Monitoring compliance with the ‘Prevent’ duty in higher education in England

Advice note for providers

August 2017

About this advice note

1. This advice note sets out further information for higher education providers to help them in implementing their responsibilities under the Prevent duty. This draws on the findings following our review of annual reports submitted by relevant higher education (HE) bodies between December 2016 and April 2017. It contains suggestions about good practice that we have identified and wish to pass on to assist with implementation of the duty. In common with the three previous versions, the note also sets out a number of questions for providers to consider when developing policies, processes or arrangements intended to satisfy the Prevent duty.

2. This advice note supplements the Monitoring Framework and Guidance on Annual Reporting issued on a yearly basis via a circular letter, which includes more detailed information on the type of evidence we are looking for in each cycle of annual reports. The Monitoring Framework (HEFCE 2017/10) and Guidance for Prevent Annual Reporting in 2016-17 can be found on HEFCE’s website.

3. Our advice is non-statutory but should be read alongside the statutory ‘Revised Prevent Duty Guidance for England and Wales’ and ‘Prevent Duty Guidance for higher education institutions in England and Wales’ available here.

4. Higher education providers should consider how best to implement the duty in their own context and according to their own assessment of risk. The first section of this advice focuses on this risk assessment process. Providers may wish to use this advice as a prompt where they consider it to be appropriate and relevant. The Prevent monitoring pages on HEFCE’s website include links to other resources and support. The Committee of University Chairs has also published a Practice Note for governing bodies and proprietors that have legal responsibility for implementation of the duty.

Active date

5. This advice was most recently updated on 1 August 2017 to coincide with the publication of the ‘Framework for the monitoring of the Prevent duty in higher education in England: 2017 onwards’ (HEFCE 2017/10). We may update it again as our monitoring experience develops.

Who is this advice for?

6. This advice is for the Prevent leads and senior management of relevant higher education bodies, which are:

   a. HEFCE-funded higher education institutions.

   b. Providers that are subject to specific course designation processes administered by HEFCE.
c. Other providers that offer higher education to more than 250 students and are not monitored by either the Office for Standards in Education (Ofsted) or the Department for Education (DfE).

d. The autonomous colleges, schools and halls of the Universities of Cambridge, Durham and Oxford.

7. Annex A provides further information on the definition of providers covered by the prevent duty and the definition of higher education and of distance learning for the purposes of the duty.
Introduction

8. Under the Prevent duty introduced by the Counter-Terrorism and Security Act 2015, relevant higher education bodies (RHEBs) should have ‘due regard to the need to prevent people being drawn into terrorism’.

9. HEFCE was appointed to monitor the performance of the delivery of the duty by the higher education sector in England in 2015. Having now been through a detailed assessment phase and the first cycle of annual reporting covering activity in 2015-16, we have reflected our experience and feedback from key stakeholders in our monitoring framework which we published in August 2017 (HEFCE 2017/10). This sets out how HEFCE will gather evidence of compliance by providers both through annual reporting and continuing, risk-based engagement.

10. In demonstrating ‘due regard’, providers should:
   - assess the risks that people might be drawn into terrorism
   - put appropriate policies in place to respond to the requirements of the statutory guidance in the light of these risks
   - ensure that policies are properly followed and applied in practice.

11. This advice note covers areas that providers may want to consider under each of these elements and is organised thematically. This is not intended to be exhaustive or to contradict or supersede the requirements of the statutory guidance. Some areas will not be relevant to some providers; providers should consider how to use this advice in their own context.

Which ‘people’ does the duty cover?

12. Where the Act refers to ‘people’, the statutory guidance in various places refers to the requirements of the duty covering ‘staff, students and visitors’. Providers should consider risks related to each of these groups and have appropriate policies in place to respond to these risks.

13. In relation to students, providers subject to the duty should have arrangements in place covering all students registered with them, with the exception of students studying outside Great Britain. This includes all modes of study (full-time, part-time, and postgraduate) on campus and distance learning; all nationalities (Home, European Union and international); and any students registered with the provider but taught by an external partner. Where higher education providers have students on further education courses they should ensure they have appropriate policies in relation to these students that responds to the further education statutory guidance.

14. The Prevent duty does not apply to the operation of overseas campuses, although it may be sensible for providers to adopt a common approach to safeguarding and other policies where possible.

