



## Annex C: Thematic review of Prevent-related welfare cases

### Purpose

1. This thematic review into Prevent-related welfare cases is based on the data (qualitative and quantitative) that we have collated from providers as part of our Prevent monitoring function. This review explores:
  - the approaches taken by providers
  - their experience managing cases and how decisions are made around whether to make an external referral
  - how they are supported in making cases
  - identifying good practice
  - the numbers of referrals being made in the sector.

### Background

2. Welfare is a core area of the Prevent duty to prevent people from being drawn into terrorism. Providers are expected to:
  - be able to identify people who may be being drawn into terrorism
  - have student welfare programmes to recognise the signs of radicalisation and respond appropriately
  - have robust procedures for sharing information about vulnerable individuals (where appropriate to do so)
  - have sufficient pastoral and chaplaincy support available for all students.
3. Providers may need to make an external referral to ensure that a person at risk of radicalisation is given appropriate support from the Prevent programme (for example through Channel<sup>1</sup>). Channel<sup>1</sup> forms a key part of the Prevent strategy. The process is a multi-agency approach to identify, and provide support to, individuals who are at risk of

---

<sup>1</sup> For more information, see <https://www.gov.uk/government/publications/channel-guidance>.

being drawn into terrorism. Channel is about ensuring that vulnerable children and adults, of any faith, ethnicity or background, receive support before their vulnerabilities are exploited by those that would want them to embrace terrorism, and before they become involved in criminal, terrorist-related activity.

4. The basis for compliance on Prevent-related welfare cases and the duty in general is the two sets of statutory guidance:
  - Prevent Duty guidance for higher education institutions in England and Wales
  - the revised Prevent Duty guidance.

## **Methodology**

5. We undertook both quantitative and qualitative analysis of information from previous annual data returns (ADRs) and from evidence taken from the Prevent review meeting programme. We also engaged with some of our Prevent partners as part of this review.
6. The OfS collects data on the number of Prevent-related welfare cases (as well as broader welfare data) as part of the ADR, and also previously under the HEFCE regime of annual reports (for simplicity, referred to in this report as 'OfS data'). The Home Office produces official statistics on the number of Prevent referrals (where a Prevent case has been referred externally), the number of cases discussed by Channel panels, and the number of cases adopted by Channel.
7. An analysis of three years' worth of data from previous annual reports and the ADR was carried out to review the welfare data sets (including Prevent referrals) and the accompanying contextual information from providers.
8. An analysis of Home Office Prevent referral data from various sectors for the last three years was conducted to provide a comparative framework for the Prevent referral data received via the ADR process.

## **Data reported through OfS returns**

### **Cases reported and escalated internally by providers**

9. The ADR shows that 83,419 welfare cases were referred for specialist advice and support (internally and externally) in the 2017-18 ADR process. This was the first year we collected broader welfare data. The data shows relatively low numbers of Prevent related issues identified and referred to the Prevent lead (174). 122 Prevent-related cases were discussed with external partners<sup>2</sup>. In 52 cases external advice was not sought.

---

<sup>2</sup> From 'Prevent monitoring accountability and data returns 2017-18: evaluation report' (OfS 2019.22), available at: [www.officeforstudents.org.uk/publications/prevent-monitoring-accountability-and-data-returns-2017-18-evaluation-report/](http://www.officeforstudents.org.uk/publications/prevent-monitoring-accountability-and-data-returns-2017-18-evaluation-report/).

10. 220 providers (71 per cent) submitting data in the 2017-18 ADR process had no Prevent-related cases escalated to the point at which the Prevent lead was involved, external advice was sought, or an external Prevent (Channel) referral was made.
11. Historically, we have seen providers internally escalate cases within their decision-making processes. There was proportionately more external advice sought from Prevent leads in 2016-17 (122)<sup>3</sup> compared with 2015-16 (102)<sup>4</sup>. A similar number to 2016-17 was reported in 2017-18.
12. There are clearly escalation pathways being implemented by providers. This suggests that providers do seek advice, though the external referral to Channel captured in our data is low compared to those cases discussed with partners and reported to Prevent leads.

