Prevent duty: Framework for monitoring in higher education in England

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Contents

Summary

Purpose

1. This monitoring framework sets out how the Office for Students (OfS) will monitor higher education providers' implementation of the statutory 'Prevent duty' in England. Relevant higher education bodies (RHEBs) will need to follow this framework to demonstrate due regard to the duty. This includes all higher education providers that register with the OfS, among others (see paragraph 20). The framework also sets out how we will monitor at a sector level and drive continuous improvement through facilitating the sharing of experience and effective practice.

2. Under the Counter-Terrorism and Security Act 2015, RHEBs must have due regard to the need to prevent people from being drawn into terrorism (the Prevent duty).[1] The OfS is responsible for monitoring whether RHEBs are demonstrating due regard. Responsibility for ensuring compliance with the legal duty sits with the governing body or proprietor of the RHEB. By 'proprietor' we mean the individual or individuals with strategic oversight of an RHEB's activities, including ultimate responsibility for its financial management.

3. This framework was issued on 23 September 2026 and should be read in conjunction with the government's statutory 'Prevent duty guidance: England and Wales (2023)'.[2] It supersedes all previous versions, including the former 'Prevent duty: Framework for monitoring in higher education in England 2018-19 onwards'. This framework should be followed by RHEBs from **1 January 2027** onwards in order to demonstrate due regard to the need to prevent people from being drawn into or supporting terrorism.

Key points

4. This framework is for Prevent leads, senior management, governing bodies, proprietors of RHEBs in England and other interested parties.

5. To be assessed as 'having due regard', all RHEBs must have robust policies and processes in place that respond to the Prevent statutory guidance and must demonstrate that they are actively implementing these policies on an ongoing basis.

Monitoring requirements

6. The Prevent statutory guidance 2023 provides the foundations for the OfS's approach to monitoring implementation of the duty. While building on the previous OfS Prevent monitoring framework, we have moved to a strengthened approach. However, our expectations of how providers will need to demonstrate due regard will not differ from our previous expectations.

[1] See Counter-Terrorism and Security Act 2015.

[2] See Gov.UK, Prevent duty guidance: England and Wales (2023).

7. All RHEBs will need to submit an accountability and data return to the OfS. This will be on an annual basis. This will include the following:

   - an accountability declaration
   - an outcomes-based data return.

   Further information about the accountability and data return can be found in Section 2 of this document.

8. The OfS will use Prevent review meetings (PRMs) in a more targeted manner than previously as the primary way of gaining assurance of each provider's implementation of the duty. We will use PRMs to gain insight into how a provider is implementing the duty beyond reportable events and desk-based assessments, including the accountability and data return and the new entrant process. The programme of PRMs will cover:

   - providers considered to be at 'higher risk' of non-compliance or that have recently had substantial material changes of circumstance or significant serious incidents causing concern where we have determined that we require further follow-up
   - providers that are new to the higher education sector, to test a baseline of compliance
   - categories of provider where we have identified a sector- wide risk, a gap in our regulatory knowledge or where more evidence is required.

9. Providers will also need to submit a reportable event to the OfS as soon as possible about:

   - any material changes to policies that relate to Prevent (such as a significant change to an information technology policy as it relates to Prevent)
   - any significant changes of circumstance impacting on the provider's Prevent responsibilities (such as a change in Prevent lead or other substantive changes)
   - any serious Prevent-related incidents, including arrests for terrorism-related offences, as outlined in paragraphs 65 to 88
   - any external speakers or events that are subject to mitigations or conditions, or are refused, because of Prevent-related risks.

Outcome of assessments

10. Providers will be assessed as having 'due regard' if they satisfactorily demonstrate that they both:

    - have appropriate policies and processes in place in response to the Prevent statutory guidance
    - are following these policies and processes in practice.

Engagement

11. The OfS engagement strategy with providers is risk-based, and contact is targeted according to an individual provider's context and need. Providers assessed to be at higher risk of not demonstrating due regard will be subject to heightened engagement from the OfS, compared with providers assessed as at lower risk. Providers assessed to be at higher risk will be assigned a named single point of contact at the OfS for this purpose.

Reporting on monitoring and compliance outcomes

12. The OfS will report on a periodic basis to the Department for Education (DfE) and will publish relevant information and data. This may include aggregate figures and feedback on compliance across the sector and highlighting effective practice and areas for further consideration by all providers. We may also share relevant information and data on individual providers' implementation of the duty with government and other key Prevent partners where necessary and on a 'need to know' basis. This may include where we have found that a provider is not demonstrating due regard to the duty.

Driving continuous improvement

13. As part of the OfS's role as monitor for Prevent, we are keen to ensure that alongside the formal processes to monitor providers' ongoing due regard to the Prevent duty, we promote an environment of continuous improvement. The OfS's approach will be to focus on providing information in response to issues as they emerge, as well as anticipating potential issues and risks to compliance at sector level.

Further information and resources

Further information is available on the OfS website at Counter-terrorism: the Prevent duty.

Support and guidance can also be accessed through the network of DfE Prevent CONTESTcoordinators. Details of the coordinators can be found at Gov.UK, Regional CONTEST coordinators.

Introduction

14. Since September 2015, all RHEBs have been subject, under the Counter-Terrorism and Security Act 2015 (CTSA), to a statutory duty to have 'due regard to the need to prevent people from being drawn into terrorism'. This is referred to as 'the Prevent duty' (or sometimes simply 'the duty' in this document).[3]

15. In 2015, the government appointed the Higher Education Funding Council for England to monitor implementation of the Prevent duty[4] across the higher education sector in England, and this role was formally delegated to the OfS when it became operational on 3 April 2018. Alternative arrangements apply in Wales and Scotland. The Office for Standards in Education, Children's Services and Skills (Ofsted) is responsible for monitoring implementation of the Prevent duty at further education colleges, including in relation to any higher education provision they offer.

16. In fulfilling the Prevent duty, RHEBs must also have particular regard to the duty to take reasonably practicable steps to secure freedom of speech and must have particular regard to the importance of academic freedom.[5] The OfS is responsible for monitoring the Prevent duty in the higher education sector in England.

17. **The OfS has moved to a strengthened approach** in response to the specific recommendation in the government's 'Independent Review of Prevent' (2023) and the reiteration of this in the 'Independent Review of Prevent: One year on progress report' (2024)[6] This marks a shift in the way that we monitor to a more proactive approach where we gather supplementary evidence to corroborate our understanding of sector compliance through targeted PRMs. We will also build on what we learned from workshops and conversations with Prevent colleagues at universities and colleges, sector bodies and government, and from our undertaking of the monitoring function over the past few years. By doing so we aim to provide a clearer monitoring framework and, where there are concerns, for our assessments to be informed by more robust evidence. In undertaking our role, we will have regard to our duties and powers set out in the CTSA 2015 and the Higher Education and Research Act 2017 (HERA) as amended by the Higher Education (Freedom of Speech) Act 2023.

18. In adhering to the requirements of the Prevent statutory guidance, our expectations in relation to what providers need to do to demonstrate due regard will not differ under this new framework. We are moving to a more targeted approach, addressing areas of concern more strategically and proactively to gather detailed evidence on compliance with the duty, but will be maintaining key elements of the current approach. This will include a focus on

[3] See Counter-Terrorism and Security Act 2015, Section 26.

[4] See the delegation letter from the Secretary of State for Education, available at OfS, Counter-terrorism: The Prevent duty.

[5] See Counter-Terrorism and Security Act 2015, Section 31.

[6] See Independent review of Prevent by William Shawcross CVO (2023), , and Independent review of Prevent: One year on progress report (2024), both available at Gov.UK, Independent review of Prevent.

proportionality and context, supporting continuous improvement, student engagement and working collaboratively with the sector and other partners to support open, transparent and trusting relationships.

Key updates

- Clarifying our reportable event requirements, including for serious incidents.
- Specifying that arrests for terrorism-related offences are always reportable events.
- Specifying that any external speakers or events that are subject to mitigations or conditions, or are refused, because of Prevent-related risks are always reportable events.
- Targeted use of PRMs where we identify gaps in evidence.
- A new entrant process for providers new to Prevent monitoring where an outcome judgement is issued only on completion of both the detailed assessment and the PRM.
- A more streamlined and user-friendly framework, incorporating relevant information held elsewhere.
- An updated non-compliance escalation pathway, providing a clearer process for escalation to the DfE.

Which higher education providers are subject to monitoring by the OfS?

