

Office for
Students



Prevent review meetings

Findings from the 2019 programme

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Summary

Purpose

1. The Office for Students (OfS) monitors whether higher education providers are complying with the Prevent duty. This document reports the OfS's findings from our monitoring during 2019. Monitoring is undertaken through a programme of Prevent review meetings¹. The programme included:
 - all universities and colleges considered as at higher risk of non-compliance with the Prevent duty (see **Annex A**, paragraph 15)
 - a random representative sample not at high risk
 - universities and colleges that were newly subject to the Prevent duty.
2. The OfS has a monitoring framework for assessing compliance within the higher education sector. Prevent review meetings are an essential part of that monitoring framework. This process gathers evidence of how providers are compliant with the Prevent duty by testing whether they are taking necessary steps to safeguard people from being drawn into terrorism by meeting expectations set out in statutory guidance. Full details are set out in our Prevent duty: Framework for monitoring in higher education in England² (OfS 2018.27).

Key findings

3. We undertook a total of 35 Prevent review meetings between May and October 2019 which comprised of:
 - four providers assessed as higher risk of non-compliance in the future,
 - 28 providers selected as part of a random representative sample, and
 - three providers as they were new to our Prevent monitoring.
4. We found evidence of providers continuing to take steps to prevent people from being drawn into terrorism. We found that 28 out of 35 providers (80 per cent) demonstrated due regard to the Prevent duty from the Prevent review meeting programme. The remaining seven providers were found as 'further action(s) needed' to demonstrate due regard to the Prevent duty. No providers have been found as not demonstrating due regard to the Prevent duty. We are working with those providers that are 'further action(s) needed' to ensure that they demonstrate due regard to the Prevent duty.
5. On particular areas of the Prevent duty we found:

¹ See www.officeforstudents.org.uk/advice-and-guidance/student-wellbeing-and-protection/counter-terrorism-the-prevent-duty/.

² Available at www.officeforstudents.org.uk/publications/monitoring-of-the-prevent-duty-2016-17-progress-report-and-future-development/.

- Risk assessments were being reviewed and refreshed. They continued to assess all areas of the organisation when understanding the risks of radicalisation. However, risk assessments did not include sufficient information from Prevent partners on local risks and threats, and providers did not show they had considered their unique operating circumstances with sufficient consistency (see paragraph 16).
 - Action plans were being completed. Actions were also proportionate to risks identified in risk assessments (see paragraph 17).
 - We found no cause for concern that free speech was being undermined by Prevent in external speakers policies and in their implementation. We generally found providers had appropriate systems in place for assessing risks on external speakers relating to Prevent and there were appropriate mitigations in place. Policies could be made clear on how decisions are made (see paragraph 18)
 - Staff continued to be trained on Prevent and this sat within a wider context of promoting safeguarding awareness. We did not find any systematic evaluation of training taking place (see paragraphs 19-21).
 - We found that in a number of cases, cause for concern procedures were clear and appeared to work in practice. We had concerns in some places on the clarity of how cases would be managed at various stages of the case (see paragraphs 22-24).
 - We found that senior managers were clearly involved in leading activity to safeguard people from radicalisation. We also saw that providers were working in partnership. However, we felt that providers could use their DfE Further Education/Higher Education (FE/HE) Prevent Co-ordinators more consistently and effectively (see paragraphs 25-26).
 - We found that policies and procedures were in place to manage security sensitive research where needed. We also found that acceptable IT usage policies were clear on what acceptable IT usage was on Prevent-related material (see paragraphs 27-28).
 - Providers continued to engage and consult with students on how they were safeguarding people from radicalisation (see paragraph 29).
6. At the point of publication, four providers continue to be classed as ‘further action(s) needed’ in order to demonstrate due regard to the Prevent duty from the Prevent Review Programme.
 7. We continue to have confidence that providers are balancing their Prevent duty with other statutory duties.
 8. We also carried out thematic reviews on two areas of the Prevent duty: Prevent welfare case management, and staff training. This provided us with further information on sectoral practice on these areas. We found some examples of effective practice on managing welfare cases, and some examples where approaches taken could be more robust. We also found providers had taken sound approaches to training staff and had ensured that key staff had been trained. However, we found little evidence of providers evaluating the effectiveness of their staff training.

Actions required

9. While this report is for information, providers should note the findings presented and consider what actions they should take in response to the areas for development we outline as part of their strategy for preventing people from being drawn into terrorism.

Findings from the Prevent review meeting programme

Compliance judgements from the programme

Provider populations	Demonstrates due regard	Further action(s) needed	Does not demonstrate due regard	Number of meetings
Higher-risk providers	2	2	0	4
Sample providers	24	4	0	28
New entrant providers	2	1	0	3

