Good Practice Framework

Handling reports about harassment and sexual misconduct

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Contents

Introduction

1. The Good Practice Framework sets out **core principles** and operational good practice for providers in England and Wales. The core principles are accessibility; clarity; fairness; independence; confidentiality; inclusivity; flexibility; proportionality; timeliness; and improving the student experience.

2. This section of the Good Practice Framework gives good practice guidance for providers in designing and operating procedures to respond to disclosures and reports about harassment of any kind, and sexual misconduct. It covers:

    a. Good practice when receiving, investigating and responding to disclosures and reports about harassment and/or sexual misconduct.
    b. Disciplinary procedures for dealing with students accused of harassment and/or sexual misconduct.

3. For most providers, it will be appropriate to maintain a separation between the processes which are focused on enabling the disclosure and reporting of harassment and/or sexual misconduct and supporting the students who make such disclosures or reports; and the processes which make disciplinary findings against responding students. This separation gives clarity about the obligations the provider has to each student and about where responsibility for decision-making lies. In this section, we have described the procedures that are most used by providers that we consider to be compatible with the core principles of good practice.

4. We recognise the diversity of the providers using this guidance, which applies to all members of our Scheme. We also recognise the wide range of behaviours that may be raised within this framework, and the particularly sensitive nature of the issues. Flexibility and proportionality are key to the effective use of these types of procedures. Providers may choose to use different procedural models that are a better fit for their structures and student bodies, or for the specific circumstances of an individual case, but should do so in a way which takes account of the core principles.

5. It is good practice to operate student-facing processes that are inclusive by design and take account of the different needs of a diverse student body. Some students may still need different arrangements to be able to access and use procedures. Providers should be aware of their duties under the Equality Act 2010 to make reasonable adjustments for disabled students. At any point in the processes outlined in this section of the Good Practice Framework, providers can consider whether to make reasonable adjustments to take account of the individual needs of a student, which may change over time. It can be helpful to indicate to students the kind of adjustments that may be offered.

6. For providers in England who are registered with the Office for Students (OfS), the full requirements of **condition E6: Harassment and sexual misconduct** came into force on 1 August 2025. The regulatory condition and accompanying OfS guidance set out regulatory requirements relating to incidents of harassment and/or sexual misconduct which affect one or more students (including the conduct of staff towards students, and/or the conduct of students towards students).

7. For providers in Wales who are registered with Medr, the **Condition: Staff and Learner Welfare** came into force on 1 August 2026. This requires registered providers to "have in place effective arrangements to support and promote learner and staff welfare". The Tertiary Education and Research (Wales) Act 2022 **explanatory memorandum** provides an explanation of what 'welfare' and 'arrangements' are intended to mean in relation to the staff and learner welfare condition. Providers in Wales should also have regard to their duties under the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) (Wales) Act 2015.

8. Providers not registered with the OfS or MEDR but who are working in partnerships with registered providers should discuss with those partners any actions they should take to ensure that relevant conditions are met.

9. This section of the Good Practice Framework is intended to support providers in developing good practice in addressing disclosures and reports about harassment and sexual misconduct, which we expect will help providers to meet the regulatory requirements in those areas. It is not a comprehensive operational guide to meeting all regulatory or legal requirements.

10. The OIA has no remit to specify good practice in matters that do not involve students. This section of the Good Practice framework is concerned with disclosures and reports made by students; disclosures and reports made by members of staff or other third parties where the person who experienced the behaviour was a student; and disclosures and reports made by anybody where the responding person is a student. It does not apply to disclosures or reports made by members of staff or members of the public about members of staff where the person who experienced the behaviour was not a student.

Navigating this section

11. This section follows a broadly chronological structure from the receipt of a disclosure or report to the issuing of a Completion of Procedures (COP) letter. We have also included "At a glance" text to help readers identify the content of sub-sections. But responding well to disclosures and reports about harassment and sexual misconduct may not follow a strict linear process. We caution against reading parts of this section in isolation. Individuals with responsibility for designing and operating a provider's response to disclosures and reports will benefit from a thorough understanding of the entire section.

12. The documents referred to in this section of the Good Practice Framework, and other useful sources of guidance, are listed under Useful Resources at the end of the section.

13. This section of the Good Practice Framework should be read together with the sections on:

    a. Disciplinary procedures
    b. Handling complaints and academic appeals
    c. Supporting disabled students
    d. Fitness to practise, where providers have a duty to ensure that students on professional courses are fit to practise.
    e. Delivering learning opportunities with others, where more than one academic provider or awarding body is involved due to partnership arrangements in England and Wales or overseas.

Language we have used in this section of the Good Practice Framework

14. We have defined and used certain terms consistently to aid clarity. Providers may find it helpful to replicate the language we have used in their own procedures but are not obliged to do so. Providers may use alternative vocabulary if this will be better understood by their particular community. It is good practice to include clear definitions of the vocabulary used and to ensure that it is used consistently.

15. In this section of the Good Practice Framework:

    a. "Providers must" is used to indicate a legal or regulatory requirement, or a requirement to comply with the OIA's Scheme.
    b. "Providers should" is used to indicate an action or approach that is, in our opinion, necessary to operate in a way that demonstrates good practice.
    c. "Providers may/ providers can" is permissive and does not prevent providers taking an alternative approach.

16. In this section we refer to students who tell a provider about harassment or sexual misconduct in order to seek advice and support as making a **disclosure**. Students who are looking for some additional action by the provider in response to the information that they have shared are referred to as making a **report**. We use **making a report** to mark the beginning of a formal process, initiated by a reporting student. Some students may make a disclosure and decide not to make a report; some students may make a disclosure and follow this with a report; some students may only make a report. Students may use a variety of mechanisms or routes to tell a provider about their experiences or something they have witnessed. It is not helpful to use the method of sharing (e.g. in person or by using a particular form) to distinguish between what is a "disclosure" and what is a "report". It is more helpful to focus on identifying the appropriate way to respond to the content of the information that has been shared, not its format.

17. Providers may respond to reports under a bespoke harassment and sexual misconduct process, under a dignity at study process, or via a broad complaints process. In the latter case, "making a report" equates to "making a complaint". Regardless of the terminology used by a provider, students who have initiated a formal process are entitled to be kept informed about the process and to receive a formal outcome to that process, as set out below.

18. A **reporting person** is someone who shares information with the provider about harassment or sexual misconduct by another person. This may be a student, member of staff or could be someone outside the provider's community. It is often the person who makes the report that has experienced the behaviour they are reporting. Sometimes the person who makes a report witnessed the behaviour, or came to know about the behaviour indirectly, but did not directly experience the behaviour themselves. They may still be described as the reporting person, and the other person may be described as **the person who experienced the behaviour**.

19. To reduce repetition in this section of the Good Practice framework we have generally described processes for when the reporting person is also the person who experienced the behaviour. As a general principle, when these are not the same person but they are still a member of the provider's community, each should receive the same kind of information and support that we have set out in this section. A provider's ongoing obligations to provide support will be different for reporting students and reporting members of staff. A provider will usually have more limited obligations towards reporting members of the public.

20. A **responding person** is a student or member of staff about whom the provider has received information (via a disclosure, report or other source including information about police action or court action being brought to the provider's attention) suggesting that the person has carried out harassment and/or sexual misconduct. In some circumstances a reporting person may make a disclosure to the provider about experiencing something that involves another person who is not a member of the provider's community. In those cases, there is no responding student or responding member of staff.

21. We use the term **appeal** to describe the process a responding student may use if they are dissatisfied with the outcome of their disciplinary process. (See **paragraphs 277 - 294**)

22. We use the term **requesting a review** to describe the process a reporting student may use after making a report, if they want to raise concerns about the way the provider responded to the report. (See **paragraphs 298 - 303**).

Describing an appropriate environment for students

At a glance

Providers should provide information to current and prospective students about the standards of behaviour that apply to students, and the behaviours that are not acceptable. This information should be clear, accessible, and brought to students' attention at key transition points.

Providers should define the terms it uses to describe unacceptable behaviours including harassment and sexual misconduct, taking account of any regulatory requirements that the provider is subject to.

Providers should make clear in the information made available to current and prospective students that, even where it draws on definitions from UK and European law to describe certain behaviours, the provider cannot make a legal finding that a law has been breached. Providers can only decide if their own rules, regulations and expected standards of behaviour have been complied with.

Providers should make careful choices in the words used in written policies, rules, regulations and procedures to minimise any misconception that internal processes replicate legal processes, and to avoid language that assumes any particular outcome.

Setting clear expectations about behaviour

23. Providers should publish information for students and prospective students about the standards of behaviour that are expected of them, and that they can expect from others in the community. Providers often set out their expectations in student disciplinary regulations or student codes of conduct.

24. Setting clear expectations may prevent some unacceptable behaviours from occurring. A shared understanding of what behaviours are unacceptable also helps students who experience unacceptable behaviour to recognise that they do not have to tolerate that behaviour, and that they can seek support from the provider.

25. Providers should explain to students the potential consequences of behaving in a way that doesn't meet the expected standards. A provider's rules and regulations should enable it to take action if standards of behaviour fall below what is expected.

26. It is helpful for the rules and regulations to set out that the outcomes of any formal disciplinary processes used to investigate reports of unacceptable behaviours may not be confidential, where other members of the community have an interest in knowing the outcome or regulatory conditions require that persons directly affected are informed about the decisions.

27. It is particularly important to draw attention to these standards of behaviour when students begin their studies. It is good practice to remind students periodically about the standards of behaviour that are expected of them and that they can expect of others, for example when students progress to a new level of study.

28. It is helpful to explain to students when and where they will be expected to meet the provider's standards of behaviour. For example, providers may consider including:

    a. That standards of behaviour apply to students' conduct in person and in online or virtual spaces.
    b. That standards of behaviour may still apply outside the physical spaces the provider owns or manages, and outside the virtual/online environment that it owns or manages, where the behaviour may have an impact on its community.
    c. That students may also be subject to separate standards of behaviour overseen by other organisations that they interact with during their studies, including within student accommodation owned or managed by another organisation; spaces owned or managed by a student representative body (SRB); spaces owned or managed by a placement provider or by the employer of an apprentice.
    d. That students on courses leading to a qualification in a regulated profession may be subject to additional higher standards of behaviour as required by the regulatory bodies of that profession.
    e. How standards of behaviour apply for the duration of the students' relationship with the provider including:
        i. expectations of people who have accepted an offer to study at the provider but who have not yet enrolled or registered, particularly on any "pre-enrolment" activities including opportunities to meet other students virtually.
        ii. expectations of behaviour in between term-times or years of study where a student is pursuing a qualification that takes more than one year.
        iii. expectations of behaviour between completion of study activities and the formal conferment of the award.
    f. Expectations of behaviour when a student is not currently actively studying (for example, when a student has temporarily paused their study due to ill health, maternity, etc).
    g. Where relevant, providers may consider developing explicit guidance about standards of behaviour that apply in the context of intimate or physical pedagogic practices (e.g. performing and creative arts).

29. Many providers offer their students the opportunity to live and study in a diverse community and this may be a new experience for some students. Providers may consider providing additional guidance for international students, who may need support to navigate significant differences in cultural norms and to understand what is or is not permitted under the law in England and Wales. Providers may decide to deliver additional targeted guidance to groups of students within their communities if their own data suggests this would be appropriate.

Defining unacceptable behaviour

30. Providers should use clear language to describe the behaviours that are not acceptable within their community. It is usually appropriate to indicate broadly the types of behaviour that are not acceptable rather than attempt to provide an exhaustive list of specific actions.

31. Providers regulated by the OfS or providers working in partnership with providers regulated by the OfS should note the definitions it uses. The OfS follows the meaning given to harassment in **Section 26 of the Equality Act 2010** and **Section 1 of the Protection from Harassment Act 1997** (in its entirety, and as interpreted by section 7 of the Act).

32. Harassment (as defined by section 26 of the Equality Act 2010) includes unwanted conduct that has the purpose or effect of violating a person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that person related to one or more of the person's relevant protected characteristics, including perceived characteristics. (Under the Equality Act's definition, marriage and civil partnership and pregnancy and maternity are not relevant protected characteristics for these purposes.)

33. In deciding whether conduct has the effect referred to, providers must consider:

    a. The perception of the person who is at the receiving end of the conduct;
    b. The other circumstances of the case; and
    c. whether it is reasonable for the conduct to have that effect.

    The last point introduces an element of objectivity into the test. In the context of section 1 of the Protection from Harassment Act 1997, an offence is committed only if the person knows the conduct amounts to harassment of the other, or a reasonable person in possession of the same information would think the course of conduct amounted to harassment of the other person. The perception of the person who is at the receiving end of the conduct is not the only relevant consideration in determining whether the conduct amounts to harassment that would meet the statutory definitions. The context within which the alleged harassment has taken place will also be relevant, as will any other legal rights or duties that apply in that context.

34. The OfS has set out areas of regulatory activity for which these definitions are relevant. These definitions do not include all the behaviours which may be unacceptable within a higher or tertiary education community. Providers should clearly set out any other interpersonal behaviours which are unacceptable, but which may fall outside the definitions used by the OfS for the purpose of regulation.

35. For providers that are public authorities, it may also be relevant to consider whether, in cases of alleged harassment, the responding person was exercising any of their rights under the European Convention on Human Rights and the Human Rights Act 1998 (e.g. freedom of expression or freedom of thought, conscience and religion). In setting the

standards of behaviour expected within their community and responding to disclosures and reports from students, providers must consider their obligations to protect freedom of speech under the Higher Education (Freedom of Speech) Act 2023, the Human Rights Act 1998, the Education Reform Act 1988 and the Education Act (no.2) 1986. The OfS' **Regulatory Advice 24: Guidance related to freedom of speech** includes practical guidance, for providers registered with the OfS, on their duty to take steps to secure freedom of speech within the law for students and others. Providers should explain to students that they should expect to interact with individuals who hold different views to their own and that holding views and expressing them in a lawful way, even where some might find these views to be controversial, offensive, disturbing or shocking, will not usually be a matter for the provider's formal processes.

36. Providers should explain to students that despite their right to hold and express views that are controversial or unpopular, how they choose to express their views could amount to unacceptable behaviour in some circumstances. It is helpful to set out the factors which are relevant to deciding whether how a student expressed their views could be unacceptable behaviour. These include:

    a. The context in which the views were expressed. Something that is acceptable in one context, such as expressing controversial or unpopular views in a teaching session, formal debate or organised protest on the topic, may not be acceptable in another such as within a teaching session intended to focus on a different topic; or a work-based placement.
    b. The manner of expression. For example, not allowing others to join a discussion or finish their point, talking over other people, shouting; using expletives or derogatory language; using offensive gestures, physical contact or other intimidating body language.
    c. Whether the expression of the views was directed towards any specific individuals or specific groups, or whether any individual was singled out to provide a response.
    d. Whether the expression of views was of inappropriate duration or timing. For example, preventing a class from exploring necessary academic content by undue persistence on a particular point; sending an unreasonable volume of messages; continuing to pursue a discussion after being asked not to continue to do so.
    e. Whether the expression of views took place in such a way as to suggest, inaccurately, that they were representative of the views of the provider.
    f. Whether the expression of views is consistent with any specific professional standards of behaviour that the student is reasonably expected to follow as a student on a course that leads to entry to a regulated profession.

37. It is helpful for providers to include a definition of victimisation. Victimisation (as defined by section 27 of the Equality Act 2010) occurs when a person is treated worse than before because they have in good faith done a 'protected act'. Victimisation can also occur when a person is thought to have done or intends to do a 'protected act'. In the context of harassment, a 'protected act' might include but may not be limited to: making a disclosure or report of harassment or indicating an intention to do so; helping someone else to make a disclosure or report of harassment; and participating in an investigation of a report such as acting as a witness. A person would not be protected from victimisation where they deliberately make or support an untrue disclosure or report.

