

## Cylchlythyr | Circular

# Prevent duty: Framework for monitoring higher education in Wales - 2019/20 onwards

**Date:** 01 August 2019  
**Reference:** W19/25HE  
**To:** Governing bodies, Heads and Proprietors of RHEBs in Wales, Prevent leads, and senior management  
**Response by:** 31 December 2019  
**Contact:** Email: [prevent@hefcw.ac.uk](mailto:prevent@hefcw.ac.uk)

This circular sets out how HEFCW will monitor providers' implementation of the statutory Prevent duty in the higher education system in Wales from AY 2019/ 2020 onwards. Relevant higher education bodies (RHEBs) will need to follow this framework to demonstrate 'due regard' to the duty. The Act requires all RHEBs in Wales to provide HEFCW with any information we require for the purposes of monitoring their compliance with the Prevent duty. This framework sets out the process RHEBs will follow to demonstrate compliance from August 2019 onwards.

If you require this document in an alternative accessible format, please email [info@hefcw.ac.uk](mailto:info@hefcw.ac.uk).



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## Summary

### Purpose

1. This monitoring framework sets out how Higher Education Funding Council for Wales (HEFCW) will monitor providers' implementation of the statutory 'Prevent duty' in the higher education (HE) system in Wales. Relevant higher education bodies (RHEBs)<sup>1</sup> will need to follow this framework to demonstrate due regard to the duty. This includes providers that are regulated by HEFCW, and those that are designated for student support by Welsh Ministers (see paras 4 & 23). The terms 'provider' and 'RHEB' are used interchangeably throughout this document to refer to all HE providers that are subject to the duty under our monitoring authority.
2. Under the Counter-Terrorism and Security Act 2015 (CTSA), RHEBs must have due regard to the need to prevent people from being drawn into terrorism (the Prevent duty). HEFCW is responsible for monitoring whether RHEBs are demonstrating due regard to the Prevent duty. Responsibility for ensuring compliance with the legal duty sits with the governing body or proprietor of the RHEB. By 'proprietor' we mean the individual or individuals with strategic oversight of a RHEB's activities, including ultimate responsibility for its financial management.
3. This framework was issued on 1 August 2019. It supersedes our previous monitoring framework: [The Prevent Duty: Monitoring Framework for Higher Education Providers in Wales](#) (W16/39HE).

### Key points

4. This framework is for:
  - Governing bodies, Prevent leads, and senior management of HEFCW-regulated higher education institutions (HEIs)<sup>2 3</sup>
  - Governing bodies (or trustees), Prevent leads, proprietors, and senior management of other RHEBs in Wales, specifically:
    - providers that are designated for student support by Welsh ministers (see para 23)
    - providers that are not regulated but have more than 250 HE students

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<sup>1</sup> RHEBs are those providers that are subject to Prevent duty monitoring by the HEFCW, as set out in the Counter-Terrorism and Security Act 2015 Section 26(1) at [www.legislation.gov.uk/ukpga/2015/6/contents/enacted](http://www.legislation.gov.uk/ukpga/2015/6/contents/enacted).

<sup>2</sup> 'Regulated institutions' under the [Higher Education \(Wales\) Act 2015](#) are those which meet quality, governance and financial requirements, and have an approved fee and access plan, which enables them to access student support. Also see:

[www.hefcw.ac.uk/working\\_with\\_he\\_providers/he\\_wales\\_act\\_2015/regulated\\_institutions.aspx](http://www.hefcw.ac.uk/working_with_he_providers/he_wales_act_2015/regulated_institutions.aspx) but note that Further Education Institutions (FEIs) are not included under HEFCW's monitoring duty for Prevent.

<sup>3</sup> This *includes* all universities in Wales, except the Open University, which is monitored by the Office for Students (OfS). It *excludes* FEIs, including those in dual sector relationships, which are monitored by Estyn. See: [Supplementary guidance: Inspecting safeguarding in post-16 provision \(Autumn 2017\), Annex 6](#).

5. To be assessed as 'having due regard' for the Prevent duty, all RHEBs will have robust policies and processes in place which respond to the Prevent statutory guidance,<sup>4</sup> and will demonstrate that they are actively implementing these policies.

## Monitoring requirements

6. This Prevent monitoring framework is the second iteration since the Prevent duty came into force. It builds on the previous risk-based framework, ensuring that providers in Wales continue to demonstrate a high standard of active compliance appropriate to local risk, and it is aligned with monitoring approaches in England.<sup>5</sup>
7. The Prevent statutory guidance continues to provide the basis for HEFCW's approach to monitoring implementation of the duty. Our expectations on how providers will demonstrate due regard to the duty will not differ from our previous expectations based on the **principles of safeguarding** people in the HE system from being drawn into terrorism and on **protecting the welfare and well-being** of all students and staff at risk of terrorism-related radicalisation.<sup>6</sup> Radicalisation is a dynamic process, and everyone is ultimately at risk of being radicalised. Our approach emphasises a proportionate approach which is guided by the risks identified by and mitigated for by individual HE providers under our monitoring authority.
8. All RHEBs will submit **an accountability and data return** to HEFCW (at **Annex X, Y & Z**). This will be on an annual basis, and will include the following:
  - Signed declarations and an explanatory accountability statement from the governing body or proprietor, as the legally accountable entities under the CTSA, confirming that the provider has had due regard to the duty.
  - Outcomes-based data returns supported by a short qualitative narrative covering core areas of the statutory duty. All providers will include **the rationale for their staff training to be implemented in the coming year**.

Further information on accountability and data returns is provided in paras 34-42.

9. **Prevent review meetings (PRMs)** will be the primary way we gain assurance of each provider's active implementation of the duty. They will supply insight into how a provider is applying the duty beyond the accountability and data return through our triennial cycle of **Institutional Assurance Review (IAR) visits**, or at any time we have specific concerns that are not quickly resolved.