10. We reviewed 35 providers in total from the Prevent review programme. This included:

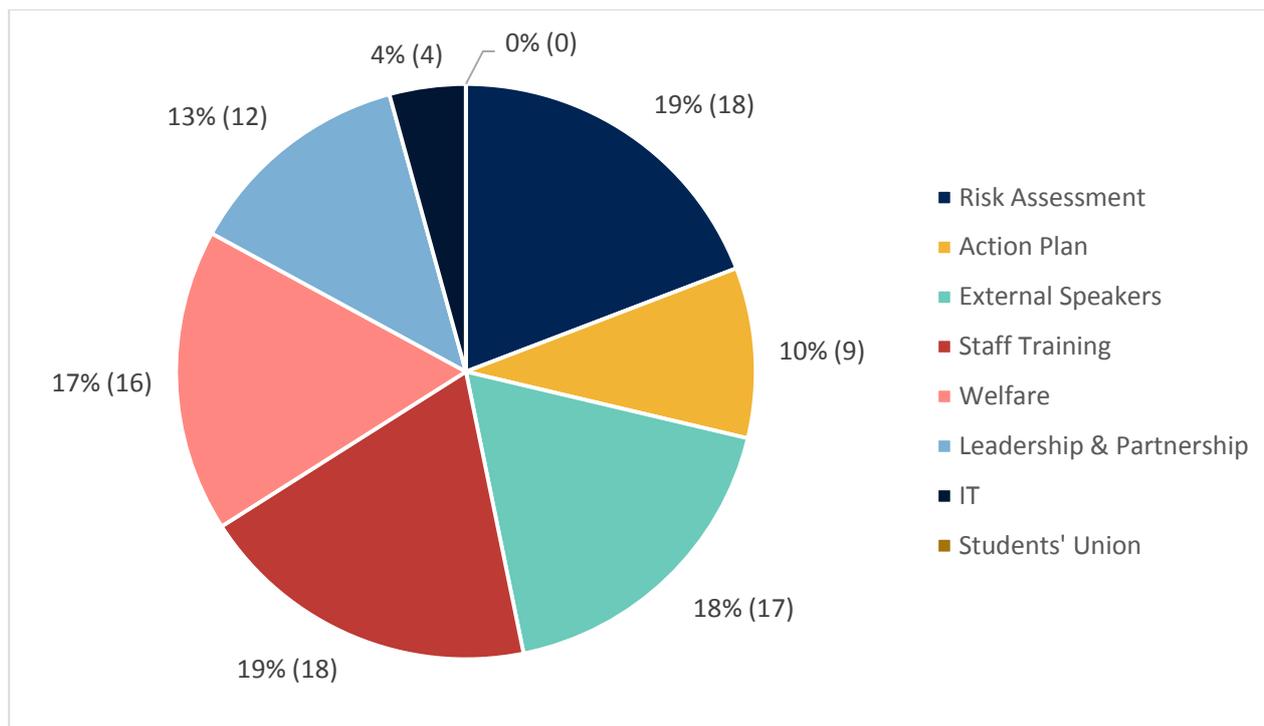
- four providers assessed as higher risk of non-compliance in the future³,
- 28 providers selected through the sample, and
- three providers as part of their baseline assessment of compliance with the Prevent duty.

11. We concluded that 80 per cent (28 providers) were found to demonstrate due regard to the Prevent duty. 20 per cent (seven providers) were found to need to take further actions in order to demonstrate due regard to the duty.

12. The vast majority of providers who demonstrated due regard from the meetings still received feedback. Only 9 per cent (three providers) received a 'demonstrates due regard' judgement without the OfS providing feedback on where further enhancements could be made.

³ We set out the methodology for risk assessing providers against their non-compliance with the Prevent duty in 'Prevent review meetings: guidance for providers', available at: www.officeforstudents.org.uk/publications/prevent-duty-framework-for-monitoring-in-higher-education-in-england-2018-19-onwards/.

Figure 1: Feedback by theme



13. We give feedback to providers on areas for further development in safeguarding people from being radicalised (see Figure 1). They can relate to:

- ensuring that a particular policy could be made more robust (and or meet the expectations of the statutory guidance in full), or
- where a provider should take additional steps to ensure their approach can be more effective.

The level and strength of feedback determines our compliance judgements. Providers can demonstrate due regard to the duty but continue to make improvements to safeguard people. If we identify significant issues with key areas or an accumulation of weaknesses in a provider's approach we are likely to conclude that a provider will be 'further action(s) needed'.

14. The feedback we gave to providers concentrated on four areas:

- risk assessments
- staff training
- welfare
- external speakers and events.

This amounted to nearly three-quarters of the total amount of feedback given to providers. We gave feedback to providers around IT and security sensitive research in very few circumstances. We were satisfied with the way that all the providers were engaging and consulting with students about how they were taking steps to prevent people from being radicalised. A detailed discussion around the different themes of the Prevent duty is set out in the section below.

Findings on individual themes of the Prevent duty

15. This section of the report discusses how providers had performed with different themes of the Prevent duty, including identifying where we found effective practice during the programme. This includes where we gave feedback and the content of that feedback.

Risk assessments

Figure 2: Feedback to providers on risk assessments



16. Overall (see Figure 2), we were assured that risk assessments were being updated with sufficient frequency and that these assessments followed the statutory guidance in considering their key institutional policies, e.g. external speakers, or had all areas of the institution in line with our expectations. We did however give feedback to 18 out of 35 providers (49 per cent) on their risk assessments. These include five providers where further actions were needed, and 13 providers that demonstrated due regard to the duty. Examples of where we gave feedback included:

- Challenging providers to take more account of their operating circumstance - for instance, taking account of their provision type, teaching model, or location, as this would help make assessments more robust.
- Similarly, we fed back to providers that they should use information on their local risks and threats. For example, if the greatest risk of radicalisation came from extreme right-wing groups, this should be evidenced through risk assessment and reflected in their overall approach to preventing people from being radicalised. We do not expect providers to reflect information from their Counter Terrorism Local Profiles, where they have access to these. However, we do expect that providers work with their Prevent partners, for example their DfE FE/HE Prevent Co-ordinator to establish what the biggest risks of radicalisation in their community are. These risks should then be adequately reflected in their risk assessment and their overall approach to the duty.
- Weaker risk assessments tended to be framed more as action plans or checklists of activities to help the provider meet requirements when they first became subject to the duty. A stronger risk assessment would be a more current review of institutional risks associated with the Prevent duty and radicalisation.
- In a few cases, we were not assured that risk assessment had been updated or refreshed with sufficient frequency. We make clear in the accountability and data return that risk assessments are being refreshed at least annually and therefore challenged a provider if they had not met this expectation.

