

# Prevent monitoring: Accountability and data return FAQs

## Why has the Office for Students introduced the ADR?

We have introduced the Accountability and data return (ADR) as an important part of our approach to monitoring higher education providers' compliance with the Prevent duty. But it also reflects our wish to ensure that every student, whatever their background, has a fulfilling experience of higher education that enriches their lives and careers. The new return requires less information than we asked for in the past, so should be easier to complete. Our delegation letter from the Secretary of State requested that our monitoring of providers should be risk-based, following the progress made by the Higher Education Funding Council for England in previous monitoring frameworks in establishing a baseline of compliance with Prevent in the higher education sector in England.

## How will this impact on regulatory burden for providers?

This is intended to be less bureaucratic for providers than what went before, given that Prevent is now well embedded across the sector. The one-page return, focusing on data and accountability mechanisms, replaces the more detailed annual report requirement from providers. This represents a significant reduction in regulatory burden for the sector.

It forms one indicator of our wider assessment of risk relating to an individual provider's compliance with the Prevent duty, which will enable us to target our monitoring effectively, thereby further reducing ongoing regulatory burden for a large proportion of the sector.

## Why have you asked for data on welfare when this is an exercise on compliance with Prevent?

There is no straightforward measure of how well a provider is implementing the Prevent duty. We want to identify how effective providers are at identifying and mitigating the risks of individuals being drawn into terrorism at an early stage. This is why we have chosen wider welfare measures as a proxy.

The Accountability and data return provides us with high-level assurance that core areas of the duty – speakers, events, welfare and training – continue to be actively implemented by providers. We are asking for data on non-Prevent-related welfare cases as we recognise that not all relevant higher education bodies will encounter an apparently Prevent-related case in a given year, and only low numbers of Channel referrals were reported to us in previous years. This provides us with a reasonable level of assurance and evidence by proxy that Prevent-related policies continue to be applied actively (in line with the expectations set out in the statutory Prevent guidance). It should be noted that this information is only being used for Prevent monitoring purposes and is not being used for the Office for Students' (OfS's) wider regulatory activity in relation to welfare and safeguarding.

Indeed, this follows a frequent practice in earlier annual reports where we invited non-Prevent related welfare case studies as part of evidence of implementation, given that these were managed through the same processes and procedures.

We define 'welfare' as the systems, policies and processes used by providers to exercise their duty of care towards their students and staff across academic and non-academic spheres and spaces, including 'cause for concern' and other similar procedures. We believe this is more appropriate than the term 'safeguarding', as this has a narrower definition within the existing legal framework with respect to children and vulnerable adults, which would not be a useful proxy for testing welfare procedures more closely related to Prevent.

## **Why have you asked for the total number of welfare cases managed?**

We have done so because we believe this is a useful proxy and helps to assure us that providers are actively implementing procedures that allow them to identify and act on Prevent-related issues as well as wider welfare concerns. What we are looking for in the return is the number of cases in which specialist staff have made an intervention, through either a central student service or a nominated welfare or safeguarding lead. This figure should not include self-referrals or cases where staff have made an informed decision not to provide professional support, advice or guidance.

The broad definition allows providers sufficient flexibility to provide the data that they already hold and believe is most appropriate – data we would expect all providers to maintain as a matter of course. Indeed we would expect that providers should have some existing record management system in place for welfare cases to assure themselves their policies are effective in practice. So you shouldn't need to create new recording systems to fill in the form. Providers may qualify their data in more detail in the free text boxes where further contextualisation is necessary.

## **What is the scope of the data requested more generally for external speakers and welfare?**

We are requesting data only where it relates to core elements of the statutory guidance and provides an indication that institutional policies are operating effectively in practice, for example in relation to external speakers and events and training of staff. We are not requesting data on areas that sit outside the scope of institutional policies, e.g. events hosted by student unions that are managed by separate policies, or visiting lecturers invited as part of the academic curriculum. Similarly we are only interested in events rejected by a process when these are Prevent-related.

## **Who are 'key staff' and why are you asking for their population size in the data return?**

'Key staff' are those members of staff you identify as central to delivering your core Prevent-related activity. This is likely to include Prevent leads, staff in student support and staff working in speakers and events. However, it is up to the provider to define these staff. We require this information to help us assess the extent to which these key staff are appropriately inducted and trained in line with our original expectations from the detailed assessment of policies and processes.

We require the key staff population so we can determine how this group is receiving and will receive refresher training, and how any new key staff will receive induction training, as opposed to more general awareness-raising information for non-key staff.

## **We don't hold some of the data. What should we do?**

We would expect all providers to maintain good student and staff welfare records. But we recognise that we are asking in places for different datasets from those we have requested in previous years. As we have already indicated in our ADR guidance, as this is a transition year and this is a new data requirement, we will accept the information currently held. But you should supply a reasonable explanation of why you cannot offer the requested information, rather than refusing to provide it.

## **What is the data being used for?**

The data will enable us to test whether core Prevent-related activity continues to be implemented by higher education providers, in the absence of a narrative provided through a detailed annual report. We will examine the data with that previously submitted to us through annual reports. To understand the extent of staff training, we may also compare the data with Higher Education Statistics Agency data on overall student and staff numbers.

We are not benchmarking the data, but we will examine it to analyse activity and identify potential outliers. Where we see concerns, such as relatively low levels of such activity or training at an individual provider, this may be flagged as a compliance risk but will not be used in isolation. Rather, it will be used in conjunction with a range of different data and information sets to determine the overall risk at a provider. In some circumstances, we may query a provider on its return, so we can understand its data or statement in further detail.

However, where we are sufficiently concerned (i.e. we assess a provider being at high risk), we will trigger a Prevent review to enable us to obtain detailed assurance that a provider is compliant with Prevent. Again, as we outlined in our guidance, we are unlikely to form compliance judgments on the basis of the data submitted from the ADR alone, as this is just one piece of evidence that informs our ongoing risk assessment.

### **Why are you using information from local partners to inform your monitoring activity, and in particular your risk assessment of providers?**

Providers should have ongoing Prevent risk assessments in place that take into account contextual factors, such as local risks. The statutory guidance is clear that providers should engage with Prevent partners, in particular the Department for Education's Further Education and Higher Education Prevent Coordinators, and we would expect these relationships to be a primary source for information about local risk. The OfS also needs to be aware of this information to understand whether your response to local risk when implementing the duty is both proportionate and reasonable. This information will form one indicator as part of our wider assessment of risk relating to an individual provider's compliance with the Prevent duty, which will enable us to target our monitoring effectively.

### **What assurance should we give to our governing bodies?**

We have not been prescriptive in defining how individual providers should brief their governing bodies, as this relates to individual governance structures and practices. However we would expect governing bodies to be presented with sufficient information to assure them that Prevent has been effectively implemented during the reporting period, so that they are confident in completing the accountability statement and declarations in the Accountability and data return.