Annual report on Prevent compliance 2019-20

Report prepared by: Katharine Bock, Deputy College Secretary

Action required: Governors are asked to consider the annual report on compliance with the Prevent duty and agree that the Chair of Governors can sign off the annual assurance return to OFS.

1 University governing bodies are responsible, under the Counterterrorism and Security Act 2015, for preventing people from being drawn into terrorism. OFS is responsible for assuring Higher Education provider compliance with the requirements of the CTSA.

2 The monitoring regime is similar to last year. OFS has a Prevent monitoring framework in place. This includes a declaration of compliance with the Prevent requirements, a statement outlining how Governors have satisfied themselves in relation to the declaration and to their oversight of implementation of the Prevent duty, and a data return.

3 OFS has issued a set of prompts and questions, in the annex to the accountability statement which is attached at Appendix A, to support governing bodies in confirming compliance. This year OFS has added a prompt for institutions to consider how the Prevent duty and welfare services are maintained in pandemic conditions. The annual report attached at Appendix B takes account of the OFS prompts and questions.

4 The data return includes welfare case referrals, external speakers and events and staff training and is attached as Appendix C.

5 The return is due to be submitted to OFS by 1 December.
Appendix A

Prevent annual accountability statement

Throughout the year and up to the date of approval, Birkbeck:

- has had due regard to the need to prevent people being drawn into terrorism (the Prevent duty)
- has provided to OfS all required information about its implementation of the Prevent duty
- has reported to 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.

Accountability statement

Governing bodies/proprietors are required to provide a short statement outlining how they have shown due regard to the Prevent duty and the evidence they have used to assure themselves.

Additionally, we require:

1. written information detailing how the provider can continue to be assured that their welfare arrangements to identify and manage Prevent-related cases are effective in practice. Please use supporting evidence.
2. a summary of how the provider has responded to any impact of the pandemic in continuing to comply with the Prevent duty.

The completed statement should be no longer than two pages.

Governors received and were satisfied with an annual report from the College's Prevent working group which is made up of senior staff and Students' Union representatives. They also saw the working group’s annual report on Prevent compliance and the report on safeguarding which is made to the Academic Board.

Having reviewed these documents Governors confirmed that the College is monitoring its Prevent related policies effectively and proportionately in tandem with Freedom of Speech and Safeguarding policies and procedures, has reviewed its Prevent risk assessment and action plan, acted appropriately in relation to incidents, delivered appropriate staff training and worked in partnership with DfE Prevent advisers and the Students' Union.
Annex – Prompts when considering the declarations and statement

Assurance
While it is for each provider to determine how best they assure themselves that their institution has demonstrated due regard to the Prevent duty and they are able to sign the declarations to OfS satisfactorily, the prompts below may guide how governing bodies and proprietors can gain the necessary assurance.

- How have Prevent-related policies or processes been monitored e.g. relating to external speakers, welfare or safeguarding processes, and is there assurance that they are effective?
- Have you been provided with appropriate information and evidence that the organisation is demonstrating due regard through relevant reports, updates etc.?
- Have staff reported any serious incidents? If so, have you been assured by how the organisation has acted, including responses to any lessons learned? Equally, have you been notified of any near misses, and again, been assured that any lessons learned have been acted upon?
- Have you been assured that Prevent has been implemented in a proportionate and risk-based manner, including considering the duty alongside other statutory obligations e.g. freedom of speech?
- Is there visible and demonstrable ownership of Prevent at a senior level at the provider?
- Are you assured that staff have received sufficient training and awareness raising to implement Prevent effectively?
- Has the provider continued to work in partnership with its Prevent partners, including statutory agencies and students?

Welfare provision
We require some information about how a provider has implemented its broader welfare provision in assuring us that Prevent-related cases will be identified and managed effectively. Providers can choose a variety of different evidence in support of this, for example:

- A case study demonstrating the implementation of the provider’s welfare process.
- A description of internal governance mechanisms monitoring broader welfare activity. This could include an internal audit, safeguarding or student welfare annual report, evidence of dual assurance mechanisms being used (where they exist).
- Staff training information detailing how this provides assurance that the provider’s welfare processes are effective in practice.
- Broader activity taken by the provider that would support efforts to safeguard students from radicalisation.
- Providers can submit other information, but the evidence chosen should demonstrate how this shows that their approach to welfare is effective in practice.