Action plans

Figure 3: Feedback to providers on action plans



17. Providers generally showed that the actions they were taking to mitigate the risks they identified were proportionate (see Figure 3). In many cases this was demonstrated by combining risk assessments and action plans together. We gave feedback to nine providers around their action plans (26 per cent): four of those were providers that were found as 'further action(s) needed' and five that were found to be 'demonstrating due regard'. Feedback to providers on their action plans often centred on ensuring that action plans had clear owners assigned to them. This assured us that there was appropriate accountability within the institution. We also requested clear timescales for completing actions in response to risks that had been identified, in order to monitor progress.

External speakers and events

Figure 4: Feedback to providers on external speakers and events policies



18. In the vast majority of providers we held meetings with, we were assured that:

- they had policies with clear systems for risk assessing external speakers
- they had approaches in place to mitigate risks
- policies made clear how decisions were made
- these policies gave clear regard to freedom of speech and academic freedom; and
- providers were using them appropriately.

We did however give feedback (see Figure 4) to 17 providers (49 per cent) on their external speakers and events policies: five of those providers were found as 'further actions needed' and 12 that we found to demonstrate due regard. We gave feedback on a number of areas including:

- Challenging the provider that their external speakers policy was disproportionate in the level of administrative burden it placed on them. This happened in smaller providers that

either chose to introduce a complex procedure that would be challenging to implement and did not reflect the size or mission of the provider; or they had introduced an external speakers policy when they do not host external speakers. These cases did not represent a concern that the provider was not balancing their free speech responsibility, but that the policies had not been properly thought through to reflect a provider's operating context.

- In other cases, some policies lacked clarity on their decision-making process. For example, some providers did not have a clear enough policy around how they would manage appeals to decisions on external speaker or event requests. This gave us some cause for concern as it risks undermining the procedure: decisions are more susceptible to challenge if decision-making processes are not clear to everyone, including lay users. Clear policies avoid confusion and the danger that they might be breached.
- We frequently used 'stress tests' when assessing this theme of the duty. These often gave us assurance that staff knew how to implement their external speakers process and there was a clear, logical, and proportionate approach to assessing and managing the risk of radicalisation with a speaker whose speech could risk drawing people into terrorism. However, in one case we found that a provider's staff could not follow their own policy when set the 'stress test'. In this instance, this led in part to the provider being judged as 'further actions needed'. We did not find any causes for concern that providers were not balancing their freedom of speech responsibilities alongside Prevent through the application of the stress tests.

Case Study: External Speakers 'Risk Spotters Group'

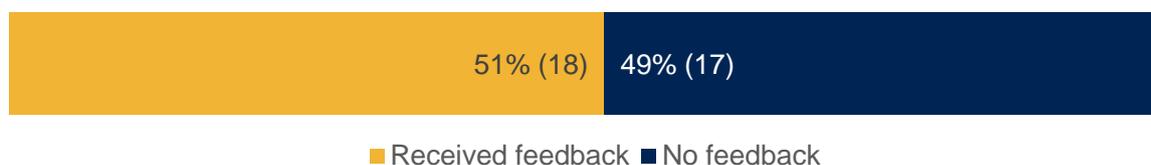
The London School of Economics and Political Science (LSE)

In response to learning from an event where issues arose, the School decided to create an internal group (the 'Risk Spotters Group') of cross-institutional staff, including members from the students' union, faith centre and the Secretary's Division, to assess and identify potential risks associated with a prospective external speaker or event. Having a wider pool of staff looking at all event booking forms has meant that the provider is assured different types of risk are more likely to be picked up across different areas of expertise and experience within the institution.

This group is consulted automatically and electronically when a booking is made by staff or through the students' union via an online booking procedure, where a proposed event: requests a larger room; indicates an external speaker; is open to non-LSE members; has a topic or any other element that may cause concern. In some cases, the group may ask for further clarification about some of the details of the booking. This is facilitated by staff working in room bookings for staff events or through the students' union. For higher-risk events, the group may choose to hold a meeting with the event organiser to gain further assurance around the proposed event.

Staff training

Figure 5: Feedback to providers on staff training



19. We were generally assured that providers have trained their staff on the Prevent duty, both through the Prevent review meeting programme and through examining data submitted to us previously by the provider. We were assured there was good awareness of the duty and of their requirements with key and senior staff. Training had been given to support their roles in preventing people from being radicalised. We also found, in many cases, clear evidence of students being made aware of how to report welfare concerns. We did however give feedback to 18 providers (see Figure 5) on their staff training: five providers that were marked as were ‘further actions needed’, and 13 providers that demonstrated due regard.
20. Feedback in many cases was specific to individual circumstances. However, feedback included:
- there must be a clear plan in place from a provider to refresh staff training
 - training on Prevent must clearly relate back to knowledge and understanding of core institutional policies, such as a ‘cause for concern’ process or an external speakers policy
 - in some cases, we asked providers to introduce, update, and share their training plans to ensure that they were clearly identifying staff, delivering training to them, and monitoring take up of training.
21. At a sector level, we have seen clear and systematic evidence of staff training taking place over the past three years through mandatory data returns. We undertook a thematic review of staff training during the past year as part of our sector-level monitoring role on the Prevent duty. Our findings from that review can be found in **Annex A** of this report.