### External referrals reported

13. OfS data from the ADR, and through previous annual report returns to both HEFCE and the OfS, shows that the frequency of providers making referrals externally to multi-agency partners in order for a case to be considered by the Channel programme (named Channel referrals in the OfS) has been declining:
  - 2015-16: 30 external referrals reported to HEFCE
  - 2016-17: 24 external referrals reported to HEFCE
  - 2017-18: 15 external referrals reported to the OfS<sup>5</sup>.
14. Comparing these figures with official Prevent referral statistics produced by the Home Office would suggest that the referrals made externally by higher education providers counts as a very small proportion of the total number of referrals made within education as a sector. Data is collected for the education sector as a whole for both England and Wales and is not disaggregated by different parts of the education sector i.e. between schools, further education and higher education. It should be noted that the numbers do not reflect the numbers then discussed at Channel panels or the numbers ultimately receiving Channel support, both of which are considerably lower than the numbers of initial referrals.

---

<sup>3</sup> Analysis of Prevent annual reports from higher education providers for activity in 2015-16 HEFCE 2017/11:  
<https://webarchive.nationalarchives.gov.uk/20180319122845/http://www.hefce.ac.uk/pubs/year/2017/201711/>

<sup>4</sup> See Monitoring of the Prevent Duty 2016-17 progress report and future development (OfS 2018.27) at [https://www.officeforstudents.org.uk/media/160fe2df-d737-419c-8071-19fa2dab0ee4/ofs2018\\_27.pdf](https://www.officeforstudents.org.uk/media/160fe2df-d737-419c-8071-19fa2dab0ee4/ofs2018_27.pdf)

<sup>5</sup> See 'Prevent monitoring accountability and data returns 2017-18: Evaluation report' (OfS 2019.22), available at [www.officeforstudents.org.uk/publications/prevent-monitoring-accountability-and-data-returns-2017-18-evaluation-report/](http://www.officeforstudents.org.uk/publications/prevent-monitoring-accountability-and-data-returns-2017-18-evaluation-report/).

- 2015-16: 2,539 education referrals<sup>6</sup>
- 2016-17: 1,976 education referrals<sup>7</sup>
- 2017-18: 2,426 education referrals<sup>8</sup>.

15. The number of cases reported to the OfS which were then discussed by Channel panels, or where Channel support has been offered, is unknown. Providers report to us that they do not always receive any feedback once a referral is made. However, without further disaggregation of data, we cannot form any assessment or conclusion on whether higher education providers are making an appropriate number of referrals or on the effectiveness of those referrals.

### **Feedback from Prevent partners**

16. Discussions with providers and Prevent partners have raised the possibility that the number of referrals made to the OfS may not be an accurate reflection of the number of Prevent referrals from the higher education sector. The police are receiving different data originating from the higher education sector than that reported to the OfS. There is an acknowledgement that when Prevent referrals are recorded, there can be inaccuracies on where the referral has originated. For example, there could be situations of welfare self-referrals, where the higher education provider is not involved and/or referrals are made by external agencies, sometimes not in the same local authority as the provider.

17. Providers have geographically assigned DfE Prevent Coordinators to help with local advice on all aspects of Prevent. This has helped build confidence in managing Prevent-related cases and updating policies, procedures and risk assessments for many providers. Local counter terrorism police can hold wider community information that could be useful to providers' risk assessments and to help inform case management. Not all providers are accessing this information regularly.

### **Evidence taken from providers through Prevent review meetings**

18. We have found through the review meeting process that providers are confident on their ability to handle Prevent-related welfare issues. Despite most having no experience of making a Channel referral, they are confident that they could make a referral by seeking support from their DfE FE/HE Prevent Coordinator. Providers have safeguarding, welfare and Prevent policies and/or procedures in place and have shown to have the potential to identify Prevent-related issues.

---

<sup>6</sup> See [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/677646/individuals-referred-supported-prevent-programme-apr2015-mar2016.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/677646/individuals-referred-supported-prevent-programme-apr2015-mar2016.pdf)

<sup>7</sup> See [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/694002/individuals-referred-supported-prevent-programme-apr2016-mar2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/694002/individuals-referred-supported-prevent-programme-apr2016-mar2017.pdf)

<sup>8</sup> See <https://www.gov.uk/government/statistics/individuals-referred-to-and-supported-through-the-prevent-programme-april-2017-to-march-2018>.