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<sup>4</sup> This monitoring framework is linked closely to this statutory guidance which should be read alongside this document and considered when implementing the duty. The Revised Prevent Duty Guidance: for England and Wales (which includes general guidance for bodies in all sectors covered by the duty), and Prevent Duty Guidance: for HEIs in England and Wales. Both sets of guidance are available at [www.gov.uk/government/publications/prevent-duty-guidance](http://www.gov.uk/government/publications/prevent-duty-guidance).

<sup>5</sup> The OfS monitors RHEBs in England, [www.officeforstudents.org.uk/publications/prevent-duty-framework-for-monitoring-in-higher-education-in-england-2018-19-onwards/](http://www.officeforstudents.org.uk/publications/prevent-duty-framework-for-monitoring-in-higher-education-in-england-2018-19-onwards/).

<sup>6</sup> The Charity Commission has produced guidance which governing bodies and proprietors may wish to take into account when considering approaches to welfare and safeguarding at [Strategy for dealing with safeguarding issues in charities](#). Their guidance on [Safeguarding and protecting people for charities and trustees](#) includes the Prevent duty. All charities must prevent abuse for extremist purposes.

Further information on PRMs is provided in paras 43-52.

10. In addition, providers will **report throughout the year**, all Prevent-related serious events and significant material changes in circumstances to [prevent@hefcw.ac.uk](mailto:prevent@hefcw.ac.uk). Providers will advise HEFCW of any serious incidents related to their Prevent duty responsibilities **at the point of identification**. Providers will also notify us **in a timely manner** of significant material changes which affect the way in which they are delivering their responsibilities under the Prevent duty (see paras 53-67).

## Outcomes

11. Providers will be assessed as having 'due regard' to the duty if they satisfactorily demonstrate that they both:
  - have appropriate policies and processes in place in response to the Prevent statutory guidance
  - are following these policies and processes in practice.

## Engagement

12. HEFCW's engagement with providers on Prevent is risk-based, and prioritised according to individual provider context and need. All providers will have a named single point of contact at HEFCW.

## Reporting on monitoring and compliance outcomes

13. HEFCW will report on a periodic basis to the Home Office, shared with the Welsh Government. Our reports will include relevant information and data to fulfil the requirements of our grant agreement with the Home Office, including aggregate figures on compliance. Information will be anonymised wherever possible. We may share relevant information on individual providers' implementation of the duty with government and other key Prevent partners, on a need to know basis, including where a provider has been found not to be demonstrating due regard to the duty. In carrying out our monitoring function, **we will not accept personal information** (paras 39 and 84-90).

## Promoting active compliance

14. As part of HEFCW's role as monitor for Prevent, we are keen to promote an environment which enables providers to demonstrate a high standard of active compliance. We will provide information in response to compliance issues as they emerge, to help providers to mitigate potential risks at system level. Where appropriate we will signpost providers to guidance and advice documents produced by our Prevent partners.

## Evaluation

15. It is good regulatory practice to evolve and learn from experience. We remain committed to evaluating the effectiveness of this monitoring framework and HEFCW's role as monitor and will work with government, other key Prevent partners, including sector representatives (principally via the Wales HE Prevent Fora), to ensure it remains fit for purpose.

## Action required

16. This framework should be followed by RHEBs from its date of issue on 1 August 2019 onwards in order to demonstrate due regard to the duty. **An assessment of compliance is a continuous process, but our assumption is that a provider is compliant with the duty unless or until we have sufficient evidence it is not** (see **Figure 1**, p15). Governing bodies or proprietors are required to provide an accountability return to HEFCW on an annual basis by 31 December.

## Section 1: Monitoring

17. Since September 2015, all RHEBs have been subject under the CTSA to have a statutory duty to have 'due regard to the need to prevent people from being drawn into terrorism', referred to as 'the Prevent duty' (or simply 'the duty' within this document).<sup>7</sup> In fulfilling this duty, they must have particular regard to their existing duties to ensure freedom of speech and consider academic freedom.<sup>8</sup>
18. In 2016, the Home Office appointed HEFCW to monitor implementation of the duty across the HE system in Wales. Alternative arrangements apply in England and Scotland. Estyn is responsible for monitoring implementation of the duty at further education institutions (FEIs), including in relation to any HE provision they offer.<sup>9</sup>
19. The Home Secretary's delegation letter was clear in expecting HEFCW to 'require providers to demonstrate a high standard of active compliance', and to 'use and build on its existing monitoring/ oversight processes as much as possible, particularly in subsequent cycles'.<sup>10</sup>
20. While building on our previous monitoring framework,<sup>11</sup> this new framework incorporates a strengthened accountability approach, which requires governors and proprietors to confirm their process for assuring compliance. While ensuring a robust level of assurance, we have reduced the overall reporting burden for providers. In adhering to the requirements of the statutory guidance, our expectations in relation to what providers need to do to demonstrate due regard do not differ under this new framework. However, given the high level of compliance shown by providers in Wales to date, a more targeted approach is now appropriate.
21. In our this new framework, we maintain key elements of our established approach to monitoring, including a focus on proportionality and context, and working collaboratively with the Wales HE Prevent For a, and our other Prevent partners.
22. **This framework applies from 1 August 2019 onwards and supersedes the previous version.** It has been developed and informed by informal consultation with the Wales HE Prevent Fora, and our other key Prevent partners, including government.

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<sup>7</sup> The Counter-Terrorism and Security Act 2015 Section 26(1) at [www.legislation.gov.uk/ukpga/2015/6/contents/enacted](http://www.legislation.gov.uk/ukpga/2015/6/contents/enacted).

<sup>8</sup> Freedom of expression: a guide for higher education providers and students' unions in England and Wales, available at [www.equalityhumanrights.com/en/publication-download/freedom-expression-guide-higher-education-providers-and-students-unions-england](http://www.equalityhumanrights.com/en/publication-download/freedom-expression-guide-higher-education-providers-and-students-unions-england). While protecting freedom of expression is a legal requirement for most HE providers, HEFCW is not responsible for monitoring this requirement.