Case study: Prevent refresher staff training

University of Cambridge

Having completed their initial training of staff on the Prevent duty, the University sought to initiate a programme of refresher training three years later. The provider consulted with colleagues internally and with other providers to consider future training. This led to the university’s Personal and Professional Development team and the university’s Prevent Coordinator creating new materials, drawing from knowledge internally and from institutional policies. This was then reviewed by its internal Prevent Committee and its Race Equality Champions.

The university then user-tested the proposed training and took further advice and feedback from its DfE FE/HE Prevent Co-ordinator. The final version of the training package was agreed by the provider's internal Prevent Committee in June and delivery started in autumn 2019.

Case study: Staff training

University of Reading

The University currently offers an online Prevent training model, adapted from the Safe Campus Communities module, to all staff, available through its online People Development site. A core group of individuals have been identified by the provider's internal Prevent Duty Group who need to undertake this training as mandatory. This population of staff includes: student welfare staff, wardens, events staff, heads of school, school directors of academic tutoring, and other senior staff.

In addition to this baseline level of training, face-to-face staff training is given to certain groups either annually or where a specific need arises. Recent and upcoming training includes: student union elected officers and their senior management team, halls mentors, and mental health peer support volunteers, as all of these staff may have some interaction with Prevent in their roles.

Case Study: Staff training

University of Bolton

The University developed a bespoke online training module in conjunction with the North West Counter Terrorism Unit. The training was piloted by members of the internal Prevent Group who agreed that the training should be essential for staff. It incorporated Workshop on Raising Awareness on Prevent (WRAP) training to raise awareness of the module and then specific information designed to provide staff with confidence to recognise concerns amongst members of its university community, as well as information on how to share a concern.

When updating its institutional safeguarding policy, the University created further bespoke training to ensure that staff have knowledge of safeguarding legislation, types of abuse and how to share a concern. Both training packages were then rolled out to students who had roles in peer mentoring or supporting other students during their time at the university.

Welfare

Figure 6: Feedback to providers on welfare



22. We were assured from a number of Prevent review meetings that providers had clear and consistent processes to report and manage Prevent-related welfare concerns (see Figure 6). This was an area where we chose to stress test a provider's approach by giving them a hypothetical case to respond and manage. In the majority of cases where we employed these tests, staff gave credible and logical responses to the concern and could follow their institutional policy effectively. We gave feedback to 16 providers on welfare arrangements and processes; of which 10 providers demonstrated due regard and six providers were recorded as 'further actions needed'.
23. The feedback we gave covered a number of areas. Examples included:
- In some cases we found that policies were not clear that Prevent-related welfare concerns would come under their scope, therefore increasing the risk that a case would not be picked up or managed appropriately.
 - Similarly, in a few cases, we were not confident in how cases would be managed. This was either because the provider lacked an understanding of how to make an external referral and who to contact, or this was not made clear in their policy to support a clear and consistent decision-making process.
 - In a few other cases, we challenged providers that their procedures were too complex and could be made more effective by simplifying them.
24. We also chose to undertake a thematic review on welfare to understand how the sector was managing Prevent-related welfare cases during the course of this year. Our findings from this review can be found in **Annex C** (published alongside this findings report).

Case study: Student success platform project

University College London

The University is running a project that aims to support a holistic approach to student services, by managing and tracking different types of interactions through one integrated student information system. It allows more effective management of student enquiries, case management and personal tutoring. This system will offer the provider vastly improved student enquiry data that will inform the future development of its services for students.

It will also help to inform triaging of student enquiries, and improve student case management in a number of areas, including student support and wellbeing, complaints and discipline, and student funding.

Case notes can be kept confidentially between individual teams or information can be shared between staff, where appropriate, to support student success. The approach also offers tools for supporting staff dealing with more complex student casework.

Case study: ‘Notice, check, share’ – to safeguard people from radicalisation

Durham University

The University’s approach has been to frame Prevent as ‘safeguarding from radicalisation’. Central to this approach is staff training, where the University has adopted a ‘Notice, Check, Share’ procedure for reporting and managing Prevent-related welfare concerns within the institution.

If staff notice something that gives them cause for concern, such as a change in someone’s behaviour, they should discuss this with their line manager or another responsible member of staff. If they think there is a potential link with radicalisation, staff are advised to share their concern with the institutional Prevent lead who will then make a decision as to the appropriate next steps. This supports effective information sharing among staff when they have concerns.

Leadership and partnership

Figure 7: Feedback to providers on leadership and partnership



25. We were assured in the majority of providers we reviewed that there was continued senior management engagement and leadership on the duty (see Figure 7). Responsibility for leading activity on Prevent continued to sit with a suitably senior leader within a provider. This demonstrated that the statutory duty was taken sufficiently seriously and that there was clear accountability to ensure the provider was taking steps to prevent people from being drawn into terrorism. Similarly, we saw continued internal co-ordination of the Prevent duty. In many cases we found that providers continued to have steering groups, or had used existing internal committees, to co-ordinate activity related to Prevent.