Neutral language

38. Providers do not have powers to make legal findings of the kind that a criminal or civil court or tribunal might make. Even when a particular action carried out by a member of its community could be a criminal offence, a provider can only ever decide whether that action is in breach of the standards of behaviour it expects from its students or staff. The OfS has adopted legal definitions of harassment and sexual misconduct. But use of these definitions does not mean that providers can reach conclusions about criminal offences. Nor does this language create a requirement for a provider to use a criminal standard of proof in its own internal investigations. Providers should apply the civil standard of proof, "on the balance of probabilities". Providers should make this clear to students.

39. Providers should avoid other legalistic language that suggests that its processes replicate those of courts or tribunals. Terms that may be problematic include deciding if a responding person is innocent or guilty, referring to the reporting student as the victim or the survivor and referring to the responding student or member of staff as the alleged perpetrator, the defendant, or the accused.

40. It is good practice for providers to use language that is neutral and does not presume that the behaviour being reported has or hasn't met the provider's expected standards of behaviour before an investigation into what has occurred has taken place. Providers should try to balance this with language that encourages students to disclose or report behaviour that has caused them concern. A reporting person may describe an incident or experience using different language to that which a provider uses in its written materials. In the context of providing support, providers may reflect that language back to the reporting person.

41. Language in this area is constantly evolving. Providers should keep the language they use under review. It is good practice to consult with students to make sure that they will understand what the provider is intending to convey. Providers may also wish to consult with their staff.

Delivering learning opportunities in partnership with others

At a glance

Providers should proactively consider, for each type of partnership arrangement in operation, which partner is best placed to receive disclosures and reports from students; provide support to students; identify, evaluate and mitigate risks to its community; investigate incidents and reach decisions, including under disciplinary processes. Providers may undertake these activities individually or design processes that are operated jointly.

When designing processes, providers should take into account the legal and regulatory obligations that apply to each party in the partnership; the resources and expertise of each party; and the route which is likely to make sense to students. Providers have discretion to consider what operational model is most appropriate for their context.

Providers may benefit from proactive creation of information sharing protocols for handling students' sensitive personal data in the context of disclosures, reports, complaints and appeals.

Providers should ensure that students are given clear information about which partner will respond to disclosures and reports about harassment and/or sexual misconduct and set out when and how this may move from one partner to another or be handled jointly.

Providers should endeavour to minimise any duplication in the process for students, so far as is compatible with the different roles and remits of each partner.

42. Many providers in England and Wales deliver learning opportunities in partnership with one or more other providers or awarding organisations, in the UK or overseas. Providers also operate in partnerships with other organisations, for example organisations offering placement opportunities, work-based learning, internships or employment such as apprenticeships. We have published good practice guidance on **Delivering learning opportunities with others** for providers to consider when handling complaints and appeals and other internal processes in the context of these arrangements, which should be read in conjunction with this section.

43. Providers are responsible for ensuring that they meet any requirements placed on them by relevant regulatory bodies when establishing and operating partnership agreements. Providers in England that are registered with the OfS should note that Regulation E6 applies regardless of whether the registered provider is an awarding provider, a delivery provider, or has another role. The guidance note explains, "In practice, these provisions may result in more than one registered provider being responsible for compliance with this condition in relation to the same students".

44. Notwithstanding this joint responsibility, it is not good practice to operate processes in a way which requires a student to undertake the same steps separately with each of the parties involved in a partnership. In some circumstances it may be necessary to use two distinct processes to consider the same incident through different contextual lenses. For example, where a responding student is an apprentice, their employer will have obligations towards the individual as an employee, which are different from the higher education provider's obligations towards the individual as a student. Wherever possible, providers are encouraged to identify approaches that minimise duplication for all the parties involved. For example, it may be possible for findings of fact that are made within one process to be used directly in another process.

45. Providers have considerable discretion about how to operate student-facing processes for responding to disclosures and reports about harassment and/or sexual misconduct within a partnership. In thinking about which partner should undertake which functions, providers may consider:

    a. How and with whom students most commonly engage. In some circumstances students may be more likely to make a disclosure or report to the partner with whom they have most direct contact. Alternatively, students may have concerns about disclosing or reporting to someone they interact with closely, or in smaller settings where relevant individuals are already well known to each other.
    b. Where there is relevant expertise to respond appropriately to disclosures and reports and to provide appropriate support to each of the reporting and responding parties.
    c. Which partner is better placed to resource any investigation or alternative actions necessary.
    d. Which partner has the authority, through its contracts with the student or the members of staff involved, to make and enforce decisions about precautionary measures or disciplinary penalties.
    e. How learning from disclosures and reports can be taken forward effectively at each partner.

46. It is good practice to monitor data about students' experiences of harassment and/or sexual misconduct at each partner and to interrogate any trends or patterns that may indicate higher levels of risks to students in a particular partnership.

47. Some partnerships operate outside the UK and within significantly different legal and cultural contexts. For example, some nations prohibit students from joining a students' union or have laws which prohibit homosexuality or which prohibit speech that would not be unlawful in the UK. Providers will need to consider these contexts carefully when setting expectations about behaviour for students and making arrangements for support.

Working with student representative bodies (SRBs)

At a glance

Providers that have a student representative body (SRB) should work with the SRB to agree processes for responding to disclosures made to the SRB, and for responding to incidents that may be harassment and/or sexual misconduct within a location, event, club or society or other space that is owned by, operated by or otherwise the responsibility of the SRB.

Providers should work with the SRB to agree information-sharing protocols to support the effective operation of any precautionary measures, ongoing non-contact arrangements or disciplinary penalties.

Providers should support the SRB in developing knowledge and understanding of the provider's processes for responding to reports and disclosures about harassment and/or sexual misconduct. Where representatives from the SRB undertake roles within the provider's processes, the provider should offer training and support.

Providers may wish to offer the SRB further training and support so that SRB staff and officers providing advice to students have appropriate skills and knowledge.

48. Although there are some common models across the tertiary education sector in England and Wales, the relationship between an SRB and its provider is varied. Many are legally independent entities, but other models include semi-autonomous advice services operating within the provider. The roles that an SRB can carry out are dependent on their constitution, resources and capacity. Providers have discretion to work with their SRB to identify an approach to responding to disclosures and reports of harassment and/or sexual misconduct which best suits their specific operational context.

49. SRBs often play an important role in supporting students who are unhappy with something they have experienced at their provider. This can include supporting a reporting student to make a disclosure or report of harassment and/or sexual misconduct to their provider. SRBs may also support responding students once they have been told by their provider that a report has been made about them. In both instances, SRBs may support students through any subsequent processes and help them to understand their options once those processes have been concluded.

50. Disclosures of harassment and/or sexual misconduct may be made in the first instance to members of staff or officers within the SRB. Where the incident or behaviour did not take place within the SRB context, it is likely that the person receiving the disclosure can follow similar steps to a member of provider staff receiving a disclosure, to signpost the student to further support and the provider's reporting processes (see **paragraphs 105 - 106**).

Providers should consider what steps are needed to ensure SRB staff know what steps to take in response to a disclosure.

51. Providers should work with their SRB to decide whether the SRB will offer a separate route for students to formally report harassment and/or sexual misconduct directly to it, where incidents or behaviours have taken place in the context of a club, society or other function or space under the SRB's remit.

52. Providers and SRBs should work together to decide which organisation will consider any reports about harassment and/or sexual misconduct that may have taken place within an SRB context. For example, providers and SRBs may decide that the SRB will focus on providing support and will not take on any investigatory or decision-making roles; providers and SRBs may decide that the SRB will operate the first stages of a process with an opportunity for the provider to engage at a review stage; providers and SRBs may decide to design and operate a joint process. Providers and SRBs may decide to consider reports about harassment and/or sexual misconduct in the same way as other disciplinary concerns or may decide to establish a distinct process.

53. In deciding what the respective roles of the SRB and provider will be in responding to a report, factors that may be relevant to consider include:

    a. The resources/capacity available to the SRB to undertake either/both supportive and investigatory roles, including whether there is an appropriate level of knowledge about harassment and/or sexual misconduct and skill to carry out the different roles.
    b. Managing perceptions of bias within an SRB where there may be relationships between reporting or responding students and the SRB staff or officers.
    c. The level of impact that the behaviour may have had and the capacity of the SRB to take steps to address it. For example, SRBs may be well equipped to undertake mediation or facilitated dialogue between students where a student is unaware of the impact their behaviour has had on another student. This may also be appropriate where the impact of the reported behaviour is limited to a particular club, society or function of the SRB and a risk assessment identifies that any risk to the welfare of the provider's community can be suitably managed by the SRB.
    d. The level of action required to safeguard the welfare of the student and staff community.

54. SRBs that do undertake roles beyond provision of support and advice may find the procedural guidance outlined in the rest of this section useful. Providers should support SRBs in training their staff, to ensure that SRBs are equipped to properly evaluate the risk and know when it is appropriate to refer information about harassment and/or sexual misconduct to the provider to consider. Where an SRB continues to consider a report under its own processes, any identified risks may need re-evaluating on a regular basis. Providers should encourage the SRB to refer the report to the provider if it decides it can no longer suitably manage the risk as the case progresses. In these circumstances, providers should take account of the steps already taken by the SRB when deciding what stage of its procedures to use.

55. Providers should work together with their SRB to establish information sharing protocols so that each can effectively manage any restrictions of access to facilities that may arise from any precautionary measures, non-contact arrangements or disciplinary penalties. It may be helpful to include information about any circumstances in which an SRB or provider would share information with the other without the consent of the reporting person, to appropriately manage risks and support the wellbeing of their communities.

56. It is good practice for providers and SRBs to share information about trends and patterns in disclosures and reports about harassment and/or sexual misconduct to identify learning. Providers and SRBs should be careful to protect the identities of individuals involved, which may limit what can be shared at providers with smaller student communities.

Having a welfare focus

At a glance

Providers should recognise that students involved in an incident of harassment and/or sexual misconduct may experience trauma, because of that incident or connected to other life experiences.

Providers should support staff in developing their knowledge and understanding of a trauma-informed approach, proportionate to the role they undertake.

Providers should support all students involved in an incident of harassment and/or sexual misconduct by directing them to relevant sources of advice, guidance and support. Good quality support will include emotional, psychological and physical wellbeing as well as more practical elements (e.g. support with concerns around concerns around academic progress, financial status, immigration status, etc).

Providers should proactively consider how the interaction with other relevant procedures (including requests for additional consideration, academic appeals, fitness to study and fitness to practise processes) can be designed to reduce the number of times a student has to share sensitive information about harassment and/or sexual misconduct, and reduce administrative burden on all parties.

Where a reporting or responding person is both a student and a member of staff, providers may be able to identify whether the harassment and/or sexual misconduct that is reported took place clearly in a staff or student context. Where this is not easy to separate, providers may operate bespoke processes. Providers should document their reasons for the decisions they make about which processes to follow in individual instances.

57. Students who have experienced or witnessed harassment and/or sexual misconduct may experience trauma as a result. Some reporting students may also be affected by trauma from another cause. Responding students may be affected by trauma from their own experiences.

58. The Substance Abuse and Mental Health Service Administration ('SAMHSA') defines trauma in this way: "Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being". The Survivors Trust uses this definition, "Trauma is the severe distress that occurs when someone is in real or perceived danger. It has a lasting effect on that person's wellbeing and functioning and makes it hard to feel safe even when that danger has passed. Sexual abuse, harassment

and bullying are recognised as major causes of trauma which can have devastating effects on the individual."

59. The Office for Health Improvement and Disparities explains in its **Working definition of trauma-informed practice** that, "the purpose of trauma-informed practice is not to treat trauma related difficulties, which is the role of trauma-specialist services and practitioners. Instead, it seeks to address the barriers that people affected by trauma can experience when accessing health and care services".

60. Providers should adopt a trauma-informed approach to responding to harassment and/or sexual misconduct disclosures and reports throughout the entirety of their process. Trauma-informed practice is a specialist skill set [1]. Providers can decide the level of expertise in trauma-informed practice that it is proportionate to develop in-house and/or when it may be appropriate to use external support. As a baseline, providers should ensure that staff who are designated to receive disclosures and reports, staff who investigate reports, and staff who make decisions under formal disciplinary procedures, understand that trauma may affect how students engage with its processes. Responses to trauma are individualised and do not follow a set linear pathway to particular outcomes.

61. There are several different frameworks that outline core principles of trauma-informed practice. Broadly these include:

    a. prioritising the physical, psychological and emotional safety of individuals, including trying to prevent re-traumatisation
    b. building trust in a process by being transparent about what can be done, what cannot be done and why, and by following through on actions that have been agreed
    c. respecting the individual's right to choose wherever possible, with the intention of supporting the individual to retain control of what happens to them
    d. asking the individual what they need, listening to their views and working collaboratively
    e. recognising the cultural context, including diversity and intersectionality, that informs an individual's lived experiences and the organisation's response

62. Even where students have not experienced trauma, providers should treat students fairly and with kindness. The principles of **compassionate communication** can be a useful tool for providers to guide how they interact with students.

1 **Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity** includes a model that providers may find useful, making a distinction between being trauma-aware, trauma-skilled, trauma -enhanced and providing specialist interventions, with examples of "what does good look like" for each level.

Ongoing support

63. Students making disclosures or reports, students who experienced the behaviour being reported and responding students will all benefit from support. This may take the form of support that is focused on the student's physical or emotional wellbeing. Support may also have a more procedural focus, including providing information about the provider's processes and keeping a student up to date. It is not good practice for the same member of the provider's staff to offer wellbeing support to both the reporting and responding students involved in a particular incident. It is good practice to keep a clear separation between providing wellbeing support to the students involved in an incident in any capacity, and reaching decisions about whether a student has breached the provider's behavioural expectations in respect of that incident and whether to apply any penalties. A person carrying out investigatory or decision-making roles may be responsible for keeping students informed about that process including explaining different routes within a process, provided this does not amount to advising any student about their evidence.

64. It is good practice to support students to access wellbeing services including counselling services. It is important that all students involved have someone they can talk to, especially where they may be asked not to talk to specific members of the provider's community for a period to protect the integrity of an investigatory process (see paragraph 190).

65. Providers should direct students to support services available, for example the SRB. Providers should be mindful that students may need advice and support related to other matters that have been affected by the incident of harassment and/or sexual misconduct that may not be within the provider's control, for example accommodation or student finance. It is good practice to give students access to support and advice and, where it is not practicable to do so internally, providers should consider arranging for students to access support services at partner providers or signpost students to other local community services or national support groups.

Interaction with other procedures

66. It is good practice to offer proactive advice and support to help students engage with other relevant processes within the provider. For example, it is likely that students who have experienced harassment and/or sexual misconduct may wish to seek additional time to complete work, to make a request for additional consideration of how their circumstances affected their academic work, or they may wish to seek some time away from their studies. Responding students may also experience distress, and precautionary measures may have impacted upon their ability to pursue their studies.

67. Taking a trauma-informed approach includes minimising the need for students to give their account of events multiple times. It is also good practice to minimise administrative burden for students in distress. Providers may consider options such as waiving the requirement for a form to be filled in or allowing a person who is supporting them to make a submission on their behalf.

68. It is good practice to take a flexible approach to the evidence that students are expected to provide when engaging with these kinds of processes. It is important to respect the confidential nature of the information. For example, a claim for additional consideration regarding a student's academic performance might only need to state that a report of an experience of harassment and/or sexual misconduct has been made, that there has been a significant impact on the student's wellbeing, and to state the duration of the impact. It is unlikely to be necessary for the claim to include details of what the student experienced.