19. All providers that register with the OfS become subject to monitoring at the point of registration. This is because the definition of a 'qualifying institution' or a 'relevant higher education body' (as defined in the Prevent statutory guidance) subject to monitoring relating to the Prevent duty (set out in section 11 of the Higher Education Act 2004) has been revised to 'an institution in England which is a registered higher education provider' (as defined under section 89 of HERA).

20. Providers that are not registered with the OfS become subject to monitoring at the point they meet the definition of an RHEB.

Under the OfS, RHEBs are defined as:

- providers that are registered with the OfS[7]
- providers that are not registered but have more than 250 higher education students[8]
- providers that are delivering courses designated for student support by the Secretary of State for Education (e.g. for the purposes of 'teach out')
- all the autonomous constituent colleges, schools and halls of the Universities of Cambridge, Durham and Oxford.

21. The terms 'provider' and 'RHEB' are used interchangeably throughout this document to refer to all higher education providers that are subject to the Prevent duty.

Collaborative partnerships

22. In some instances, an RHEB may have partnership arrangements with one or more higher education delivery partners. In these situations, the RHEB has responsibility for ensuring arrangements are in place for all its registered students in England and should identify the appropriate level of engagement with, and alignment of, its own arrangements across the different partnerships.

23. If the delivery partner is registered with the OfS as a higher education provider, then it is directly subject to the duty and the monitoring requirements.

24. If a provider that was previously in a subcontractual arrangement registers with the OfS as a higher education provider then it will become directly subject to the duty and the monitoring requirements.

[7] This excludes further education colleges, which will continue to be monitored by Ofsted.

[8] We define higher education students as those studying on a course that leads to a recognised higher education award in Schedule 6 of the Education Reform Act (1988).

25. If an RHEB validates or accredits qualifications delivered by another provider, the partner delivering the validated courses has responsibility for its own policies and procedures.

26. There may be exceptions to this in more complex or nuanced situations. We will deal with such instances on a case-by-case basis.

27. Further details on how we will monitor new entrants registering with the OfS and those exiting the higher education sector are set out at **Annex A** and **Annex B** respectively.

Section 1: Monitoring – A risk-based approach

28. The OfS has powers to require actions of a provider both under the CTSA and HERA. The OfS's role and the associated responsibilities for Prevent were delegated under the legislative framework of the CTSA. Therefore, our powers under it are distinct from the OfS regulatory framework. However, the powers and general duties set out in HERA upon which the OfS has been established, and which shape our regulatory approach, will apply. This might include using our powers under HERA to require a provider to submit specific information to enable us to perform our monitoring function effectively, or to impose sanctions where we have found that a provider is not demonstrating due regard and as a result has breached one or more registration conditions.

29. This will require us to ensure that information is shared appropriately between staff working on the regulatory framework and the Prevent legislative framework, so that the two regulatory activities do not operate in isolation. For example, our Prevent-related risk assessment of providers will take account of registration conditions, in particular those relating to management and governance, freedom of speech and academic freedom.

30. Our role as Prevent monitor forms a core component of our wider remit to support the wellbeing of students, ensuring that students from all backgrounds have a positive higher education experience that meets their needs and equips them to succeed. Indeed, the same susceptibilities that may be exploited for the purpose of drawing people into terrorism can manifest themselves through broader welfare and safeguarding concerns, so a holistic and integrated approach is essential. We will achieve this primarily through regulation at a sector level and working collaboratively with partners to identify and address gaps in our regulatory evidence. To help mitigate risks to compliance across the sector, we will produce information for providers that supports continuous improvement and highlights emerging issues.

31. This builds on the successful programme of work we have undertaken to date outside the formal monitoring processes to promote an environment of continuous improvement across all parts of the sector in relation to Prevent, and to support the development and sharing of effective practice among practitioners. This will continue to be a core focus of our role as Prevent monitor.

Monitoring approach to date and evaluation of monitoring

32. To demonstrate that they have 'due regard' to the Prevent duty, RHEBs need to:

    - have robust and appropriate policies and processes in place, responding to the Prevent duty statutory guidance
    - show that on an ongoing basis, they are actively implementing and following these policies in practice.

33. To date, RHEBs' compliance with the duty has been assessed through two distinct phases of work:

    a. An **initial assessment of detailed evidence for 'new entrants'** to higher education and newly subject to Prevent duty monitoring to demonstrate that properly thought-

through policies and processes are in place and are being properly followed and applied.

b. This is followed by an **ongoing annual reporting exercise** consisting of a retrospective annual data report covering the previous academic year's Prevent activity and a signed declaration and accountability statement from the governing body or proprietor, as the legally accountable entities under the CTSA. This is supplemented by ongoing in-year reporting of any serious incidents and material changes at a provider that impact on their implementation of the Prevent duty, yearly thematic reviews and PRMs.

34. Our annual accountability and data returns (ADRs) have appeared to show high levels of compliance with the statutory duty from the sector over successive years, but they rely on providers' self-reporting. Therefore, to be able to have better assurance that our monitoring does effectively capture provider compliance with the duty, we need to be able to proactively gather our own supplementary evidence. We will use targeted PRMs to supplement desk-based monitoring, corroborate our understanding of sector compliance and address gaps in evidence. For example, we will use them to seek assurance from groups of providers where we have little insight due to insufficient information reported through the ADR process or via in-year monitoring mechanisms. This will address the recommendation of the 'Independent review of Prevent' (2023) that the OfS should conduct independent monitoring and evaluation, rather than just relying on self-reporting by providers. PRMs will also continue to be used as part of the new entrant process and heightened engagement for those providers assessed to be at higher risk of non-compliance with the duty.

35. Through our in-year monitoring work, as well as feedback from the sector, partners and the DfE, we have noted that the way we define Prevent serious incidents is no longer suitable. We need to better describe those matters where there is a risk of radicalisation and provide evidence of how providers are giving due regard in accordance with the duty. We have provided greater clarity for providers about what constitutes a **reportable event** in paragraphs 65 to 88 . This will allow us a better understanding of the risks faced by the sector and how they respond, and a greater consistency in what is reported, which will strengthen our monitoring.

Principles of the updated monitoring framework

36. The Secretary of State for Education's delegation letter to the OfS directed us towards a risk-based approach to monitoring. This aligns with our wider approach to regulation as described in our Regulatory framework, including being student-focused, outcomes-driven and with a focus on collaboration with providers, students, government and Prevent partners. We will also have regard to our general duties as set out in section 2 of HERA, which include freedom of speech and academic freedom, protecting institutional autonomy and adopting best regulatory practice so that activities are transparent, accountable, proportionate and consistent, and targeted only where action is required.[9]

[9] See Higher Education and Research Act (2017), available at Gov.UK, Higher Education and Research Act 2017.

37. The way we monitor compliance with the Prevent duty will be continuous with our previous approach, but we will use our existing monitoring tools to build on and strengthen that approach. Ongoing monitoring under the OfS will continue to examine whether individual providers have the right policies and processes in place but primarily focus on evidence of active and effective implementation. We will also respond to sector-level issues and risks associated with the evolving terrorist threats to the UK, for example through our targeted PRMs, to ensure that our monitoring is relevant and robust.

38. We will retain our focus on proportionality and context, supporting continuous improvement in the implementation of the Prevent duty by providers and working collaboratively with providers, students and other partners.

39. We have identified the following overarching principles that will continue to underpin our approach to Prevent monitoring.

Overarching principles underpinning the OfS's approach to Prevent monitoring

- **Risk-based** – with a minimum baseline for positive compliance and more targeted engagement where we identify concerns. We will hold institutions to account when they fail to comply with the Prevent duty, reporting compliance concerns to the DfE.
- **Proportionate and contextual** – continuing to ensure that we consider providers' individual contexts and do not adopt a 'one size fits all' approach. Instead, we will continue to challenge providers to comply with the Prevent duty and we will assure government and the public of this compliance.
- **Drawing on external sources of data, information and intelligence to assess risk** – we will use formal information sharing mechanisms with Prevent partners to assess and manage risk and target our resources accordingly.
- **Focusing on collaboration** – we will work with students and RHEBs and support mutual respect, confidence and trust. We will intervene where we identify concerns. We will work with student bodies, sector agencies and other partners.
- **Helping to drive improvement across the sector** – we recognise that although most providers appear to comply with the Prevent duty, there is room for them to improve further. We will continue to facilitate the sharing of effective practice through thematic review, and wider information, advice and guidance.

Section 2: What will providers need to do to comply?

