets out the CCG internal procedures, staff roles and responsibilities and must be read in conjunction with the Home Office PREVENT Strategy. This can be accessed via https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf

- 5.2 Local arrangements for PREVENT within the CCG will be managed through the Quality Directorate; The Director of Quality takes the executive lead role for PREVENT, supported by the Deputy Director of Quality, Head of Patient Safety and Risk and the Adult Safeguarding Nurse Specialist.
- 5.3 Dorset CCG have representation on CONTEST board and Pan Dorset Prevent Delivery Group.
- 5.4 To fulfill commissioning responsibilities Dorset CCG have contractual measures in place for monitoring the services that they commission to ensure the providers have processes in place for Prevent
- 5.5 Contract review meetings are in place with all providers that Dorset CCG commissions services from, using agreed contract-monitoring processes in which compliance is assessed and challenged.

6. ROLES AND RESPONSIBILITIES OF SENIOR MANAGEMENT

Organisation/Individual	Responsibility
The Chief Accountable Officer	<p>Has the overarching responsibility to ensure that arrangements are in place so that staff are trained to recognise and respond to PREVENT concerns and that they are fully aware of their individual and corporate responsibilities for safeguarding both adults and children.</p> <p>The Chief Accountable Officer also provides additional leadership at board level in collaboration with the executive director who has the lead for prevent</p> <p>To ensure that the statutory role and responsibilities of the CCG Governing Body in relation to PREVENT are met</p> <p>To ensure that the organisation adheres to relevant national guidance and standards for PREVENT</p> <p>To ensure that an effective PREVENT training framework is resourced and delivered for eligible CCG staff</p> <p>To ensure and promote appropriate, safe, multiagency/ interagency partnership working practices and information sharing practices operate within the organisation. The Chief Officer has responsibility for meeting the requirements and for implementing guidance issued by the Home Office WRAP in respect of <i>Prevent</i> Strategy</p>
Governing Body and Commissioning Staff	All staff involved in the commissioning of healthcare should ensure they are aware of the <i>Prevent</i> Strategy and the referral process, as well as the requirements of

	<p>WRAP training within the NHS standard contract.</p> <p>This policy applies regardless of gender, age, disability, sexual orientation, race, language, religion, ethnic or social origin employed by RCCG.</p>
<p>Director of Quality</p>	<p>Has the executive lead for Prevent and Safeguarding Adults across the CCG and is a member of the CONTEST Board and Safeguarding Boards,. PREVENT is embraced within adult safeguarding across NHS ENGLAND.</p> <p>The role holds overall executive leadership for Prevent , and is responsible for ensuring the prevent agenda is progressed and monitored within the organisation.</p>
<p>The Deputy Director Of Quality supported by the Head of Patient Safety, the Adult Safeguarding Nurse Specialist and Lead Safeguarding GP</p>	<p>Has the lead role responsible for ensuring the coordination of health input PREVENT and to:</p> <ul style="list-style-type: none"> • Ensure that best practice around <i>Prevent</i> is promoted, implemented and monitored both within the CCG and within commissioned provider services. • Ensure that safeguarding and <i>Prevent</i> leads work within the local health and social care economies to influence local thinking and practice. • Ensure that provider contracts specify compliance with <i>Prevent</i> Strategy and that commissioned services are supported and contract monitored for compliance. • Work with local agencies to provide joint strategic leadership on the <i>Prevent</i> agenda in partnership with Local Authorities, provider clinical governance teams and safeguarding leads, CQC, and South Yorkshire Police. • Engage with local, regional and national <i>Prevent</i> forums. <p>As a participating member of the Prevent boards, the role works in collaboration with the boards</p> <ul style="list-style-type: none"> • To hold partners to account • To monitor outcomes and effectiveness • Use data and intelligence to identify risk and act upon it
<p>On call executive</p>	<p>If contacted out of hours for advice, has the responsibility for advising the person contacting them of the referral process for PREVENT.</p> <p>If it is an emergency the on call executive should advice the refer to call 999.</p>

	i.e. to the Police via MASH@dorset.pnn.police.uk and the referral should also be copied to prevent.in-box@nhs.net
Line Managers	Support members of staff who are involved in any issues or incidents pertaining to a vulnerable adult and PREVENT. They should ensure that the issue is reported to the Police. Advice and support should be obtained (where necessary) from the Deputy Director of Quality or the Head of Patient Safety and Risk.
All Staff	Every member of staff may identify possible PREVENT concerns through the course of their work; this could come from written reports, complaints, incidents or direct observation and could include concerns identified relating to colleagues and members of staff within the CCG or partner organisations. Any concerns should be escalated as soon as possible to the police via Mash@dorsetpolice.pnn.police.uk the referral should also be copied to prevent.in-box@nhs.net In an emergency situation phone 999

7. COMMITTEE WITH THE OVERARCHING RESPONSIBILITY

- 7.1 Dorset Clinical Commissioning Group Governing Body has the overarching responsibility for PREVENT within the CCG. The Governing Body receives regular reports regarding PREVENT activity within the Adult Safeguarding Report. The CCG ensures there is representation at the Multi-agency CONTEST, Prevent and Safeguarding Boards and associated sub groups.