We also saw that a number of providers were continuing to work in partnership with external bodies and agencies, through relationships with DfE FE/HE Prevent Co-ordinators, by attending local Prevent steering groups with multi-agency partners, and attending higher education Prevent forums in their own locality. In many cases we saw providers taking account of their own operating context, including size and governance arrangements. For example, some smaller providers chose to have a dual assurance role whereby an individual member of a governing body would take a lead role on scrutinising the institution's approach to the Prevent duty. However, we did give feedback to 12 providers on leadership and partnership: nine that demonstrated due regard, and three providers that were recorded as 'further actions needed'.

26. Feedback we gave tended to relate back to ensuring that providers were using their DfE FE/HE Prevent Co-ordinators on specific areas of the duty: understanding local risks; supporting training plans and their delivery; and sharing information around Prevent welfare cases. In one case we concluded that the Prevent lead at a provider did not sit at a suitably senior level.

Case study: Dual assurance on Prevent and safeguarding

Writtle University College

Writtle University College (WUC) is a mixed economy institution, with higher education and further education students studying land based, animal, environmental, design and sports courses. The University has adopted a dual assurance model to its approach to Prevent and safeguarding more broadly. A member of the governing body has been designated as the Safeguarding Lead Governor and provides oversight and assurance to them of the strategic and operational approach WUC takes to this important area of work. The Lead Governor is a trained level 3 safeguarding officer and receives regular updates via the WUC Senior Safeguarding Designated Lead of any serious cases and key safeguarding information. In addition, the Board and appropriate sub-committees receive regular formal reports which provide information on staff training, trends, issues, incidents and referrals to external agencies. The key is to provide confidence that the systems and processes are working to safeguard Writtle students, whilst at the same time supporting the drive for continuous improvement.

Writtle also took account of its size and operating context when deciding how it would implement the Prevent duty and chose to use existing internal committees and groups to help co-ordinate and manage Prevent related activity. For example, it has used its pre-existing Equality and Diversity Committee to co-ordinate its Prevent work across the institution and assure itself that it is meeting the expectations of the Prevent statutory guidance. The Committee has representation from a range of support and academic services, as well as from the student body.

Case study: Partnership working

London College of International Business Studies

The Prevent lead at the College identified the need for effective partnership working in order to make their response to the Prevent duty a success. They considered it essential that it had a close working relationship with their DfE Prevent Regional FE/HE Co-ordinator. The College’s Prevent lead engaged with their co-ordinator to understand risks and threats on radicalisation in their local community and used them as a sounding board for developing their Prevent-related policies and procedures.

The College’s Prevent lead also established and developed a relationship with their Local Authority Safeguarding lead, and NHS services, in order to respond to any wider safeguarding or welfare concerns that may need support from multi-agency partners.

IT and security sensitive research

Figure 8: Feedback to providers on IT facilities and research

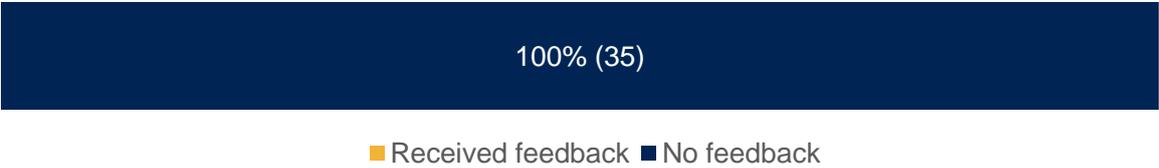


27. We found in the vast majority of cases that providers had appropriate procedures in place on IT facilities and on research to safeguard people from radicalisation (see Figure 8). This means having clear policies for using IT facilities, including acceptable and unacceptable use on distributing and accessing sensitive material. Some providers also carry out security sensitive research. We make sure in these cases that there are proper procedures to support and safeguard researchers where they carry out sensitive research.

28. We did find in a few cases (four) that acceptable IT usage policies could be clearer to users, that they should not be downloading or distributing terrorist-related material, and provided feedback on this basis.

Students’ unions

Figure 9: Feedback to providers on students’ unions



29. We found clear evidence from all providers that they had continued to engage and consult students or their representatives on how they were preventing people from being drawn into terrorism (see Figure 9). Providers used their existing relationships with either a students' union, junior common room or other student representatives to continue to discuss Prevent related topics with them. In a number of cases this included having student representation on internal working groups, either as full members or observers to the group. This was also often complemented by direct discussions and meetings between student representatives and a provider's Prevent lead.

Case study: Student engagement

University of Portsmouth

The University has taken a holistic approach to student engagement on Prevent, including the students' union, in a number of areas of how it is preventing people from being drawn into terrorism. The University agreed with the students' union that the union will lead on directly engaging and consulting students on how the university has implemented the Prevent duty. This has included face-to-face discussions with students, surveys and focus groups.

The students' union is also involved in important procedures such as safeguarding, with the union members being represented on the institutional Safeguarding Board which co-ordinates the University's approach to safeguarding and promoting wellbeing. This enables the University to make inclusive decisions when developing new policies and approaches in this area. This work is then supplemented by regular meetings between senior managers at the University and sabbatical officers at the students' union. New officers also receive Prevent training as part of their induction.

