

# INDEPENDENT HIGHER EDUCATION

IHE response to the OIA consultation on handling reports of harassment and sexual misconduct

February 2026

## General

### *Is the structure of the section helpful? If not, what would you find more helpful?*

Overall, the structure is broadly helpful, particularly the use of clear sub-headings. Whilst we would anticipate that some readers will be reading this document sequentially from start to finish (e.g. if they are designing a new institutional procedure), we would expect that the majority of readers will be consulting this document at the point of need – often while preparing to respond to a student disclosure and deciding what next steps to take. Due to the length of the document, these readers are likely to rely on keyword searches, which increases the risk of missing important context or key definitions that appear only once.

To support effective in-the-moment use, it would be helpful if essential definitions and distinctions, such as the meaning of “report”, were repeated or re-embedded within the relevant sections rather than appearing only in an early explanatory section.

Further navigational aids would also strengthen the usability of the section. Brief at-a-glance summaries at the start of each section, flow charts with clickable links, checklists, and short step-by-step procedural overviews would help readers quickly locate the information they need without losing critical nuance. Clearer ‘next steps’ prompts (rather than descriptive text alone) would support staff in making confident, timely decisions and reduce the likelihood of misinterpretation or inconsistent application across different teams and providers.

The introduction section has a helpful framing of the need to provide reasonable adjustments for students in paragraph 5. In addition to reminding readers that adjustments can be made at any point in the process, there should be guidance relating to changing needs throughout the process. Needs may change – for instance when existing anxiety is exacerbated by trauma.

Reasonable adjustments should therefore be kept under review while noting that taking time to review process should not in itself become a barrier to timely resolution.

## **Comments under sub-headings**

***Language used in the good practice framework. We are particularly interested in views about the use of “report” to include both informal disclosures and more formal reports. Please comment on whether this affects the clarity of our guidance***

It would be helpful to further expand on the information about OfS and Medr in paragraphs 7 and 8. There should be reference to providers not registered but working in partnership, and consideration of whether there are different expectations for those that are directly regulated, and those who are unregulated but subscribe to OIA. If different expectations exist for these groups, it may be useful to have different language e.g. for those directly regulated, and those who are not. There should also be definition of regulated professions to help differentiate with regulated providers.

We understand the intention behind using “report” as an umbrella term for disclosures, informal reports, and formal submissions. Although this is explained in paragraphs 11–16, the explanation appears only once, early in the document. Given that many readers will navigate directly to the section they need, they may miss this important clarification. To reduce ambiguity, the guidance would benefit from reinforcing this definition at relevant points throughout the document.

Retaining “report” as the overarching term is sensible, as introducing multiple terms (report, disclosure, complaint) can cause confusion - particularly for students, who simply need to know how to tell someone what has happened. At the same time, the guidance should make clear that a disclosure is not the same as a report, as conflating the two can lead to inappropriate escalation or procedural errors. Explicitly embedding these distinctions throughout the Framework would help ensure clarity and consistency in practice.

***Establishing an appropriate environment for study. Is the explanation about considerations that apply to regulated providers clear and helpful?***

Specialist and practice-based providers highlighted that the current guidance does not fully reflect the complexity of learning environments such as rehearsal rooms, intimate or physical pedagogic practices (e.g. dance, drama, music tuition, one-to-one coaching), or professional and public-facing settings. These contexts involve distinct safeguarding and conduct risks that fall outside traditional classroom models. Similarly, many specialist providers operate in environments that are not formally classified as placements, including work-based learning, internships, extracurricular or facilitated external activity, media and broadcasting settings, and student coaching roles with children or vulnerable adults.

Providers in performing arts and creative industries may need further guidance for boundary management in rehearsal settings, intimate or physical pedagogic practices (e.g. dance, drama) and one-to-one teaching that is intensive (e.g. music tuition, practice-based coaching). These environments present distinct safeguarding and conduct risks which are not captured.