41. The CTSA places three duties on 'specified authorities' or RHEBs:

    - to have 'due regard to the need to prevent people from being drawn into terrorism' (the Prevent duty), section 26(1)
    - to 'have particular regard to the duty to i) take steps to secure freedom of speech imposed by section 43(1) of the Education (No. 2) Act 1986, if it is subject to that duty; ii) to take steps to secure freedom of speech imposed by section A1(1) of the Higher Education and Research Act 2017, if it is subject to that duty', section 31(2)
    - to 'give to the monitoring authority any information that the monitoring authority may require for the purposes of monitoring that body's performance in discharging [the Prevent duty] as required by section 32(2)'.

42. The core mechanisms by which we will continue to seek assurance from governing bodies or proprietors, supported by appropriate evidence, that providers have continued to comply with the Prevent duty are set out in paragraph 43.

Core monitoring mechanisms

43. There are four core mechanisms by which we monitor providers.

Core monitoring mechanisms

- accountability and data returns
- PRMs
- reportable events, including serious incidents, material changes and other matters
- thematic review and supporting continuous improvement.

44. The rest of this section sets out the evidence we intend to collect for each element of the monitoring process, the ways in which this will be assessed, and the possible outcomes.

45. Apart from sharing individual contact details for the provider, as required, we **do not** require submission of names or identification of individuals to carry out our Prevent monitoring function, and therefore this type of information should not be shared when reporting to us, for example in data returns or serious incident reports.

46. Monitoring requirements for new entrants to the higher education sector will initially be different from those for existing providers. This is because we will need to ensure that new entrants meet a baseline compliance requirement before they become subject to ongoing monitoring. Further information is set out in paragraphs 89 and 90.

Accountability and data returns

All RHEBs are required to submit an accountability and data return to the OfS on an annual basis. New entrant providers to Prevent monitoring will be expected to submit these returns once they have completed the new entrant process.

47. The accountability and data return will include the following:

    - signed declarations from the governing body or proprietor, as the legally accountable entities under the CTSA, confirming that the provider has complied with the duty

    - outcomes-based data returns supported by a short narrative covering core areas of the statutory duty such as staff training, welfare concerns, and external speakers and events.

48. Data submitted by providers will cover the core areas of implementation of the Prevent statutory duty to provide a snapshot of implementation for individual providers.

49. We will communicate specific reporting requirements in advance of each submission, with sufficient lead time for providers to prepare their returns. We may ask for data or further information on specific areas of practice where we have concerns across the sector. We may also focus on particular themes where we are keen to gather evidence and examples of effective practice to inform delivery of the duty. Each dataset will be accompanied by clear definitions of what we require and a rationale for how the data will be used to inform our monitoring.

50. This data and supporting evidence will provide the OfS with baseline assurance and evidence that will help to inform our wider risk assessment of whether a provider is complying with the Prevent duty. We will use the data returns to inform our ongoing monitoring at an individual institutional level. For example, if a provider is a significant outlier suggesting potential issues, or if data raises further questions about the operation of particular policies, we may place it in ‘heightened engagement’ while we gather further information. We will consider each provider’s context, scale and complexity to make proportionate decisions. Relevant information and data will also be shared with government and other key Prevent partners, as necessary, to inform their understanding of how the sector is actively implementing the Prevent duty. Data will be published only at an aggregated sector level, along with contextual background (but ensuring that individual providers are not identifiable).

Declarations from the governing body or proprietor

51. Governing bodies and proprietors should have considered appropriate information and supporting evidence demonstrating that the provider has continued to have 'due regard' to the need to prevent people being drawn into terrorism over the past year. The chair of the governing body (or of the trustees) or the proprietor (where a governing body does not exist), or a person within the provider who has received delegated authority to sign such declarations on behalf of the governing body or the proprietor, is required to confirm the following declarations to be included in the accountability return:

    'Throughout the year and up to the date of approval, [provider name]:

    - has had due regard to the need to prevent people being drawn into terrorism (the Prevent duty)
    - has provided to the OfS all required information about its implementation of the Prevent duty
    - has reported to the OfS in a timely way all serious issues related to the Prevent duty, or now attaches any reports that should have been made, with an explanation of why they were not submitted
    - has reviewed, and where necessary, updated its Prevent risk assessment and action plan.'

52. Governing bodies should seek assurance that the provider has reviewed its Prevent risk assessment for the year ahead and updated its action plan to address any issues identified. We would expect providers to review risk assessments and, where necessary, refresh them annually. They should also focus their risk assessments on where and how people might be at ongoing risk of being drawn into terrorism, and the effectiveness of the mitigations which are in place. We would also expect governing bodies to be appraised of any serious Prevent-related incidents reported to the OfS, and to be assured appropriate steps are being taken to address any concerns. Governing bodies should familiarise themselves with the OfS's expectations regarding the Prevent duty, including associated provider behaviours and engagement with Prevent partners, such as DfE CONTEST coordinators.

Prevent review meetings

53. The OfS will use PRMs as the primary way of gaining assurance of individual providers' implementation of the duty. They will be used to supply insight into how a provider is implementing the duty beyond data returns, encompassing not only where we have concerns triggered by particular circumstances, but also through the use of targeted initiatives aimed at addressing evolving sector risks.

54. PRMs will be a key mechanism in how the OfS gains assurance of the implementation of the duty. They are therefore intended to:

    a. **Provide assurance of the implementation of the duty at specific providers**, through detailed questioning and the use of hypothetical scenarios related to core policies and procedures to review their effectiveness.

b. **Provide sector-level assurance**, by enabling us to corroborate our understanding of sector compliance, to gain insight where we identify gaps in our regulatory knowledge or areas where further support may be required.

55. PRMs will be used for:

a. Providers considered to be at **'higher risk'** of non-compliance with the Prevent duty, or that have recently had substantial material changes of circumstance or significant potential serious incidents causing concern and we have determined we require further follow-up. The purpose of the PRM for these providers will be to seek assurance around the areas that have triggered that 'higher risk' assessment, as well as to assess the provider's overall compliance with the duty.

b. **New entrants** to the higher education sector and Prevent monitoring, to test a baseline of compliance, typically one year after they have entered. The core objective of PRMs for providers in this category will be to seek broad assurance that their Prevent-related policies are robust and are being implemented appropriately. It is expected that new RHEBs will undergo a review of core policies and procedures, within approximately six months of entering the higher education sector, followed by a PRM in the first year of becoming subject to the duty.

c. **Targeted PRMs** will take place as needed. The objectives for these targeted interventions will vary from year to year but we will inform providers of the reasons they have been selected. Targeted PRMs will be informed by and identified through evolving risks in the sector, any gaps in regulatory knowledge or where more evidence is required.

56. We may also choose to conduct PRMs with a random representative sample of other RHEBs during each year.

Methodology for Prevent review meetings

57. We will give providers sufficient notice of a PRM, which will strike a balance between providing time to prepare and ensuring that evidence of compliance is gathered in a timely manner.

58. We will give providers an agenda in advance and ask them to submit certain information to us prior to the meeting. This information will vary depending on the focus of the PRM, but may include:

- Prevent risk assessments and action plans
- a self-assessment exercise
- any key Prevent-related polices that have been changed since they were last submitted to us
- other documents such as minutes from working groups or governing bodies
- risk assessments of specific events.

59. Attendees at the meeting will be expected to include the provider's Prevent lead, its freedom of speech lead and any other members of staff who play a key role in the implementation of the duty, such as welfare leads or members of Prevent steering groups. Depending on the context of the provider, we may for instance request that other members of staff and representatives of the governing body or the student body are present. Usually, we would expect between two and four members of staff or other representatives, depending on the scope of the meeting and context of the provider.

60. The meeting itself will cover each of the key areas of the duty, using various methods to gain assurance:

- in-depth explanations of how policies and processes interact in practice
- testing how polices and processes will operate in practice using hypothetical scenarios (these will not be shared in advance)
- case studies
- illustrative examples of policies and processes being developed within the past year.

61. As well as providing us with assurance about the provider's compliance with the duty, the meetings will also provide the following information to support our sector-level work:

- evidence of effective practice
- how policies and processes have been developed in response to the context of the provider
- sector-wide developments affecting the implementation of the duty
- areas that providers have found challenging and where greater guidance may be beneficial.

Outcomes and follow-up activity

62. The PRMs are intended to give us an appropriate level of assurance of compliance with the duty without further evidence being needed. We will make a judgement on the provider's compliance following the meeting. We will provide feedback where necessary, which may suggest areas where providers could make their implementation more effective.