Areas for development

30. While we saw strong evidence of active implementation from the vast majority of providers for whom we undertook a Prevent review meeting this year, we have identified three areas where we believe further work is needed from some parts of the sector:

Risk assessments

31. We found that risk assessments had not been thoroughly refreshed at a consistent level from the Prevent review meetings we held. In a number of cases we found risk assessments continued to amount to a checklist of areas where a provider considered work was needed in order to be compliant with the duty rather than an assessment of current risks associated with the Prevent duty
32. Similarly, providers had not carried out fresh risk assessments that took account of the fact they had been subject to the duty for four years and should have a mature response to their statutory duty. This led us to querying some providers on why certain risks continued to be presented on a risk assessment even though they had never materialised. A number of risk assessments we saw did not clearly show how a provider had considered its local risk and threat picture on radicalisation when undertaking or reviewing its risk assessment. We

recognise that, in places, access to Counter-terrorism Local Profiles may not be available to all providers. However, providers should be working with their partners to ensure they are suitably appraised of the risks of radicalisation in their own communities – these should then feed into their risk assessments and their subsequent mitigations and response.

33. We also did not see consistent evidence of providers taking account of their operating contexts when carrying out their risk assessments. For example, taking account of provision type, mode of study, number of campuses, collaborative partnerships. These are important considerations when understanding what potential risks a provider may face in their strategy for preventing people from being drawn into terrorism, and how they should respond as an institution.

Cause for concern processes

34. We found that parts of procedures for managing Prevent-related welfare cases could be more robust. In some cases, policies did not make clear that they were inclusive of Prevent welfare concerns when we had been advised previously that this was the case. For example, a provider advised us that their safeguarding policy was used to manage Prevent-related concerns, but the policy did not make this clear in its scope, definitions of vulnerability or in advice to staff about how to report and manage concerns. Some procedures did not capture a sufficient level of detail around how concerns would be managed, including how decisions would be made around cases. Some providers had articulated more or different steps on managing a case, during the review meeting, that were not subsequently reflected in policy documentation.
35. We found some evidence of a lack of clarity on referral and advice arrangements for welfare concerns. For example, where a provider uses an institutional Prevent policy which is either overlaid or cross-referred to a safeguarding policy, these policies can offer conflicting advice on how cases should be managed, including how to make a referral or advice on breaking confidentiality. A lack of clarity in advice to staff does not foster consistent decision-making on sharing information, and increases the risk that a case does not get reported or managed effectively. The scope of our concern relates only to Prevent welfare concerns and should not be viewed as a judgement on the effectiveness of safeguarding and welfare approaches taken by providers more broadly.

Complexity of policies and procedures

36. Some policies tended to be overly complex and created unnecessary administrative burden. This led us to have concerns about how effective the policies would be in practice. This issue tended to occur in smaller providers.
37. We saw, in some circumstances, that providers which did not host external speakers introduced large and complex procedures for external speakers and events that were unnecessary or disproportionate to the provider's size. We consider that the statutory guidance makes clear the expectation that 'the Prevent duty requires that properly thought-through procedures are in place'⁴ and we have concerns that complex procedures that are challenging to implement, or create significant administrative burden, are not in line with this guidance.

⁴ 'Prevent duty guidance for higher education institutions in England and Wales' paragraph 5: <https://www.gov.uk/government/publications/prevent-duty-guidance/prevent-duty-guidance-for-higher-education-institutions-in-england-and-wales>.

38. In the coming weeks we will consider what information, advice and guidance we can produce to promote improvement in these areas. This will be done in conjunction with our Prevent partners.

Next steps

39. We will share a webinar on how to make Prevent risk assessments effective, in partnership with the DfE FE/HE Prevent Co-ordinator team. This will be published on the Prevent pages of the OfS website.

40. We will be producing a short guide on 'cause for concerns' processes to promote effective management of Prevent-related casework. This will be available in the coming weeks.

Changes to the Prevent review meeting programme for 2020

41. We will update our document 'Prevent review meetings: guidance to providers' in response to our own internal review of the 2019 Prevent review meeting programme and feedback given from the monitoring framework evaluation. This will be published shortly.

42. We will begin the Prevent review meeting programme in spring 2020, following analysis of the accountability and data return assessments received in December 2019.

Annex A: Background to Prevent monitoring in higher education in England and Prevent review meetings

1. Since September 2015, higher education providers (or ‘relevant higher education bodies’⁵) have been required to comply with the Prevent duty. Under the Counter Terrorism and Security Act (2015), governing bodies and proprietors of higher education providers have a statutory duty to give due regard to the need to prevent people from being drawn into terrorism. As part of this statutory duty, providers must give particular regard to their existing statutory duty to promote freedom of speech and academic freedom.
2. In order to be compliant, providers are required to meet expectations laid out in statutory guidance published by the Government. Providers in the higher education sector in England need to meet the expectations of the ‘Revised Prevent guidance: for England and Wales’⁶, and ‘Prevent duty guidance: for higher education institutions in England and Wales’⁷.
3. The OfS was delegated by the Secretary of State for Education with the responsibility for monitoring compliance of the Prevent duty in the higher education sector in England in April 2018. Previously this role was held by the Higher Education Council for England (HEFCE). Alternative arrangements exist in Wales and Scotland. The Office for Standards in Education (Ofsted) monitors the further education sector in England, including further education and sixth-form colleges delivering higher education provision.
4. The OfS monitors compliance of the Prevent duty through our ‘Prevent duty: Framework for monitoring in higher education in England’ (OfS 2018.35)⁸. This framework, issued in September 2018, signalled a move to a strengthened, evidence-based and risk-based approach. It builds on the work undertaken by HEFCE to establish a strong baseline of compliance on the Prevent duty from higher education providers, where 97 per cent of providers were found to demonstrate due regard to the Prevent duty at the conclusion of the last iteration of annual reporting in 2016-17.
5. We treated the academic year 2018-19 as a transition year for monitoring providers both to reflect the wider regulatory transition from HEFCE to the OfS under the Higher Education and Research Act (HERA) and the change in monitoring approach. We evaluated our monitoring framework during summer 2019 to ensure that it met its objectives and is fit for purpose.