69. Responding students are also likely to have concerns about confidentiality, which is particularly important if no formal finding has (yet) been made under a disciplinary process. Again, it is unlikely to be necessary for a claim to include detailed information about the specific concerns that have been raised about how a student has behaved.

70. Providers should also take a flexible approach to normal deadlines for students to engage with processes. A student's ability to engage with academic appeal or additional consideration processes in a timely manner may be impacted by their experience of harassment and/or sexual misconduct.

71. Where a student has made a report about a member of staff, they are likely to be very concerned about decisions that might be made by that individual or within the same department. Students may feel that it would not be safe to make a request for additional consideration if they would have to disclose the circumstances. Providers should ensure that their processes are flexible enough to allow for variation in what information is shared with the decision-maker in a request for additional consideration process, and when a decision-maker can be substituted. Providers should also consider how the fairness of other processes, such as marking of assessed work, can be assured.

Students who are also staff

72. Some students are also employed by their provider. This may range from casual work that is not public facing, to positions of significant trust and responsibility in respect of other students, such as teaching, support and welfare roles. It can be appropriate to expect students who are also members of staff in positions of trust or authority to meet higher standards of behaviour due to their professional roles than other students and to take this into account in reaching decisions under a disciplinary process.

73. Some barriers that may prevent people from sharing information about harassment and/or sexual misconduct are discussed below (**paragraph 78**). Students that are also members of staff may face additional barriers to making a disclosure or report of harassment or sexual misconduct. They may be concerned that sharing this kind of information could in some way compromise both their student status and employment. It is important that students that are also members of staff are given appropriate advice and support and that their confidentiality is maintained. This applies to both reporting and responding parties.

74. Providers should consider the context in which the event(s) that are described in the disclosure or report occurred to decide what actions to take, particularly if a disciplinary investigation will be undertaken.

75. In some cases, it may be difficult to make clear distinctions between whether something happened in a person's capacity as a student or their capacity as a member of staff. In any event, for either reporting or responding parties, it is likely that the impact of the experience of making the disclosure or report, or of being the subject of a disclosure or report will affect them in both capacities. Providers may need to operate their procedures flexibly or take a bespoke approach in such cases. Providers should consider the **10 core principles** of good practice when designing and operating bespoke processes.

76. Providers should take steps to minimise any duplication in the investigatory and fact-finding aspects of the process. It may be appropriate to consider the findings of fact reached under a student disciplinary process within a staff misconduct procedure, or vice versa.

77. It may be appropriate for providers to seek specialist advice about individuals' rights as employees, particularly where the outcome of the disciplinary process is termination of the person's student status.

Making a disclosure or a report

At a glance

Providers should enable students to share information about harassment and/or sexual misconduct via a range of routes that meet the needs of their student body including in person, via telephone or video call, and online.

Providers should direct students who share information about harassment and/or sexual misconduct to sources of support and guidance.

Providers should not tell students that they are too late to share information with the provider about harassment and/or sexual misconduct.

Providers should explain to students there may be some limits on how it can respond to information that is shared anonymously, or information that is shared about an incident or behaviour that is not recent.

78. It can be difficult for a student who has experienced or witnessed harassment and/or sexual misconduct to tell their provider about it. Barriers to making a disclosure or report can include:

    a. Uncertainty about whether the behaviour was unacceptable and whether and when it is "worth" reporting, for example, if there is a gradual pattern of escalation.
    b. Uncertainty about what process will be followed and anxiety about a loss of control.
    c. Uncertainty about what actions may result and concern about how effective these may be to keep the reporting person safe.
    d. A previous negative experience of making a disclosure or report in the same or a different forum.
    e. Feelings of embarrassment, shame or guilt about what happened.
    f. Fear about being ostracised, being judged or being treated differently because of the disclosure or report.
    g. Fear about retaliation by the responding person or by people or organisations associated with them.
    h. Fear about how their fitness to practise in a regulated profession may be perceived if they reveal that they are experiencing difficulties with their wellbeing.
    i. Not being able to make the disclosure or report because it may compromise their welfare to revisit what happened.
    j. Not (yet) being in a position to fully recognise the impact of what happened.
    k. Not knowing whether another person who experienced the behaviour would want the matter to be reported.

79. Providers can address some of these barriers by making it as easy as possible for students to share their concerns about the behaviour of other people. Providers must have clear, simple and accessible routes for students to tell them about incidents of harassment and/or sexual misconduct. Providers must publicise these routes to students regularly.

80. Giving students assurances that the information they provide in a disclosure or a report will be held securely, and that the reporting student's identity and personal information will only be shared on a "need to know basis" may help students to come forward.

81. It is not the responsibility of a reporting student to correctly identify whether the behaviour they are concerned about meets the definition of harassment or sexual misconduct or is better described under another aspect of the provider's standards of behaviour. It is the provider's responsibility to decide the best fit for the described behaviour within the definitions it uses.

Timeliness and non-recent reporting

82. In other sections of the Good Practice Framework we usually suggest that student-facing complaints and appeals procedures should specify time limits for students to raise concerns. In general, raising a concern promptly can enable a provider to find a quick and positive resolution, which may stop a situation escalating. It can also help providers in gathering relevant information to consider. Providers may encourage students who experience harassment and/or sexual misconduct to disclose or report as soon as they can, but should recognise that students may not be able to disclose or report what has happened for a prolonged period.

83. Providers should not apply a time limit to the process for students to make a disclosure about harassment and/or sexual misconduct. Providers should not tell students or former students that they are too late to make a disclosure for the purpose of seeking advice and support, regardless of how long they have taken to disclose.

84. It is good practice not to apply a time limit to the process for students to make a formal report about harassment or sexual misconduct. If a provider does apply a time limit, this should be operated with significant flexibility recognising the barriers that may prevent rapid reporting. In exercising their discretion to accept reports outside of the preferred timeframe, providers should have regard to the severity of the incident or behaviour and the impact upon the reporting person or other person affected by the behaviour. Where it is reasonable to assume that the impact was significant, it will not usually be appropriate to require students to provide evidence to prove that they were unable to engage with the reporting process at an earlier time. Providers should also consider whether there is an ongoing potential risk to its community.

85. This does not mean that a provider must consider or take action in response to non-recent reports in the same manner that they would respond to a contemporaneous report. Providers should still direct reporting students to the support that is available to

them, and explain other options the student may have, such as reporting to the police. It may be appropriate to direct former students to support services outside the provider.

86. Providers should also explain whether it is possible to carry out an investigation into what happened. It may not be possible to gather additional evidence about the issues raised if relevant individuals are no longer available. The passage of time may affect the completeness and accuracy of different individual's recollection of an event in different ways. An event that was particularly significant for the reporting student may not have been perceived in the same way or remembered in the same detail by other individuals. Conversely, in some circumstances the lapse of time may allow patterns to be identified, for example from reports that have been made at different times. Other forms of evidence from the time of the event may still exist, for example in the form of emails or screenshots.

87. A provider is unlikely to have any remit to take disciplinary action against students who are no longer studying because the provider no longer has a contractual relationship with them. Similarly, a provider is unlikely to have any remit to begin a disciplinary process in respect of former staff. Where the provider is aware that the reported person is practising within a regulated profession, it should carefully consider whether it has any obligation to share information about reports it has received, for example with the relevant PSRB, DBS or LADO.

88. Despite these challenges, providers should carefully consider whether it can carry out any investigation outside a formal disciplinary process, or whether it is proportionate to take any other action. Providers should be particularly alert to reports that refer to behaviour of staff who are still employed or that refer to systemic or embedded cultures of unacceptable behaviours. Providers may decide to increase oversight of or supportive training in a particular area, without needing a clear finding of fault.

89. Even where it is not possible for a provider to carry out a meaningful investigation, providers may still benefit from an understanding of how students have experienced their time studying. This kind of information can help providers understand the effectiveness of their interventions over time.

In-person disclosure

90. Providers should provide clear routes for students to make a disclosure about harassment and/or sexual misconduct including in person or by telephone or video call. If the provider has one or more members of staff with specific responsibility for, and specialist training in, responding to disclosures and reports of this nature, they should publicise how students can contact them.

91. Even where specialist roles exist, some students may choose to make a disclosure to another member of staff. Sometimes students may make an unplanned disclosure to a member of staff who comes across the student experiencing distress. This means that any member of staff in any role may receive a disclosure from a student.

92. Providers should ensure that all staff understand what to do if a student makes a disclosure about harassment or sexual misconduct to them. As a minimum, providers should ensure that staff know where to direct students for further support, information and guidance about its processes. Staff should also know how and when to act on immediate concerns they may have about a student's wellbeing. This is likely to fall within the provider's existing approaches to safeguarding.

93. Providers should inform staff about how to make an appropriate record of the disclosure, to enable it to determine what action to take. (see **paragraphs 110-113**.) For example, providers may ask staff to record disclosures by using the same online tool available to students.

94. Receiving a disclosure from a student can be distressing for members of staff. We encourage providers to take steps to protect the wellbeing of their staff in these circumstances.

Written/online disclosure

95. Providers should provide a route for students to disclose harassment and sexual misconduct online. Providers may decide to invest in a bespoke system[2] which is designed to capture disclosures and reports from students or staff, to provide advice and guidance, and which enables reporting on trends and patterns. Alternatively, providers may operate a simpler system such as an online form or provide an email address for reporting parties to use.

96. Providers should ensure that when providing a method for students to make a disclosure or report online, this is accompanied by information about what will happen when the provider receives the information. This could include:

    a. which department or which staff at the provider will receive the information and the extent to which information will remain confidential
    b. whether any other part of the provider may be informed about the information on a need-to-know basis to appropriately manage risk
    c. whether, how and when the provider will contact the person who submitted the information
    d. what the provider will do next
    e. how long the information will be kept

97. Written forms are helpful tools that can guide students in providing relevant information to enable the provider to identify appropriate support and actions. When a student indicates that they would like to make a formal report, distinct from a disclosure, providers can encourage students to use a reporting form or offer them support to

2 "Report + Support" is the legal trademark of Culture Shift Communications Ltd for the bespoke system it owns. It is common for providers and student representative bodies to refer to other similar systems as "Report and Support".

complete it. Wherever possible, it is helpful that a report form accurately records the student's own description of what they have experienced. If the form is completed by a member of staff on behalf of a student, wherever possible the student should be asked to confirm its accuracy.

Anonymous disclosure

98. It is good practice to have systems in place to ensure that students can choose to make a disclosure anonymously. Providers may also offer this facility to staff and third parties. Online systems can be designed to include this option.

99. Where a student has shared information in person the provider should check that the student is happy for their identity to be recorded. Alternatively, a student who has made a disclosure in person to a member of staff at the provider or a member of staff at the SRB might request that the member of staff then make anonymous record of the disclosure.

100. Providers should explain to students how anonymous disclosures can help it to identify trends and patterns in the experiences of its students. This in turn can help it to take targeted action to address areas of concern. This may encourage greater confidence in both disclosures and reporting.

101. It is helpful to explain to students the distinction between a completely anonymous disclosure, and a disclosure or report where the identity of the student is known to a limited number of provider staff but is kept confidential and will not be disclosed further without the student's consent.

102. Providers must provide clear information to students about the implications and limits of sharing information anonymously. For example:

    a. Students submitting information anonymously can be directed to sources of support via an acknowledgement message or website but won't be individually contacted to be offered personalised support.
    b. The provider will not be able to put in place measures to prevent further contact with the responding student or responding member of staff.
    c. The provider won't be able to update the student individually about any action they have taken in response to the report.
    d. The action the provider can take under a staff or student disciplinary process is likely to be limited where the source of the report is either completely anonymous, or where the identity of the reporting student cannot be shared with the responding student or responding member of staff.

103. While there are some limitations on what formal action providers can take in response to anonymous disclosures, providers can consider whether it would be appropriate to notify the responding student or staff member of the concerns raised anonymously about their behaviour. This may be appropriate where an individual may be unaware that their

behaviour is causing concern and would be likely to be open to a supportive conversation and exploration about modifying their actions. However, in other circumstances, sharing even limited information with the responding person could put the reporting person at risk. Sharing this information may also be the cause of significant distress to the responding person and providers should take care to offer appropriate support in the event that they decide to share the information. It is good practice to document the reasons for the decision to share or not share the information, in a way that is proportionate to the specific disclosure.

The initial response to a disclosure or report

At a glance

Providers should listen to disclosures from students without judgment and direct them to sources of support and advice.

Providers should explain the options available to students which may include formal action to investigate within the provider, making a report to the police, or implementing supportive measures without undertaking any formal investigation. It is important to respect student choice wherever possible.

Providers should make a record of disclosures that is proportionate to the information shared and relevant for what the student making the disclosure is seeking.

Providers should assess the risks to reporting students, responding students and their wider community on receipt of a disclosure or report, in a way that is proportionate to the circumstances.

Providers should consider what actions they can take to mitigate any risks identified and to help support students feel safe in their community.

Listening to the student

104. The first priority when a student shares information with a provider about harassment and/or sexual misconduct is the reporting student's wellbeing. Providers should:

    a. listen without judgment to what the student wants to say
    b. inform the student about sources of support. This could be a trained member of staff, such as a Sexual Violence Liaison Officer (SVLO) or could include external sources of support (Sexual Assault Referral Centres (SARCs), community organisations, online support groups, national helplines, etc).
    c. consider any immediate risks to individuals and take action in accordance with relevant safeguarding procedures.
    d. explain any factors that affect the confidentiality of the conversation. For example, providers may have overriding obligations to make a safeguarding report, particularly where a person under the age of 18 may be at risk of harm.

105. It is not usually appropriate to take immediate steps to test the veracity, accuracy or reliability of the student's account of what has happened when they first make a disclosure. In order to identify relevant support for the student, providers can proceed on the basis that the student is presenting their explanation of what they experienced or witnessed in good faith. (See **paragraphs 244 - 248** for information about the burden and standard of proof within any subsequent disciplinary investigation.)

106. Providers should train all staff who may receive a student disclosure on the limits of the action they are expected to take. For many staff, it will be most appropriate to re-direct the student to an individual or office that has appropriate expertise to respond to disclosures and reports.

Setting out the student's options

107. Providers should help students who have made disclosures or reports to understand the various options available to them and provide the student with support in deciding how to proceed. It is likely to be helpful to include information about:

    a. Appropriate support, whether or not the student wants to take the matter further (see **paragraphs 63 - 65**). For example, in relevant cases of physical sexual violence, providers may give advice about attendance at the nearest SARC.
    b. The possibility of precautionary measures, such as non-contact arrangements, and about limits on when and where providers may be able to enforce these (see **paragraphs 118 – 133**).
    c. Opportunities for informal resolution, such as facilitated dialogue and/or voluntary non-contact arrangements (where appropriate, see **paragraphs 145- 154**).
    d. For disclosures only - deciding to proceed with a formal report
    e. Internal processes for formally investigating another person's conduct under student or staff disciplinary regulations.
    f. Making a report to the police. Providers should be clear that any internal processes will usually be paused during a police investigation or related court proceedings, though precautionary measures may remain in place to protect other students and staff members and be reviewed for the responding student during this time.
    g. Taking some time to consider their options. It is helpful to explain if any of the options available to the reporting student are time-bound. For example, if a responding student is about to graduate the provider will not be able to begin a disciplinary process after that point.

108. When a student has made a formal report and is seeking disciplinary action against the responding person, it can be helpful to explain

    a. how they will be involved in the process, for instance, whether they might be invited to appear as a witness at a disciplinary hearing
    b. the support that will be available to them during the process

c. the anticipated timeframe for the process
d. the possible outcomes of the process
e. that opting for an internal disciplinary approach could undermine a future criminal prosecution

109. Where the student has shared information in person, it is helpful to both talk through this information and give them written information about their options. Students affected by trauma, students in distress and disabled students with conditions affecting their ability to process and retain complex information are particularly likely to find it helpful to be able to refer back to information about next steps.