Responses to the pandemic
This may include considerations of changes to the risks of radicalisation within a provider’s setting, of Prevent-related policies and on their effectiveness in the future to reflect any new operating context.
• Has there been any impact from a move to blend provision between online and physical teaching and as a consequence, what risks have been identified associated with complying with the Prevent duty more broadly?
• Have staff assured you that the risk assessment has been reviewed in the past 12 months?
• Have mitigations been considered, managed and planned, if not yet implemented?
  Given the challenges providers have faced in continuing to operate during the pandemic, we do not expect providers to necessarily have completed all of the activities that may be necessary in response to any new or increased risks.
• What impact, if any, has there been on the implementation of Prevent-related policies such as external speakers and events policies, welfare or safeguarding policies or provision? Given the operating challenges during the pandemic, we have not required providers to temporarily amend their Prevent-related policies or expected that any longer-term changes to policies have been approved or implemented.
• For some, the impacts of the coronavirus may have been limited and therefore we do not expect a substantive response about how they continue to show due regard to the duty. However, we do expect a brief rationale for why coronavirus has not impacted a provider’s approach to the duty where this is the case.

Further information is available from:
• Prevent duty: Framework for monitoring in higher education in England 2018-19 onwards
• Supplementary information note to our monitoring framework
• Prevent monitoring: accountability and data return 2020
Appendix B

Annual report on compliance with the Prevent duty

1 This report provides an update on activities since the last report, made in November 2019. It covers the period 1 August 2019 to 31 July 2020.

2 This year we have not experienced any serious incidents or changes to policy although our operating context changed in March 2020 when the coronavirus pandemic lockdown started. Since then we have operated online, except for Covid-safe library, IT access and laboratory facilities. The rest of this report is based on the OFS’s suggested prompts and questions to support assurance of Prevent compliance, in italics.

   o How have Prevent-related policies or processes been monitored e.g. relating to external speakers, welfare or safeguarding processes, and is there assurance that they are effective?

3 The Prevent-related policies and procedures are monitored by the College Prevent Working Group, which also carries out an annual review of the Prevent risk assessment and action plan.

   o Have you been provided with appropriate information and evidence that the organisation is demonstrating due regard through relevant reports, updates etc.?

4 Governors receive this annual report on Prevent compliance, which is produced by the Prevent working group and which is based on the risk assessment and action plan.

   o Have staff reported any serious incidents? If so, have you been assured by how the organisation has acted, including responses to any lessons learned? Equally, have you been notified of any near misses, and again, been assured that any lessons learned have been acted upon?

5 There was an incident at an online research summer seminar in which the event, on our learning platform Collaborate, was hacked by people who shouted and posted links to terrorist videos on the dark web platform Discord. This was reported to SO15 counter terrorism police who are investigating. The recording of the incident shows the legitimate participants leaving the seminar without the links being opened. We liaised with SO15 and communicated with the seminar participants to express concern and regret. We have also strengthened our management of these kinds of events to include a manager able to eject and mute participants, to minimise the risk of a similar incident happening.

   o Have you been assured that Prevent has been implemented in a proportionate and risk-based manner, including considering the duty alongside other statutory obligations e.g. freedom of speech?
6 Our work towards Prevent compliance is conducted in tandem with our Freedom of Speech, Safeguarding, Health and Safety and Dignity at Work and Study policies and procedures. We have adopted an open approach and maintain a website with links to our Prevent risk assessment and action plan and related policies and a website supporting safeguarding, where the formal policy appears along with guidance and information, to raise awareness for all staff and assist staff who may be dealing with concerns about individuals.

- Is there visible and demonstrable ownership of Prevent at a senior level at the provider?