Although the Framework acknowledges placements and employer-based learning, it remains unclear how providers should respond when incidents occur off-site or in blended professional-study environments, including night-time economy venues, performance spaces, or branded off-campus events where boundaries between industry practice and student activity may be blurred.

We would welcome more clarity on what is in scope, who holds responsibility for investigation and follow-up, and how accountability applies when incidents arise beyond the provider's physical or virtual campus. In particular, the Framework should explicitly state expectations for whether the awarding provider retains responsibility for receiving, assessing, and responding to reports in line with the Framework, even when an incident occurs elsewhere. The OIA should clarify external or employer investigations do not replace the need for the provider's own risk-assessment, support, and disciplinary processes. To support consistent practice, it would be helpful to broaden the language beyond "placement," provide written expectations for protocols with hosts or employers (covering reporting routes, timescales, safeguarding responsibilities, and information-sharing), and make clear that examples given are not exhaustive. Acknowledging the varied and complex environments in which specialist providers operate - and encouraging providers to seek OIA advice for unusual contexts - would ensure the guidance is more inclusive, practical, and responsive to the sector's diversity.

To improve clarity, OIA should consider including a definition under 'Language we have used in the Good Practice Framework' of how the word provider can be interpreted. If there are differences in how this term is being used – such as regulated providers, lead providers, unregulated providers – then it would be helpful to explain this at an introductory stage, not just draw out the distinctions at e.g. paragraph 24. This would help to inform the reader that the expectations of the OIA apply to more than just registered providers.

***Delivering learning opportunities with others. What additional information would be helpful about the considerations that apply when responding to reports from students in partnership arrangements? Please include any examples you have of good practice in your current operations.***

IHE welcomes the inclusion of guidance on partnership arrangements and the responsibilities of providers when responding to reports of harassment and sexual misconduct (HSM). Given the diversity and complexity of partnership models across our membership, this section is particularly important. However, we believe further clarity would strengthen its usefulness in practice.

At the outset of the draft section of the Framework, the language used in paragraphs 7 and 8 references regulated providers. It would be helpful to be clear at the start of the document on the expectations for those not directly regulated. Signposting that there is a sub-section on 'Delivering learning opportunities with others' would make it explicit that the section is not just for regulated providers.

Many IHE Members operate multiple forms of education provision simultaneously – including further education, apprenticeships, short courses, and even secondary school provision, alongside higher education programmes delivered through a range of academic partnerships.

IHE Members may also have students studying under a subcontract alongside students under a validation arrangement. In these circumstances, a single document governing all provision can create direct conflict between regulatory requirements and student-facing processes. Students may be required to follow different reporting or support routes depending on the awarding power, which can be confusing and potentially unsafe if signposting is not explicit and consistent. These concerns were raised in the response to the OfS Condition E6 consultation. The Framework would benefit from acknowledging this complexity and offering more detailed guidance on how providers operating across multiple regulatory regimes can ensure coherent and consistent processes.

Throughout the Framework, it would be helpful to explicitly emphasise how OIA views the accountability and responsibilities of the delivery and lead (awarding) providers within academic partnership arrangements. In practice, liaison is often not driven by the lead provider, and this can result in uncertainty and inconsistency, and ultimately, students being left unsure about who is responsible for handling their report. This issue is particularly acute when delivery is undertaken by organisations outside the regulatory reach of the OfS. Providers would appreciate more practical guidance that goes beyond a generic reference to “the partnership agreement”. For example, outlining the minimum content the OIA would expect to see within agreements in order to ensure fair processes would help ensure greater consistency. This might include role descriptions, investigation pathways, appeals routes, information-sharing, student support and training.

The expectations are likely to be clearest in partnerships where only one provider is registered, however for partnerships where both are registered the accountability becomes less clear – it would be helpful to give more detailed examples across the existing section on Delivering Learning Opportunities with Others. For instance, at the moment it is not clear who OIA would expect to issue a CoP Letter, given the shared responsibilities as noted in the E6 condition with OfS. Ordinarily in validated relationships, the lead provider would only take a role in cases that relate to quality and standards of an award. In the case of two regulated providers with a complaint related to HSM, is there a different expectation?