<sup>9</sup> See [Supplementary guidance: Inspecting safeguarding in post-16 provision \(Autumn 2017\), Annex 6](#)

<sup>10</sup> The delegation letter from the then Home Secretary available at [www.hefcw.ac.uk/documents/working\\_with\\_he\\_providers/institutional\\_assurance/Duty%20Monitoring%20Delegation%20Letter%20to%20HEFCW.pdf](http://www.hefcw.ac.uk/documents/working_with_he_providers/institutional_assurance/Duty%20Monitoring%20Delegation%20Letter%20to%20HEFCW.pdf).

<sup>11</sup> [The Prevent Duty: Monitoring Framework for Higher Education Providers in Wales](#) (W16/39HE).

## Which higher education providers are subject to monitoring by HEFCW?

23. Under HEFCW's monitoring authority, RHEBs are defined as providers that are that are:
- designated as a regulated institution, under the [Higher Education \(Wales\) Act 2015](#)<sup>12</sup>
  - not regulated by HEFCW, but have more than 250 HE students, and headquartered in Wales<sup>13</sup>
  - designated for student support by Welsh ministers via an award of specific course designation<sup>14</sup> as currently administered by HEFCW, and headquartered in Wales.<sup>15</sup>
24. RHEBs are expected to meet their Prevent duty statutory obligation whether or not they have been expressly identified by HEFCW. If we become aware of previously unidentified RHEBs, we will contact them and bring them under our monitoring authority.

## Collaborative partnerships

25. Where students are registered with an HE provider but the delivery of courses is subcontracted to another provider (in what are sometimes called 'franchise arrangements'), the HE provider has responsibility for ensuring arrangements are in place for its registered students. This includes cases where HE providers have relationships with pathway providers, such as embedded campuses, and where students are registered with the HE provider. There may be exceptions to this, particularly where a pathway provider registers its own students and they are taught on an HE programme. Evidently, if a provider that was previously in a franchise arrangement becomes a HEFCW regulated institution, then they will be subject to the duty and the monitoring requirements directly. We will consider each case in its own context.
26. Further details on how we will monitor new entrants to the duty under our monitoring authority are set out in para 68 and **Figure 1**.

## 2019/20 as a transition year

27. The academic year 2019/20 will be a transition year in recognition that providers are required to provide evidence of 'areas for further consideration' by December

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<sup>12</sup> This *includes* all universities in Wales, except the Open University, which is monitored by the OfS. It *excludes* FEIs, including those in dual sector relationships, which are monitored by Estyn. If a university is responsible for the oversight of the Prevent duty of an FEI in a dual sector relationship, then their governing body needs to be aware of these responsibilities.

<sup>13</sup> We define HE students as those studying on a course that leads to a recognised HE award in Schedule 6 of the Education Reform Act (1988).

<sup>14</sup> Including for the purposes of 'teach out'.

<sup>15</sup> These are RHEBs that we referred to as 'Alternative Providers with specific course designation' under the previous framework ([The Prevent Duty: Monitoring Framework for Higher Education Providers in Wales](#) - W16/39HE).

2019 under the previous annual reporting cycle.<sup>16</sup> We will also use this period to evaluate the effectiveness of our evolved approach to monitoring, and to ensure that it provides the necessary level of assurance to government.

## Section 2: What RHEBs need to do to comply

28. The CTSA places two duties on 'specified authorities' or RHEBs:
  - To have 'due regard to the need to prevent people from being drawn into terrorism' (the Prevent duty) section 26(1)
  - To 'give to the monitoring authority any information that the monitoring authority may require for the purposes of monitoring that body's performance in discharging [the Prevent duty] as required by section 32(2).
29. To demonstrate that they have 'due regard' to the Prevent duty, RHEBs need to:
  - have robust and appropriate policies and processes in place, responding to the Prevent duty statutory guidance
  - show that they are actively implementing and following these policies in practice.
30. The **core mechanisms** by which HEFCW will continue to seek assurance from governing bodies or proprietors, supported by appropriate evidence, that providers have continued to have 'due regard' to the Prevent duty are set out in paras 31-67.

### Core Monitoring Mechanisms

31. There are three core mechanisms by which we monitor providers:
  - **accountability and data returns** (see paras 34-42)
  - **Prevent review meetings (PRMs)** (see paras 43-52)
  - **reporting of serious incidents and significant material changes** (see paras 53-67).
32. The rest of this section sets out the evidence that we require from providers for each element of the monitoring process, the ways in which this will be assessed, and the possible outcomes.
33. Monitoring requirements for new entrants to the sector will be different for existing providers. Further information is set out in para 68 and **Figure 1**.

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<sup>16</sup> Providers will provide clear evidence on each of the 'areas for further consideration' specified in our outcome letter of 7 March 2019 as a part of their Prevent accountability return to HEFCW in December 2019 (**Annex X** or **Annex Y**). We will expect this evidence to have been considered by providers' Boards of Governors or proprietors. HEFCW will no longer require providers to submit a narrative Prevent annual report, although providers may be required to provide this to their Boards of Governors or proprietors (also see paras 40-42 and 47 of this monitoring framework).