7 The College Prevent working group includes the Vice Master, Deputy College Secretary, Academic Registrar, Directors of Facilities, Estates, Human Resources, External Relations and IT Services, the Chief Executive of the Students’ Union and a student Governor. It meets annually, or more often if needed, to review the risk assessment and monitor progress on the action plan. It also reviewed and agreed a draft of this report.

- Are you assured that staff have received sufficient training and awareness raising to implement Prevent effectively?

8 As set out in the data return we continue to offer Prevent awareness training alongside safeguarding and welfare training.

- Has the provider continued to work in partnership with its Prevent partners, including statutory agencies and students?

9 We maintain contact with our DfE Prevent adviser and attend the meetings of the London HE Prevent Network. We liaise with our neighbour institutions on the University of London Bloomsbury precinct on a range of security and event issues including Prevent related matters. The Heads of Administration, and the Heads of Facilities Management of our institutions are in regular contact. There is Students’ Union representation on the Prevent working group.

Welfare provision

We require some information about how a provider has implemented its broader welfare provision in assuring us that Prevent-related cases will be identified and managed effectively. Providers can choose a variety of different evidence in support of this, for example:

- A case study demonstrating the implementation of the provider’s welfare process.
- A description of internal governance mechanisms monitoring broader welfare activity. This could include an internal audit, safeguarding or student welfare annual report, evidence of dual assurance mechanisms being used (where they exist).
- Staff training information detailing how this provides assurance that the provider’s welfare processes are effective in practice.
- Broader activity taken by the provider that would support efforts to safeguard students from radicalisation.
- Providers can submit other information, but the evidence chosen should demonstrate how this shows that their approach to welfare is effective in practice.
Please see the Annual Monitoring Report on Safeguarding and Free Speech, attached.

Responses to the pandemic

This may include considerations of changes to the risks of radicalisation within a provider’s setting, of Prevent-related policies and on their effectiveness in the future to reflect any new operating context.

- Has there been any impact from a move to blend provision between online and physical teaching and as a consequence, what risks have been identified associated with complying with the Prevent duty more broadly?

11 We have moved to a fully online baseline, with all teaching delivered online except science and a small number of practical classes. We took this decision because the majority of our students live in their own accommodation and were commuting to Birkbeck until the lockdown. As such, the risk to our students is more linked to what happens at home, as recognised by the counter-terrorism police’s Act Early initiative asking friends and family to be aware of signs that could cause concern. We continue to expect our staff to also be aware of and escalate any causes of concern.

- Have staff assured you that the risk assessment has been reviewed in the past 12 months?

12 The Prevent Working Group reviewed the risk register/action plan in October 2020. It noted that the plan should be adjusted to reflect that events, safeguarding and welfare work and delivery of training all currently have online elements that require different management.

- Have mitigations been considered, managed and planned, if not yet implemented? Given the challenges providers have faced in continuing to operate during the pandemic, we do not expect providers to necessarily have completed all of the activities that may be necessary in response to any new or increased risks.

- What impact, if any, has there been on the implementation of Prevent-related policies such as external speakers and events policies, welfare or safeguarding policies or provision? Given the operating challenges during the pandemic, we have not required providers to temporarily amend their Prevent-related policies or expected that any longer-term changes to policies have been approved or implemented.

- For some, the impacts of the coronavirus may have been limited and therefore we do not expect a substantive response about how they continue to show due regard to the duty. However, we do expect a brief rationale for why coronavirus has not impacted a provider’s approach to the duty where this is the case.

13 Mitigations identified include:

- revision of the Freedom of Speech policy to include provision for online events and speakers
• good practice for online event management including a person designated to eject or mute participants who break our Freedom of Speech policy
• amendment of the event bookings system to allow us to identify and assess online events with external speakers
• delivery of Prevent, welfare and safeguarding training online.

These are, or will be put, in place this academic year 2020-21.
Appendix C

Annual monitoring Report on Safeguarding and Free Speech 2019-20

Decision required
Education Committee and Academic Board are asked to note this report.