HEFCE’s approach

15. This advice note should be read in conjunction with the Prevent duty monitoring framework (HEFCE 2017/10) which sets out the requirement for all providers covered by the duty to submit an annual report as a summary of their monitoring activity in each
academic year. The annual report should provide evidence of active implementation of Prevent-related policies, processes or arrangements, responses to outstanding actions from previous assessment phases, and confirmation each year that risk assessments and action plans have been reviewed and refreshed accordingly. Providers will also be required to submit declarations from their governing body or proprietor and to submit mandatory data.

16. HEFCE does not prescribe templates for annual reports, risk assessments or action plans, nor do we intend to direct providers to adopt particular structures or standard policies and processes. Arrangements locally may need to vary considerably to reflect different contexts and risks. However, having reflected on feedback gathered from the sector and a recent evaluation of our monitoring approach, we have developed some more specific guidance on the areas and type of information we expect to see covered in the annual reports and in line with the statutory guidance. The Guidance for annual reports in 2016-17 is available [here](#). This advice note is intended to provide further prompts and examples of practice covering the core themes in the statutory guidance and annual reporting requirements.

### Risk assessment

17. Every provider subject to the duty should ‘carry out a risk assessment for their institution which assesses where and how their students might be at risk of being drawn into terrorism.’ As the duty refers to ‘people’, this should also consider the welfare of staff. Risk assessments should look across an institution’s functions and identify where risks might exist and where concerns about individuals might be recognised. The statutory guidance sets out a number of specific issues which should be considered when doing this.

18. We would expect risk assessments to be reviewed and where necessary refreshed annually and to link to the organisation’s existing approach to risk management to facilitate oversight by its audit (or audit and risk) committee. Governing bodies should seek assurance that the provider has reviewed its Prevent risk assessment for the year ahead and updated its action plan addressing any issues identified. Where there have been no substantial changes to a risk assessment following review, we will accept a paragraph explaining this in lieu of re-submission of the document. However where substantial changes have been made we would still expect the document to be submitted alongside the annual report.

19. As part of demonstrating due regard on an ongoing basis, providers should regularly repeat the process of assessing risks and take any necessary actions to address these. In assessing risks, providers may want to consider the following areas:

- a. Does the risk assessment respond appropriately to the requirements of the statutory guidance?
- b. How does the Prevent risk assessment relate to the organisation’s wider approach to risk management? For example, is the Prevent duty reflected in any institutional risk register?
- c. Have the likelihood and impact of different risks been considered? Many providers have used a ‘high/low/medium’, ‘red/amber/green’ or similar system.
- d. Does the risk assessment consider the effectiveness of any mitigating actions and what residual levels of risk remain once these actions have been taken? Have
indicators been developed to judge whether these controls have been successful in reducing risks? This may be a useful way of considering whether risks have changed or further action is needed when risk assessments are refreshed.

e. Is the risk assessment sufficiently grounded in the provider’s own context? Providers may want to consider:

I. Any risks specific to the provider’s local area, drawing on advice where necessary from police, local authority or Department for Education Prevent teams.

II. Any different risks which need to be reflected across different locations or campuses.

III. The risks which exist where the teaching of students registered with the institution is contracted to a third-party – for example, a further education college or private (for-profit, public sector or charitable) provider. This might also include pathway providers that offer language or study programmes to prepare students for university.

IV. How to take account of any off-campus or partnership activity which uses the provider’s branding or resources.

f. Where any elements of a risk assessment are based on a belief that a provider is particularly ‘low-risk’ because of its operational model or other factors, what evidence has this judgement been based on?

**Action plan**

20. Once a provider has identified any risks within its context it should develop appropriate actions to mitigate these risks. In developing an action plan a provider may want to consider:

a. Are actions appropriate to the provider’s own context? In some cases providers have put in place policies even where risks have not been identified or taken actions which may be mandatory in other sectors – for example, incorporating ‘British values’ into teaching. In some cases this may be appropriate but providers should ensure that they have considered carefully what will work for their organisation.

b. Have all actions got clear target completion dates and owners?

c. Do actions reflect the need for policies to cover ‘people’? As set out above, this could mean staff, students or visitors.

d. Do actions respond appropriately to the particular contextual factors outlined above? For example, where the teaching of students is contracted out, has the provider considered whether any changes are needed to agreements governing these arrangements to reflect the duty?