Making records of oral disclosures and reports

110. It is good practice for staff who receive an oral disclosure to make a brief note of the main points of the conversation. The note may be shared with the reporting student, if they wish to see it. The exact nature and content of the note may vary, based on the extent of what is discussed and what the student has indicated they would like to happen next.

111. Good record-keeping around disclosures can give providers assurance that students have been signposted to appropriate support, and that immediate risks have been identified. It is likely that the guidance providers already give to their staff about making a record about any other kind of safeguarding concern can appropriately be applied to disclosures about harassment and/or sexual misconduct. It is good practice to collate records and store them in a way that enables appropriate access controls and retention periods to be applied.

112. When it is apparent that a student who is sharing information in person wishes to make a formal report with the expectation that a provider will take some action, providers can encourage the student to make a written report. But providers should also be mindful of placing an additional barrier in the way of a student who would prefer to make an oral report.

113. The record of an oral report will need to be more detailed than a record of an oral disclosure. This could include audio/visual recording if the reporting student is comfortable with this. Where possible, it is preferable that oral reports are taken by members of staff with relevant training in trauma-informed practice. It is also important that staff receiving detailed oral reports are able to explore the student's report using open questions. If a student has already made a detailed oral statement at the first point of engaging with the provider, providers may be able to reduce the need for them to participate in further interviews within a disciplinary process. This is contingent on a strong record of the conversation which captures the student's own description of what has happened, without any leading lines of questioning.

Risk assessment and precautionary measures

Regular evaluation of risk

114. When providers receive disclosures or reports about harassment and/or sexual misconduct, including anonymous disclosures, they should take proportionate steps to consider whether there is sufficient information to identify any immediate safeguarding or welfare concerns. Where the information available allows, providers should carry out an appropriate risk assessment to determine whether any immediate action is required to safeguard the welfare of the reporting student, the responding student or member of staff, the wider provider community, or the public.

115. Where reports are anonymous or otherwise contain limited information, providers should use their professional judgment to determine what steps are reasonably practicable, which may include recording the information, monitoring for patterns or repeat concerns, or taking broader preventative measures, rather than conducting a full individualised risk assessment.

116. Providers may use a risk assessment methodology that best suits their context and the issues raised by the disclosure or report. Some useful models are included in the **Universities UK Guidance For Higher Education Institutions: How To Handle Alleged Student Misconduct Which May Also Constitute A Criminal Offence**. Other models and templates have been developed by specialists in gender-based violence and safeguarding, some of which draw upon vulnerability-related risk models developed by police forces in the UK. (See the useful resources section for alternative or additional models).

117. It is good practice to identify the factors that may alter the provider's assessment of the risk in a particular case and make a plan to revisit the assessment and identification of mitigating actions accordingly. The frequency that is appropriate in revisiting a risk assessment will vary depending on the specific risks identified, the steps taken to manage the risks, and other factors that may change the risks, such as changes to students' wellbeing, students completing their studies, or action by other agencies.

Precautionary measures

118. Precautionary measures may be appropriate in response to any disclosure or report about harassment and/or sexual misconduct, regardless of whether the report is about a student or member of staff, and regardless of whether there is also a police investigation. Paragraphs 115–122 of our **Good Practice Framework: Disciplinary procedures** set out more information about applying precautionary measures in student disciplinary cases.

119. The purpose of precautionary measures is to mitigate the risks that have been identified. Precautionary measures are often considered when a provider receives a disclosure or report, and/or when it begins an investigation under a disciplinary process, but providers may consider precautionary measures at any point when it identifies a risk that could be effectively managed in this way. The measures are not intended to be punitive. It is good practice to identify and take the least disruptive precautionary measure that will manage the risks identified effectively. Where a responding student is prevented from accessing some physical spaces or facilities, or their studies are interrupted, it is good practice to document the reasons why a less disruptive approach was not considered appropriate. Where a precautionary measure might interfere with a student or member of staff's rights under the European Convention on Human Rights, (for example the right to freedom of expression) providers should document the reasons for considering that the action is proportionate.

120. Some precautionary measures may have a disproportionate or unintended impact on some students. For example, requiring a student to study remotely may be incompatible with a disabled student's reasonable adjustments, or may be difficult to align with the attendance requirements required by a PSRB or linked to an international student's visa. It is good practice to try to identify the consequences of a precautionary measure and to document reasons for considering whether the measure is proportionate.

121. Providers should be flexible in identifying an approach that is appropriate to the specific circumstances. Precautionary measures may be applied to either or both the reporting student and responding student or responding member of staff. In some circumstances measures might also be applied to witnesses or wider groups of students, such as clubs, societies or cohorts. Some examples of precautionary measures include:

    a. Ensuring reporting and responding students or responding members of staff are not required to work closely together, for example by rearranging seminar groups, project groups, or work placements.
    b. Adding a third-party observer, for example, in supervisory sessions.
    c. Putting in place a non-contact arrangement.
    d. Limiting access to specified physical spaces at certain times of day or on certain days.
    e. Restricting or prohibiting access to specified physical spaces or online spaces for a defined period.
    f. Prohibiting access to all physical spaces but enabling a responding student to continue their studies remotely for a defined period.
    g. Interrupting a responding student's studies completely for a defined period.

122. Where relevant, providers may take into account any bail conditions or civil orders such as restraining orders or non-molestation orders, when putting precautionary measures in place.

Limitations on precautionary measures

123. A provider can usually limit access to physical and online spaces that it owns or manages but is unlikely to have any authority to impose restrictions on access to public spaces or spaces owned by independent third parties. Restricting the access of a responding student or member of staff to a public space (such as a bar or other leisure facility) may be agreed on a voluntary basis. Providers should explain when they are unable to impose restrictions on use of physical or online spaces.

124. Providers may be able to explore restrictions to some spaces owned by independent third parties where there is an existing partnership arrangement, for example student representative bodies, student accommodation providers, placement or work-based learning providers. Providers may find it helpful to explore hypothetical options with regular partners, or partners where existing data suggests that issues commonly arise, to reach a baseline understanding of what may be possible, in advance of a specific incident.

125. Some targeted precautionary measures can only be implemented by disclosing the identity of the reporting student to the responding student or responding member of staff. Providers should explain this clearly to reporting students. It is important to respect the confidentiality of reporting students where this is requested, and to recognise where revealing their identity may place them at increased risk. However, providers should ensure that this does not lead to disproportionate precautionary measures being put in place as a default.

Considering impact and effectiveness of precautionary measures

126. It may be necessary to consult staff in different roles at the provider or in partners about the practicality of some precautionary measures. For example, it may be necessary to explore with academic staff whether a student can access some teaching online rather than in person, or whether it is appropriate for a student to continue to work on academic submissions but not be in attendance on a work placement. Providers should be mindful of the confidentiality of both reporting students and responding students. Providers will need to exercise judgment in providing sufficient information to enable those being consulted to give a response that is informed by the context, without sharing unnecessary details. Providers should be clear on who will take the final decision about what precautionary measures to apply.

127. It is good practice to consider the views of the reporting student about the effectiveness and impact of precautionary measures. Providers can take a proportionate and trauma-informed approach when considering how often it should seek input from reporting students about how well any precautionary measures are working. It may not always be possible to seek the views of the reporting student, for example, where it is necessary to act rapidly. It is important to explain clearly to reporting students that whilst their views are being considered, the final decision about what, if any, measures to impose is for the provider to make.

128. Providers should also explain to reporting students how to raise any concerns about the operation of any precautionary measures, for example if a responding student is continuing to make contact despite being asked not to do so. Information about non-compliance with a precautionary measure is likely to prompt a re-evaluation of risk.

129. Even though no disciplinary findings have been made, it is reasonable for providers to expect students to comply with precautionary measures it has imposed. A provider may consider a failure to comply with precautionary measures as a separate disciplinary matter. It will often be proportionate to consider this potential breach within the same investigatory process rather than begin an entirely separate disciplinary investigation.

130. It is good practice to provide the responding student with an opportunity to make representations about the impact of a precautionary measure, and to document the reasons for either maintaining the precautionary measure or altering it. When a responding student does not challenge the precautionary measures, it is still good practice to review these regularly. Providers will wish to be particularly alert to the welfare of students that may become isolated from their peer group.

Duration of precautionary measures

131. Precautionary measures are usually intended to be of relatively short duration, until the completion of an investigatory process. However, in some cases, the continuation of precautionary measures may be a satisfactory response to a report (see **paragraphs 145 – 154**).

132. If precautionary measures cause significant disruption to the responding student's ability to engage in their studies and benefit from the full range of facilities usually available at the provider, and/or the responding student does not agree to the measures, they should not be applied indefinitely. The greater the impact on the responding student, the more important it is to establish whether there has been a breach of the provider's rules and regulations, such that precautionary measures may be replaced by penalties. Moving forward with a formal disciplinary process at the earliest opportunity is usually the most appropriate way to apply ongoing restrictions to a student.

133. Sometimes providers are prevented from moving forward with a disciplinary process, for example because a police investigation is taking place. If this happens, it is good practice to keep reporting students and responding students updated as to any progress or indicative timeframes where these are known, taking into account any wishes expressed by each student about the frequency of such updates. Where there is an extended period of uncertainty it is important that both reporting and responding students are supported. If a partial suspension of access to facilities is prolonged, this may have a negative effect on a student's academic progress as well as on their enjoyment of their studies. Some responding students may prefer a full interruption, enabling them to take time away with a planned return date that fits with their programme of study. Responding students may benefit from access to independent advice about issues including future module offerings, student finance, visa issues, and accommodation in these circumstances.

After the initial response

At a glance

It is the provider's responsibility to decide what action to take in response to a disclosure or report. Providers must weigh up the interests of the reporting student and the risks it has identified.

Whatever approach the provider decides to take, it should document its reasons for the decision, proportionate to the disclosure or report. It is good practice to explain this decision to the reporting student, unless they have asked not to be kept informed.

Where the reporting student is dissatisfied with the provider's choice of approach, they should be given a route to request a review of that decision.

134. After a provider has provided an initial response to a student making a disclosure or a report, it should decide what further action, if any, should be taken. In making this decision, providers will need to take into account:

    a. The wishes of the student who shared information about the harassment and/or sexual misconduct. In general students making a report would like the provider to take some form of action. Students who have made a disclosure may not want a provider to take further action. Providers should focus on the content of what the student has shared, rather than the format or mechanism that was used to convey the information.

    b. The risks it has identified to the reporting student, responding student and other members of its community, and how these may manifest or be mitigated by taking particular types of action. Providers should give careful consideration to the views of the reporting student, especially where the reporting student perceives a risk of further harm. It is not appropriate to place pressure on reporting students to participate in a formal process if they do not wish to do so.

135. Providers should establish mechanisms to identify instances where a single disclosure or report has not provided enough information to prompt further action, but where cumulative disclosures or reports indicate that this may be appropriate.

136. Where the reporting student is not the student directly affected by the behaviour that has been reported, a provider will need to decide whether to contact that student. It may not be appropriate to do so if the report indicates that the student wishes to be anonymous or not contacted, or where contacting them could pose a risk to them. The affected student should receive the same kind of support as described for reporting students.

137. Providers may decide between one or more of several different approaches, including:

    a. No further investigatory action
    b. Informal resolution
    c. Information gathering outside a student or staff disciplinary process focusing on the impact experienced by the reporting student
    d. Referral to alternative procedures including support for study or fitness to practise procedures
    e. Referral to the police
    f. Formal investigation under a staff disciplinary process
    g. Formal investigation under a student disciplinary process

138. A reporting student should be able to request a review about the approach the provider decides to take (see **paragraphs 298 - 303**). Whichever approach a provider takes, it should continue to direct students to support for their wellbeing.

Timeframes

139. The different approaches that a provider may take to reach a resolution after the initial response to a disclosure or report are likely to take different amounts of time. The complexity of an issue will affect how quickly it may be resolved. Whatever route is followed, providers should try to reach a resolution as quickly as possible. It is good practice to give students indicative timeframes for the next steps in a process, and to keep them informed about progress or any delay.

140. Factors which may legitimately extend the time taken to reach a resolution include:

    a. Taking account of the impact of the process upon other significant events for the students involved, such as assessment periods
    b. The unavoidable absence of the reporting person, responding person or other witnesses, such as sickness absence
    c. Taking a slower pace as part of a consciously trauma-informed approach
    d. Needing to gather information from a large number of witnesses or from sources external to the provider
    e. Needing to suspend action pending the outcome of actions being undertaken by the police or other statutory agencies.

A. No further investigatory action

141. Where a disclosure has been made only for the purpose of seeking support, it will often be appropriate for the provider not to investigate what has happened. This is contingent on any risks identified being appropriately managed in the absence of an investigation. A provider may also decide that it cannot take any further action to investigate reports that lack information about specific incidents or behaviours, that do not contain enough information to identify a responding person or are anonymous.

142. Sometimes a reporting student may have shared a concern that could not amount to a breach of the provider's expected standards of behaviour. For example, where the behaviour was carried out by someone who is not a part of the provider's community, or where the incident would clearly not meet the provider's definitions of harassment and/or sexual misconduct. In these circumstances a provider should not pursue a disciplinary investigation even if that is what the reporting student would like.

143. If a provider has good reason to consider that a report has been made in bad faith, or is a repeated report from a student that has already been investigated, it may be appropriate not to take any further action to investigate it. Making repeated reports about the same issue, or making intentionally false reports could amount to harassment of another individual and providers can consider such conduct as a disciplinary matter. However, providers should clearly explain that students may make multiple reports about different incidents and that disclosures or reports that are made in good faith will not result in any disciplinary action. It is helpful to explain the difference between a report that is made in good faith that might not result in any clear disciplinary findings, and a report that contains deliberate falsehoods or with the primary aim of causing harm to another person.

144. When a provider decides not to take any further investigatory action, it should record its reasons. Unless the reporting student was anonymous, or they have asked not to be updated, the provider should explain its decision to the reporting student.

B. Informal resolution

145. Informal resolution can enable providers to find a resolution that is acceptable to both reporting and responding students. There is no set form that informal resolution may take; the term describes a pragmatic and proportionate approach that is responsive to the particular circumstances. Successful informal resolution will often focus on what actions will benefit students moving forward, rather than seeking to establish a definitive interpretation of something that has happened or explicitly apportion blame. It is important to consider whether any form of informal resolution will be sufficient to manage any risks that have been identified.

146. Some measures may be taken to resolve a reporting student's concerns that do not require any communication with the responding person. For example, if this is what the reporting student would find helpful, a provider may be able to assist them by making changes to their teaching groups, timetable, supervision, or accommodation, to reduce their contact with another individual. Providers might also consider additional monitoring of a particular location or social media thread; or delivering training to staff and/or students in general.

147. A common form of informal resolution is a non-contact arrangement, which may be for the duration of either the reporting student's period of study or the responding student's period of study. For example, students may agree not to contact each other. A student may agree to move to alternative accommodation. This approach is more likely be successful when the measures do not have a significant impact on either party's ability to engage in their study or work. For example, a responding student agrees not to use a particular study area on campus, but is able to use several alternatives. In these cases, it may be helpful to clarify to responding students that agreement to the arrangement will not be understood as an admission of any wrongdoing.

148. A person who was unaware of the impact of their behaviour or did not intend their behaviour to have the impact it did, may agree to offer an apology as part of an informal resolution. They may also agree to undertake some activity to deepen their understanding about why their behaviour had this impact.