19. The quality of these policies and procedures is, however, variable; but all those showing due regard to the duty reach our benchmark of assurance needed and have at least adequate systems in place. Some policies are disproportionately complex relative to the provider's context. Prevent policies can be integrated into welfare and safeguarding policies or separated. Where separated, they are signposted from the other policies, or if not, providers have been tasked to improve them.
20. Prevent is considered a welfare or safeguarding issue by providers, but the extent to which they integrate Prevent into their welfare and safeguarding policies varies. Welfare procedures differ from provider to provider, as we would expect, and can depend on size, student demographics, campus locations, distance learner cohorts and other contexts of the provider. Stress tests used at Prevent review meetings have been useful ways to evaluate the effectiveness of various Prevent-related policies, and some providers already use, or have subsequently decided to use, contextual scenarios to improve their training offerings and to evaluate their policies and procedures.
21. Some providers focused their safeguarding policies on the existing statutory framework relating to children and vulnerable adults. This was at the risk of not recognising that individuals in the wider student body can become vulnerable whilst at university or college. This has led to Prevent (and broader welfare) policies and procedures being bolted on to narrower safeguarding policies, creating somewhat cumbersome mechanisms.

### **Effective practice**

22. As part of our discussions with providers in trying to understand their welfare procedures, and how these worked in practice to meet their Prevent duties, we were able to collect many examples of effective practice. Case studies are included in the main Prevent review meeting findings report<sup>9</sup>.
23. Effective practice features recognised at higher education providers in terms of welfare systems can be broadly themed into good policies and procedures; clear roles and responsibilities, effective training and robust reporting and recording mechanisms. For each of these themes, we have set out the main elements of effective practice.

### **Policies and procedures**

- Prevent is completely embedded in welfare and safeguarding policies, which appropriately consider the whole student cohort. This recognises the needs of the whole student body and that vulnerabilities can arise after a student starts at the provider. Embedding Prevent into this firmly establishes Prevent as a welfare concern where support can be offered.
- Alternatively, a separate Prevent policy is used that clearly cross-refers to other related policies such as welfare and safeguarding. This works well when the Prevent policy is

---

<sup>9</sup> Available alongside this annex at [www.officeforstudents.org.uk/publications/prevent-review-meetings-programme-findings/](http://www.officeforstudents.org.uk/publications/prevent-review-meetings-programme-findings/).

concise, clear and has consistent procedures with other policies. A feature of these separated, but related policies has been to share a welfare referral pathway, allowing for easier and more effective dissemination with the staff and student body.

- Policies and procedures are clear and contextualised, with clear referral mechanisms to escalate issues. Where we have seen this, we have also seen broader awareness-raising of reporting mechanisms, as they are easier to share with all stakeholders. The policies and procedures need to be contextual to the provider and proportionate to the risks they may face.
- Procedures are proportionate to the size of provider and need to work in practice. Smaller providers are likely to have simpler decision-making pathways and simpler procedures than a large, multi-campus provider.

### **Roles and responsibilities**

- There are clear roles and responsibilities for staff within a procedure. Where this clarity has been in place, providers have responded well to Prevent-related scenarios used in the Prevent review meetings, raising confidence in the providers' ability to take effective, proportionate and confident decisions.

### **Training**

- Hypothetical scenarios are used to test out welfare procedures in relation to Prevent. Some providers use situational scenarios in their training to ensure everyone is clear on their roles and responsibilities, and how their welfare procedures would work in practice in relation to a potential Prevent-related issue.
- Awareness training and inductions for staff and students on Prevent clearly signpost to information on welfare referral pathways.

### **Reporting and recording mechanisms**

- There is a good system of attendance tracking. Poor (or lack of) attendance could be an indicator of a welfare issue. Having good systems in place to monitor attendance and a procedure to follow up have proved effective for many providers. They have been able to intervene early where welfare concerns have been identified through this process.
- Clear reporting and information sharing mechanisms are in place. Using technology to collate information and then share where necessary has helped providers approach welfare management effectively and holistically. It has allowed for earlier support systems to be put in place, for reporting pathways to be effective for students and staff, and to enable resources to be effectively apportioned.

## Considerations

24. With the quantitative and qualitative information collated, we cannot form a conclusion on any under-reporting of referrals by higher education providers at this stage. Providers can do more to assure themselves, as well as the OfS, with clear policies that ensure robust and consistent decision making, training that links to provider policies, and broader awareness-raising of welfare referral pathways. Future research with targeted and specific survey questions (anonymised) may help to tease out any contributing factors to any potential under-reporting and to understand a provider's circumstances or thresholds for sharing information on a Prevent-related concern including making a referral onwards to partners.

## Next steps

25. In the coming weeks, the OfS will publish further advice on how providers can ensure their procedures are robust when handling Prevent-related welfare concerns. We will also continue to work with partners around this key area of the duty. We will also work with other key Prevent partners to support better awareness of Channel referral mechanisms and to share further what support is available from the Prevent programme more widely.