**External speakers and events**

21. All providers should have arrangements in place for assessing the risks that external speakers might express extremist views which risk drawing people into terrorism and structures for managing those risks. In doing so providers should have particular regard to their obligations around freedom of speech and academic freedom.
22. There are a range of different approaches to setting out these arrangements. Some providers do so through a composite document covering their statutory obligations, general principles and specific processes for assessing and approving speakers. Other providers have ‘codes of practice’ covering general principles supported by booking processes. In some cases separate policies might also be in place for institutions and students’ unions. For some providers with relatively few events this may not need to be a formal policy document, although they should still be able to articulate clearly how this process will operate.

23. Providers may want to consider the following:

   a. Where separate policies and processes are in place, is there consistency across this? Is it sufficiently clear to an event organiser what they are required to do? How are these requirements communicated?

   b. Where students’ unions have separate policies, is it clear how this interacts with the institution’s policy? The statutory guidance states that institutional policies should cover events organised by students, so it should be clear that decisions around high risk events are made by the institution.

   c. What process is in place for researching and identifying risks around any speaker or event? Does this process require checking whether proposed speakers have links to proscribed organisations? What open source research is carried out (for instance Google searches) and how is the effectiveness of this assessed? Does research cover any organisation a speaker is representing or affiliated to, as well as the individual themselves?

   d. Where necessary is there a process for sharing information with and drawing on advice from external partners, such as the Department for Education Prevent coordinators?

   e. Does the process for assessing risks consider the physical security of the campus? For example, are security teams involved in the process? Is there consideration of when speakers will arrive and leave, whether any literature will be distributed or left, and whether speakers will refer people to any external resources (such as online videos)?

   f. Do arrangements cover the full range of events held or organised by the institution? This could include staff and student events, conferences and third-party bookings, and branded or affiliated events held off-campus. Do arrangements for lecturers and speakers visiting as part of the academic curriculum need to be reviewed in the light of the Prevent duty? Where does responsibility for such arrangements lie?

   g. Some institutions take into account in their risk assessment whether they have previously hosted a particular speaker. Where this is the case, the provider may want to consider:

      i. Whether ‘due diligence’ needs to be repeated to reflect any possible changes in risk since any previously approved event.

      ii. Whether repeated attendance of a particular speaker may in itself represent any increased risk which might need to be mitigated.
iii. Whether external advice should be sought.

h. Do policies cover third party involvement or content provided (for example, materials for exhibitions), even where external speakers are not involved?

i. What records are kept to demonstrate how decisions have been reached? This should feed into the relevant data return as part of annual reporting. Further information is provided in HEFCE Monitoring Framework and supporting guidance on annual reporting for each cycle.

**Partnership and leadership**

24. Providers may want to consider the following:

   a. Does responsibility for Prevent sit at a suitably senior level?

   b. Is there a clear point of contact – with appropriate authority – for Prevent operational matters? Do a sufficient number of staff with authority have knowledge and understanding of the Prevent agenda to ensure continuity (such as during periods of absence)?

   c. Are there mechanisms for regularly involving and updating governing bodies and proprietors? This will need to include a mechanism for approving the Annual Report which must be submitted to HEFCE each year.

   d. Is there a Prevent ‘steering group’ with membership reflecting both the whole organisation and the main elements of the statutory guidance (for example, is there a human resources representative to cover staff training and staff welfare)? Does this group need to continue beyond the initial phase of development work to oversee effectiveness and ensure active implementation?

   e. Do providers have sufficient links – and at the right level of seniority – into local and regional Prevent structures, and ongoing dialogue with other Prevent partners? Does this include, where appropriate, membership of local Prevent groups?

**Staff training**

25. Providers must demonstrate a willingness to undertake Prevent awareness and other training. This should include ensuring that all relevant staff are able to recognise vulnerability to being drawn into terrorism and respond appropriately. As part of their training plans, providers may want to consider the following:

   a. Where staff have been identified as not needing Prevent awareness training, what process is in place for ensuring that any concerns are picked up and dealt with appropriately?

   b. Which staff might need to receive more specific training, beyond any general awareness training?

   c. What plans are in place for ensuring that training is refreshed, and that new staff undertake Prevent training where needed?