63. The outcome letter will give the provider its compliance judgement (see paragraph 93 for details), which will be one of the following:

- Demonstrates due regard
- Further actions needed
- Does not demonstrate due regard.

64. Where we identify 'further action needed', we will increase engagement with the provider and complete an action planning process. We will outline our reasons, and give the provider a timeframe within which we expect it to complete actions to be judged as demonstrating due

regard. The usual timeframe is within four months of receiving the outcome, though there may be exceptions in individual circumstances. We expect that a further PRM will be needed as part of the action plan and we will set this within a specific timescale. If the provider completes the action plan satisfactorily, we will revise our judgement to reflect that it is demonstrating due regard. If we have concerns about the provider's progress, we will formally commence our non-compliance process as outlined in paragraphs104 to 110. As part of this process, we may choose to revise our judgement to show that the provider does not demonstrate due regard.

Prevent-related reportable events

65. Reportable events are an important component of our risk-based approach to regulation. Submitting a reportable event will not, in itself, result in regulatory action in relation to a provider. It may trigger a request for further information from the provider, or it may result in no further activity at that point. For further information about the OfS's approach to reportable events, please see Regulatory advice 16: Reportable events.[10]

All RHEBs, whether new to Prevent monitoring or established providers, are expected to make reportable events where appropriate.

66. For some events or matters, a provider will need to make a judgement about whether a report is required. A provider will need to consider whether the event or matter is material. We consider that some matters must always be reported, and a provider must report these regardless of its view of the materiality of an individual event or matter.

67. All registered providers should submit notification of any reportable event via the OfS portal using the OfS's reportable event procedures (see the reportable event guidance). Unregistered providers should report reportable events to the OfS's Prevent team by email to Prevent@officeforstudents.org.uk.

68. A provider is required to report an event within five working days of the date that the event is identified or, if that is not possible because of exceptional circumstances beyond the control of the provider, as soon as reasonably practicable thereafter and without undue delay. Where we find that a provider has failed to make a reportable event, this may raise concerns about its implementation of the duty and may lead to an increased risk status and increase our engagement with the provider.

69. In the context of Prevent monitoring, reportable events can be defined as matters relating to the provider's compliance with the Prevent duty, and in particular:

- serious incidents
- material changes
- other matters.

[10] See OfS, Regulatory advice 16: Reportable events.

- Arrests for terrorism-related offences are always reportable.
- Any external speakers or events that are subject to mitigations or conditions, or are refused, because of Prevent-related risks are always reportable.

Serious incidents

70. In most cases, it is for providers to determine what constitutes a serious Prevent-related incident that should be reported to the OfS, but we would expect this to include any incidents or developments which could be reasonably perceived as being related to Prevent and either:

    - have led to or are likely to lead to a substantive revision of any Prevent-related policies
    - are a substantive breach of Prevent-related policy or procedure
    - have caused significant harm to staff or students.

71. We would expect providers to report any instances constituting a 'near miss'. These are events resulting in no or minimal impact, which can help identify and mitigate potential problems and systemic risks in Prevent duty implementation. For example, a review of welfare processes uncovers a failure of internal information sharing that could result in a concern not being raised or escalated appropriately. The provider should give us details, including the actions it is taking to resolve the issue.

Arrests for terrorism-related offences are always reportable events.

72. Recognising that providers may not be privy to all of the relevant information about an arrest, when defining 'terrorism-related' we would at least expect arrests under the Terrorism Act 2000, Terrorism Act 2006, Counter-Terrorism Act 2008 or Counter-Terrorism and Security Act 2015 to be reported as a serious incident, or those arrests that a provider judges to be arrests for terrorism-related offences, to be always reportable events.

73. Information about terrorism-related arrests will help us understand whether there are elevated Prevent-related risks or an increased wider susceptibility to radicalisation, and how providers are implementing the duty in relation to these incidents.

74. We would not expect reportable events to cover business as usual (for example, Prevent referrals that follow a provider's established case escalation protocols, or informal contact with the police or local Prevent partners).

75. The purpose of this process is for providers to provide a robust level of assurance that risks have been mitigated appropriately when they have concerns related to Prevent.

76. We expect a provider's response to a serious incident to reflect its own assessment of the risk that this incident could result or may have resulted in an individual being drawn into terrorism. We also expect the response to:

- be proportionate and timely
- consider any external advice or guidance sought from Prevent partners, such as from DfE CONTEST coordinators
- incorporate learning, where relevant and appropriate, into related policies and practices
- provide evidence of how it has implemented relevant changes to policy and procedure and communicated these changes to staff and students.

77. We would expect to discuss serious incidents with the provider to ascertain the cause and nature of the incident. Where necessary and appropriate, we will work with partners to better understand the incident and the appropriateness of the provider's response. We will then agree next steps with the provider on a case-by-case basis, which may include further engagement, a Prevent review meeting and any other formal reporting requirements. This will inform our assessment of whether the provider appears to have responded appropriately in the circumstances, and if applicable, has learned and applied any lessons.

78. Reporting an incident is not in itself a sign that a provider is not exercising 'due regard', but the management or outcome of an incident may inform our assessment of risk. For example, the response to the incident may demonstrate effective governance, that reporting structures are in place and that policies and procedures are actively being followed.

79. However, where the OfS identifies concerns around risk management, for example that a provider is failing to formally report incidents or that there have been a repeated number of incidents, this is also likely to inform our risk assessment and may ultimately result in a change in our judgement of compliance.

80. The OfS notifies the government of serious incident reports and their outcomes, in the context of our role as monitor for the Prevent duty.

81. Providers should note that reporting an incident to the OfS is not a substitute for reporting it to the police or other authority – for example, if criminality is suspected or a Prevent referral is required.

Material changes

82. Providers are required to report to the OfS any change that affects the accuracy of the information held in relation to its Prevent duty implementation. There are five categories of material change that we would expect providers to report:

a. Significant changes to policies or processes relating to the Prevent duty (for example, a significantly changed safeguarding or information technology policy, a major revision to a process for managing external speakers and events, or the addition of a policy such as security-sensitive research policy).

b. Changes of responsibility for Prevent (for example, appointing a new Prevent lead).

c. Changes of control (for example, new governance structures that change the oversight of the Prevent duty).

d. Changes to location (including addition of a new campus or site in a different local authority region).

e. Other substantive changes – for example, significant changes to partnership arrangements – that may impact upon Prevent-related implementation.

83. Registered providers already have arrangements in place to report any change of accountable officers and chairs of governing body. Unregistered providers should report changes to their responsible officers and chairs of governing bodies, with the date of their appointment, to the OfS's Prevent team via Prevent@officeforstudents.org.uk.

84. When reporting, providers should:

- indicate the type of material change
- indicate the date the change became or will become effective
- outline the significant changes to the information currently held by the OfS
- explain how the change is likely to impact on the way in which it delivers its responsibilities under the Prevent duty.

85. Where there has been a significant change to a Prevent-related policy or procedure, providers must submit the newest version of the relevant documentation to ensure the OfS has accurate information on file.

86. In the case of a change of Prevent lead, providers should supply the name and contact details of the new post holder, their job title and the date of the change of responsibility.

Other matters

Any external speakers or events that are subject to mitigations or conditions, or are refused, because of Prevent-related risks are always reportable and the provider should submit an explanation of the Prevent risk identified as well as the mitigations or conditions set.

87. Information on external speakers and events is received retrospectively as part of the ADR, but having this information contemporaneously will give us an insight into evolving Prevent risk across the sector or more widely. It may underpin further monitoring activity.

Notifications

88. We may also be notified of concerns from third parties that an RHEB may not be complying with the Prevent duty in some way. This could be from individuals, media reports or other organisations involved in the delivery of Prevent. We will treat such instances as notifications, and these may lead to engagement with a provider in a similar way to reportable events.

Monitoring of new entrant providers

89. In applying a risk-based approach, OfS monitoring will differ depending on whether a provider is new to Prevent monitoring or an established provider because it has completed the new entrant process. We will provide advice and guidance to bring new entrant providers up to speed on the requirements of the duty and our monitoring expectations as quickly as possible.

90. Our approach for new entrant providers will be to establish a baseline of compliance. This will mean that they will be required to undergo a detailed assessment of policies and processes, and then to have a PRM to test that these are being implemented appropriately, before we issue an outcome. Providers re-entering Prevent monitoring will be risk-assessed and their previous compliance history at the point of exit will be taken into consideration. Once the baseline has been established, a provider would be expected to embed Prevent in its routine activity and would be subject to processes such as submitting an accountability and data return.