## Accountability and data returns

34. All RHEBs will submit an accountability and data return to the HEFCW by 31 December on an annual basis. For universities, this will form part of their **Annual Assurance Return (AAR)** to HEFCW (**Figure 1; Annex X & Z**).
35. This will include an enhanced accountability and data return, as follows:
  - Signed declarations and an explanatory accountability statement from the governing body or proprietor, as the legally accountable entities under the CTSA, confirming that the provider has had due regard to the duty (**Annex X** for universities; **Annex Y** for specialist providers).
  - Outcomes-based data return covering three core areas of the statutory duty supported by a short qualitative narrative to provide meaningful contextual information (**Annex Z**). This will include a short statement which describes **the rationale for staff training to be implemented in the coming year**. We would expect this rationale to align with the provider's current Prevent risk register.
36. These datasets mirror those required under our previous monitoring framework and provide a snapshot of implementation for individual providers.
37. This data and supporting narrative will help to inform our assessment of whether the provider is giving due regard to Prevent. We will not make judgements on compliance from the data returns alone; however they will inform our assessment of provider risk – for example, if the number of staff trained seems disproportionate to the scale of the provider, this is likely to trigger heightened engagement from HEFCW. We will take into account each provider's context, scale and complexity to make proportionate decisions.
38. While we aim to have a constant monitoring approach for all providers, we may make specific requirements for individual providers where we identify concerns relating to compliance. However, any decision will be risk-based and mindful of proportionality.
39. **We will not accept any personal information about particular individuals or groups, nor would we expect data to be presented in a way which enables individuals to be identified.** Any returns including this kind of information will be immediately deleted in line with our responsibilities under the Data Protection Act 2018 and General Data Protection Regulation (GDPR).

## Declarations from the governing body or proprietor (**Annex X** for universities; **Annex Y** for specialist providers)

40. The governing body or proprietor, as the legally accountable entities under the CTSA, will provide **signed declarations and an explanatory accountability statement** confirming that the provider has had due regard to the duty. They will have considered **appropriate information and supporting evidence demonstrating that the provider has continued to have 'due regard' to the**

**duty over the past year.**<sup>17</sup> The chair of the governing body or the proprietor will sign the following declarations to be included in the accountability return:

*'Throughout the previous academic year and up to the date of approval in the current academic year, [organisation name]:*

- a. *has had due regard to the need to prevent people being drawn into terrorism (the Prevent duty)*
- b. *has provided to HEFCW all required information about its implementation of the Prevent duty*
- c. *has reported to HEFCW all serious incidents or significant material changes related to the Prevent duty, or now attaches any reports that should have been made, with an explanation of why they were not submitted on a timely basis*
- d. *has reviewed, and where necessary, updated its Prevent risk assessment and action plan*
- e. *has reviewed and updated its Prevent data return and its rationale for staff training (attached at **Annex Z**).*

41. We anticipate that governing bodies (or trustees) and proprietors will be familiar with our expectations regarding the Prevent duty contained within this framework, and with appropriate provider behaviours.<sup>18</sup> Our specific expectations include that they will seek assurance that the provider has reviewed its **Prevent risk assessment** for the year ahead and updated its action plan to address any issues identified.<sup>19</sup> Governing bodies and proprietors will also be appraised of any serious Prevent-related incidents reported to HEFCW, and be assured of the steps being taken to address any concerns. Support and information is available through designated Regional FE/HE Prevent Coordinators, and training resources for staff are available online on the Safe Campus Communities website at [www.safecampuscommunities.ac.uk](http://www.safecampuscommunities.ac.uk).

42. The signed declarations will be accompanied by an accountability statement confirming how the governing body or proprietor has satisfied themselves in relation to the declaration statements and oversight of the implementation of the duty. A free text box prompts for the Chair of the governing body or the proprietor, to provide a short summary on the relevant assurance process (**Annex X** for HEFCW-regulated institutions; **Annex Y** for specialist providers).<sup>20</sup>

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<sup>17</sup> The Committee of University Chairs (CUC) has produced a practice note which governing bodies and proprietors may wish to take into account when considering such assurances from management: Illustrative practice note 2: Counter-terrorism and Prevent agenda' is available online at [www.universitychairs.ac.uk/wp-content/uploads/2017/12/Illustrative-Practice-Note-2-Prevent-Strategy-REVISIED-2017.pdf](http://www.universitychairs.ac.uk/wp-content/uploads/2017/12/Illustrative-Practice-Note-2-Prevent-Strategy-REVISIED-2017.pdf).

<sup>18</sup> The OfS has identified 'cross-cutting behaviours' that underpin a provider's approach to Prevent duty implementation which also inform the judgment of a provider's compliance. See [Prevent duty monitoring in higher education in England, Supplementary information note 12 Sep 2018](#) (para 21).

<sup>19</sup> Risk assessments will be reviewed and, where necessary, refreshed annually, and focus on where and how people might be at risk of being drawn into terrorism, and the effectiveness of the mitigations which are in place, **including staff training**.

<sup>20</sup> Before completing these accountability returns, providers are encouraged to note the OfS's findings from providers in England accountability statements for 2017/18. See [www.officeforstudents.org.uk/publications/prevent-monitoring-accountability-and-data-returns-2017-18-evaluation-report/](http://www.officeforstudents.org.uk/publications/prevent-monitoring-accountability-and-data-returns-2017-18-evaluation-report/) (paras 48-50), and their guidance on Governing body and proprietor oversight (para 22).

## Programme of Prevent review meetings (PRMs)

43. PRMs are a key mechanism for gaining assurance of individual providers' implementation of the duty. They supply insight into how a provider is implementing the duty beyond accountability and data returns, and may illustrate effective practice and/ or clarify areas where we have concerns.

## Components of PRMs

44. PRMs will be carried out with the following:
- individual universities based on our triennial cycle of IAR visits
  - providers considered to be at 'higher risk' of non-compliance, or that have had significant material changes of circumstance or serious incidents where we have determined we require further follow-up
  - new entrants to the sector to establish their compliance.
45. New RHEBs will undergo a 'detailed assessment' of core policies and procedures, within six months of coming under HEFCW's monitoring authority, followed by a PRM within approximately the first year. Further details are set out in para 68 and **Figure 1**.