8. COMMITTEES WITH RESPONSIBILITIES FOR SUBJECT

- 8.1 The safeguarding adult report which includes PREVENT activity is submitted to the Quality Group each quarter. This paper covers the number of PREVENT referrals made and those taken forward into the Channel process. Updates of the outcomes from the channel process will be shared with appropriate agencies as information is shared on confidential basis.
- 8.2 The Quality Group reports to the Audit and Quality Committee on a quarterly basis. This is a sub-committee of the CCG Governing Body. A Safeguarding Report which will include the number of PREVENT referrals from health to the Channel process will be provided to the CCG Governing Body every 6 months.

9. COMMUNICATION AND SUPPORT

- 9.1 This policy will be available on the CCG internet.

10. INTERNAL COMMUNICATION

10.1 This policy is accessible on the CCG staff intranet.

11. TRAINING

11.1 The CCG has adopted the NHS England training Framework 2015. This requires all CCG staff to complete Level 1 Prevent awareness training. For non-clinical staff who are regularly in contact with patients or service users, they must undertake level 2 training. This will be delivered through completing a combination of the on-line safeguarding adults training (accessed via skills for health) and the Channel awareness online training from the College of Policing accessed here (will require Flash player software) http://course.ncalt.com/Channel_General_Awareness/01/index.html. General Practitioners should complete Level 3 Prevent training which should be accessed face to face by an accredited WRAP trainer. CCG Prevent Leads, Safeguarding and Designated professionals must complete training to Levels 4 and 5 which can be accessed via regional multi-agency training sessions. All staff are required to complete updates every three years. The full NHS Framework can be accessed here: http://www.leicspart.nhs.uk/Library/NHSEnglandPreventTrainingandCompetenciesFramework_final.pdf

11.2 Compliance with this is monitored through CCG compliance with mandatory training obtained from the electronic staff records and is also monitored at individual appraisal.

12. PROCESS FOR COMPLETING RISK ASSESSMENT IF APPLICABLE LINKED TO SUBJECT

12.1 The PREVENT process within the CCG is risk assessed on an annual basis or more frequently if indicated following any concerns or incidents.

12.2 The risk assessment is included within the annual safeguarding report.

13. MONITORING COMPLIANCE WITH PROCEDURAL DOCUMENT

13.1 Compliance with this policy is monitored through analysis of PREVENT activity, to ensure that referrals are made in timely way.

13.2 Compliance with PREVENT process will also monitored through the information submitted to the Pan-Dorset Prevent Meeting which is a sub-group of the CONTEST Board.

14. IMPLEMENTING THE PREVENT STRATEGY

Monitoring of NHS Providers

14.1 Provider organisations are responsible for ensuring they have process in place to be compliant with the NHS England PREVENT training and competency framework (2014) in line with Home Office guidelines.

14.2 Providers must ensure they identify who holds corporate responsibility for *Prevent* functions within their organisation, and that appropriate governance and safe systems are in place to deliver best practice.

14.3 They must be in a position to provide assurance to Dorset CCG that responsibilities with respect to *Prevent* Strategy are being discharged.

15. REVIEW AND COMPLIANCE MONITORING

Review

15.1 This policy will be reviewed annually or more frequently should additional national guidance be published.

Compliance Monitoring

15.2 Dorset CCG has a requirement to ensure that *Prevent* principles are embedded into its commissioning processes. Compliance with this framework will be monitored by reporting to the Pan-Dorset Prevent Group and CONTEST Board..

