Equality & Health Impact Assessment for

Prevent Policy and Prevent Referral Procedure

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	There is not a service change relating to the Prevent Policy.
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Nursing, Quality and Integrated Governance Donna Newell Named Lead for Safeguarding Donna.newell@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	The objective of the Prevent policy sets out how Public Health Wales implements the Prevent strategy, ensuring that staff understand their responsibilities, receive appropriate training, and can recognise and respond to concerns relating to radicalisation
4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge	Strong support for aligning with the Wales Safeguarding Procedures to ensure consistency across Wales. Recognition of the need for a clear, step-by-step process to support managers Stakeholders engaged during development included: • PHW Safeguarding Group (primary governance and oversight body)

	• list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.	• Executive Director of Nursing, Quality and Integrated Governance • HR and Workforce & OD
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service Consider staff as well as the population that the project/change may affect to different degrees.	All employees are covered by this Policy, as any staff member may: • Raise a concern • Be the subject of an allegation • Be involved in reporting, responding, or supporting safeguarding processes The Policy ensures compliance with the Prevent Duty. The Policy directly affects the workload of managers, decision-making responsibilities, and need for training. The PHW Named Lead for Safeguarding will play a central role in: • Providing advice and oversight • Ensuring alignment with national safeguarding procedures and Prevent Duty. • Supporting proportionate risk assessments

		The Safeguarding Group has been actively engaged in shaping the Policy and will continue to oversee implementation and assurance.

Part 2- Equality and Welsh language

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

How will the strategy, policy, plan, procedure and/or service impact on:-ss	**Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps**	**Action taken by Directorate.** Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	**Recommendations for improvement/ mitigation/ identified gaps or opportunities**
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	**More consistent responses** across PHW services, reducing variation and improving safety. **Earlier identification of concerns**, supported by improved staff awareness and training. **Potential stigma** for staff subject to allegations, even when concerns are unsubstantiated.		

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6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	Overall, the Policy has significant positive potential to protect disabled people and ensure fair, transparent processes. However, without accessible communication, consistent reasonable adjustments, and disability-informed training, there is a risk of unintended negative impacts.		

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6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	The Policy has strong potential to promote fairness, safety, and equality across all genders.		
6.4 People who are married or who have a civil partner.	Overall, the Policy is designed to treat all staff and service users equitably, including those who are married or in civil partnerships. While the		

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	safeguarding process can create emotional and practical pressures for families, these can be mitigated through clear communication, wellbeing support, and consistent application of the procedure.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.			
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	The Prevent Policy has been assessed as having a neutral to positive impact on people from different racial, cultural and ethnic backgrounds. The policy strengthens safeguarding by ensuring that concerns are assessed based on		

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	behavioural indicators**,** not personal characteristics, and that staff are trained to avoid bias or stereotyping. Additional consideration is given to individuals who may face language barriers**,** cultural isolation**, or** reduced access to services, ensuring they receive equitable support and that concerns are raised and managed appropriately.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	The Prevent Policy has been assessed as having a neutral to positive impact on people of all religions, beliefs and those with no belief. The policy emphasises that Prevent concerns must be based on behavioural indicators, not	These risks can be mitigated through cultural competence, flexible engagement, and ongoing monitoring.	

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	religious identity or personal belief systems. Staff training reinforces the need to avoid bias, stereotyping or assumptions linked to faith or belief, ensuring that individuals are treated equitably and that concerns are raised and managed solely on the basis of identified risk or vulnerability.		
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	The Prevent Policy has been assessed as having a **neutral to positive impact** on people of all sexual orientations. The policy makes clear that Prevent concerns must be based solely on **behavioural indicators and identified vulnerability**, not on a	These risks can be mitigated through inclusive communication, training, and ongoing monitoring.	

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	person's sexual orientation. Staff training reinforces the need to avoid **bias, discrimination or assumptions** relating to sexuality, ensuring that all individuals receive equitable safeguarding support and that concerns are managed consistently and appropriately.		
6.9 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	The Policy has strong potential to promote fairness and protection for people across all income groups. However, without careful implementation, there is a risk of **financial stress, reduced engagement, or health-related vulnerability** for those on	These risks can be mitigated through accessible communication, flexible engagement, and strengthened support pathways.	

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	low incomes or unable to work.		
6.10 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	The Prevent Policy has been assessed as having a neutral to positive impact on people who may experience disadvantage linked to where they live. The policy ensures that Prevent concerns are considered based on risk and vulnerability, not geographical location, and that staff are trained to recognise how poverty, isolation, limited access to services or poor health outcomes may increase vulnerability to exploitation or radicalisation. The policy supports equitable access		

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	to safeguarding pathways and ensures that concerns are escalated consistently regardless of where an individual lives.		
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service			
6.12 Welsh Language			
There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on: (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)			
Opportunities for persons to use the Welsh language	The Policy provides strong opportunities to promote and protect the use of the Welsh language. With a **fluent Welsh-speaking**		

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	Safeguarding Lead and a commitment to **full translation**, PHW is well-placed to ensure that Welsh speakers can engage confidently and equitably in safeguarding processes. Continued investment in bilingual resources, training, and monitoring will further strengthen linguistic inclusion.		
Treating the Welsh language no less favourably than the English language	The Policy has been designed to ensure the Welsh language is treated no less favourably than English at every stage. With a fluent Welsh-speaking Safeguarding Lead, full		

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	translation of the procedure, and bilingual communication pathways, PHW is well-positioned to deliver safeguarding processes that fully respect linguistic rights and promote genuine equality between Welsh and English.		

Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
This Policy primarily impacts staff across all roles and contract types, including permanent, temporary, part-time, agency, and bank workers. It also affects service users, particularly those who may be vulnerable due to age, disability, socio-economic disadvantage, or safeguarding concerns.	Managers, safeguarding leads, POD teams, and trade union representatives are also directly affected through their responsibilities in implementing and overseeing the process. Indirect impacts may extend to children, adults at risk, and communities where staff provide services, especially where environmental or economic inequalities influence vulnerability or disclosure.

Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
2. Record any unintended consequences (negative impacts) and/or gaps identified
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation/recommendations where appropriate

Please note you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
7.2 Lifestyles • Diet/nutrition/breastfeeding • Physical activity • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Social media use • Sexual activity • Risk-taking activity i.e. gambling, addictive behaviour	Transparent safeguarding processes may reduce distress and lower risk of harmful coping behaviours. Reduced stress through clear processes may support healthier routines.	Stress, anxiety, or suspension from duties may reduce motivation for physical activity. Allegations involving sexual misconduct may cause distress, impacting sexual wellbeing or relationships. • Staff in relationships may experience strain or stigma		Ensure managers signpost staff to wellbeing support, including occupational health. Strengthen feedback loops via Safeguarding Group. • Provide clear, timely communication during investigations.
7.3 Social and community influences on health • Adverse childhood experiences • Citizen power and influence	Trauma-informed practice reduces risk of re-traumatisation.	Staff with ACE histories may experience heightened stress		Clear communication, wellbeing support, and flexible engagement.

• Community cohesion, identity, local pride • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Neighbourliness • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure • Racism • Sense of belonging • Social isolation/loneliness • Social capitol/support/networks • Third sector & volunteering	Clear reporting pathways empower staff and service users to raise concerns. • Promotes a culture where all voices are valued	when involved in safeguarding enquiries. Staff may feel powerless if communication is poor or processes feel opaque. High-profile allegations may temporarily affect community confidence. If processes are inconsistent, community trust may weaken. Staff experiencing domestic abuse may fear involvement in safeguarding processes.		Training for managers on cultural competence, trauma, and anti-racism. Monitoring outcomes across protected characteristics and socioeconomic groups.
7.4 Mental Wellbeing • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience?	Clear, transparent safeguarding processes help staff and service users understand what will happen, when, and why. Clear, fair processes reduce	Staff subject to allegations may feel a significant loss of control, especially if suspended or removed from duties.		Provide clear timelines, expectations, and regular updates. Offer wellbeing check-ins and signposting to support. Embed wellbeing signposting and psychological support into the procedure.

	uncertainty and support emotional stability.	Staff may experience anxiety, shame, fear, or isolation.		Train managers in compassionate, culturally competent communication. .
7.5 Living/ environmental conditions affecting health • Air quality • Attractiveness/access/availability/quality of area, green and blue space, natural space. • Health & safety, community, individual, public/private space • Housing, quality/tenure/indoor environment • Light/noise/odours, pollution • Quality & safety of play areas (formal/informal) • Road safety • Urban/rural built & natural environment • Waste and recycling • Water quality	The Policy strengthens safeguarding assurance and provides clearer, fairer pathways for reporting concerns, but unintended impacts may arise if individuals face barriers to disclosure linked to environmental or socio-economic factors such as poor housing**,** limited privacy**,** or rural isolation. There is a risk of disproportionate impact on those already experiencing disadvantage. Opportunities include improving accessibility through flexible			

	reporting routes and embedding contextual safeguarding, while gaps remain in monitoring how environmental determinants influence engagement and outcomes.			
7.6 Economic conditions affecting health • Unemployment • Income, poverty (incl. food and fuel) • Economic inactivity • Personal and household debt • Type of employment i.e. permanent/temp, full/part time • Workplace conditions i.e. environment culture, H&S	N/A			
7.7 Access and quality of services • Careers advice • Education and training • Information technology, internet access, digital services • Leisure services • Medical and health services • Other caring services i.e. social care; Third Sector, youth services, child care • Public amenities i.e. village halls, libraries, community hub • Shops and commercial services	N/A			

Transport including parking, public transport, active travel				
7.8 Macro-economic, environmental and sustainability factors • Biodiversity • Climate change/carbon reduction/flooding/heatwave • Cost of living i.e. food, rent, transport and house prices • Economic development including trade • Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration	N/A			

Stage 3
Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead		
This Policy primarily impacts staff across all roles and contract types, including permanent, temporary, part-time, agency, and bank workers. It also affects service users, particularly those	Actions include ensuring confidential reporting routes led jointly by Safeguarding.	Donna Newell Named Lead for Safeguarding		

who may be vulnerable due to age, disability, socio-economic disadvantage, or safeguarding concerns.				

Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).