## PRM methodology

46. In each case, we will give the provider's Prevent lead <sup>21</sup> notice of a PRM. IAR visits are based on our existing triennial cycle, and these meeting arrangements are agreed between HEFCW and the provider's Clerk to the Board of Governors. In keeping with our established IAR format, we will usually meet one person at a time.
47. Prior to a PRM, we will request to see copies of information that the provider is likely to hold. This will vary depending on the focus of the PRM, but could include a copy of the provider's current Prevent risk assessment and action plan; the most recent report approved by the provider's governing body or proprietor; and other documents, such as minutes from the meetings of Prevent-related steering groups, committees or governing bodies.
48. PRMs will include the provider's Prevent lead, and are likely to include other staff who play a key role in the implementation and oversight of the duty, such as welfare leads, chaplaincy, and members of Prevent-related steering groups or committees. We will meet a representative of the governing body and the student body. We may also wish to meet staff responsible for internal audit, risk management, information technology or research services. Such requests may be made where we have cause for concern about a particular area of the duty, or

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<sup>21</sup> By 'Prevent lead' we mean the provider's 'single point of contact for operational delivery of Prevent related activity'. See

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/445916/Prevent\\_Duty\\_Guidance\\_For\\_Higher\\_Education\\_England\\_Wales\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/445916/Prevent_Duty_Guidance_For_Higher_Education_England_Wales_.pdf) (para 17).

where specialist knowledge will assist our understanding of the provider's implementation.

49. PRMs will consist of semi-structured questioning covering the statutory areas and will focus on areas where further information is sought. In addition, Prevent leads will be invited to present evidence of the provider's active implementation of the duty, using one or more of the following methods to gain assurance:
  - In-depth explanations of how policies and processes interact in practice, by using anonymised case studies, where these exist, or hypothetical scenarios relevant to the scale and context of the provider
  - Illustrative examples of policies and processes being developed within the past year in response to the context of the provider.
50. As well as providing assurance, these meetings will enable dialogue on developments and challenges effecting providers' implementation of their duty, including where further guidance may be beneficial. It will also be an opportunity for providers to reflect on their practice and to share feedback with HEFCW on the PRM process.

#### **Outcomes and follow-up activity (see Table 1, p16)**

51. The PRMs are intended to give an appropriate level of assurance of a provider's active implementation of the duty without further evidence being needed. We will make a judgement on the provider's compliance with the duty following the meeting, and will provide a report confirming our decision. We may also highlight areas of effective practice, and/ or suggest areas for further consideration, such as where providers could make their implementation more effective.
52. Where we identify '**further action needed**' (Table 1), we will specify the required action(s), and the provider will be given a timeframe in which to complete these to demonstrate due regard (**usually four months**).

#### **Reporting of serious incidents and significant material changes (see Figure 1)**

53. Providers will **report throughout the year**, all Prevent-related serious incidents and significant material changes in circumstances to [prevent@hefcw.ac.uk](mailto:prevent@hefcw.ac.uk) (as detailed in paras 54-67).

#### **Potential serious incidents**

54. Providers will advise HEFCW of any serious incidents related to their Prevent duty responsibilities **at the point of identification**. We will not accept any personal information about individuals or groups which are not already in the public domain (see para 39).
55. Providers should note that reporting an incident to HEFCW is not a substitute for reporting it to the police or other authority – for example, if criminality is suspected.

56. It is for providers to determine what constitutes a serious Prevent-related incident which should be reported to HEFCW, but we would expect this to include any incidents or developments which could be reasonably perceived as being related to Prevent, which have resulted in, or are likely to result in:
- serious harm to any individual or community
  - reputational harm to staff, students, providers, HEFCW, or the Home Office (such as through negative media coverage)
  - the review and substantive revision of a provider's Prevent-related policies or procedures.
57. We would not expect this to cover business as usual (for example, straightforward Channel referrals or informal contact with the police or local Prevent partners).<sup>22</sup>
58. We may also be notified of concerns from third parties that an RHEB is not fulfilling its Prevent duty in some way. This could be from individuals, media reports or other organisations involved in the delivery of the duty.<sup>23</sup>
59. In all cases, we would expect to discuss the incident with the provider to ascertain the cause and nature of the incident. We may ask the provider whether it has followed its policies and processes, and if it has learned and applied any lessons as a result.
60. Where necessary and appropriate, we will work with partners to better understand the incident and the provider's response. We will then agree next steps with the provider on a case-by-case basis, which may include a PRM and/or other formal reporting requirements.
61. An incident is not in itself a sign that a provider is not exercising 'due regard' to the duty, but the management or outcome of an incident may inform our assessment of a provider's Prevent-related risk. For example, the response to the incident may demonstrate effective governance and reporting structures are in place and that policies and procedures are being followed actively.
62. Where we identify that **a provider is failing to formally report incidents or that there have been a repeated number of incidents**, this is also likely to inform our view of a provider's Prevent-related risk, and may ultimately result in a change in our judgement of compliance. Each case is reviewed on an individual basis.
63. HEFCW may share a serious incident report with the Home Office as necessary and appropriate, in the context of our role as monitor. We will keep the provider advised of our decision on this.

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<sup>22</sup> The OfS has produced supplementary information on Prevent-related serious incidents. This includes guidance on identifying serious incidents (Table 1) and examples of serious incident reporting (Annex A) Available at: [www.officeforstudents.org.uk/media/29154421-d3e7-4989-9e53-94413fd013f9/ofs-prevent-related-serious-incident-guidance.pdf](http://www.officeforstudents.org.uk/media/29154421-d3e7-4989-9e53-94413fd013f9/ofs-prevent-related-serious-incident-guidance.pdf).

<sup>23</sup> Also see HEFCW's Procedures for handling complaints against institutions (W17/28HE). Available at [www.hefcw.ac.uk/documents/publications/circulars/circulars\\_2017/W17%2028HE%20Procedures%20for%20handling%20complaints%20against%20institutions.pdf](http://www.hefcw.ac.uk/documents/publications/circulars/circulars_2017/W17%2028HE%20Procedures%20for%20handling%20complaints%20against%20institutions.pdf).