91. **Annex A** outlines the process for providers entering the regulated higher education sector. **Annex B** sets out how we will deal with providers leaving the regulated higher education sector and Prevent monitoring.

Figure 1: Monitoring processes by provider type

Section 3: Assessment of risk and compliance

OfS expectations

92. Providers are expected to meet the requirements of the Prevent statutory guidance for England and Wales (2023), and this is the basis for OfS monitoring of the duty.[11]

Reaching judgements

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

Table 1: Outcome decisions

Is the provider demonstrating due regard to the need to prevent people being drawn into terrorism?		
Demonstrates due regard: • policies and processes **satisfy** the requirements of the statutory guidance **and** • there is **sufficient evidence** of active implementation (considering the provider's context).	**Further action 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.

94. Our assessment of a provider's compliance will be based on all the OfS's core monitoring processes, so we can assess compliance in full. This includes accountability and data returns, Prevent review meetings and reportable events. We will also consider partner information and notifications. An assessment of compliance is a continuous process, but our assumption is that a provider is compliant with the duty (i.e. that it demonstrates due regard) until we have sufficient evidence otherwise.

95. We will normally make an assessment and judgement on compliance with the duty as a result of a PRM. However, we will make a judgement on compliance if a provider fails to engage or comply with a core monitoring process, for example by failing to submit an accountability statement, or the required data or information under the data return. Similarly, we may choose to make a judgement where reportable events have shown that a provider did not undertake appropriate actions in response to serious incidents, or where a provider has reported material changes that show further actions are needed to demonstrate due regard.

[11] See Gov.UK, Prevent duty guidance: England and Wales (2023).

96. Where we judge that a provider must take further actions to demonstrate due regard, the OfS will issue an action plan detailing the specific actions required to provide us with assurance of this. We will normally expect the provider to complete the action plan within four months, though this may differ depending on the circumstance of the compliance concern. Where a provider does not provide that assurance through the action plan, this would trigger our formal non-compliance process detailed in paragraphs 104 to 110.

Assessment of risk and provider engagement

97. In addition to making formal judgements on compliance in relation to specific monitoring activity, the OfS will operate a separate but related process for assessing risk, to inform our wider understanding of a provider's context and its approach to implementation of the duty, and how we will engage with it. In this we will continue to adhere to the requirements of the statutory guidance and will maintain our focus on proportionality and context.

98. When assessing provider risk the OfS will draw on a range of sources of evidence, including a provider's Prevent monitoring compliance history, the OfS Prevent monitoring processes, information (where applicable) from a provider's compliance with ongoing conditions of registration, and information from Prevent partners more generally. This may include situations where, because of their context, individual providers require additional engagement with their DfE CONTEST coordinator, for example because they face greater local challenges.

99. A change in a provider's OfS provider risk status will not necessarily result in a change to our compliance judgement; rather, it may inform how we direct our engagement and monitoring activity in relation to the provider. Compliance judgements will always be based on our core monitoring processes, including ADRs, PRMs, and reportable events.

100. The OfS engagement strategy with providers is risk-based, and contact is targeted according to each provider's context and need. Providers identified by the OfS as being at higher risk will be subject to heightened engagement. Resolving identified compliance concerns will involve a period of heightened engagement and the use of other monitoring processes as appropriate. Where it is not possible, we may judge that the provider is not demonstrating due regard.

101. We will create a formal written record of key points from all significant heightened engagement contact between the OfS and a provider, and will share it with the provider. We may also need to agree a formal action plan with the provider, recording our expectations about the resolution of any identified concerns.

102. We will maintain routine regulatory engagement with low- and medium-risk providers at regional and sector level. However, we may need temporarily to engage more actively with a provider as part of our monitoring processes, to inform our understanding of risk or for compliance purposes. This could be in relation to a core Prevent process, such as a reportable event, or selection for a targeted Prevent review meeting as described in paragraph 55. Where we cannot resolve any identified concerns, a provider may be identified as 'higher risk' because of such engagement activity. This in turn may lead to heightened engagement and an assessment of compliance being made through our core processes.

103. We will continue to engage routinely with providers to review specific areas of Prevent-related practice across the sector, as part of our thematic review work and to promote the sharing of effective practice. It is likely that this engagement will primarily take place at a regional and sector level and will consist of a mixture of representation at regional forums, workshops, blogs and other opportunities identified for wider communication with the sector.

Non-compliance

104. In undertaking our role as Prevent monitoring authority, we may determine that an RHEB is not having 'due regard to the need to prevent people from being drawn into terrorism' (the Prevent duty) as set out in section 26(1) of CTSA. The CTSA also places a general duty on 'specified authorities', i.e. RHEBs, to 'give to the monitoring authority any information that the monitoring authority may require for the purposes of monitoring that body's performance in discharging [the Prevent duty] as required by section 32(2).' While failing to provide such information or failing to engage with monitoring process requirements would not in itself constitute a breach of the Prevent duty, the absence of information and the necessary evidence to positively demonstrate that the provider has had due regard to the Prevent duty could result in the OfS making a judgement of non-compliance.

Escalatory steps

105. Where we are not satisfied that an RHEB is complying with Prevent monitoring or demonstrating 'due regard' to the Prevent duty, this is likely to trigger a series of escalatory steps being taken as part of our non-compliance process. We will decide on what action and escalatory route to take on a case-by-case basis, considering the individual circumstances of the provider and any wider information and intelligence we may have, such as from our wider regulatory processes.

106. Where the RHEB does not cooperate to provide the OfS, as monitoring authority, with the necessary information and assurances, we may escalate the matter to the accountable officer or governing body of the provider, if we have not done so already. If the non-cooperation continues or the required information is not submitted within the specified timescale, we will then formally write to the provider setting out the information and evidence we need within a specified timescale, likely to be two weeks. We will share this letter with the DfE under arrangements under section 78 of HERA, because at this point we will consider the provider to be at higher risk of non-compliance.

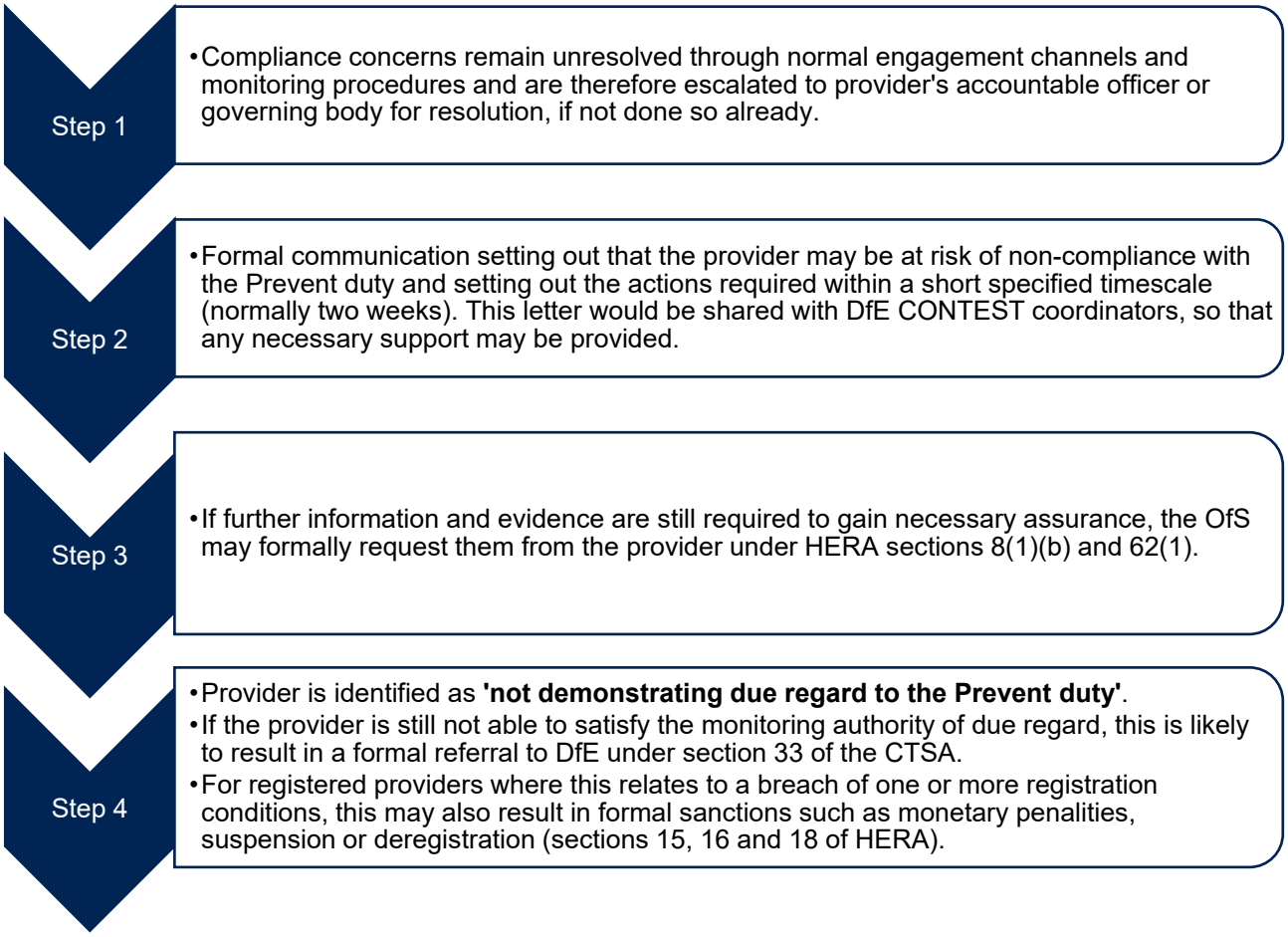
107. Escalatory steps might include compelling an RHEB to provide us with specific information and evidence, where we believe this is necessary for us to perform our function as the Prevent monitoring authority, and using our information gathering powers under HERA section 8(1)(b) and section 62.