16. ADVICE WITHIN THE DORSET CLINICAL COMMISSIONING GROUP

<p>PREVENT Lead Vanessa Read (Deputy Director of Quality)</p> <p>Dorset CCG Vespasian House Barracks Road Dorset 01305 368 070</p>	<p>Designated Adult Safeguarding Manager Verena Cooper</p> <p>Dorset CCG Vespasian House Barracks Road Dorset 01305 213 515</p>
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17. REFERENCES

The full *Prevent* Strategy can be obtained by following this link -

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf

A dedicated website to report online content that may be illegal is available at

www.direct.gov.uk/en/CrimeJusticeAndTheLaw/Counterterrorism/DG_183993

Prevent duty guidance

http://www.legislation.gov.uk/ukdsi/2015/9780111133309/pdfs/ukdsiod_9780111133309_en.pdf

NHS ENGLAND PREVENT TRAINING AND COMPETENCIES FRAMEWORK (2015)

http://www.leicspart.nhs.uk/Library/NHSEnglandPreventTrainingandCompetenciesFramework_final.pdf

Equality Assessment Form

Strategy or project title: Internal PREVENT Policy and Procedures
What are the intended outcomes of this work? <i>Include outline of objectives and function aims</i> Dorset CCG is committed to working with partner agencies to promote safer communities with the aim to prevent individuals being exposed to radicalisation from extreme groups.
Who will be affected? <i>E.g. staff, patients, service users etc.</i> <ul style="list-style-type: none"> • All individuals who receive or have access to health related services either as a patient or an employee.

Evidence
What evidence have you considered? <i>List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.</i> National legislation and guidance such as PREVENT Strategy 2011
Disability <i>Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.</i> <ul style="list-style-type: none"> • The PREVENT Policy is in place to protect Vulnerable Adults from risk or radicalisation from extremism and terrorist behaviours.
Gender <i>Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).</i> N/A
Race <i>Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.</i> N/A
Age <i>Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.</i> Vulnerable people are more likely to be become exposed to extremist and radicalising behaviour <ul style="list-style-type: none"> • The Policy provides guidance and information to advice and support these individuals, professionals and agencies are able to identify a vulnerable adult and know who to report concerns to.

<p>Gender reassignment (including transgender) Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.</p> <p>N/A</p>
<p>Sexual orientation Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.</p> <p>N/A</p>
<p>Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.</p> <p>N/A</p>
<p>Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.</p> <p>N/A</p>
<p>Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.</p> <p>N/A</p>
<p>Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.</p> <p>N/A</p>

<p>Engagement and involvement</p>
<p>Have you engaged stakeholders in gathering evidence or testing the evidence available? If not what do you intend to do?</p> <p>The PREVENT strategy is a national strategy and this influence the CCG PREVENT policy.</p>
<p>How have you engaged stakeholders in testing the policy or programme proposals? If not what do you intend to do?</p> <p>N/A</p>
<p>If you have engaged groups please list below and include who was involved, how they were involved and the key outputs:</p>

Groups engaged	Date and type of engagement	Outputs from activity

Summary of Analysis *Considering the evidence and engagement activity you listed above, please summarise the impact of your proposals. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.*

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Equality Act 2012– *the CCG is bound by the public sector equality duty and is required to evidence how in its decisions it is delivering the following. Please outline how your work and the service will contribute to these.*

Eliminate discrimination, harassment and victimisation

The Internal PREVENT Policy works to eliminate discrimination of any kind. The aim of the policy is to protect vulnerable adults from radicalisation. This ethos is promoted for all individuals in receipt of health services and employees of the organisation.

Advance equality of opportunity

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Promote good relations between groups

The PREVENT Policy and processes promotes and ensures partnership working between and with organisations.

What is the overall impact of your proposals or decision? *Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there*

regional variations and what is the combined impact?

- The overall impact of the Internal PREVENT Policy should be positive as all staff should become aware of their roles and responsibilities and understand how to report concerns.

Addressing the impact on equalities *Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.*

N/A

Action planning for improvement *Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.*

Annual review of internal Policy in line with the National requirements Policy and Procedures.

Please give an outline of your next steps based on the challenges and opportunities you have identified.