## Significant material changes

64. Providers will notify us **in a timely manner** of significant material changes which affect the way in which they are delivering their responsibilities under the Prevent duty. They will provide an explanation of the change and its likely impact on the way in which it will deliver its responsibilities under the duty. **We will expect Prevent leads to be made aware of relevant material changes.** If significant concerns are raised by such changes, or by not reporting changes to HEFCW in a timely manner, this may impact on our understanding of a provider's Prevent-related risk.
65. Such changes include:
- a. Significant changes to policies or processes relating to the Prevent duty (i.e. a significantly changed Prevent-related policy, or a major revision to a process)
  - b. Changes of responsibility for Prevent (for example, appointing a new Prevent lead)
  - c. Changes of control (for example, new governance structures which change the oversight of the Prevent duty)
  - d. Changes to location (including the addition of a new campus or site anywhere in the UK)
  - e. Significant changes to teaching provision where it has an impact on Prevent-related policies (for example from online to face-to-face provision, or significant changes to partnership arrangements, such as sub-contractual teaching arrangements that impact upon Prevent-related considerations). Also see para 25
  - f. Significant changes in the support provided by a Prevent partner (for example as provided by a Regional FE/HE Prevent Co-ordinator).<sup>24</sup> A provider will explain the impact of such changes on its ability to deliver its responsibilities under the duty, and provide evidence of alternative sources of support (e.g. for the provision of face-to-face training).
66. Where there has been a major change to a policy or process which relates to the duty, a provider will explain and submit to HEFCW a revised copy of the relevant documentation.
67. Where significant concerns are raised by substantial changes to Prevent policies at the provider or other material changes of circumstance, this may impact on our understanding of a provider's Prevent-related risk. In these circumstances, we may require further information from the provider. If our concerns are not resolved, this could ultimately result in a change in our judgement of the provider's compliance with the duty.

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<sup>24</sup> Providers are required to have regular contact with a Prevent Coordinator (HE Statutory Guidance, paras 16 & 18), available at [www.gov.uk/government/publications/prevent-duty-guidance](http://www.gov.uk/government/publications/prevent-duty-guidance).

## Monitoring of new entrant and established providers (see Figure 1, p15)

68. HEFCW's monitoring will differ depending on whether a provider is a new entrant or established from a Prevent duty perspective. We have processes in place to ensure prospective entrants and new entrants to our Prevent monitoring authority are given appropriate guidance on the requirements of the duty.<sup>25</sup> New entrant providers will undergo a detailed assessment of policies and processes, and will then have a PRM to test that those policies are being implemented appropriately. Once compliance has been established, a provider will be expected to embed the duty in its routine activity and will be subject to processes including submitting an annual accountability return (**Figure 1**).

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<sup>25</sup> Specific designation of higher education courses in Wales (W18/21HE), available at [www.hefcw.ac.uk/documents/publications/circulars/circulars\\_2018/W18%2021HE%20Specific%20design%20of%20higher%20education%20courses%20in%20Wales2.pdf](http://www.hefcw.ac.uk/documents/publications/circulars/circulars_2018/W18%2021HE%20Specific%20design%20of%20higher%20education%20courses%20in%20Wales2.pdf)

**Figure 1: Monitoring processes by provider type**

Regulated Institution	Specialist Provider <sup>26</sup>	Timeframe	Reporting route
<b><i>accountability and data return</i></b>			
Annex X via Institutional Annual Assurance Return		annual submission by 31 December	<a href="mailto:assurance@hefcw.ac.uk">assurance@hefcw.ac.uk</a>
	Annex Y via email	annual submission between 1 October to 31 December	<a href="mailto:prevent@hefcw.ac.uk">prevent@hefcw.ac.uk</a>
<b><i>assessment of policies and processes</i></b>			
new entrants only		within 6 months	<a href="mailto:prevent@hefcw.ac.uk">prevent@hefcw.ac.uk</a>
<b><i>prevent review meetings</i></b>			
	via IAR meetings	triennial cycle	<a href="mailto:assurance@hefcw.ac.uk">assurance@hefcw.ac.uk</a>
new entrants		within 1 year	<a href="mailto:prevent@hefcw.ac.uk">prevent@hefcw.ac.uk</a>
high-risk providers		at time high risk identified	<a href="mailto:prevent@hefcw.ac.uk">prevent@hefcw.ac.uk</a>
<b><i>serious incident reporting</i></b>		at time incident identified	<a href="mailto:prevent@hefcw.ac.uk">prevent@hefcw.ac.uk</a>
<b><i>significant material changes reporting</i></b>		in timely manner	<a href="mailto:prevent@hefcw.ac.uk">prevent@hefcw.ac.uk</a>

<sup>26</sup> These are RHEBs that we referred to as ‘Alternative Providers with specific course designation’ in the previous framework ([The Prevent Duty: Monitoring Framework for Higher Education Providers in Wales - W16/39HE](#))



### Section 3: Assessment of risk and compliance

#### Reaching judgements

69. Table 1 sets out the different compliance judgements that we will make in undertaking our monitoring role.

**Table 1: Outcome decisions**

Is the provider demonstrating <b>due regard</b> to the need to prevent people being drawn into terrorism?		
<p><b>Demonstrates due regard:</b></p> <ul style="list-style-type: none"> <li>• policies and processes <b>satisfy</b> the requirements of the statutory guidance</li> </ul> <p><b>and</b></p> <ul style="list-style-type: none"> <li>• there is <b>sufficient evidence</b> of active implementation (taking into account the provider's context).</li> </ul>	<p><b>Further action(s) needed:</b></p> <ul style="list-style-type: none"> <li>• policies and processes <b>need improvement</b> to satisfy requirements</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>• <b>further action</b> is needed to demonstrate active implementation.</li> </ul>	<p><b>Does not demonstrate due regard:</b></p> <ul style="list-style-type: none"> <li>• policies and processes <b>do not satisfy</b> requirements</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>• there is <b>inadequate or no evidence</b> of active implementation</li> </ul>

70. We will **assess a provider's compliance using evidence derived from each of the core monitoring mechanisms for Prevent** i.e. accountability returns, PRMs, reporting serious incidents and significant material changes (see para 31). **An assessment of compliance is a continuous process, but our assumption is that a provider is compliant with the duty (i.e. demonstrates due regard) unless or until we have sufficient evidence it is not.**

71. We will usually make a formal decision on compliance with the duty following a PRM. However, we may also make a judgement if a provider fails to engage or comply with a core monitoring process, for example, if a provider does not submit an accountability statement or data under the accountability return. Similarly, we may make a decision where a provider has had a number of serious incidents which has shown the provider to have not acted appropriately, or to have not undertaken appropriate actions in response to incidents, or where significant material changes require that further actions are needed to demonstrate due regard.