108. Following a compliance assessment, if we are not satisfied that the provider is demonstrating due regard or if we do not have sufficient information to assess compliance with the duty, we may then make a referral to the DfE, under section 33 of the CTSA, to consider whether further formal action is needed. The DfE may in turn refer the issue to the Home Office or to Ministers. If the Home Secretary deems it appropriate or necessary, they have the power to issue directions under section 30 of the CTSA.

109. For registered providers, non-compliance with our monitoring authority requirements in respect of Prevent could also indicate wider regulatory failure of compliance with the provider's conditions of registration, for instance the public interest governance conditions (section 13(1)(b) HERA). If it was determined that there was a breach of one of these conditions, this could also result in the imposition of formal sanctions such as monetary penalties, suspension or deregistration (sections 15, 16 and 18 of HERA).

110. As stated in paragraph 105, we will make a decision on the escalatory steps and the powers and sanctions that might be applied on a case-by-case basis. Figure 2 sets out an illustrative example of the escalatory steps that may be taken. It should be noted, however, that, depending on the individual circumstances, there may be instances where these steps are not followed sequentially or certain steps are expedited.

Figure 2: Illustrative escalatory process



Information sharing

111. We need to obtain information and evidence from a range of sources, to inform and corroborate our understanding of risk at both sector and provider level so that we can efficiently perform our Prevent monitoring function. In particular, information sharing will ensure that we have sufficient evidence to reach proportionate, accurate, reliable and evidence-based judgements about risk at both individual provider and sector-wide level.

112. The OfS may also choose to provide information to others, including for example the Charity Commission or the government, for the purposes of the performance of the OfS's Prevent

monitoring function. For this reason, complete confidentiality between providers and the OfS cannot be guaranteed. However, information will only be shared where necessary and appropriate and would occur only where there is a clear purpose. This will rely on formalised, well defined and streamlined information sharing mechanisms and supportive structures, in accordance with legislation and wider considerations by the OfS.

113. The OfS will also continue to work in partnership with the DfE and the network of CONTEST coordinators and will share information as necessary and appropriate. While the OfS Prevent team will focus on the delivery of the monitoring function in terms of assessment and assurance, DfE CONTEST coordinators will continue to offer practical help and advice to providers.

114. We will disclose information about compliance to the DfE as appropriate, including through the formal non-compliance process if compliance concerns cannot be resolved through other means.

115. Periodically the OfS will report on monitoring and compliance outcomes to the DfE. Such reports will include the number of providers that we deem to be not demonstrating due regard, and will include our broad analysis of practice relating to the implementation of Prevent across the sector. We may also report on an ad hoc basis, including where a provider has been found not to be demonstrating due regard following the procedures outlined.

116. The OfS intends to publish sector-level data following the conclusion of each Prevent accountability and data return process. This sector-level data will contain data collected on providers' implementation of the Prevent duty as reported to the OfS.

Section 4: Driving continuous improvement

117. In the delegation letter, the Secretary of State identified that one of the core roles for the OfS in monitoring the sector should be to promote continuous improvement from providers on their implementation of the Prevent duty. The OfS will carry out this role through sector-level monitoring, principally around knowledge exchange – the sharing of information, advice and guidance, for example highlighting effective practice.

118. Our approach will be to focus on providing information and guidance in response to issues as they emerge, as well as anticipating potential issues and offering resources for providers to help mitigate potential risks to compliance at sector level.

119. We will carry out thematic reviews. These are voluntary and collaborative engagements in areas where we identify a need for more insight from the sector on our approach to a particular requirement of the duty. This may include challenges faced by providers, as well as best evidence and successes that may then be anonymously shared with the sector and government.

120. We may also gain information to inform continuous improvement from our core monitoring processes.

Annex A: Providers entering the regulated higher education sector

1. This annex applies to higher education providers entering the regulated higher education sector and becoming a new relevant higher education body under the terms of the Counter-Terrorism and Security Act 2015. Providers that are already classified as an RHEB and are already subject to Prevent monitoring are established providers, so the information in this annex does not apply to them.

New providers

2. Providers delivering higher education courses do not automatically become subject to the Prevent duty. When providers formally meet the criteria to be classified as an RHEB they will immediately need to comply with the duty.

3. Where providers qualify as RHEBs for the purposes of Prevent but are already monitored by another designated authority, the OfS will liaise with the relevant monitor to ensure that these providers are continuing to have due regard. This mainly applies to colleges funded by the OfS where the Office for Standards in Education, acting as monitor for the further education sector, carries out this duty.

Entry to Prevent monitoring under the OfS and establishing a compliance baseline

4. As noted in paragraph 2 of this annex, Prevent becomes a statutory duty for a provider once it becomes classified as an RHEB. The OfS will begin monitoring the provider formally at this point and will write to it within **one month** of its qualifying as an RHEB, and will provide:

    - details of the DfE CONTEST coordinator who can support an RHEB in responding to its statutory duty
    - a ‘road map’ of information and guidance on how to comply with the Prevent duty
    - information on the requirements for establishing a baseline of compliance with the duty.

5. New entrant providers will be required to undertake an **initial self-assessment** against the main elements of the Prevent statutory guidance. This should be completed and submitted **within two months** of the start of OfS monitoring. After reviewing this information, the OfS will offer to engage with the provider to give further information and advice on satisfying the requirements of the statutory guidance as necessary.

6. Having developed its response to the duty in more detail, the provider will be expected to submit **detailed evidence within six months** of OfS monitoring. The submission should provide information on how the provider’s policies, procedures and arrangements follow the requirements of the Prevent statutory guidance.

7. Guidance for completing both the self-assessment (including a template) and the detailed evidence will be sent to, and discussed with, all new providers as part of our initial engagement.

Outcomes

8. The OfS will assess the evidence against the Prevent statutory guidance and give feedback to the provider. There will be no formal outcome at this stage, but if there are concerns about how the provider can meet the requirements of the statutory guidance, the OfS will start an action planning process. We would normally expect the provider to have completed the action plan within **four months** of the start of this process. Where the provider has provided sufficient assurance, we will continue the new entrant process. Equally, if the provider does not provide sufficient assurance we are likely to conclude that the provider does not satisfy the requirements of the Prevent statutory guidance, and in response we will initiate the OfS's non-compliance process.

9. All providers will be subject to a Prevent review meeting within approximately one year of becoming an RHEB. Where providers have satisfied us that they are giving due regard to the statutory guidance this meeting is likely to be within six months of submission of its policies and procedures. Following the PRM, we will judge that the provider **demonstrates due regard**, that **further action is needed**, or that the provider **does not demonstrate due regard**. Where further actions are required, the provider will be issued with an action plan to complete within four months. If a provider does not demonstrate due regard, the OfS will initiate its non-compliance process as described at paragraph105 to 110.

10. Once the new entrant activity has been completed, the OfS will determine that the baseline for compliance has been established and the provider can transition into the ongoing monitoring for established providers.