⁵ ‘Relevant higher education bodies’ is the legal name for providers subject to the Prevent duty under the Counter Terrorism and Security Act (2015).

⁶ Available at: <https://www.gov.uk/government/publications/prevent-duty-guidance/revised-prevent-duty-guidance-for-england-and-wales>.

⁷ Available at: <https://www.gov.uk/government/publications/prevent-duty-guidance/prevent-duty-guidance-for-further-education-institutions-in-england-and-wales>.

⁸ Available at: www.officeforstudents.org.uk/publications/prevent-duty-framework-for-monitoring-in-higher-education-in-england-2018-19-onwards/.

Details of this evaluation can be found in 'Prevent duty monitoring framework: year one evaluation' (OfS 2020.08).⁹

Who does the OfS monitor on Prevent?

6. The OfS monitors the following providers on their compliance with the Prevent duty:
 - providers that are registered with the OfS
 - providers with courses that are designated for student support purposes
 - providers that have 250 or more students on a recognised higher education course¹⁰
 - the autonomous schools, halls, and colleges of the universities of Cambridge, Durham, and Oxford.
7. The exceptions are OfS-registered further education or sixth-form colleges, which are already subject to monitoring by Ofsted (as the monitor for the further education sector). This means the population of providers the OfS monitors is different to the number of providers listed on the OfS Register.

How does the OfS monitor compliance with the Prevent duty?

8. The OfS monitors providers' compliance with the Prevent duty through our monitoring framework, Prevent duty: Framework for monitoring in higher education in England 2018-19 onwards (OfS 2018.35). This framework sets out the regulatory expectations of monitored providers and how we will assess their compliance with the statutory Prevent guidance. Our approach to monitoring is underpinned by the principles (amongst others) of being: risk-based, proportionate and contextual, drawing on external sources of data, information and intelligence to assess risk.
9. To comply with the Prevent duty, providers must:
 - have policies and processes that meet requirements set out in the statutory Prevent guidance
 - show these policies are being used and are working effectively.
10. Our monitoring of providers is split into two categories: new and established providers.

This monitoring activity comprises:

- **For new providers:** a detailed assessment of their Prevent-related policies and processes, and a Prevent review meeting to test the implementation of these policies to establish a baseline level of compliance with the Prevent duty.

⁹ Available at www.officeforstudents.org.uk/publications/prevent-monitoring-framework-year-1-evaluation/.

¹⁰ Recognised as a course prescribed under Schedule 6 of the Education Reform Act (1988).

- **For established providers:** an accountability and data return to be submitted annually, a Prevent review meeting (for higher risk providers, and those selected as part of a sample).

All providers are required to report serious incidents and material changes on an as required basis.

Prevent review meetings

Introduction

11. Prevent review meetings are a key feature of a strengthened risk-based approach to monitoring compliance with the Prevent duty. They test that a provider's policies meet requirements of the statutory Prevent guidance and that these policies are being used and are effective. The meetings challenge providers more thoroughly than previous HEFCE processes. Prevent review meetings also test providers on how they can improve on the steps they take to safeguard people from radicalisation, having established a baseline of compliance through our new entrants process. The meetings are also an opportunity to identify areas of effective practice so that this can be shared with the rest of the sector.
12. Prevent review meetings combine both a desk-based and face-to-face approach to assessing compliance. They are purposefully more challenging of providers in line with our strengthened approach to monitoring compliance with the Prevent duty and to reflect that we expect providers to continue to improve how they safeguard people from being drawn into terrorism over time. We examine a provider's core Prevent policies and processes, then test these in practice through face-to-face discussions with key Prevent staff at a provider, and take evidence around other themes of the statutory Prevent duty guidance.
13. The programme provides us with assurance around compliance with the Prevent duty, both within individual providers and across the sector as a whole. It gives us assurance around an individual provider's compliance with the Prevent duty through the assessment itself. It also gives us assurance through the random representative sample to ensure that the sector as a whole continues to implement the statutory duty.
14. We shared further information on Prevent review meetings to providers through our 'Prevent review meetings: guidance for providers' document in early 2019¹¹. Meetings took place between May and October 2019.

Which providers are selected for Prevent review meetings?

15. The providers that are selected for Prevent review meetings come from three different populations:
 - i. Providers that have been risk-assessed by the OfS as being at **higher-risk** of non-compliance with the Prevent duty in the future.
 - ii. A **random, representative sample** of providers within our 'established monitoring' population.

¹¹ Available at: www.officeforstudents.org.uk/publications/prevent-duty-framework-for-monitoring-in-higher-education-in-england-2018-19-onwards/.