72. Where we judge that **further actions are needed** by a provider to demonstrate due regard, HEFCW will detail the specific actions required to provide us with assurance that it is demonstrating due regard. **We will normally expect the provider to complete these actions within four months** of receiving this

decision from us. Where a provider does not provide this assurance, our non-compliance process will be triggered (detailed in paragraphs 73 to 75).

## Non-compliance

73. Compliance judgements will always be based on our core monitoring processes, including accountability returns, PRMs, serious incidents, and significant material changes reporting. For universities, we may also be informed by our wider IAR processes.
74. We may determine that a RHEB is not having 'due regard to the need to prevent people from being drawn into terrorism' (the Prevent duty) as set out in section 26(1) of CTSA. The CTSA also places a general duty on 'specified authorities', i.e. RHEBs, to 'give to the monitoring authority any information that the monitoring authority may require for the purposes of monitoring that body's performance in discharging [the Prevent duty] as required by section 32(2).
75. **The absence of information and the necessary assurances to positively demonstrate that the provider has had due regard to the Prevent duty could result in the HEFCW making a judgement of non-compliance.**

## Escalatory steps (see Figure 2, p19)

76. Where we are not satisfied that a RHEB is demonstrating 'due regard' to the Prevent duty this is likely to trigger a series of escalatory steps being taken as part of our non-compliance process. Where there is a lack of information to provide the monitoring authority with the necessary assurances, we will request this information from the provider's Prevent lead<sup>27</sup> in the first instance.
77. **If we do not receive the information we require in a timely manner, we will escalate the matter to the accountable officer, governing body or proprietor of the provider**, setting out the information we need within a specified timescale (likely to be two weeks). If we then conclude that the RHEB's response has been inadequate, we will consider whether it is non-compliant.
78. We will decide on what action and escalatory route to take on a case-by-case basis, taking into account the individual circumstances of the provider. If we are still not satisfied that the provider is demonstrating due regard, **we may then make a referral to the Home Office, under section 33 of the CTSA, for it to consider whether further formal action is needed.** If deemed appropriate or necessary, the Secretary of State has the power to issue directions under section 30 of the CTSA, in consultation with Welsh Ministers.
79. **Non-compliance with our monitoring authority requirements in respect of Prevent could also indicate wider institutional failure.** If a HEFCW-regulated

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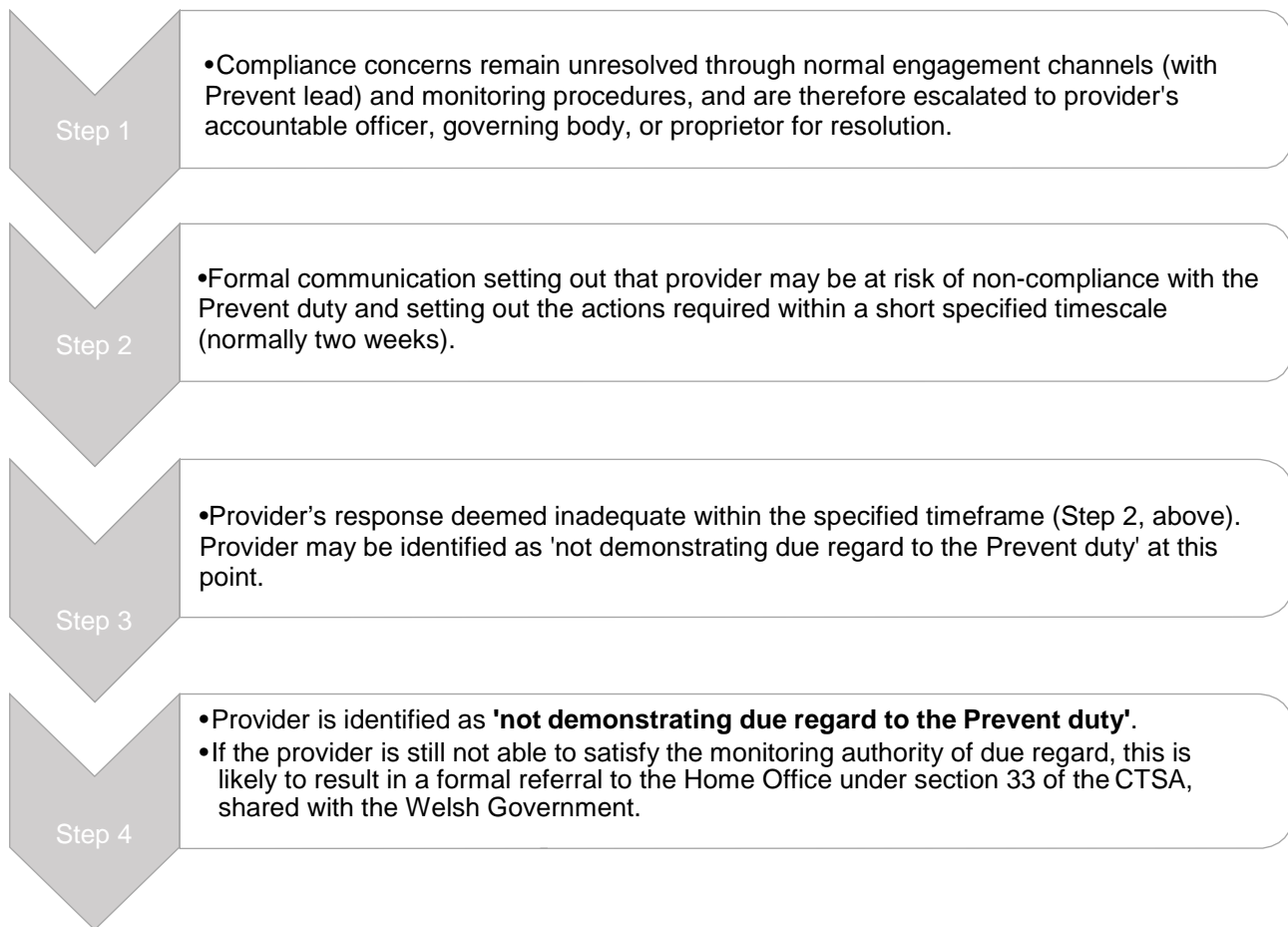
<sup>27</sup> By 'Prevent lead' we mean the provider's 'single point of contact for operational delivery of Prevent related activity'. See