Annex B: Leaving the regulated higher education sector and Prevent monitoring

1. Some providers may cease being subject to the Prevent duty by virtue of no longer meeting the definition of a relevant higher education body under the Counter-Terrorism and Security Act 2015 (see paragraph 20 of the main document). In some cases where a provider leaves the regulated higher education sector, it will continue to be classified as an RHEB and therefore subject to the Prevent duty, for example by virtue of continuing to meet the student number threshold (with 250 students or more).

2. If a provider deregisters, the OfS may put in place transitional arrangements or savings provisions during market exit, to protect the interests of students; this means that the provider would continue to be treated as registered with the OfS (as set out in section 18(6) of HERA). Such cases will be considered on a case-by-case basis.

3. In cases where a provider merges with another provider that is classified as an RHEB, we will monitor the successor provider unless it is already under the purview of another designated monitoring authority.

4. Where an RHEB ceases to operate altogether, its requirement to comply with the duty will cease once it has been confirmed that the provider has been legally dissolved.

5. Where an OfS-funded provider transitions out of the higher education sector, the OfS will liaise with the new monitoring authority. This will be Ofsted for transfers into the publicly funded further education sector, and the Department of Education's further education monitoring team for transfers into the private sector. This liaising may include sharing information collected by the OfS through our role in monitoring the provider.

6. Where a provider ceases to be classified as an RHEB but has already submitted information to be assessed by the OfS, this process will be completed and an outcome provided. Depending on the point of the year at which a provider ceases to be classified as an RHEB, if it has not already submitted information, the OfS will require assurance that the provider has demonstrated due regard until the point of exit. This is to provide continuity if the provider becomes reclassified as an RHEB at a later point. Only following the completion of such activity will the OfS's engagement with the provider cease.

7. Table B1 lays out the Prevent monitoring responsibilities in the case of various types of exit from the regulated higher education sector.

8. The information set out in this annex relates only to the circumstances where a provider ceases to be an RHEB with respect to the Prevent duty. The OfS has processes in place for managing exits and the provider should comply with those arrangements when made.[12]

[12] See OfS, Protecting students when providers are at risk of closing.

Table B1: Provider exits and changes in Prevent monitor

Provider exit type	New monitor
Provider moves to publicly funded further education sector	Ofsted
Provider moves to privately funded further education sector	Department for Education (private further education providers)
Provider acquired by further education provider	Ofsted (for publicly funded further education colleges) or the Department for Education (private further education colleges)
Provider acquired by higher education provider	OfS
Provider dissolves and ceases to operate	No monitor

Annex C: Provider implementation expectations

1. This annex contains information about effective practice that we have identified through our monitoring and partnership work. Although it is **non-statutory**, higher education providers may wish to take into account the questions to consider when developing policies, processes or arrangements intended to satisfy the requirements of the Prevent duty, and behaviours that the OfS would consider to indicate compliance with the duty.[13]

2. Providers are reminded that they should consider how best to implement the duty in their own context and according to their own assessment of risk, which should be informed by their engagement with local Prevent partners and structures. This annex is not intended to be exhaustive or to contradict or supersede the requirements of the Prevent statutory guidance. Some areas will not be relevant to some providers. Providers should consider how to use this advice in their own context.

3. Ongoing support will be available from the DfE CONTEST coordinators. Prevent duty guidance states that the coordinators will help providers comply with the duty and can provide advice on assessing and responding to risk.[14] They can also offer support and guidance on Prevent duty implementation, and advice and liaison with local partners where an individual is thought to be at risk of radicalisation.

4. Alongside the DfE CONTEST coordinators a range of local Prevent partners can offer advice and support. This provision varies depending on geographic location but will usually include local authority or local police Prevent contacts, as well as local structures such as Prevent steering groups or multi-agency safeguarding hubs.

Who does the duty cover?

5. Where the Counter-Terrorism and Security Act 2015 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.

6. In relation to students, providers subject to the duty should have arrangements in place covering all students registered with them. This includes all modes of study (full-time, part-time, and postgraduate); on-campus and distance learning; all nationalities (UK, EU 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 respond to the Prevent statutory guidance, as relevant.

7. 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.

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[13] This note should be read alongside Gov.UK's statutory Revised Prevent duty guidance for England and Wales (2023).

[14] See Gov.UK, Prevent duty guidance.

Cross-cutting behaviours

8. There are some cross-cutting behaviours that underpin a provider's approach to Prevent duty implementation which will inform the OfS's judgement of a provider's compliance.

- Senior managers show demonstrable leadership on Prevent internally and externally with multi-agency partners. Wider collective leadership across the provider is in place, i.e. 'safeguarding is everyone's business'.
- Providers are in tune with their localities, and understand their specific risks within their own context, applying proportionate and effective mitigations.
- Activity encompasses the entire provider and is not at risk of being silo-driven.
- Providers actively monitor and reflect on their own performance through reviews, audits, peer review and reports to senior managers and governing bodies, in order to drive continuous improvement.
- Prevent is effectively balanced with other legal duties, e.g. free speech, academic freedom and equality legislation.
- Paragraph 161 of the Prevent statutory guidance 2023 states that 'education settings should have robust safeguarding policies in place to ensure that those at risk of radicalisation are identified and appropriate support is provided'. We would therefore expect Prevent to be treated as part of safeguarding and welfare arrangements, and for providers to be able to make effective interventions where a risk of radicalisation for an individual is identified.
- Providers engage and consult regularly with students as partners in implementing the duty.
- Providers comply with the duty to 'have particular regard to the duty to i) take steps to secure freedom of speech imposed by section 43(1) of the Education (No. 2) Act 1986, if it is subject to that duty; ii) to take steps to secure freedom of speech imposed by section A1(1) of the Higher Education and Research Act 2017, if it is subject to that duty' section 31(2)(b) of the CTSA (2015).[15]

Provider implementation

9. The following is a non-exhaustive list of things to consider in relation to each element of the Prevent duty statutory guidance.

Risk assessment and action plan

10. Every provider subject to the duty should perform a Prevent risk assessment that assesses how learners, staff or other people at the provider might be at risk of being radicalised into terrorism, including online. Risk assessments should take a whole-institutional approach and

[15] See Counter-Terrorism and Security Act 2015.

identify where risks might exist and where concerns about individuals might be identified within welfare and safeguarding structures. There should be an accompanying action plan setting out how risks can be mitigated. In all cases risk assessments and mitigations should be proportionate to the provider's context. The Prevent statutory guidance sets out several specific issues that should be considered when doing this.

11. We would expect risk assessments to be reviewed and refreshed annually, or more often where necessary, and to link to the organisation's existing approach to risk management to facilitate oversight by the appropriate internal structure, such as an audit (or audit and risk) committee. Governing bodies or proprietors 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 and drawing on the expertise of Prevent partners. Year-on-year reviews to the risk assessment will be confirmed through the OfS Prevent annual accountability and data return and the OfS may conduct a deeper review of the changes to a risk assessment as part of a Prevent review meeting.

12. In assessing risks, providers may consider the following areas:

    a. The risk assessment should respond appropriately to the requirements of the statutory guidance and relate to the organisation's wider approach to risk management. For example, is the Prevent duty reflected in any provider risk register?

    b. The likelihood and impact of different risks should have been considered. Many providers have used a 'high/low/medium', 'red/amber/green' or similar system.

    c. The risk assessment should consider the effectiveness of any mitigating actions and what residual levels of risk remain once these have been taken. The use of indicators to judge whether these controls have been successful in reducing risks may be a useful way of considering whether risks have changed or further action is needed when risk assessments are refreshed.

    d. Risk assessments should also be sufficiently grounded in the provider's own context. Providers may want to consider:

        i. Any risks specific to the local area, drawing on advice where necessary from police, local authority or DfE Prevent teams.

        ii. Any different risks that need to be reflected across different locations or campuses.

        iii. The risks that exist where the teaching of students registered with the provider is contracted to a third party.

        iv. How to take account of any off-campus or partnership activity that uses the provider's branding or resources.

        v. Risks related to any subcontractual partnership responsibilities or partner arrangements

        vi. Impacts of any substantive changes to teaching provision.

e. 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, this judgement should be based on sound evidence.

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

    a. The appropriateness of actions to its own context. In some cases providers have put in place policies even where risks have not been identified, or taken actions that may be mandatory in other sectors. In some cases this may be appropriate, but providers should ensure that they have considered carefully what will work for their organisation.

    b. That all actions have clear target completion dates and owners.

    c. That identified actions reflect the need for policies to cover 'people', which could include staff, students or visitors.

    d. That identified actions respond appropriately to a provider's particular context. For example, where the teaching of students is contracted out, the provider may wish to consider whether any changes are needed to agreements governing these arrangements to reflect the requirements of the duty.