- iii. **New entrant** providers as part of their baseline assessment of compliance with the Prevent duty, following their detailed assessment of Prevent-related policies and processes.

16. We published guidance to providers in early 2019 on how we select providers for Prevent review meetings and how we would carry them out in ‘Prevent Review meetings: guidance for providers’. This included our methodology for assessing whether a university or college is at higher risk of non-compliance with the Prevent duty in the future.¹²

The structure of Prevent review meetings as a compliance exercise

17. Prevent review meetings are designed to test that a provider is actively implementing the statutory Prevent duty: in practice, this means that they are following the themes of the statutory Prevent guidance. These are:

- Prevent risk assessment
- Prevent action plan
- External speakers and events (where appropriate)
- Staff training
- Welfare
- Leadership and partnership working
- IT and security sensitive research (where appropriate)
- Students’ unions or representatives (where appropriate).

18. Not all providers invite external speakers or host events beyond their academic curriculum, conduct security sensitive research, or have independent student representatives or unions. We therefore do not scrutinise a provider in these areas where this is the case. This ensures we monitor providers in a proportionate and contextual manner.

Table 1: Timeframes for Prevent review meetings

Weeks from review meeting	Milestone
-4	Letter sent informing provider of Prevent review meeting
-3	Provider submits documentation and self-assessment
-1	Provider sent agenda and request for further information
0	Prevent review meeting
+1	Outcome letter issued

¹² See www.officeforstudents.org.uk/advice-and-guidance/student-wellbeing-and-protection/counter-terrorism-the-prevent-duty/how-we-monitor/.

19. We notify a provider one month in advance of our intention to hold a Prevent review meeting with them. At this point we request that a number of core documents (that should already exist) be shared with us. These are: the provider's current Prevent risk assessment and action plan (if separate to the risk assessment), any core Prevent policies (e.g. external speakers and events policy) not shared with the OfS previously, and a copy of the provider's most recent appraisal to their governing body or proprietor. These should be submitted to the OfS within five working days.
20. OfS officers will then review this information as part of their preparation for the meeting. We may choose to ask for further information around core institutional policies, such as welfare or external speakers, or where we have particular concerns around how a provider is implementing the Prevent duty (for example, where a risk assessment has highlighted a weakness in approach). We may also choose to introduce a 'stress test' at this point, where OfS officers share a hypothetical scenario for the provider to respond to. This allows us to test a process (and the provider's application of the process) to give us confidence in a provider's approach. Stress tests tend to focus around external speakers and welfare cases (priority areas when safeguarding people from being drawn into terrorism) but all themes of the statutory duty will be covered in the meeting. We also agree the meeting's agenda and participants.
21. During the meeting, OfS officers will question a provider around their approach to implementing the duty. This will include a broader discussion around how the provider has applied the statutory duty in their own institution, taking account of their operating context and their risks around radicalisation. This enables the OfS to ensure that a provider's approach is proportionate to the risks they have identified around people being drawn into terrorism and showing due regard to the Prevent duty. The OfS will also question the provider in specific areas of the duty, following the themes highlighted in paragraph 17 of this annex. This could include gaining assurance that the provider has a working relationship with their DfE FE/HE Prevent Co-ordinator, and that the provider continues to engage and consult students on their approach to safeguarding people from being drawn into terrorism.
22. We request different levels of evidence to be assured a provider is demonstrating due regard, depending on a provider's size, our concerns around their compliance, and wider operating context. For example, a small theological college operating in a collegiate university setting would need to provide different evidence to a multi-campus university with tens of thousands of students. This enables us to ensure that our regulation is proportionate, and that the provider's approach remains risk based and appropriate within their own context.

Compliance judgements

23. The compliance judgements the OfS makes for Prevent review meetings, as well as all during other core monitoring processes, are:
 - **Demonstrates due regard:** a provider's policies **satisfy** the requirements of the statutory guidance **and** there is **sufficient evidence** of active implementation (taking account into the provider's context)
 - **Further action(s) needed:** policies and processes **need improvement** to satisfy requirements **or further action** is needed to demonstrate active implementation

- **Does not demonstrate due regard:** policies and processes **do not satisfy** requirements, **or** there is **inadequate or no evidence** of active implementation **or** there is **significant evidence** of non-implementation of policies and processes.

24. We may also choose to give providers feedback where we conclude they demonstrate due regard, but some activity is needed to meet the requirements of the statutory guidance in full.
25. Providers that are judged to be either '**further action(s) needed**' or '**does not demonstrate due regard**' are subject to an action plan, agreed with the provider, to complete usually within three months. These judgements, or the failure to improve on these judgements, may lead the OfS to conclude that a provider is non-compliant with the Prevent duty. In this case, we will follow the steps outlined in paragraphs 91-94 of our monitoring framework.
26. Providers that have been selected through the programme this year will not be entered into the representative sample population for at least a further three years. However, a provider may be subject to a Prevent review meeting within that timescale if they are found to be at higher-risk of non-compliance through a separate monitoring exercise, e.g. a risk assessment following on from a serious incident.

List of abbreviations

FE/HE	further education/higher education
HEFCE	Higher Education Funding Council for England
HERA	Higher Education and Research Act 2017
OfS	Office for Students
RHEB	relevant higher education body
WRAP	Workshop on Raising Awareness on Prevent



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