149. Informal resolution may include a form of facilitated dialogue, such as mediation. Facilitated dialogue may be helpful in cases where someone is unaware of the impact that their behaviour has had on another member of the provider's community or where a person needs help understanding and navigating cultural norms that may be new to them. A reporting student may want to be involved in the dialogue or may prefer for just the provider to speak with the other party.

150. Mediation processes must be voluntary. It is not appropriate to compel any member of the provider's community to participate in a mediation process. Consent from both parties should be informed, freely given, and participants can choose to withdraw from the process. Providers should not draw any conclusions about the credibility or value of the information a student has supplied because they are reluctant to participate in these processes.

151. Mediators may be members of the providers community or be external to it. Mediation is a skilled activity, and it is beneficial for providers to train any members of its community it appoints to carry out this role, and to offer them welfare support.

152. Information gathered during mediation processes is usually confidential to that process. It is good practice for an agreement to mediate to be drawn up in writing and signed by all parties at the outset of mediation. The agreement should set out the terms/principles of the mediation, including confidentiality.

153. Mediation will not be appropriate for the resolution of cases of harassment and/or sexual misconduct where there in any indication of coercive control or where there is a significant power imbalance, such as between a member of staff and a student.

154. Where any form of informal resolution is attempted but is not successful, providers may consider whether it is appropriate to move to an alternative approach (listed at paragraph 137). If a form of informal resolution is successful, it will not usually be necessary to offer any student the right to ask for this to be reviewed, nor to automatically issue a COP Letter.

C. Information gathering outside a student or staff disciplinary process focusing on the impact experienced by the reporting student

155. It is not usually possible to carry out a formal investigation under a student disciplinary procedure if the responding student has left the provider. This is because there is usually no longer a contractual relationship between the provider and the responding student, under which such procedures operate. (Some providers may maintain a different contractual relationship with alumni and may operate formal disciplinary regulations within that relationship). If a responding student was on a course leading to a qualification in a regulated profession, providers should seek advice from the relevant PSRB as to any additional responsibilities they may have about the student's ongoing fitness to practise. Providers may find it helpful to develop a policy about the time window within which it might consider beginning or restarting a disciplinary investigation if a student were to rejoin the provider.

156. For responding members of staff who have left the provider, providers may need to seek advice from an employment law expert about the extent to which disciplinary findings can be made, and to explore the provider's responsibilities in the areas of safeguarding, references and the member of staff's fitness to practise in a regulated profession (where relevant).

157. A provider may still be able to carry out an investigation under its disciplinary procedures if a reporting student does not agree to participate in that investigation. For example, where independent evidence exists about the behaviour (e.g. CCTV footage, social media posts) the evidence of a person who informed the provider about the issue may not be

critical. But in many cases, it is likely that a provider will decide that it cannot carry out a fair disciplinary investigation if the reporting student does not participate in the process or does not want their identity to be known.

158. It may also be difficult to carry out a fair investigation under a disciplinary process where significant time has elapsed since the reported incident or behaviour that has been reported. In these circumstances, the responding person may not have a fair opportunity to present a defence under a disciplinary process.

159. In the circumstances set out in **paragraphs 156-158**, an investigation outside a formal staff or student disciplinary process may still be meaningful. Such an investigation would not focus on the conduct of an individual; an investigation outside a disciplinary process cannot reach formal findings that an individual responding person has breached the standards of behaviour expected of them. But an investigation may be able to identify lessons learned, cultural or systemic issues that may be addressed, and opportunities to improve policy and process. It is helpful to explain to reporting students the types of outcomes that may be possible under this approach.

D. Referral to alternative or additional procedures

160. In some circumstances it may be appropriate to use a **Support for Study** process. This may be an appropriate route where a responding student is not currently fit to participate in either informal resolution or a disciplinary investigation process. Or it may be appropriate where the responding student presents a level of risk, to themselves or to other people, that is too high for the provider to manage through its normal support procedures. In some cases, this level of risk might be linked with a diagnosed or undiagnosed health condition, but it does not need to be. Sometimes a disclosure or report might suggest that the reporting student could benefit from additional support under a Support for Study process.

161. Where a responding student is not able to participate in a disciplinary or other process, the reporting student should be informed, but it will not usually be appropriate for the provider to share details about the responding student's health. Providers should continue to offer the reporting student support, which may include the continuation of precautionary measures until the responding student is able to engage in an investigatory process.

162. Providers may decide to begin or recommence a disciplinary process after a support for study process has been used, when the responding student is able to engage.

163. In some circumstances it may be appropriate to also use a **Fitness to Practise** process, if a responding student is studying towards a professionally accredited qualification or qualification in a regulated profession. It will usually be appropriate to carry out a single investigation to establish what has happened on the balance of probabilities, and to consider those findings separately through the lenses of the provider's expectations about behaviour, and the regulated profession's requirements.

E. Police investigations

164. A provider will not usually be able to carry out an investigation under its disciplinary procedures while there is an ongoing police investigation. The provider should normally respect the right of the reporting person to decide if they wish to make a report to the police. However, there may be occasions where a provider may need to report the incident(s) to the police or take other action to safeguard its community where it has identified a likely risk to someone's safety or wellbeing. Section 7 of the **Universities UK Guidance For Higher Education Institutions: How To Handle Alleged Student Misconduct Which May Also Constitute A Criminal Offence** can be a useful tool to help providers consider what to take into account when deciding whether or not to disclose information to the police without the reporting student's consent.

165. A police investigation may make demands of a provider that conflict with good practice within its internal practices, for example by introducing lengthy periods of delay, or preventing providers from sharing information with either or both reporting and responding students to protect the integrity of the police investigation. Providers should document the reasons if and when they are unable to take actions that they otherwise would, because of a police investigation. Providers should continue to prioritise support for involved students and to re-visit risk assessments when there is any material change in circumstance.

F. Formal investigation under a staff disciplinary process

At a glance

Providers should explain to reporting students how staff disciplinary processes work and how they may be asked to participate. Providers should support reporting students during and after the process.

It is not enough just to tell a reporting student that their report is being taken forward under a staff disciplinary process. Students should be given an outcome to their complaint that gives them assurance about their continued engagement at the provider, regardless of whether the case against the member of staff was upheld and/or penalties applied.

166. The OIA's remit is to consider complaints from students, and we have no remit to consider provider's staff-facing processes, except in as much as these directly involve students. The Good Practice Framework does not directly apply to the processes a provider might follow to investigate a report about a member of staff or to staff misconduct procedures, although providers may decide to apply the principles outlined. The processes providers may follow will depend on their different legal responsibilities and employment contracts, which are beyond the scope of this guidance.

167. It is appropriate, and compatible with many providers' Freedom of Information obligations, to make information that describes staff disciplinary processes publicly available. When a provider decides to investigate a student's report under its staff disciplinary processes, it should:

    a. Explain to the reporting student whether, when and how they may be asked for more information than has been included in their written report
    b. Explain whether they will be given an opportunity to see and respond to any information supplied by the responding member of staff or gathered from other sources including other witnesses
    c. Explore with the student whether they can attend any disciplinary hearing, explaining their right to be accompanied to the hearing by a supporter (see **paragraphs 216 - 225**) and explaining what steps will be taken to support them feeling safe at a hearing.

168. When a report about harassment and/or sexual misconduct results in an investigation under a staff misconduct procedure, the reporting student must be given an outcome to their report (see **paragraphs 269 - 276**).

G. Formal investigation under a student disciplinary process

169. The rest of this section gives additional detail about good practice in operating a student disciplinary process.

Informing the responding student about the report

At a glance

When informing responding students about a report, providers should be mindful of the impact this will have and direct the responding student to sources of support.

170. The risk evaluation that a provider has done upon receipt of a report will be relevant to deciding when and how to tell the responding student about a report that has been made about their behaviour. It is usually appropriate to inform the responding student about a report soon after the provider has decided it will begin an investigation under its student disciplinary procedures. However, in some circumstances it may be appropriate to take steps to gather or secure some evidence before taking this step.

171. Providers should use their judgment, based on their knowledge of the individual student, as to how to notify the responding student that there will be a disciplinary investigation. It may be appropriate to notify the student in writing, or to offer a phone call, or virtual or in-person meeting.

172. Providers should consider the timing of any notification so that students are not notified at a time when support will not be available. Providers may also consider the potential impact of the notification (for example, on any significant academic assessments). For example, it could be proportionate to delay for a few days provided risks can be adequately managed, particularly where the behaviour that has been reported would not be likely to attract severe penalties if proven.

173. If a student is asked to attend a notification meeting, it is good practice to hold this as swiftly as possible, to reduce the period of uncertainty for the responding student. The student may wish to be accompanied to this meeting by a supporter, and it will usually be appropriate to facilitate this. If a responding student asks for additional time, the provider should consider their reasons for this carefully.

174. If there is a telephone call or meeting, providers should explain the purpose of the conversation to the responding student. Usually, it will primarily be focused on informing the student about the report and providing support and will not begin to collect testimony from the reported student.

175. If there is a telephone call or meeting, it is preferable for this to be conducted by a member of staff who has not already been providing support to the reporting student or to other witnesses.

176. It is not usually necessary to make a verbatim record of what is said in this initial conversation. It is good practice for the member of staff having the discussion to make a note of the main points discussed. After the meeting it is good practice to summarise the content of the discussion and to share this with the student.

177. Whether the notification is made orally or in writing, it should:

    a. Include brief information about the nature of the disciplinary issue that is being considered
    b. Direct the responding student to sources of support
    c. Inform the student of their right to be accompanied by a supporter to any meetings.
    d. In some cases, where a risk has already been identified, it may be appropriate to inform the responding student about precautionary measures that are being put in place and how the responding student can seek any variation in these measures.
    e. Direct the student to where they can find information about the disciplinary process, or outline
        i. when the student will have an opportunity to receive more information about the report;
        ii. when they will be able to make a response;
        iii. who is expected to carry out an investigation;
        iv. what will happen if the student accepts that their behaviour has fallen short of the expected standards;
        v. what the possible outcomes from the process may be.

178. After the responding student has been notified, it will usually be appropriate to begin the process of gathering more information. However, depending on the initial response of the reporting student providers may:

    a. Revisit the assessment of risks and of mitigating actions, including precautionary measures
    b. Reconsider whether any other approach may reach a satisfactory outcome, including options for informal resolution
    c. Reconsider whether any other process including Support for Study may be relevant
    d. Reconsider whether it is appropriate to make a report to the police

179. Providers should keep reporting students informed of any significant developments, particularly where there may be a reason to move away from a full disciplinary process.

The investigation and information gathering stage

At a glance

Providers should appoint investigators who are not providing wellbeing support to the students involved.

Investigators should exercise their judgment about the manner and extent of information gathering that is proportionate, taking an approach that prioritises the wellbeing of all students involved in the process.

Investigators will need to consider how to respond to any additional disclosures, reports or counter claims on a case-by-case basis.

It is good practice to document the reasons for any choices made about how to carry out the investigation.

Once the investigator considers they have completed the information gathering, it is good practice to prepare a report that can be shared with both reporting and responding students, subject to any privacy requirements.

Appointing the investigator

180. Where the provider decides to carry out a student disciplinary investigation, it should appoint an investigator as soon as possible. Wherever possible the investigator should be trained in how to gather and evaluate information using trauma-informed techniques. This is particularly important where the behaviour has already had a severe impact on the reporting person.

181. In accordance with the principle of fairness, the investigator appointed should not have been involved previously in the matters being considered in a student's case. This means that the investigator should not be a person giving support to either the reporting student, the responding student or witnesses, where this support goes beyond providing advice about the reporting and disciplinary procedures. If a facilitated dialogue or mediation has been attempted but was unsuccessful, the person who led that discussion should not carry out the disciplinary investigation.

182. It can be helpful to give the reporting student and responding student an opportunity to raise concerns about the individual appointed as the investigator as early as possible, before any confidential information is shared. This enables the provider to consider whether either student has a reasonable basis for any concerns raised and address any actual or reasonable perceptions of bias. This also helps to give students some agency and confidence in the investigation process (see **Good Practice Framework - Bias and the perception of bias**).

183. In most cases it will be appropriate and reasonable for a provider to appoint an internal staff member to conduct the investigation. Equally, providers may decide to appoint an external company/investigator, to carry out the investigation on its behalf. This can be beneficial to increase a provider's capacity or access to expertise. Where a provider chooses to do this, it retains overall responsibility for the process followed and any decisions made.

184. Providers may wish to consider arrangements to use resources within existing partnership arrangements or setting up partnerships with other providers explicitly to offer each other access to independent additional resources.

Gathering information

185. Investigators will not have the same access to resources as those conducting criminal investigations. Providers cannot compel individuals to cooperate in investigations or provide evidence, but they should do all they can to obtain as much relevant information as possible. This may include:

    a. interviewing or requesting more information from the reporting student
    b. (where this is different) interviewing or requesting information from other individuals who directly experienced the behaviour
    c. interviewing or requesting information from the responding student
    d. interviewing or requesting information from other relevant witnesses
    e. requesting relevant evidence from reporting students, responding staff and students and witnesses, which could include, for instance, emails, direct messages or social media posts, photographs, medical reports, etc
    f. obtaining/securing any relevant CCTV footage. This may include taking swift action to secure the footage to avoid it being deleted in line with normal data retention policies
    g. Seeking information from relevant technical experts (for example, gathering information from a provider's IT support function about activity that took place on its own IT system)
    h. Gathering information from other publicly available sources (e.g. social media posts)
    i. Finding out whether any previous disclosures that were not investigated indicate that there may be a pattern of behaviour that might now require further exploration

    The process followed at the investigation stage will, to some extent, be governed by the reporting process and the level of detail that the reporting student chose to share during that process.

186. Investigators will need to take a flexible approach to the information gathering process and be responsive to the preferences of the reporting and responding students and students who are witnesses about formats that work for them. Investigators will also need to consider whether to make reasonable adjustments to the information gathering process to take account of the individual needs of students.

187. It is good practice to provide students with notice of formal interviews including details about who will be present. It is good practice to supply written information in advance about the process that is being followed and to remind students of the support that is available to them. Any student may wish to be accompanied to an interview by a supporter, and this should be permitted (see **paragraphs 216 - 225**).

188. Providers will need to think carefully about how much information to provide to the responding student in advance of any interview. Responding students must be given enough information to enable them to understand what behaviour has been reported as being unacceptable, and to understand when and where the incidents are described as having taken place. However, to ensure a fair investigation, it may be helpful in some circumstances to allow a responding student a first opportunity to present their account before sharing all the details supplied by the reporting student or gathered from other sources. A responding student may be placed at a disadvantage by focusing only on responding to what the report includes and may therefore not present other relevant information that is not yet known to the investigator.

189. Providers should interview students involved in the investigatory process, including witnesses, separately from each other. This helps providers to control how much confidential information is shared with each student and can reduce concerns about collusion between witnesses, that could undermine the value of their evidence.

190. Although providers must not require students to adhere to any Non- Disclosure Agreements (NDAs) they should explain how discussing the content of the interviews or of their written information with other people involved in the process or widely with other members of the provider's community could have a detrimental impact on that process. Providers may also ask students not to disseminate information using social media before a conclusion has been reached. It can be helpful to explain to students why a lack of confidentiality can undermine the quality of the evidence and make it harder to reach conclusions. It is good practice to remind students about the support services they are still able to talk to about the investigation and their own wellbeing.

191. Where there are multiple reporting students or multiple students affected by the behaviour, they may already have discussed the matter before making a report or before being interviewed. It can be helpful for the investigator to explore and document this, for example, noting that Student A was prompted to remember a detail after discussion with Student B.

192. Investigators must approach gathering information from a position of neutrality, and endeavour to take an exploratory approach rather than an adversarial or interrogative one. When investigators ask students questions, it can be helpful to explain why the question is relevant, particularly where a question may seem insensitive or open to misinterpretation.