External speakers and events

14. All providers should have clear arrangements in place for assessing the risks that external speakers might express views that seek to radicalise people into conducting terrorism-related activity or supporting 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 as set out in HERA as amended by the Higher Education (Freedom of Speech) Act 2023, as well as giving appropriate consideration to student and staff welfare. In most cases, we expect that any identified Prevent-related risks can be mitigated while ensuring lawful speech goes ahead.

15. There is a range of different approaches to setting out these arrangements, but whichever form these take they should set out a clear and consistent approach for assessing risk. This should include effective due diligence through open-source research and advice from multi-agency partners. Where risk is identified a provider should be able to implement proportionate mitigations. The policies and processes for managing speakers and events should be accessible to all members of staff and should define clear roles and responsibilities that are supported with appropriate training.

16. There should be clear reporting to reassure governing bodies and proprietors, and a method for addressing non-compliance with the approvals process.

17. Providers may want to consider the following:

    a. Communicating of policies and processes that set out what an event organiser is required to do.

    b. How students' union policies and procedures interact with those of the provider.

c. The process for sharing information with, and drawing on advice from, external partners such as the Department for Education Regional CONTEST coordinators.

d. That arrangements cover the full range of events held or organised by the provider, which could include staff and student events, conferences and third-party bookings, and branded or affiliated events held on or off premises, or hosted online.

e. Third-party involvement or content provided for events (for example, materials for exhibitions), even where external speakers are not involved.

f. Record-keeping that meets relevant data protection legislation and demonstrates how decisions have been reached, and which should feed into the relevant data return as part of annual ADRs.

Partnership and leadership

18. Partnership working should involve meaningful engagement both within and beyond the provider, including an ongoing dialogue with students and their representatives on how Prevent is implemented. It will also mean, where appropriate, working collaboratively with other providers and sectors and being involved in local communities (for larger providers especially).

19. Leadership on Prevent will mean senior managers being demonstrably involved in internal and external Prevent and safeguarding structures, e.g. steering groups and Prevent boards. There will be clear reporting to senior management teams and governing bodies on provider performance.

20. In addition, paragraph 192 of Regulatory advice 24 clearly states that providers and constituent institutions should ensure that terms of reference of all relevant committees, including those with responsibility for Prevent, provide for consideration of any impact that affects compliance with free speech duties.[16]

21. Specific considerations may include:

    a. That responsibility for Prevent sits at a suitably senior level.

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

    c. That mechanisms for regularly involving and updating governing bodies and proprietors are in place.

    d. Operation of a Prevent ‘steering group’, with membership reflecting both the whole organisation and the main elements of the statutory guidance (for example, a human resources representative to cover staff training and staff welfare), to oversee effectiveness and ensure active implementation of the duty.

[16] See OfS, Regulatory advice 24: Guidance related to freedom of speech.

e. That sufficient links exist, at the right level of seniority, with local and regional Prevent structures, and there is ongoing dialogue with Prevent partners and, where appropriate, membership of local Prevent groups.

Staff training

22. A training plan will set out an ongoing identification of relevant staff roles for Prevent-related training and a clear programme for refreshing this training. The aim is to ensure that appropriate members of staff can recognise susceptibility to being drawn into terrorism and respond appropriately.

23. Planning for staff training is about identifying what level of knowledge is proportionate for different roles and equipping staff to implement essential Prevent-related policies effectively. Training content should link with the provider's own policies.

24. Training is not limited to operational staff but also reflects the needs of governing bodies, or proprietors, to have sufficient information to make informed decisions in relation to giving due regard to the duty.

25. Specific consideration may include:

    a. Broader awareness-raising of provider policies and processes that ensure that any concerns are picked up and dealt with appropriately.

    b. The differentiation of levels of Prevent training for different roles, from general awareness to detailed specific training – for example, for making Prevent referrals, for those managing external speakers and events or those working with relevant external agencies.

    c. The arrival of new staff, internal role changes and refreshing training over time.

    d. The reliability and suitability of training materials. Government training courses are available.[17] There is no requirement to use these materials, but providers should consider carefully whether the material they use is suitable for their context and from an authoritative source. Consideration should be given to paragraph 209 of Regulatory advice 24, which states that 'so far as is reasonably practicable, providers and constituent institutions should offer adequate training on freedom of speech and academic freedom,' and requires this for those making Prevent-related decisions.

    e. The training of self-employed workers and staff employed by contractors (for example, providing services such as catering, security or cleaning), or student union staff or elected officers.

    f. How to evaluate the effectiveness of training and how to accommodate training contextualised to a provider's own policies and procedures.

    g. The record-keeping of staff completing training.

[17] See Gov.UK, Prevent duty training: Learn how to support people susceptible to radicalisation.

Information sharing arrangements

26. Providers should have robust procedures for sharing information, both internally within the organisation and externally in relation to reporting and managing welfare concerns, and should ensure that through training these are actively used. Staff should be confident when handling cases relating to susceptibility to radicalisation and take appropriate action (including where appropriate making Prevent referrals, including the use of the Prevent national referral form).[18]

27. Providers may want to consider:

    h. That the duty applies to 'people', so the approach should include an appropriate process for dealing with any concerns about staff as well as students.

    i. An established and documented process for making Prevent referrals including clear responsibility for decision making.

    j. Appropriate systems that create an audit trail, which complies with relevant data protection legislation, for sharing information. This record-keeping will also be useful for collating data for the OfS Prevent annual accountability and data return.

    k. Ongoing arrangements for reviewing the effectiveness of these processes.

    l. Assessing any risks arising if providers signpost to external groups or organisations

    m. The use of formal information sharing protocols with partners.

28. Channel provides early support for anyone who is at risk of radicalisation, supporting terrorist organisations, or committing acts of terrorism. Section 38 of CTSA 2015 places a duty on all partners of a Channel panel to cooperate with the police and the panel to carry out their functions under CTSA 2015.[19] The Channel duty is intended to secure effective local cooperation and delivery of Channel, and RHEBs would be expected to cooperate with the Channel process where appropriate and reasonably practicable.

IT policies

29. Providers should guard against their facilities being exploited by radicalisers and ensure that their IT equipment is not being used to facilitate the radicalisation of people into terrorism. Clear acceptable information technology usage policies, including specific reference to the Prevent duty and clear policies and processes for managing any terrorism or counter-terrorism related research, should be in place.

30. The rationale behind any decision on the use of IT filtering and monitoring should be clear and undergo regular review.

31. Providers may wish to consider:

[18] See Gov.UK, Making a referral to Prevent.

[19] See Gov.UK, Channel and Prevent Multi-Agency Panel (PMAP) guidance.

a. Consistency in the approach to what is and what is not an acceptable use of the provider's systems for both research (including security-sensitive research) and non-research purposes.

b. Arrangements for managing the provider's 'branded' websites or social media to ensure they are not used to promote extremist material or activities that risk radicalising people into terrorism.

c. The identification and resolution of breaches of IT usage policies.

d. Arrangements in respect of websites and social media operated by students' unions or societies.

32. Any steps taken must be compliant with providers' duties regarding freedom of speech and academic freedom.

Students' unions, societies and associations

33. Although students' unions are not directly covered by the duty, it is important that providers have clear policies in place to manage the risks relating to activity that originates with the students' union. For those providers that do not have a students' union, we would expect similar oversight arrangements to be in place, including risk assessments and policies and procedures that take account of activity originating from the provider's student body, such as student associations or student representatives. The Prevent statutory guidance is clear that the provider 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.

34. Providers may want to consider:

a. Whether Prevent-related expectations of the students' union or equivalent are sufficiently clear, and what action is taken where breaches of expectations have occurred, while adopting a partnership approach where appropriate.

b. Consulting students on the approach to Prevent and representation on Prevent working groups and committees.

c. The communication of policies and procedures relating to Prevent to students, including students' unions, societies and associations.

d. That there is appropriate senior provider oversight of speakers and events being organised by students' unions and student societies, including clear escalation procedures for risk mitigation.

e. The clear communication of expectations of students' unions, societies and associations, and systems for ensuring these are met.

35. Any steps taken must be compliant with providers' duties regarding freedom of speech and academic freedom.

List of abbreviations

ADR	accountability and data return
CTSA	Counter-Terrorism and Security Act 2015
DfE	Department for Education
HERA	Higher Education and Research Act
OfS	Office for Students
Ofsted	Office for Standards in Education, Children's Services and Skills
PRM	Prevent review meeting
RHEB	relevant higher education body