Background

1. In June 2016, Academic Board approved a revised Policy on Free Speech to comply with the HEFCE requirement of the Counter Terrorism and Security Act known in the sector as Prevent. The Safeguarding Policy and Procedure was also approved to support vulnerable students on campus. This report provides an overview of how these policies have been employed in academic year 2019/20.

2. There have been no Free speech panels held and no referrals to Channel or Prevent.

Free Speech Policy and Procedure

3. Room bookings continued to enable internal and external events on campus until lockdown in March and until this time no events were refused or cancelled as a result of safeguarding or free speech issues.

Safeguarding Policy and Procedure

4. Risk to self and others is managed and assessed and initial safeguarding concerns are dealt with through the one or more of the following: Wellness Review meetings run by Mental Health Advisory Service (formerly Fitness to Study), Counselling Service Risk Register, Safeguarding Officers meetings with students on probation and a multi-disciplinary Complex Case meetings (involving the Student Services, the Library, Estates, ASQ and Schools where appropriate). Note that the majority of issues regarding risk to self and others is successfully managed (mainly by the Counselling Service, Mental Health Advisory Service and Safeguarding Officers) outside of Safeguarding panels and by appropriate liaison with, and referral to, NHS and community mental health teams so that the risk is not being inappropriately held by the College.

5. Where concerns are deemed to exceed the threshold of these groups, and external services have been explored, Safeguarding panels are organised.

6. There has been a significant increase in the levels of risk management and students presenting with high levels of distress.

7. As of 6 July 2020:
   a. The Counselling Services have offered 1,778 hours of appointments.
   b. 286 students have been flagged as at risk of harm to themselves or others by the Counselling Service.
   c. The Mental Health Advisory Service have offered 1,350 student appointments.
   d. 76 students have been seen on FTS stage 1/2; 4 students at stage 3. 11 enrolled students were placed on a Break in Studies by the College due to mental health difficulties (e.g. they were hospitalised under the mental health act), and three flags were placed on former students to ensure a Wellness Review would take place should they wish to return to study.
   e. 28 students were referred to the College’s Consultant Psychiatrist.
   f. 11 students presented as homeless or at risk of homelessness and were dealt with by a multi-team approach including Student Advise, Counselling and Mental Health.
g. The on-site Citizens Advice Bureau provision paid for by the College held 105 student appointments.

h. 62 students were referred to Complex Case meetings in Student Services (e.g. where behavioural concerns have been raised – e.g. self-harm/abuse, conduct believed to be due to mental health – and there is a concern that they may pose a risk to self or others and this is then monitored). Students at complex case are discussed and held on the risk register for on average 6 weeks.

i. 10 students returned from a Break in Studies due to MH difficulties to progress their studies.

j. The Safeguarding Officers dealt with 662 queries from staff relating to students that presented a cause for concern.

k. The Emergency Contact of one student was contacted due to the belief that the student was at risk to themselves or others. We are now asking more students for their GP details and making contact for wellbeing through this route.

l. No safeguarding panels have met so far in academic year 2019-20.

m. Due to COVID, safeguarding training has not been run as many times in 19-20 – with 29 members of staff receiving training this year including the Students’ Union. The Counselling and Mental Health Advisory Service have offered training to 15 staff members in the first term. Both trainings are in the process of being moved online.

**Summary**

8. The Safeguarding, Free Speech and College Principles of Dignity at Work and Study operated in a complementary manner to support students, staff and visitors as intended. Each issue was specific and complex. Further details of incidents have not been provided due to confidential nature of these issues. All of these issues involved a team of staff comprising of two or more of the following: Academic Registrar, Head of Student Services, Deputy Head of Student Services, Mental Health Advisors, Counsellors.

_Eleanor Mongey_

Head of Student Services

*July 2020*
Appendix D

How Birkbeck assesses risk in relation to its duty of care and safeguarding

Duties, liabilities and responsibility

What are our duties and liabilities towards our students?
We have duties to manage risk across a wide range of areas, for example under health and safety legislation about the College estate. This document is only focused on the risk to wellbeing posed by students to themselves and to others, and to the safeguarding risks posed to children and vulnerable adults in the first instance, but also the broader safeguarding risks to all members of the College community.