193. It is good practice to provide any person who is interviewed with a note of the meeting. Investigators may choose to make an audio/visual record of interviews and may decide to produce a full transcript but this is at their discretion. It is also good practice to provide the person with an opportunity to add any points of clarification to the meeting record. Where there are conflicting recollections about the meeting, the record can note this; it is not always necessary to reach a point of agreement.

Additional reports

New reports for the same responding student

194. During the investigation process, students or other people may report additional incidents of behaviours that could be harassment or sexual misconduct, or may report experiencing victimisation because of making a report or participating in the disciplinary investigation. The investigator will need to decide whether these are matters that can be considered within the same investigatory process, or whether they should be considered separately. In making this decision, investigators should consider:

    a. How closely related the incidents are, for example, whether they involve the same people, whether they took place within a short space of time, whether they might form a pattern of repeated behaviour.
    b. Whether adding a new area for investigation would significantly delay being able to reach a conclusion on the matters already in hand.
    c. The impact on reporting and responding parties of running two separate processes concurrently or consecutively.
    d. Whether the provider has sufficient trained staff resource to run a second investigatory process entirely separately from the first process.

Counter reports

195. During the investigation, responding students may raise counter reports against the reporting students. Providers will need to respond to the new reports, in terms of considering students' welfare and support needs, evaluating risks and identifying any new or additional precautionary measures that may be appropriate.

196. Providers should not assume that a report made by a responding student is purely retaliatory nor that a report is more likely to be true because it was made first. However, providers should also be alert to attempts to manipulate the situation. It may be helpful if investigators have an understanding about DARVO tactics (Deny, Attack, Reverse Victim and Offender) that may be used by abusers.

197. Providers should decide how to investigate counter reports and whether to open a disciplinary process against another student or member of staff on a case-by-case basis. Providers may decide to:

    a. Investigate all the reports concurrently, leading to separate disciplinary hearings.
    b. Investigate all the reports concurrently, leading to a customised joint disciplinary hearing.
    c. Complete the first investigation and disciplinary process before investigating the new reports.
    d. Pause the first investigation and disciplinary process to investigate the new reports.

198. In deciding what approach to take, providers may consider prioritising:

    a. Investigation into the reported misconduct which, if proven, would attract the most severe penalties.
    b. Investigation of any behaviours which may raise fitness to practise concerns for students or staff.
    c. Investigation of the behaviour of students with limited time left in their studies.

199. Providers should also be mindful of the principle of minimising the need for students to repeat difficult information.

200. It may be possible for the same investigator to gather information and evidence about the reports made by different students. This is likely to reduce the impact on all students of having to repeat themselves. Provided the investigator has carried out the investigation from a position of neutrality, has not only sought out evidence that corroborates one version of events, and has not expressed conclusions about what may have happened, this would not automatically give rise to a reasonable perception of bias. Providers can mitigate any perception of bias in such an investigation by requiring that a different member of staff or panel makes the decision about any disciplinary findings.

201. Any new reports, whether additional reports about the same responding student or counter reports, should prompt the provider to consider revising its assessment of risk and the mitigating actions previously identified.

Concluding the investigation stage

202. Investigators will need to exercise judgment to decide when enough information has been gathered. The length, depth and breadth of an investigation should be proportionate to the complexity of the behaviour being investigated, the severity of the penalties the misconduct could attract if found proven, the severity of the impact on the reporting student and the continuing risks identified. Investigators should use their judgment about the potential value of pursuing different lines of enquiry, weighing this against the impact upon all students concerned of prolonging an investigative process. It is good practice to document reasons for deciding not to seek out particular information, especially where the investigator decides not to interview a witness that has been identified by the reporting or responding parties.

203. Investigators must carefully balance the need to minimise the number of times either reporting or responding students are asked to describe what has happened, with the need to explore any gaps or contradictions in the information that has been gathered. A careful exploration of the evidence at this stage may reduce the need for detailed re-examination via a hearing.

204. It is good practice for investigators to prepare a report summarising the information that has been gathered in a neutral way. It may identify any broad areas of agreement as to what happened. The report may state in factual terms where there are gaps or contradictions in the information gathered, and where there is evidence which appears to support the reporting and/or responding student's accounts. The report may draw attention to the quality of information, for example, whether it was obtained close to the time of the incident(s) described, whether it could have been amended or edited.

205. The investigation report should be in a form that can be shared in full with the responding student. Providers should also consider whether it will be beneficial to share it with the reporting student. Where there are multiple reporting students, it may be appropriate to share only sections of the report that relate to each reporting student with them.

Proceeding to making a decision

At a glance

Providers should ensure that their procedures clearly set out who will make decisions about disciplinary findings and about applying penalties.

Providers should take steps to ensure that reporting and responding students have sufficient opportunities to present their perspectives to decision-makers. A disciplinary hearing in the form of oral representations in front of a panel is an effective mechanism to enable this and to allow decision-makers to test evidence. Providers may decide it is not appropriate to hold a hearing in some circumstances.

206. At the end of the information gathering stage, a provider should usually move onto making a decision about whether the responding student's behaviour did not meet the expected standards. Occasionally an investigation may result in the provider exploring some alternative form of informal resolution, where the reporting and responding students have indicated that this would be acceptable.

207. It is a matter for each provider to determine, in its particular context, who has responsibility for deciding whether a student's behaviour is in breach of its regulations and if so whether to apply a penalty. This may be the investigator, a separate individual decision-maker, or a decision-making panel.

208. Where a provider has appointed an external investigator, the investigator should not formally determine that a student has breached the provider's disciplinary regulations, nor apply penalties. The provider must maintain ownership of these decisions. In these cases, it is important that the external investigation report does not appear to make formal findings that the responding student has breached the provider's standards of behaviour. The report may include recommendations for a member of staff or panel acting as the decision-maker to consider.

209. In our **Good Practice Framework: Disciplinary Procedures** (paragraphs 109 – 114), we explain that many providers give specific staff roles the power to take decisions regarding minor disciplinary cases at a local level. Such an approach gives providers the flexibility to deal with cases in a prompt and proportionate way. But providers should exercise caution when applying this approach to cases related to harassment and/or sexual misconduct.

210. It is common practice to establish a panel to make decisions about any disciplinary matters that could attract a severe penalty. A panel provides the opportunity for a diversity of perspective and experience to be brought to the decision-making process. By design, having more than one decision-maker encourages discussion to test the soundness of the decision-making rationale.

211. Holding an oral hearing before a disciplinary panel is also a common practice, borrowed from well-established legal custom. For any disciplinary decision to be reached fairly, the decision-makers must "hear" both sides. It is commonly accepted that being able

to present one's position orally, either in person or virtually, in addition to making written submissions, is beneficial to the parties and to the decision-maker. A hearing allows for more immediate and tailored question and response than the same process in writing would entail. It allows responding students the opportunity to test the evidence against them. In an oral hearing, each witness, including reporting and responding students, may present their own information as they choose, unfiltered by the perception of the information-gatherer. Panel-members at oral hearings may consider how a person's ability to answer questions at an oral hearing supports the credibility or veracity of their account.

212. However, there are also reasons why holding an oral hearing can be very challenging in cases related to harassment and sexual misconduct. Any student may prefer not to present information orally to a panel, and this may not be appropriate for some disabled students or students affected by anxiety or communication difficulties. Having to repeat information that has already been shared may re-traumatise individuals. Being subjected to questioning can also be very difficult. An oral hearing can be an opportunity for further harm to be caused by the interactions between students.

213. At the end of the information gathering stage, providers must decide whether to hold an oral hearing before reaching a decision, or whether it is appropriate to reach a decision without a hearing. The investigator may make this decision about process steps, although involving another member of staff in that decision can help address any perceptions of bias.

214. Examples of when a provider may decide not to hold an oral hearing include:

    a. When a responding student accepts that their behaviour fell short of the expected standards. Providers should take care to ensure that the student fully understands what they are admitting to. Providers must also give responding students the opportunity to provide details of any mitigation. It is important to ensure that the responding student is fully aware of the consequences of accepting that their behaviour fell short of the expected standards without the benefit of a hearing. For example, the student should be told whether and how this will be recorded on their student record, and whether it will be taken into account in future disciplinary or fitness to practise proceedings.
    b. When it is clear from the information gathered during the investigation stage that the reported behaviour does not amount to a breach of the provider's expected standards of behaviour, that is, there is no case to answer.
    c. When the reported behaviour, if proven, would attract only minor or moderate penalties.
    d. When the responding student does not want to take part in an oral hearing.

Holding a disciplinary hearing

At a glance

Providers should allow any student attending meetings or hearings to be accompanied by a supporter. The provider should define the parameters of the role of the supporter and emphasise the confidential nature of any information shared.

Providers should give students attending hearings information in advance to help them understand how the hearing will operate.

Providers should take steps to support the wellbeing of all students involved in hearings, to minimise as far as possible any distress caused by their attendance.

215. Paragraphs 138–146 of our **Good Practice Framework: Disciplinary Procedures** provides advice on arranging and holding student disciplinary hearings. In the following paragraphs we provide some additional information on good practice specific to disciplinary hearings related to reports of harassment and/or sexual misconduct.

Support and representation

216. Any student participating in an investigation meeting or disciplinary hearing may wish to be accompanied by a supporter and it is good practice to allow this. Disciplinary procedures are internal to a provider and should not be unduly formal. It should not be necessary for reporting students or responding students to access legal advice to understand the process that is being followed, the decisions the provider has taken and the reasons for those decisions.

217. Students who have access to well-trained and -resourced student support services, or SRBs, will not normally need to seek legal advice or representation, although they may wish to in serious cases. Providers should allow support from a legally qualified person for the responding student in complex disciplinary cases, or where the consequences for the student are potentially very serious.

218. It is not usually necessary or appropriate for any student attending a disciplinary hearing as a witness, including the reporting student, to have legal representation. This is because, in a disciplinary process, the provider, not the reporting student, is taking action against the responding student.

219. It is not good practice to impose narrow limitations on who may act as a student's supporter. Given the sensitive nature of these issues, it is important that students feel comfortable with the person they have chosen to support them. Providers may strongly

encourage students to make use of support from within its community, particularly where there are trained SRB or provider staff with expertise in the area of complaint and the provider's processes.

220. A student's supporter should not be a person who is also acting as a witness.

221. The role of a supporter could include:

    a. Offering a reassuring presence in the meeting.
    b. Monitoring the wellbeing of the student and advocating for their needs regarding the conduct of the meeting, for example, asking for a break if a student has become upset.
    c. Ensuring that the student has understood the questions put to them or information given to them and encouraging the student to ask for further explanations as necessary.
    d. Listening and taking notes of the meeting on behalf of the student, to enable the student to focus on the content of the discussion.
    e. Reminding a student about points they had intended to raise and ensuring that the student has had an opportunity to explain their experience fully
    f. Helping students to raise questions and challenge evidence appropriately (for example, via the Chair).

222. It is usually reasonable for providers to expect student witnesses and responding students to answer questions themselves. It is not usually the role of a supporter to answer questions on behalf of a student. But providers should allow for some flexibility, taking account of the level of distress a student may be experiencing. It may also be appropriate for a supporter to take a more active role as a reasonable adjustment for a disabled student.

223. It is not the role of a supporter to offer their own viewpoint about what has taken place.

224. It is not the role of a supporter to undertake a cross-examination of any other person involved in the meeting or hearing.

225. It is good practice for providers to provide guidance for supporters about the role they are undertaking. For example, supporters should be reminded of the need to respect the confidentiality of the process. If a supporter persistently strays outside their role or if their behaviour becomes a cause for concern, Chairs should be empowered to halt proceedings and remove the supporter from further involvement with the process. In these rare cases, it may be necessary to allow the student additional time to find another supporter.

Witness attendance

226. The purpose of a witness attending a hearing is to enable the decision-makers to explore the information they have provided in greater depth. It is particularly beneficial when there are gaps, inconsistencies or conflicts in the information that has been gathered during the investigation phase. It is common practice for the investigatory report to indicate which witnesses a panel may benefit from hearing from.

227. It may not be necessary to require witnesses to attend an oral hearing where the information they have provided is not in dispute or where it is not directly relevant to the specific breach of discipline being considered. It is not usually necessary to hear from "character witnesses" at an oral hearing.

228. It is good practice to give the responding student an opportunity to ask for additional witnesses to appear, before the hearing takes place.

229. Providers may also decide to inform the reporting student about the witnesses that are appearing before the panel, and consider any representations they may wish to make. Ultimately the decision about which witnesses to hear from rests with the Chair of the panel. It is good practice to document the reasons for excluding any witnesses and to share this information with the responding student.

230. It is good practice to give students who may attend a disciplinary panel guidance about what to expect. For example, to explain the format of the disciplinary hearing, how their wellbeing will be taken into account during that process and the need for confidentiality. It is not appropriate for individual attendees to make recordings of disciplinary panels. Where a recording is required as a reasonable adjustment, the provider should make it.

231. It is the responsibility of the provider to communicate with witnesses about their attendance at a disciplinary hearing. It is not the responsibility of reporting or responding students to coordinate attendance by other members of the provider's community or other third parties, although the reporting or responding students may need to supply the provider with contact details for those third parties.

232. It will usually be relevant to ask the reporting student to attend the disciplinary hearing to give their evidence.

233. Providers cannot compel any witness to attend a disciplinary hearing. But they should explain to a student witness (including reporting students or other students directly affected by the behaviour being considered) the possible impact of deciding not to attend the disciplinary hearing. This may affect the weight a decision-maker can place on the information that has been provided previously, because they have not been able to explore it fully.

234. Providers should operate a flexible process to enable students to attend and participate in disciplinary hearings. For example, panels may use some online attendance to ensure that the reporting student and responding student are not in the same room.

235. For the responding student, it is essential that they can challenge and question the evidence against them. But this does not mean that they must always be allowed to put questions directly to any witness, including the reporting student. It will often be appropriate for responding students to put their questions to the Chair of the panel. The Chair is responsible for deciding whether and when to ask the witness to answer the question. Responding students could be asked to provide their proposed questions in advance to the Chair of the Panel. Responding students must retain the right to respond to information that is new at the oral hearing. The Chair should document a brief rationale if they require questions to be modified before asking them or if they decide not to ask them at all.

236. Where a reporting student or other witness doesn't attend a panel hearing, the provider should think carefully about how the panel and the responding student can still be given an opportunity to test their evidence. For example, this could include questions collated by the Chair being put to the witness in writing, or via the investigator.

237. The circumstances in which a responding student should not be permitted to hear all the evidence presented by other people to the disciplinary panel are likely to be very limited. Decision-makers should document their reasons for accepting any information that cannot be directly shared with the responding student and record the steps they have taken to ensure that the responding student's right to a fair process has not been compromised.

238. It will not usually be appropriate for a reporting student or other witnesses in a disciplinary process to continue to be present at a disciplinary hearing after they have given their evidence. Sometimes the panel may have further questions for any witness arising from what the responding student or another witness says to the panel. It is good practice to operate a flexible process that enables the panel to ask witnesses for additional information, in person or in writing, before it reaches a decision. The Chair of the panel should decide what further enquiries are necessary and proportionate to enable the panel to reach a decision.

239. Panel members should be aware that attending a disciplinary hearing can be distressing for the reporting student, responding student and other witnesses. Providers should train panel members and Chairs of Panels to ask questions in an open way which provides each person with a fair opportunity to describe their own experience.

240. Providers may decide to make an audio-visual recording of a hearing, either as the official record of the hearing or to assist in making a summary. Providers should consider any objections from participants before making an audio-visual recording. It is not usually necessary to retain a full verbatim transcript or recording of the hearing, although providers may choose to do so. Where a written summary is produced, it is important that this accurately reflects the information presented by each witness.