At present, the Framework appears to assume robust oversight by lead providers and well-developed agreements, whereas members can experience limited engagement when seeking clarity. Explicitly stating that the lead provider must take responsibility for establishing, communicating and monitoring partnership processes related to HSM complaints would provide stronger and more realistic expectations across the sector.

[IHE's response to the OfS Condition E6 consultation](#) highlighted the findings of the independent evaluation, which recommended that the sector explore more effective partnership working, including the development of formal or informal shared services, such as regional support networks, and regional investigation units or hubs. These approaches are particularly valuable for small and specialist providers, many of whom lack access to in-house expertise. The Framework offers a timely opportunity to reinforce this by signalling that collaborative approaches, shared expertise and joint-service models can support fair, high-quality responses to HSM reports across partnerships.

Finally, clearer expectations, stronger accountability and more operational guidance on handling HSM across different partnership models would be welcome. In particular, the

Framework could set out the minimum expectations partners should meet to ensure consistent and transparent processes, including coordinated student communication, shared or jointly informed staff training, clear investigation pathways, access to appropriate expertise (including through shared services), mechanisms for academic adjustments, system alignment or reciprocal access where feasible, and plans for documenting and updating arrangements, especially where partnerships pre-date regulatory conditions.

We would welcome clearer, more operational guidance on the considerations that apply when responding to HSM reports from students in partnership arrangements. IHE Members operate within diverse and often complex academic partnership models, meaning students may be subject to different reporting routes and regulatory requirements depending on the awarding partner. There is also a wide variety of industry engaged education, with associated possibilities for cases of HSM to occur outside the main provider premises. Without explicit expectations, this complexity can lead to confusion and, in some cases, unsafe gaps in signposting or support.

Additional guidance is needed to clarify the responsibilities and accountability of the awarding or lead provider. The current Framework assumes comprehensive partnership agreements and active oversight, but we know that this is not always the case. Setting out clear expectations for the lead provider's role in establishing, communicating and monitoring HSM processes would help reduce ambiguity and support greater consistency across partnerships.

Greater practical detail on what partnership agreements should contain would also be valuable. Providers report uncertainty around how responsibilities should be operationalised across different partnership models and what documentation must include to ensure safe and coherent handling of reports.

There is emerging good practice across the IHE membership that could inform strengthened guidance. In academic partnerships, examples include coordinated student communication approaches developed jointly with awarding partners; structured liaison arrangements that clarify responsibilities and support timely referrals; and shared-service or regional models that provide access to impartial investigative expertise - particularly valuable for smaller and specialist providers. The Framework could usefully signal that these types of collaborative and shared-service models are effective mechanisms for supporting fair, high-quality handling of HSM reports in partnership environments.

### ***Working with student representative bodies.***

Many IHE Members do not have a fully constituted students' union with permanent trained staff; instead, representative bodies tend to be small, informal, and run by current students who are part-time, change annually, and do not have safeguarding expertise. Our members are concerned that the expectations set out in paragraphs 38–42 do not reflect the realities of their student representative structures. Members agreed that it is not reasonable to expect all SRBs to receive disclosures, assess risk, or manage cases of HSM. Within the types of structures of student representation common within IHE Members, this places students in inappropriate roles, creates conflicts of interest, and may deter individuals from volunteering for representative positions.

Members felt that the guidance should clarify what constitutes a “student representative body” and provide a more realistic expectation for non-SU institutions. In these contexts, SRBs should focus on awareness-raising and signposting, with responsibility for handling reports and conducting risk assessments remaining with trained provider staff. Greater flexibility based on provider size and context would help ensure the Framework is proportionate, safeguards students effectively, and avoids embedding assumptions grounded in large, well-resourced SU models.