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/445916/Prevent\\_Duty\\_Guidance\\_For\\_Higher\\_Education\\_England\\_Wales\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/445916/Prevent_Duty_Guidance_For_Higher_Education_England_Wales_.pdf) (para 17)

institution is at risk of non-compliance, this will inform our wider Institutional Risk Review (IRR) processes. For specialist providers, this may inform Specific Course Designation (SCD) procedures which are administered by HEFCW.

80. **Figure 2** sets out an illustrative example of the escalatory steps that may be taken. It should be noted however that, depending on the individual circumstances, there may be instances where these steps are not followed sequentially or certain steps are expedited.

**Figure 2: Illustrative escalatory process**



## Engagement

81. HEFCW's engagement with providers on Prevent is risk-based, and contact is targeted according to individual provider context and need. Providers assessed to be at higher risk of not demonstrating due regard to the duty will receive heightened engagement from HEFCW compared with providers assessed to be at lower risk.
82. There may be a need for us to temporarily engage more actively with a provider to inform our understanding of Prevent-related risk or for compliance purposes. This could be in relation to a core Prevent process, such as a serious incident or a significant material change of circumstances.
83. Our normal engagement channel is via providers' Prevent leads in the first instance. All providers will have a named single point of contact at HEFCW. We will continue to engage with providers on Prevent-related practice across the sector, when invited to do so, such as via regular Wales HE Prevent Fora meetings.

## Information sharing

84. Our primary source of evidence about a provider's compliance with the Prevent duty will be provided to us directly by the provider itself, its staff and students. We may also be informed about a provider by range of other sources, such as through a prevent partner (such as the OfS), the media, or HEFCW's complaints process. Whenever possible, we will corroborate our understanding of this information with the provider itself in the first instance.
85. **In carrying out our monitoring function, we will not accept personal information** (see para 39).
86. We may share anonymised information about a provider with key Prevent partners, notably the OfS, to ensure consistency in HEFCW's Prevent monitoring function.
87. Where we are obliged to report to the Home Office, we will name the provider concerned (para 78 and **Figure 2**). For this reason, complete confidentiality between providers and HEFCW cannot be guaranteed. However, information will only be shared where necessary and appropriate on a need to know basis and will occur only where there is a clear purpose, such as formally reporting a serious incident or non-compliance. Whenever possible, we will inform the provider of our decision to share information.
88. HEFCW will continue to work in partnership with relevant Regional FE/HE Prevent Co-ordinators. Whereas HEFCW focuses on the delivery of the monitoring function in terms of assessment and assurance, Regional Prevent Coordinators may offer practical help and information to providers. Further information on Regional Prevent Co-ordinators can be found on the Safe

Campus Communities website (available at [www.safecampuscommunities.ac.uk/prevent/regional-coordinators](http://www.safecampuscommunities.ac.uk/prevent/regional-coordinators)).

## Reporting

89. We will continue to report anonymised information about our monitoring process to the Home Office on a quarterly basis in accordance with our grant agreement, and on compliance at a sector level on an annual basis, shared with the Welsh Government. Annual reports will include the number of providers that we deem to be demonstrating, or not demonstrating, due regard to the duty, and aggregate data on implementation from across the sector.
90. We will report to the Home Office when a provider has been found not to be demonstrating due regard to the duty and compliance concerns remain unresolved, following the procedures outlined (**Figure 2**, paras 69-80). We will also report to the Home Office when we are obliged to formally report a serious incident (para 63).

## Evaluating our role

91. We remain committed to evaluating the effectiveness of this monitoring framework and of HEFCW's role as monitor. We encourage feedback from providers on an ongoing basis and will report our findings to the Home Office annually. We will continue to keep our role under review to ensure our monitoring framework remains fit for purpose within the broader Prevent agenda. This may in time result in changes to the monitoring framework for future years; we will of course consult providers on these changes (usually via the Wales HE Prevent Fora).

## Timetable

92. This framework should be followed by RHEBs from its date of issue on 1 August 2019 onwards in order to demonstrate due regard to the duty. An assessment of compliance is a continuous, but our assumption is that a provider is compliant with the duty unless or until we have sufficient evidence it is not (see **Figure 1**). Governing bodies or proprietors are required to provide an accountability return to HEFCW on an annual basis (by 31 December).

## Further information / responses to

93. For further information, contact [prevent@hefcw.ac.uk](mailto:prevent@hefcw.ac.uk).

For reporting routes, see: **Figure 1** (p15).

## **Assessing the impact of our policies**

94. We have carried out an impact assessment screening to help safeguard against discrimination and promote equality. We also considered the impact of policies on the Welsh language, and Welsh language provision within the HE sector in Wales and potential impacts towards the goals set out in the Well-Being of Future Generations (Wales) Act 2015 including our Well-Being Objectives. Contact [equality@hefcw.ac.uk](mailto:equality@hefcw.ac.uk) for more information about impact assessments.
95. A similar responsibility rests on HE providers to assess the impact of their proposals to help safeguard against discrimination and promote equality.