Role of decision-makers

At a glance

Providers should ensure that decision-makers understand their remit is to make findings about whether a provider's disciplinary regulations and codes of conduct have been breached and is not to make legal findings.

Decision-makers should use the civil standard of proof and understand that the burden of proof rests with the provider.

Decision-makers will benefit from training that supports them in evaluating evidence, taking into account the impact that trauma and other lived-experiences may have on how a student presents information.

When applying a penalty, decision-makers may take account of mitigating and aggravating factors and of the impact experienced by the reporting student or other affected parties. Guidance that includes indicative information about the penalties that may be appropriate in relation to different disciplinary findings can assist decision-makers in acting consistently across the student body.

Providers should document the reasons for decisions about whether a disciplinary regulation has been breached, the reasons why a particular penalty has been applied and the reasons for rejecting other penalties.

241. It is the provider's responsibility to ensure that its decision-makers have sufficient understanding of the extent and limits of their role, and of the legal and procedural framework that it operates within. It is not the role of either the reporting or responding students, or their supporters, to inform decision-makers about key legal principles. No student should require legal representation to be assured that the provider has a sound understanding of procedural fairness and of the frameworks within which a decision is made.

242. Providers may decide to supplement the knowledge of individual decision-makers by including a function which provides specialist procedural and/or legal advice but which does not participate in the decision-making process.

243. Decision-makers may benefit from access to support where the information they have to consider is distressing.

Burden and standard of proof

244. As set out above (see paragraphs 104 - 106), when a student tells a provider about experiencing or witnessing harassment or sexual misconduct, the person receiving the student's initial disclosure should accept the report at face value and provide support to the reporting student on this basis. It is important that reporting students feel heard.

245. But providers must balance this with the need to ensure that within a disciplinary process, the correct burden and standard of proof is applied.

246. The "burden of proof" determines whose responsibility it is to prove an issue. In a disciplinary case the burden of proof is on the provider, that is, the provider must prove that the responding student has done what they are accused of doing. It is not the responding student's responsibility to disprove the report, although they can be invited to rebut the evidence which supports the report against them.

247. There is an inherent tension in believing what a reporting student says, but not beginning a disciplinary process with any presumption that unacceptable behaviour has taken place. To avoid a perception of bias, wherever possible providers should not allow any individual who provided emotional and wellbeing support at the point of initial disclosure/report to also carry out the subsequent investigation or to function as a decision-maker within the disciplinary process.

248. It is not appropriate for provider's internal disciplinary processes to apply a criminal standard of proof, that is, "beyond all reasonable doubt". Providers should apply a civil standard of proof, commonly stated as "on the balance of probabilities". Although the threshold is lower than in criminal cases, providers must still have a sound evidential basis for deciding that the standard has been met. It is not enough to say that it is possible that an event or incident occurred. To conclude that a student has breached its regulations, a provider must be able to explain why it believes that it is more likely than not that the event or incident occurred and why this was a breach.

Evaluating information and evidence

249. Often in cases about harassment and sexual misconduct, something took place that was not witnessed directly by anyone except the reporting student and the responding student. This will often mean that decision-makers must decide which account they prefer. This can be highly nuanced, when students hold very different perceptions of what happened. Sometimes decision-makers may conclude that they accept parts of each account.

250. It is good practice to train decision-makers to evaluate evidence, to reach decisions about its accuracy and reliability, whether it comes from a credible source, and the relative weight that should be placed on different pieces of evidence. Some factors to consider when evaluating evidence include:

a. Whether documentary or digital evidence is contemporaneous to an incident or may have been affected by subsequent events or perceptions, or appears to have been altered.
b. Whether the information comes from a person who directly observed the thing they are describing (whether that is an incident or the impact it appeared to have on a person).
c. Whether there are inconsistencies in an account and whether these may be explained by lapses in memory or the impact of trauma, whether there are other factors that may have affected a person's perceptions, or whether there are indications of deliberate changes intended to make an account more compelling.
d. The relative likelihood of any different explanations about what has happened and why it happened the way it did.

251. Providers do not have to meet the standards that would apply to a legal court process when considering what kinds of evidence may be admissible. Providers can take a proportionate approach to assessing the reliability of evidence. For example, if an SMS message appeared to be sent from a phone number known to have been previously used by a student, it would be reasonable for a provider to assume that the message was sent by that student, unless the student could supply other evidence to demonstrate that the phone was not in their possession at the relevant time. It would not usually necessary for a provider to consult an expert in the security of digital technology to support its assumption.

252. People instinctively and habitually rely on a range of unspoken cues in another person's behaviour to assess whether that person is truthful, including their body language, mannerisms and choice of vocabulary. Some of these habitual responses are not helpful in the context of a disciplinary hearing concerning harassment and sexual misconduct.

253. It is important not to make assumptions about how a person who has experienced harassment or sexual misconduct would behave; at the time of the event, immediately afterwards, and subsequently. Specialist training can help decision-makers to understand why a reporting student may not come forward for some time; why they may have continued to interact with the responding person; why and how trauma affects the formation of memory and can result in a reporting student's narrative changing over time.

254. Panel members will also benefit from training about how different conditions or disabilities may affect how students present themselves in person or in writing. Indicators such as maintaining eye contact or displaying visual indicators of a particular emotional state may not be reliable indicators of credibility.

255. Panel members will also benefit from cultural awareness training. For example, some groups of students may have different approaches to conflict or different levels of confidence in challenging perceived figures of authority. This kind of training may also help panels to understand how and why some behaviours can have a more significant impact on different groups of students.

Impact statements

256. Reporting students and other witnesses may have described the impact of the behaviour upon them. This may be intertwined with the information they gave about the events or may be given separately. For some reporting students and witnesses, it can be helpful to articulate the impact, and to have this impact acknowledged by the provider. This can help providers to identify the kinds of support that the student may find most helpful.

257. Some reporting students or other witnesses may want the responding student or member of staff to be made aware of the impact that their actions had. This can offer the reporting student and other witnesses some form of resolution. It also provides a learning opportunity for the responding student or member of staff.

258. Other reporting students and other witnesses may not want the responding student to be made aware of the impact that their action had. It will not be appropriate to share this information without the reporting student's or other witnesses' consent. Where information about impact is material to the decision-making on the reported behaviour being considered, decision-makers should document their reasons for accepting any information that cannot be directly shared with the responding student and record the steps they have taken to ensure that the responding student's right to a fair process has not been compromised (see **paragraph 237**). This might include agreeing a summarised version of the impact statement that the reporting student or witness gives consent to be shared.

259. Impact statements should primarily be used as a tool for supporting the reporting student towards resolution, rather than as evidence within the disciplinary process. Providers should exercise caution in how impact statements are used in reaching decisions about whether harassment or sexual misconduct took place. It is important to take account of the reporting student's perception but also to note the objectivity test (see **paragraph 33**). Reporting students and witnesses will have unique responses to what they have experienced. The impact on some students may appear to be obvious, but others may be less so. There is no set timeframe in which an impact will be felt by someone who has experienced harassment or sexual misconduct. Just because a reporting student appears to have "carried on as normal" is not compelling evidence that harassment or sexual misconduct did not take place. Equally, significant changes in a reporting student's behaviour may indicate that a student has experienced something very difficult, but this may not prove that the specific breach of discipline took place as described. Providers should carefully explain how decision-makers have evaluated evidence about impact.

260. Information about impact can be helpful to providers to identify whether it is appropriate to continue any restrictions on the responding student as part of a penalty. But providers should exercise caution in taking impact into account as a measure of the severity of the disciplinary breach. Providers have a responsibility to apply disciplinary penalties in a consistent manner. Identifying an appropriate penalty must not rely upon the ability of a reporting student or other witness to communicate the impact that they have experienced.

Selecting a penalty

261. It is common practice to apply a penalty where a student has been found to have breached the provider's code of conduct or standards of behaviour. Providers usually have a range of penalties that may include both educative and punitive elements (see paragraphs 149 – 153 of the **Good Practice Framework: Disciplinary procedures**).

262. When selecting a penalty, providers should take account of mitigating and aggravating factors. It is also good practice to consider any factors that may make the selection of a specific penalty disproportionate, such as maximum time limits for completion of a particular course or conditions of a student's visa. Where a penalty may interfere with the responding student's rights under the European Convention on Human Rights, the provider should document its reasons for deciding this is a proportionate interference. It is unlawful for providers that are public authorities to interfere disproportionately with a Convention right (e.g. the Article 10 right to freedom of expression).

263. Mitigating factors could include information about the responding student's health or other personal circumstances that affected their behaviour or ability to reflect on their behaviour; information about the responding student's intentions where there was clearly no intention to cause harm; information about the responding student's behaviour since they were first informed of the concerns, such as any acceptance of responsibility, expression of regret and understanding of the impact of the behaviour, and compliance with precautionary measures.

264. Aggravating factors could include information about previous breaches of the provider's standards of behaviour or other disciplinary breach; information about the responding student's behaviour since they were first informed of the concerns including any unreasonable denial of responsibility, unreasonable refusal to engage in training or self-reflection, any breaches of precautionary measures, or continued unacceptable behaviour. It will normally be appropriate to consider any further instances of poor behaviour that take place during the disciplinary process, including victimisation, as a separate breach of the expected standards. It is likely to be appropriate to apply a more serious penalty where there have been multiple breaches of the expected standards. Behaviour that is deliberate, targeted, persistent and planned will usually attract more severe penalties than behaviour which had an unintended effect, was not recurring, or which stemmed from a single moment of poor decision-making.

265. It is good practice for decision-makers to consider all the penalties available to the provider, beginning with the least severe. Decision-makers should record why they have selected a penalty. It is good practice to record why lesser penalties were not considered to be appropriate.

266. It is usually appropriate to consider any failure to comply with a disciplinary penalty as a further breach of the provider's code of conduct or expected standards of behaviour. It is likely to be proportionate to follow an expedited disciplinary process to consider the consequences of not complying with a penalty. Responding students should be provided with an opportunity to make representations about the non-compliance within that process.

Concluding the disciplinary process

At a glance

Providers should tell the responding student what the disciplinary findings are, what any penalties are, and how they may appeal this decision. Providers can use an appeal process that is proportionate to the issues being raised in the appeal.

Providers should give the reporting student sufficient information about the outcome of their report to feel confident that a fair process has been followed and to understand the outcomes that will affect their continued studies. Providers should provide a route for reporting students to request a review of how their report has been handled.

Providers should continue to offer support to both reporting and responding students, whatever the outcome of any disciplinary process.

Providers should issue a Completion of Procedures Letter when it has completed the appeal process for a responding student, or the review process for a reporting student.

Informing the responding student

267. At the end of a student disciplinary process, the providers should follow the advice set in our **Good Practice Framework: Disciplinary procedures** (paragraph 156 onwards) for concluding non-academic disciplinary procedures. Providers should set out the outcome of the disciplinary process to the responding student in writing. Providers should clearly set out:

    a. How a decision has been reached including an explanation of how evidence has been weighed. It is helpful to explain how the decision-makers considered all the evidence, including acknowledging any evidence that did not support the decision that was reached.
    b. Clear reasons for any penalty selected, including how any mitigating factors or aggravating factors have been considered.
    c. Where and how to access ongoing support that is available to the student (see **paragraphs 288 – 290**).
    d. The student's right to appeal the decision, including information on how and when to submit an appeal.

Revisiting the risk assessment

268. It is good practice to revisit the risk assessment and consider how the outcome of a student or staff disciplinary process may have altered the risks that have been identified and the measures that the provider needs to put in place to mitigate these risks.

Informing the reporting student

269. Unless the initial disclosure was anonymous or the reporting student says they do not want to be kept informed, it is good practice to inform the reporting student when a disciplinary process has been completed and what the outcomes of that process are. Giving a reporting student a formal outcome to their report is a powerful way providers can demonstrate the importance they place on addressing unacceptable behaviour. It will usually be appropriate to provide this information in writing so that the student has a record of it. Providers should consider how and when to share the information so that students can access appropriate support.

270. It may be appropriate to also share the outcomes of the disciplinary process with other witnesses, for example where the witnesses may also be concerned about future interactions with the responding person.

271. This applies to the outcomes of both student and staff disciplinary procedures. Given the imbalance of power inherent in a student making a report of harassment or sexual misconduct against a member of staff, it is particularly important that students can have confidence in the fairness of the processes and the value of making a report.

272. Providers registered with the OfS, or those working in partnership with registered providers should be mindful of Regulation E6.11.n.viii which requires that "persons directly affected by any decisions made in respect of incidents of harassment and/or sexual misconduct are directly informed about the decisions and the reasons for them." Providers that operate staff or student processes that promise responding parties complete confidentiality of outcomes are unlikely to comply with this requirement.

273. Providers must balance the need to provide an outcome to the reporting student with the privacy rights of the responding student or responding member of staff. It may also be relevant to consider the privacy rights of other witnesses. Where the responding person is a member of staff, providers will need to consider their additional rights as an employee.

274. Data protection legislation does not prevent providers from sharing information in these circumstances. In deciding what information to share, providers can consider the practical guidance provided in **UUK's Changing the culture: sharing personal data in harassment cases**. This guidance offers practical recommendations to providers for approaching decisions to share personal data in relation to harassment cases. It is also relevant to consider for cases of sexual misconduct. The guidance particularly focuses on the sharing of information about outcomes and penalties and provides a framework to support providers in their decision-making process, taking account of legal, regulatory, policy and wellbeing reasons for sharing data. Providers can also consider the **EHRC's Sexual harassment and harassment at work: technical guidance**. This would be directly applicable if the reporting student is also a member of staff, and the principles can still be considered when the reporting person is not an employee. This explains that, "while employers must comply with the data protection principles under Article 5 GDPR, they should not assume that disclosure of the harasser's personal data will amount to a

breach of the GDPR. It often will not if the employer has been clear that outcomes may be disclosed, considered what grounds it has for disclosure and acts proportionately in disclosing personal data." (paragraph 4.84)

275. It is good practice to document reasons for deciding what information can or can't be shared. It is good practice for providers to consider including at least the following information:

    a. What steps were taken to investigate the report.
    b. A summary or high-level description of the evidence made available to the decision-maker(s), or a copy of that evidence.
    c. Who made the decision(s).
    d. What measures may be put in place to prevent the issue that led to the report happening again.
    e. If the behaviour is found to have had an adverse impact on the reporting student, a remedy for that impact.
    f. The availability of ongoing support.
    g. The right to request a review of how the report has been addressed.

276. It is good practice to explain to the reporting student that the responding student has a right of appeal against the disciplinary outcome, and to explain any corresponding process that may apply to staff disciplinary cases.

The right of appeal for the responding student

277. Paragraphs 160 – 164 of our **Good Practice Framework: Disciplinary Procedures** give advice on dealing with the appeal stage of student disciplinary procedures. Only the responding student has a right of appeal against the outcome of their disciplinary process.

278. When a student or a member of staff appeals the outcome to their disciplinary procedures, the provider should think carefully about how it keeps the reporting student informed. Reporting students may prefer not to receive any updates unless or until a change is made to the outcomes. It may not be necessary to update the reporting student about an appeal that is quickly dismissed, for example because no grounds for proceeding have been established. However, where there is a prospect that the reporting student may be asked for more information, or where the outcomes may be amended, it is likely to be necessary to inform the reporting student that the responding student or member of staff has submitted an appeal against the disciplinary outcome, and to explain the next steps in the process. It is important to continue to offer support to the reporting student during the appeal process.