This aim of this document is to explain how the College thinks through and approaches its assessment and management of risk in relation to what we term safeguarding. Legally, safeguarding duties are specifically in relation to our duties towards vulnerable adults and children. In Higher Education, we use the term more broadly and more often what we are referring to is our duty of care towards the College community. This is an evolving and complex area of work, and one in which we continuously update with learning from each experience.

As a public institution the College has a number of duties towards our students and it is important to understand the difference between our legal duties and what we as an institution consider to be our moral and pastoral duties towards students.

It is also important to understand how taking on what we consider to be our moral or pastoral duties towards students can create a legal duty – if we purport to be offering a service to students then we have a legal duty of care to deliver that service to a standard of a reasonably competent person exercising that particular skill. Equally as important is the concept of vicarious liability. Where a member of staff is negligent within their employment for Birkbeck, it is the College that will in most circumstances be deemed to have vicarious liability for any harm or loss caused as a result of that negligence.

Why would we take on pastoral or moral responsibilities for students?
There are a number of reasons why we would take on responsibilities for the welfare of students. Firstly, our legal duty of care requires us to think about, and act upon what would be a reasonably foreseeable risks for a Higher Education Institution. We know, for example, that in any one year we are likely to have several hundred enrolled students who are managing long term mental health problems. It would be reasonable for us to establish systems to support students, to monitor things that might indicate that a student is struggling with their mental health, and in particular to try to monitor where a student may pose a risk to themselves or to others.

We have recently had an increasing number of students contacting the College because they are homeless. Most people would expect that a HEI has some facilities or procedures in place to advise and to assist students who are homeless. At the same time, it probably is not reasonable to expect us to be able to house any homeless student who approaches the College. Although this may feel like an uncaring response, in this example, housing is the responsibility of the local council. We need to be clear about the extent to which we can help students in such a situation, while at the same time being clear about the boundaries of what we consider to be outside our responsibility.
Managing risk

Our approach
Our aim is to reduce risk to students and staff and to ensure that where we recognise that the risk is too high for us as a College to be able to manage, that we refer the student on to where they can receive support (e.g. NHS services) or to where the risk is more appropriately managed (e.g. the police). Risk management is not done by one person in isolation; cases are discussed and decisions are made after careful thought and input from appropriate staff within the College.

Reduce risk
Where a student poses a perceived risk to themselves or others we will try to work with the student to ensure a support structure is in place that will reduce the risk to a reasonable level. This can involve developing an action plan with the student, involving college support staff, mentors and external agencies such as GPs or Community Mental Health Teams (CMHTs), as well as putting reasonable adjustments in place to help the student manage their studies successfully while reducing the identified risk.

Refer risk
Establishing boundaries as to who holds the risk associated with a student is an important and appropriate part of risk management. The College cannot act as an auxiliary arm of other statutory services such as the health service, the probation service or a local authority.

At times the College will become aware of a risk and informing the statutory services. For example, if we come across information that a child may be at risk we have a duty to report this to Camden Children’s Services. Having reported this, we then handover the management of that risk to the local authority whose role and structure enables them to manage that risk. Similarly, we might refer a risk associated with a student’s mental health condition to external support, either by placing the student on a break in studies under our Fitness to Study Policy while they are being treated in hospital, or by agreeing an action plan with a student about who they will contact if they are in crisis. Prevent referrals into Channel will work in the same way.

In all these situations it is important to keep a clear record of how and when we have handed over the management of risk to another organisation. Unless we hand over these risks, we as a College are taking responsibility for them; this is wholly unfair to students and staff as we as a university are not in a position to give them the appropriate care that they deserve.

How do we assess the level of risk?
Counselling Service
The Counselling Service uses CORE Risk assessment tools which a student self-assesses at each meeting and gives an accurate guide as to how risk of harm might have increased or decreased. Risks are discussed through the management structure and the clinical lead. The service works under BACP Guidelines. There are clear guidelines as to when confidentiality may be breached due to the nature of a risk. Where the risk is high, the Counselling Service Clinical Lead, usually the Counselling Service Manager, will inform the Head of Student Services who is one of the College’s Safeguarding Officers.