### ***Making a report***

Many IHE Members operate with small staff teams, where students often know staff personally, creating understandable concerns about confidentiality, perceived bias, and whether it is safe to report. The Framework would be strengthened by explicitly acknowledging these dynamics and offering guidance tailored to small and specialist providers, including how they can develop trusted reporting pathways despite limited capacity to separate roles or support both reporting and responding parties. IHE Members suggested that the Framework should recommend practical alternatives - such as using validating or awarding partners, shared services, or external contacts - to ensure impartiality and provide students with credible, accessible routes to raise concerns (e.g. sharing Report and Support systems).

For students studying through partnership arrangements, subcontracted delivery, or placements, reporting expectations can be unclear, and responsibility between organisations is not always well understood. OIA should emphasise its expectations of the different providers in partnerships. OfS states that students can report to either provider; OIA should clearly state if this is their expectation too. The Framework should emphasise the need for clear, proactive communication so students always know who they can report to, how their report will be handled, and which provider holds responsibility. Including prompts such as “If you are a small or specialist provider, consider...” would help providers identify proportionate options. Together, these improvements would help ensure that no student is left unsupported and that providers with limited resource can still offer safe, transparent, and reliable reporting pathways.

It would be helpful to reiterate the need to consider reasonable adjustments at this point of the guidance, for instance by including this under the barriers to making a report which providers should be cognisant of. Providers should include identification of any specific support needs of reporting and responding students. Students should be told by providers about the types of adjustments that can be made. This could include, for example, ensuring students have sufficient time for processing information, or are given short bullet point summaries of discussions.

### ***The initial response to a report***

We welcome the emphasis in the Framework on providing appropriate, trauma-informed support to both the reporting and responding students. However, small and specialist providers face particular challenges in ensuring impartiality and avoiding conflicts of interest during the initial response stage.

In smaller institutions, it is common for staff to have multiple roles or prior relationships with students. There is the risk that the same staff member may, by necessity, be asked to support both parties, or to support a student while also contributing to an investigative or decision-making process. We welcome the OIA's clarification that providers should, wherever possible, separate these roles so that different staff support the reporting student, the responding student, and any investigation or adjudication. Where separation is not possible due to scale, the expectation to implement safeguards is important (e.g. declaring and documenting conflicts, offering alternative support routes, and ensuring transparency with both students).

We also note that small providers may struggle to meet some of the recommended good practice expectations, such as having specialist roles like Sexual Violence Liaison Officers (SVLOs) available in-house. Cost and training requirements cannot be justified for roles that may see very few cases per year. We would recommend that the Framework emphasises proportionality, not assume large staffing structures.

The Framework rightly acknowledges that providers may need to draw on external services and, for those operating on a single campus, can establish local safeguarding links with police, SARCs, and community organisations. However, many IHE Members operate in contexts where this model is impractical - such as providers delivering fully online provision, institutions with students dispersed across the UK, or organisations without a single identifiable local area. For these providers, clearer guidance is needed on what constitutes a "reasonable" approach to external relationships and safeguarding links.

We would recommend that the Framework explicitly address the needs of online and providers with students distributed nationally by setting out proportionate expectations. This could include signposting national helplines, offering guidance on supporting students to identify appropriate services in their own locality, and clarifying that extensive local partnership-building may not be feasible for providers with geographically dispersed cohorts. Such clarification would help ensure the Framework remains practical and achievable across the diversity of provider models in the sector.

Providers should be supported to recognise that students may need help with issues beyond the provider's immediate control (e.g. accommodation, funding, or welfare concerns linked to the incident). The Framework's encouragement to signpost students to appropriate services, including SRBs, partner institutions, community-based organisations, or national support groups, is welcome. For small providers without a wide range of internal services, explicit reassurance that alternative or shared support pathways are acceptable would enhance clarity.

### ***Risk assessment and precautionary measures***

We would encourage the OIA to consider the impact of social ostracism within precautionary measures. For responding students in particular, isolation – whether resulting from formal restrictions or informal peer dynamics - can have significant welfare implications. It would be helpful for the Framework to acknowledge this explicitly when discussing welfare considerations and to encourage providers to monitor for unintentional social exclusion.