N/A

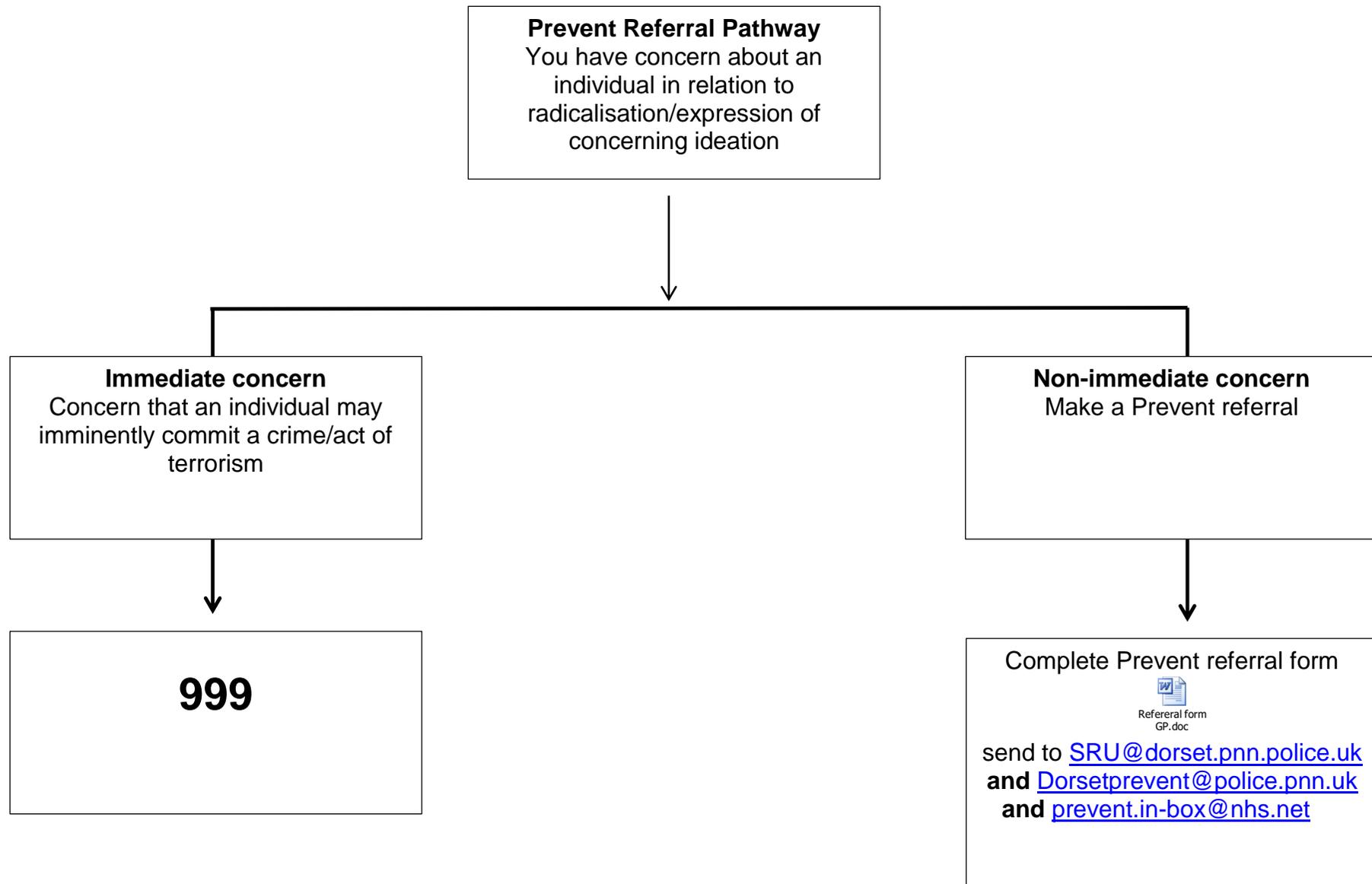
Name of person who carried out this assessment: Verena Cooper
Date assessment completed: April 2015
CCP lead:
Date assessment was signed:

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the specific actions needed for your policy.

Category	Actions	Target date	Person responsible and their Directorate
Involvement and consultation			
<ul style="list-style-type: none">• Data collection and evidencing			
<ul style="list-style-type: none">• Analysis of evidence and assessment			
<ul style="list-style-type: none">• Monitoring, evaluating and reviewing			
<ul style="list-style-type: none">• Transparency (including publication)			

Please return a copy to Ebi Sosseh Equalities and Human Rights Lead: Ebi.Sosseh@dorsetccg.nhs.uk once completed who will review it and ensure that it is published on the website. A signed hard copy and electronic copy should be kept within your department for audit purposes.



Should you have concerns but decide not to make a referral you should clearly document in the patient record the reasons for this

PREVENT NOTIFICATION TO SAFEGUARDING REFERRAL UNIT

Surname _____ Forename(s) _____ Gender _____

Address _____ Telephone _____

DOB _____ Ethnic appearance _____ Religion _____ Person no _____

Current school _____ GP (name/practice) _____

Previous address _____ Child On Protection Plan YES / NO _____

FULL NAMES OF FAMILY MEMBERS

Mother _____ DOB _____ Address _____

Father _____ DOB _____ Address _____

Sibling _____ DOB _____ Sibling _____ DOB _____

Sibling _____ DOB _____ Sibling _____ DOB _____

List **any other persons**
resident at home

DOB

Relationship to family

GP Name/Practice _____ Email _____ Date _____

Details of Referral (include details of concerns, statements made etc):

PLEASE EMAIL TO

SRU@dorset.pnn.police.uk

AND

Dorsetprevent@dorset.pnn.police.uk

AND

prevent.in-box@nhs.net