   d. How has the provider ensured that training materials are reliable and suitable? Links to training materials developed by the Leadership Foundation for Higher Education and approved by Government, and other resources approved by the Home Office are available from our website at...
www.hefce.ac.uk/reg/prevent/resources/. Providers may choose to use other materials but should consider carefully whether these are suitable for their context and from an authoritative source.

e. Have providers considered whether self-employed workers and staff employed by any contractors (for example, providing services such as catering, security or cleaning) need training, and how this might be achieved?

f. How are records of staff trained maintained and how might this capture broader awareness raising on Prevent?

g. What records are kept to demonstrate how decisions have been reached? This should feed into the relevant data return as part of annual reporting. Further information is provided in HEFCE Monitoring Framework and supporting guidance on annual reporting for each cycle.

**Welfare and pastoral care/chaplaincy support**

26. On welfare and chaplaincy support, providers may want to consider:

a. Is there a clear process for staff, students and others to raise any concerns and for these to be escalated appropriately? As the duty applies to ‘people’ this should include an appropriate process for dealing with any concerns about staff.

b. Is there an established and documented process for making referrals to external Prevent partners (for example, making a ‘Channel referral’), including clear responsibility for decision-making?

c. Is there an appropriate audit trail, which complies with relevant data protection legislation, for sharing information about vulnerable people both internally and externally? This data will feed into the relevant data return as part of annual reporting. Further information is provided in the HEFCE Monitoring Framework and supporting guidance on annual reporting for each cycle.

d. What arrangements are in place for reviewing the effectiveness of these processes?

e. Is it necessary to have formal information-sharing protocols with local partners?

f. Not all providers have chaplaincy arrangements but those that do may want to consider:

   i. What systems are in place for the recruitment of chaplains?

   ii. What training do they receive and should this include Prevent awareness training?

   iii. What management and oversight arrangements apply?

g. If providers signpost to particular external religious provision, what processes are in place to assess any risks arising from this?
IT policies

27. Providers will need to demonstrate that their policies for the use of information technology (IT) equipment refer specifically to the Prevent duty, and ensure that they have suitable processes in place covering access to security-sensitive research. IT policies should reflect individual providers’ specific context and circumstances, but providers may wish to consider the following questions:

a. Do IT policies set out what is and what is not acceptable use of the provider’s systems for both research (including security-sensitive research) and non-research purposes? Do these approaches ensure that there is a consistent approach for allowing for the identification of issues without impeding teaching or research? Providers may find model regulations proposed by UCISA helpful: www.ucisa.ac.uk/blog/?p=975.

b. Do IT policies include arrangements for managing the provider’s ‘branded’ websites or social media to ensure they are not used to promote extremist material or activities?

c. What factors were taken into account when considering whether and how to use filtering to limit access to harmful content? Has a final decision been taken on web-filtering and how has this been reflected in IT policies and communicated to staff? Further support is available through training materials hosted on the Safe Campus Communities website and services provided for members by Jisc (https://www.jisc.ac.uk/web-filtering).

d. Is there a process for identifying and dealing with breaches of IT usage policies?

e. What arrangements are in place in respect of websites and social media operated by students’ unions or societies?

Students’ unions, societies and associations

28. Although students’ unions are not covered by the duty directly, it is important that providers have clear policies in place to manage the risks relating to activity which originates with the students’ union. For those providers which do not have a students’ union, we would expect similar oversight arrangements to be in place including risk assessments and policies and procedures which take account of activity originating from the provider’s student body, such as student associations, or student representatives. The statutory guidance is clear that it is the provider that must satisfy itself that risks have been suitably assessed and appropriate mitigations put in place when an event is taking place on its site or under its branding. Providers may want to consider the following questions:

a. How have students been consulted on the approach to Prevent? Are students represented on Prevent working groups and committees?

b. How are policies and procedures relating to Prevent communicated to students, including students unions, societies and associations?

c. Is there appropriate senior institutional oversight of speakers and events being organised by students’ unions and student societies, including clear escalation procedures for risk mitigation?
d. Are there clearly communicated expectations of students’ unions, societies and associations and systems in place for ensuring these expectations are met?

Additional information

Sub-contractual arrangements

29. Where students are registered with an HE provider but delivery of courses is sub-contracted to another (sometimes called ‘franchise arrangements’), the HE provider has responsibility for ensuring arrangements are in place for its registered students.