We are pleased to see the references to compassionate communication within this document (e.g. paragraphs 69 and 125). In paragraph 88, where providers are encouraged to adopt the

least disruptive route possible, it may also be useful to reference the importance of compassionate communication here too. Transparent, sensitive communication can help minimise the distress caused by precautionary measures and reduce the risk of misunderstandings that exacerbate feelings of isolation for either party.

Small providers may face particular challenges in implementing precautionary measures that avoid role overlap or unintended consequences, given their scale and the close-knit nature of their communities. Guidance or examples illustrating how these principles can be applied in smaller settings would be valuable.

### ***Mediation and informal resolution***

Whilst we support the principle of mediation and informal resolution, these approaches are often difficult for small and specialist providers to implement in practice. Most do not have staff trained in mediation, and even where training exists, it can be challenging to ensure that a mediator is genuinely independent and not already involved in supporting one of the students. As a result, many providers would need to rely on paying external mediators or collaborative arrangements with partner institutions, raising questions about feasibility. It would be helpful to expand on expectations of mediation for different types of providers.

IHE Members also highlighted that the section is unclear about when mediation should take place and how suitability should be assessed without an initial investigation. In its current form, mediation risks being viewed as an added procedural layer rather than a practical option, and in many settings may be unworkable or inappropriate. The Framework would benefit from clearer guidance on sequencing - explicitly stating whether mediation should occur before or after an investigation - and from acknowledging that mediation will not be feasible in all contexts, particularly for small providers with limited staffing structures.

### ***Deciding whether to use a disciplinary procedure***

As previously mentioned, in institutions with small student and staff communities, it is common for individuals to know each other personally, increasing the risk of perceived or actual bias when determining whether a case should proceed to a disciplinary process. Clear guidance on managing potential conflicts of interest, and on the safeguards providers should put in place to ensure fairness, would therefore be welcomed.

Clear expectations about the factors providers should consider when deciding whether to initiate disciplinary action - including safeguarding concerns, procedural fairness, and the wishes and welfare of the reporting student - would help ensure consistent decision-making across the sector.

### ***Carrying out a formal student disciplinary investigation***

We support the Framework's recommendation that providers minimise role overlap by using external investigators or working collaboratively with partner institutions. Some IHE Members already rely on paid-for services or shared arrangements to ensure independence in investigations, appeals, or case reviews, and it would be helpful for the Framework to

acknowledge this established practice explicitly. We would welcome clearer operational direction on when and how external investigators should be used, how partnership-based models can operate effectively, and how providers can navigate the financial and resource constraints that often shape these decisions.

It would also be valuable for the Framework to emphasise that, within partnership arrangements, the lead provider holds responsibility for ensuring that appropriate investigative support is available and that processes across partners are aligned, transparent, and fair. Clearer articulation of this accountability would help avoid gaps or inconsistencies in multi-provider contexts and support providers in commissioning and managing external investigators in a consistent and robust manner.

### ***Holding a disciplinary hearing***

We welcome the narrative about it not being good practice to impose narrow limitations on who may act as a student's supporter (paragraphs 175-176) - in small providers, it might be challenging for students to find internal supporters. However, the guidance does not clarify whether a supporter may also act as a witness or whether acting as a supporter disqualifies someone from giving evidence. We would be concerned that combining the roles of "supporter" and "witness" would risk conflict of interest or credibility concerns.

We would recommend that the guidance explicitly states whether a supporter may also be a witness. If this is allowed, we would recommend that the OIA sets out what safeguards should be in place to ensure procedural fairness (e.g. timing of supporter/witness participation, separation of roles, guidance to panel Chairs).