279. It is good practice to address an appeal swiftly. Prolonged uncertainty about the final outcome of the process is likely to be distressing for both reporting and responding students. Where it is necessary to gather additional information, it will usually be

beneficial to do this as soon as possible. Where a penalty has been applied that prevents a student from fully engaging with their studies, a drawn-out appeal process may place them at a further disadvantage.

280. It is good practice to set a deadline for responding students to make an appeal against the outcome of a disciplinary process. The deadline should allow the responding student sufficient time to understand the decision and to obtain advice. Providers should apply the deadline flexibly where students present good reasons for a delay, whilst being mindful of the impact of delay on other interested parties.

281. It is not usually necessary to issue a COP Letter to responding students who do not exercise their right to appeal. If a student requests a COP Letter without making an appeal, providers should refer to the **OIA's guidance about COP Letters**.

282. If a responding student makes an appeal after the deadline and the provider decides not to accept it, it should issue a COP Letter explaining that the appeal was made out of time. Where relevant, the letter should explain why the student's reasons for making the appeal late were not accepted.

283. It is good practice to specify grounds for appeal. Disagreement with the decision that has been reached will not usually be enough to establish grounds for an appeal to proceed. Those grounds might include:

    a. That the procedures were not followed properly;
    b. That the decision maker(s) reached an unreasonable decision;
    c. That the student has new material evidence that they were unable, for valid reasons, to provide earlier in the process;
    d. That there is bias or reasonable perception of bias during the procedure;
    e. That the penalty imposed was disproportionate or not permitted under the procedures.

284. When an appeal is received, providers should first consider whether the appeal falls within the permitted grounds. Where an appeal submission is unclear or does not appear to meet any of the grounds, providers may decide to offer the student the opportunity to amend their appeal or further explain their concerns. If the provider decides that the appeal should not be taken forward because it does not meet the permitted grounds for consideration, it should issue a COP Letter.

285. It will usually be appropriate to continue to apply any penalty or other arrangements that have been put in place to manage a student's behaviour or contact with other members of the provider's community while an appeal is ongoing. Providers should consider whether the information provided in an appeal indicates any additional need for support for the responding student, or whether any change should be made to its risk assessment.

286. The decision on the appeal should not be made by any individual that previously provided wellbeing support to the reporting or responding students, carried out the investigation, or decided if misconduct took place.

287. Where an appeal does appear to meet the grounds for consideration, providers will need to decide what process is proportionate to respond to an appeal. Options include:

    a. A paper-based review
    b. Activity to gather additional information in the form of interviews or written statements
    c. A hearing in front of an appeal panel.

    The benefits of involving more than one person in a decision-making process, and of an oral hearing are set out above (see **paragraphs 209 - 214**). Providers should think carefully about the value of a hearing, particularly if a student was not afforded the opportunity of a hearing previously.

288. Procedures should clearly set out the remit of the appeal decision-maker. The procedures should explain what will happen if an appeal is upheld. Providers may find it more practical to operate a process that allows decision-makers at an appeal stage to set aside the decision of the disciplinary panel and also to reach new findings on the disciplinary matters. This approach is likely to be less resource intensive for the provider, and less demanding and stressful for both reporting and responding parties.

289. However, it may be more appropriate to put the matter before a fresh decision-maker as at the earlier stage in the process, if an appeal indicates that the first process was so flawed that a responding student has not yet had a fair opportunity to understand and respond to the evidence that has been gathered.

290. If a provider sets aside the previous decision and reverts to an earlier stage in the process to make a fresh disciplinary decision, it will usually be appropriate to give the responding student a fresh right of appeal against the new decision.

291. At the conclusion of the appeal, the provider may:

    a. Reject the appeal and maintain its previous disciplinary decision.
    b. Uphold the appeal in part or in full, but reach a fresh decision that results in the same outcome and/or same penalties.
    c. Uphold the appeal in part or in full, and amend its disciplinary decision and/or amend any penalties that have been applied.
    d. Uphold the appeal in part or in full, overturn its disciplinary decision and withdraw any penalties that have been applied.

292. Where an appeal is upheld in part or in full, it may be appropriate for the provider to consider whether the responding student should be offered any remedy in addition to the amended outcome. This will be particularly appropriate where the appeal is upheld because of bias or a serious procedural error that was avoidable. This is unlikely to be necessary where an appeal was upheld because new evidence was presented by the student, and the provider was not at fault in failing to identify the evidence at an earlier stage.

293. At the end of the appeal process, the provider should revisit the risk assessment and consider how the outcome of the appeal may have altered the risks that have been identified and the measures that the provider needs to put in place to mitigate these risks.

294. Providers should consider informing the reporting student about the outcome of any appeal. This will be particularly relevant when the appeal outcome could affect any measures previously in place to manage contact between the parties.

Supporting the responding student at the end of the process

295. Where a responding student is not permitted to continue with their studies or is required to interrupt their studies for a defined period as an outcome to the disciplinary process, it is good practice to support them to access wellbeing services including counselling services. Where there are limits on what a provider or SRB can provide to former students, it is important to direct them to other publicly available sources of support. Responding students may need advice and support on other related issues, such as academic, financial and accommodation concerns.

296. Where a responding student is permitted to continue with their studies, they may need additional support to resume their studies after any period of interruption. Providers should consider ways to minimise administrative and emotional burden, for example by allowing students to submit requests for additional consideration of their circumstances without requiring detailed supporting evidence. Similar considerations apply for reporting students (see **paragraphs 63 - 71**).

297. If a responding student is involved in further formal procedures, such as academic appeal, complaint, disciplinary or fitness to practise or study processes, care should be taken to manage any perception of bias that could arise if individuals involved in the disciplinary process are involved.

The route to request a review for the reporting student

298. Providers should set out clearly how a reporting student can raise concerns about the outcome of their report about the behaviour of another student or member of staff. It is unusual to allow a reporting student to make an appeal that directly challenges the outcome or penalty applied to another student or member of staff through a disciplinary procedure. But providers should provide a route for reporting students to raise concerns about any aspect of their experience since making a report, including how they have been supported, questioned and kept informed, or the overall outcomes of the reporting process. Reporting students may use the process to raise concerns at any time after the report has been made. Depending on the nature of the student's concerns, it may be necessary to wait for another action to be complete (for example, the conclusion of a disciplinary process) before the provider can give a full response.

299. Providers may specify grounds for requesting a review, which could include:

    a. Concerns about the fairness of the procedures followed to investigate the report, including bias or a reasonable perception of bias.
    b. Concerns about whether the actions taken to support the reporting student during the process were reasonable.
    c. Concerns about whether arrangements that have been put in place to continue to support the reporting student are reasonable.

300. The reporting student's request for review should be considered by someone who has not acted as a wellbeing supporter for the reporting or responding student, an investigator or decision-maker.

301. It is good practice to keep a trauma-informed approach in mind when considering the reporting student's request for a review. It is unlikely to be proportionate to conduct a full three-stage complaint process to explore the concerns raised. Providers can use their discretion to consider the request in a similar way to the review stage of its formal complaints procedure. This will help minimise the need for the reporting student to give their account of events multiple times through separate processes.

302. In some cases it may be necessary to use interviews and gather additional written statements. Particularly if the concerns related to bias or evidence not gathered, which may lead to a provider considering to re-open a disciplinary process. Re-opening a disciplinary process is a very significant step that should be informed by identification and balancing of risk. Sufficient care in carrying out the disciplinary process in the first instance is the best way for providers to mitigate against the need to repeat a process that will be very difficult for all parties involved.

303. Where a provider identifies shortcomings in the way it handled the reporting student's report about the behaviour of another student or member of staff, it should think about how to put that right, which might include considering practical and/or financial remedies. Where a disciplinary process is re-opened, the reporting student should receive a fresh right to request a review once the process has been re-run. At the end of the process, the provider should issue a COP Letter to the reporting student who requested the review, either automatically or on request in accordance with our **COP Letter Guidance Note**.

Learning from reports and complaints

At a glance

Providers should think widely about how learning from disclosures, reports and requests for review as well as disciplinary processes, can be gathered. Learning should feed into the improvement of processes, the development of training, and may help support growing student confidence in the provider's approach. Providers should ensure that the identities of reporting and responding parties are appropriately protected in its activities to learn about harassment and sexual misconduct.

304. It is good practice for providers to learn from harassment and sexual misconduct disclosures, reports and complaints by collecting data and monitoring trends. This may assist in identifying and informing any preventative and educational needs around harassment and sexual misconduct matters in the provider's community. Providers may also use a range of learning mechanisms including anonymised case reviews, looking at feedback from students and staff, and sharing OIA decisions and Recommendations. Data may be both quantitative and qualitative and will be most useful when understood in its particular context. It is good practice for providers to share this learning with teaching, research and support staff working collaboratively with students, SRBs, and partner providers where appropriate, to improve their processes and feed into training.

305. Providers can consider whether to publish any information about what they have learned more widely. In doing so, they must be mindful of the need to protect the identities of students and staff involved, particularly within smaller cohorts or communities.

306. For providers registered with the OfS, condition E6 also places requirements on OfS registered providers to take action to protect students from harassment and sexual misconduct and signals the need to collect, monitor and publish data where this is likely to inform effective action to protect students from behaviour that may amount to harassment and/or sexual misconduct.

307. Providers registered with Medr must conduct an annual self-evaluation about staff and learner welfare, which must include evaluation of the effectiveness of policies, procedures and support services for the promotion and support for learner and staff safety, including freedom from harassment, misconduct, violence (including sexual violence) and hate crime.

Useful resources

Legislation

- Government Legislation: Equality Act 2010
  https://www.legislation.gov.uk/ukpga/2010/15/section/26
- Government Legislation: Higher Education (Freedom of Speech) Act 2023
  https://www.legislation.gov.uk/ukpga/2023/16/2025-08-01
- Government Legislation: Protection from Harassment Act 1997
  https://www.legislation.gov.uk/ukpga/1997/40/section/1
- Government Legislation: Human Rights Act 1998
  https://www.legislation.gov.uk/ukpga/1998/42/contents
- European Convention on Human Rights
  https://www.echr.coe.int/documents/d/echr/Convention_ENG

Publications from governments and regulatory bodies

Equality and Human Rights Commission (EHRC)

- EHRC: Sexual harassment and harassment at work: technical guidance
  https://www.equalityhumanrights.com/guidance/sexual-harassment-and-harassment-work-technical-guidance
- EHRC: What equality law means for you as a student in further or higher education
  https://www.equalityhumanrights.com/sites/default/files/what_equality_law_means_for_you_as_a_student_in_further_or_higher_education.pdf

Medr and Wales

- GOV.Wales: Anti-racist Wales Action Plan: 2024 update
  https://www.gov.wales/anti-racist-wales-action-plan-2024-update
- Medr: Regulatory Framework
  https://www.medr.cymru/wp-content/uploads/2026/03/Regulatory-Framework-English.pdf
- Medr: Regulatory Framework - Explanatory Notes
  https://www.medr.cymru/wp-content/uploads/2026/03/Regulatory-Explanatory-Notes-2026-English.pdf

- Medr: Violence against women, Domestic Abuse and Sexual Violence (VAWDASV) self-evaluation framework for universities and higher education providers in Wales https://www.medr.cymru/en/News/medr-2026-24-violence-against-women-domestic-abuse-and-sexual-violence-vawdasv-self-evaluation-framework-for-universities-and-higher-education-providers-in-wales/
- Safeguarding Wales https://safeguarding.wales/en/
- Traumatic Stress Wales: Trauma-Informed Wales - A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity https://traumaframeworkcymru.com/wp-content/uploads/2022/07/Trauma-Informed-Wales-Framework.pdf

Office for Students (OfS) and England

- OfS: Condition E6: Harassment and sexual misconduct https://www.officeforstudents.org.uk/for-providers/student-protection-and-support/harassment-and-sexual-misconduct/condition-e6-harassment-and-sexual-misconduct/
- OfS: Regulatory advice 24: Guidance related to freedom of speech https://www.officeforstudents.org.uk/publications/regulatory-advice-24-guidance-related-to-freedom-of-speech/

UK Government

- GOV.UK: Prevent duty guidance: England and Wales (2023) https://www.gov.uk/government/publications/prevent-duty-guidance
- GOV.UK: Guidance - Working definition of trauma-informed practice https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice

Publications from the OIA

- OIA: Good Practice Framework https://www.oiahe.org.uk/resources-and-publications/good-practice-framework/
- OIA: Learning from our casework - Harassment and sexual misconduct https://www.oiahe.org.uk/resources-and-publications/learning-from-our-casework/harassment-and-sexual-misconduct/

Publications from sector bodies

- Academic Registrars Council: Compassionate Communications in Higher Education https://arc.ac.uk/student-commitment
- Universities UK: Changing the culture report (2016) https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/features/tackling-harassment/changing-culture-report
- Universities UK: Tackling racial harassment in higher education report (2020) https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/features/tackling-harassment/tackling-racial-harassment-higher
- Universities UK: Changing the culture: tracking progress (2020) https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/features/tackling-harassment/changing-culture-tracking-progress
- Universities UK and Pinsent Masons: Guidance For Higher Education Institutions: How To handle alleged student misconduct which may also constitute a criminal offence (2021) https://www.universitiesuk.ac.uk/sites/default/files/field/downloads/2021-07/guidance-for-higher-education-institutions.pdf
- Universities UK: Tackling antisemitism: practical guidance for universities (2021) https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/features/tackling-harassment/tackling-antisemitism-practical-guidance
- Universities UK: Tackling Islamophobia and anti-Muslim hatred: practical guidance for universities (2021) https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/features/tackling-harassment/tackling-islamophobia-and-anti-muslim
- Universities UK: Changing the culture: tackling staff-to-student sexual misconduct (2022) https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/features/tackling-harassment/changing-culture-tackling-staff-student
- Universities UK: Changing the culture: sharing personal data in harassment cases (2022) https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/features/tackling-harassment/changing-culture-sharing-personal-data
- Universities UK: Tackling racial harassment in higher education: progress since 2020 (2023) https://www.universitiesuk.ac.uk/sites/default/files/uploads/Reports/tacking-racial-harassment-progress-since-2020.pdf
- Universities UK: How to handle alleged student misconduct: case studies (2024) https://www.universitiesuk.ac.uk/sites/default/files/field/downloads/2024-03/alleged-student-misconduct-2024-case-studies.pdf

Additional reading

- DiSantis, C. J. & Towl, G. J. (2025). Addressing student sexual violence in higher education: A good practice guide. 2nd Edition. Emerald https://bookstore.emerald.com/addressing-student-sexual-violence-in-higher-education-pb-9781837977864.html
- Lime Culture: Sexual Misconduct Risk and Needs Assessment in Universities https://limeculture.co.uk/wp-content/uploads/2025/10/LimeCulture.Sexual-Misconduct-Risk-and-Needs-Assessment-2019.pdf
- SafeLives: Domestic Abuse risk assessment resources: DASH risk assessment resources for professionals https://safelives.org.uk/resources-for-professionals/dash-resources/
- The College of Mediators: Code of Practice for mediators https://collegeofmediators.co.uk/wp-content/uploads/2022/04/COM-Code-of-Practice-V3.docx.pdf
- The College of Policing: Domestic Abuse Risk Assessment (DARA): Rationale for development, structure and content https://library.college.police.uk/docs/college-of-policing/Domestic-Abuse-Risk-Assessment-Rationale-2022.pdf
- The 1752 Group: Addressing harassment and sexual misconduct experienced by postgraduate researchers (toolkit) https://1752group.com/pgrs/

office of the independent adjudicator

Office of the Independent Adjudicator for Higher Education

OIA
PO Box 3362
Reading
RG1 9UF

0118 959 9813
enquiries@oiahe.org.uk
oiahe.org.uk

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Good Practice Framework

Handling reports about harassment and sexual misconduct