Complex Case meetings
Involves Safeguarding Officers; Mental Health Advisory Service; Counselling Service; Student Advice Service; Library Services; Estates and Facilities: Disability and Dyslexia Service and Academic Standards and Quality plus ad-hoc invitees as and when requested.

Complex Case meetings occur every two weeks will agree how to proceed to address and issue raised, and what services and/or individuals should be involved in following up. This is recorded in
the Risk Register – a document shared on Sharepoint only to those involved in complex case meetings. While an ongoing risk is perceived the record on the risk register is highlighted and the case is reviewed at each Complex Case meeting. Once the Complex Case meeting feels that the risk has been reduced sufficiently that it no longer requires ongoing monitoring, the highlight is removed from the record. Issues can be referred to a Safeguarding Panel where there are Prevent related concerns, Safeguarding issues, or other concerns that may require the College to consider reporting externally.

**Fitness to Study**

The Fitness to Study process is used to address concerns about a student and to manage any perceived risk posed by the student’s health condition and their studies. Stage 1 is led by the academic department and stage 2 is led by the Mental Health Advisory Service/Student Services. In both cases the College will discuss its concerns with the student and try to develop an action plan with the student, and involving external support services where appropriate, to help the student manage their mental health condition and reduce any risk posed to themselves or others to an acceptable level.

Where Student Services do not feel that we can manage the risk we would normally temporarily suspend the student, ask them to attend an assessment with our consultant psychiatrist and refer the psychiatrist report together with the MHAS risk assessment form to a Fitness to Study Panel to decide upon.

Where a student is hospitalised because of their mental health, we would always take this as meaning that they are not well enough to be studying and would place them on a temporary suspension to ensure that the College is not contributing to their ill health. Once a student is discharged from hospital the Fitness to Study process is used to assess that a student is well enough to return, and to develop an action plan to support the student, prior to lifting the temporary suspension.

**Safeguarding Officers**

Two of the College Safeguarding Officers act as gatekeepers and decide where to refer any causes for concern that are reported outside of Counselling, Complex Case and Fitness to Study. Decisions about this will always involve a discussion with more than one member of staff, and the Safeguarding Officers will consult with the Academic Registrar, ASQ team, Complex Case Meetings, Safeguarding Panel, to the relevant School or to one of the Wellbeing Services as deemed appropriate.

**How do we know about risks?**

Key to managing risk is to ensuring that any member of the College community will know how to report any concerns they might have, and to ensuring that this gets fed through our risk assessment and management processes. It is important the issues are reported to the Safeguarding Officers because if a situation escalates, the College will be deemed to have known about the risk even if just one member of staff knows about it.

What students can declare on enrolment: Students are encouraged to disclose any health conditions on enrolment that might create a risk and are encouraged to disclose at any time during their studies. It is a requirement that students disclose any probation conditions or community treatment orders upon enrolment.

Concerns about risk posed by students can come via any of the following routes and be channelled through our risk assessment and management processes:

- Ask queries
- Counselling Service
- Mental Health Advisory Service
- Student Advice Team
- Disability and Dyslexia Service
Safeguarding training
Safeguarding Officers run training explaining risk and how to report it, and the Counselling and Mental Health Advice Services have delivered sessions on managing student mental health problems.

Relevant policies: Safeguarding, Fitness to Study, Student Complaints and Dignity at Work and Study policies are all published on the website and all outline how members of the college community can report concerns.

Online guidance
Student Services produce a Guide for Staff which includes details of the various support services and how to report causes for concern.

Are there safeguarding areas that currently represent a risk for the College?
At present there are no College sponsored awareness campaigns around issues such as sexual harassment or sexual violence, hate crime or other student safety issues that encourage students to be aware of such issues and report them, however such campaigns would ensure that the College awareness of such risks was more robust.