### ***Concluding the disciplinary process. It is important that providers respond to student's complaints in a timely way. This is usually within 90 days of receipt of a formal complaint, including any review or appeal process. What is your view about timeframes for responding to reports about harassment and/or sexual misconduct?***

While it is important for providers to respond to reports in a timely way, the current reference to completing processes "usually within 90 days" risks functioning as a de facto fixed deadline. In practice, there will be instances where this is too long (e.g. urgent safeguarding issues exist and delays would place students at risk, the responding student is restricted from study) and there will be instances where this is too short (e.g. police are involved, the student requires time to engage due to trauma, the provider uses external investigators with limited availability to ensure it is a fair and high-quality investigation).

Given that HSM reports are often complex, trauma-informed, multi-stage processes involving external agencies, a rigid expectation is neither realistic nor appropriate.

We therefore recommended that 90 days be framed as a benchmark rather than a requirement, with the emphasis placed on timely initial responses, regular and meaningful communication with both parties, and transparency about any delays. Terms such as "normally" or "usually" would set clearer expectations without compromising safety, fairness, or the quality of the investigation. The guidance could also provide examples of circumstances where longer

timelines may be appropriate, while reinforcing that extended timeframes should never undermine student support or procedural integrity.

### ***Learning from reports and complaints***

Small providers will have concerns about collecting data and monitoring trends, and then publishing this. Due to small numbers, they would need to ensure that students were not identifiable. In smaller providers the knowledge that data is being collected and monitored has the potential to deter students from reporting as they will be aware of the size of the data and how easily a student could be identified. Data in smaller providers is unlikely to effectively inform action, although there may be some cases where it points to places for further investigation with more qualitative methods.

The document does not sufficiently address the specific challenges small providers face when collecting, monitoring and publishing data. Whilst it does mention anonymity challenges in small cohorts, it assumes that data will have meaningful statistical value, which may not be true for small providers. It assumes a scale and level of anonymity that many small or specialist providers simply do not have.

We would welcome explicit guidance on when not to publish data due to identification risk and alternative approaches for small providers.

Text could note that: "In small or specialist providers, or in small departments within larger providers, providers must take care not to publish data that could lead to the identification of individuals."

It may be useful to recommend that lead partners in academic partnerships consider their role for publishing data that includes all their partners, as this will give greater transparency on their accountability, and can inform governance decisions in relation to safeguarding students on all their awards.

### **Overall comments on the section**

#### ***Is there further guidance or information that you would like to see included in this section, keeping in mind our remit and the guidance provided in other sections of the Good Practice Framework?***

Overall, IHE Members felt that while the Framework is well-intentioned, it appears designed primarily for traditional universities and does not fully reflect the operational realities of small and specialist providers. These providers work with small staff teams, close-knit communities, diverse partnership models, and specialist or creative learning environments, and they require clearer, more flexible guidance that is proportionate to their scale and context.

There was strong consensus from IHE Members that the Framework should explicitly acknowledge small-provider contexts throughout, embed prompts and actionable steps within each section, and strengthen expectations for awarding or validating partners. Members also highlighted persistent challenges around conflicts of interest and limited capacity in small

teams - where staff often hold multiple roles and true separation of support, investigation, and decision-making is difficult. Clearer guidance is needed on when and how external investigators should be used, how providers can collaborate through shared or partnership-based arrangements, and what constitutes proportionate practice in resource-constrained settings. Improved alignment with regulatory requirements and a more practical, less descriptive approach would make the Framework more usable and equitable across the full diversity of the sector.

The current draft is heavily text-based and would benefit from stronger signposting, clearer differentiation between requirements ("must"), expectations ("should"), and good practice ("could"), and more practical examples to support real-world implementation.

### ***Any other comments on the section***

This document links to the Disciplinary Procedures Good Practice Framework. Other serious forms of misconduct – such as violence, theft, or other serious criminal offences – also involve trauma-informed approaches, risk assessment, and potentially police involvement, yet are typically handled within the Disciplinary Procedures Good Practice Framework. What lessons could be learned or applied across both?

## **Contact IHE**

- For more information, or to speak to someone about this consultation response, please email [info@ihe.ac.uk](mailto:info@ihe.ac.uk)
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