30. As the contracted provider may be subject to the Prevent duty in its own right, the responsible HE provider might wish to align as far as possible its own arrangements with those that apply in the contracted provider’s setting. We would expect this to be addressed in a proportionate way – so, for example, where students are taught in a workplace, the risks and mitigating actions are likely to be different from those in a campus setting.

Validation arrangements

31. If a relevant higher education validates or accredits qualifications at another provider, the validated partner has responsibility for its own policies and procedures.

Pathway providers

32. Pathway providers that offer study or language programmes to prepare students for university will be monitored by HEFCE directly if they both:
   - register their own students (rather than students being registered with a partner university)
   - have more than 250 students studying on higher education courses.

33. If students are registered with a partner university we will expect the university to ensure the appropriate arrangements are in place and to reflect this in its risk assessment and action plan.

Partnership arrangements with more than one higher education provider

34. In some instances an RHEB may have partnership arrangements with more than one other higher education provider. In these situations, the RHEB has responsibility for ensuring arrangements are in place for all its registered students and should identify the appropriate level of engagement with, and alignment of its own arrangements across, the different partnerships.
Annex A: Providers and provision covered by the Prevent duty

Definition of a ‘relevant higher education body’ for the purposes of Prevent

The Act applies to the governing bodies or proprietors of ‘relevant higher education bodies’. That term covers all HEFCE-funded providers, including further education (FE) colleges (but see below for monitoring arrangements for FE colleges), alternative providers with specific-course designation, and other providers offering HE courses to more than 250 students. It also covers the autonomous colleges and halls of the Universities of Cambridge, Durham and Oxford. Further details about the legal definitions of a relevant higher education body are provided below.

The Counter-Terrorism and Security Act 2015 defines a relevant higher education body as ‘the governing body or proprietor of an institution in England that is either:

1. A qualifying institution within the meaning of section 11 of the Higher Education Act 2004 which includes:
   2. An institution at which more than 250 students are undertaking courses of a description mentioned in Schedule 6 to the Education Reform Act 1988 (higher education courses).’

A ‘qualifying institution’ can be defined as:

- A university (whether or not receiving financial support under Section 65 Further and Higher Education Act 1992) with the right to grant awards confirmed by:
  - Act of Parliament
  - Royal Charter
  - Section 76 Further and Higher Education Act 1992 order

- A constituent college, school or hall or other institution of [an above] university.

- A higher education corporation

- An institution designated under Section 72(3) Further and Higher Education Act 1992

- An institution providing [higher education] courses designated under Section 22 Teaching and Higher Education Act 1998

- An institution with the right to grant awards by virtue of an order under Section 76(1) Further and Higher Education Act 1992

[Section 26(2) and Schedule 6 Counter-Terrorism and Security Act 2015]

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1 The 250 student threshold is a headcount measure (not a full-time equivalent measure) and covers all students (including international students in the United Kingdom) on HE-level courses. It does not include students on distance learning courses or on FE-level courses.
Ofsted is responsible for monitoring the implementation of the Prevent duty by publicly funded FE colleges. To avoid duplication of monitoring activity, Ofsted will monitor all FE college activity, including HEFCE-funded higher education provision offered by the college. Private FE providers will be covered by different monitoring arrangements operated by the Department for Education.

**Definition of a higher education course for the purposes of Prevent**

Schedule 6 of the Education Reform Act 1988 describes higher education courses as:

- a course for the further training of teachers or youth and community workers
- a postgraduate course (including a higher degree course)
- a first degree course
- a course for a Diploma of Higher Education
- a course for the Higher National Diploma or Higher National Certificate of the Business and Technician Education Council (BTEC), or the Diploma in Management Studies
- a course for the Certificate of Education
- a course in preparation for a professional examination at a higher level (above A-level or BTEC National Certificate or Diploma)
- a course providing education at a higher level (as in g. but whether or not in preparation for an examination).

**Definition of distance learning for the purposes of Prevent**

The Education (Student Support) Regulations (SI 2011/1986, www.legislation.gov.uk/uksi/2011/1986/contents/made), define ‘distance learning course’ as a course on which a student undertaking the course is not required to be in attendance by the institution providing the course, where ‘required to be in attendance’ is not satisfied by a requirement imposed by the institution to attend any institution:

- for the purposes of registration or enrolment or any examination
- on a weekend or during any vacation, or
- on an occasional basis during the week.