



**Wellbeing Committee Meeting
Monday, 4 May 2020, 3.45 p.m.
Meeting remotely (via Teams)**

Agenda

Members

Dr Andy Rice (Chair)
Celia Burns (Secretary)
Jo de Bono
Caroline Stewart

1. Apologies for Absence

2. Minutes of the Last Meeting

To approve the minutes of the meeting held on 1 April 2020 (2020-04-02).

3. Situation Update

4. Update on Action Items

i) *Webpages:*

CB to start a list of contacts relevant to the department, which committee members can add to via the Teams chat. The relevant contacts are to be contacted to agree their involvement and the contact list is to be added to the website (and updated as required).

ii) *Graduate Union Initiative on Departmental and Faculty Welfare:*

CB to update the website to show Lise Gough's role as graduate student support.
CS to respond to the author of the paper, advising them that we already have a member of staff undertaking the welfare role and that we have signposted this on the website.

iii) *Preparation for Discussion on Wellbeing Clinics:*

- CS and JD to look into provision of support by other departments, particularly on the West Cambridge site.
- CS to raise this item at the next North West Cambridge Forum.
- JD to look into the possibility of having a counsellor who could be shared amongst the departments located on the West and North West Cambridge sites.
- ACR to look into the counselling service offered at Queens' College.

- iv) Staff Review and Development (SRD) Process:*
CS and JD to take the online trainings for both SRD Reviewers and Reviewees with a view to recommending the trainings to staff.
- v) Wellbeing Advisory Lunch*
JD had booked on to the lunch, but it was not known at the time of the last meeting whether the event would be cancelled or moved to an online event.
- vi) ICE Wellbeing at Work course:*
JD had booked on to the 20 April 2020 course, but it was not known at the time of the last meeting whether the event would be cancelled or moved to an online event.
- vii) Keeping in Touch While Working Remotely*
The Committee to produce a document for the HoD team, outlining various recommendations for keeping open the lines of communication with the various categories of students and staff.

5. Discussion Items 'Bucket List

To review (2020-04-05).

6. Graduate Student Forum (GSF) Wellbeing Report

Nothing to report.

7. Research Staff Forum (RSF) Wellbeing Report

Nothing to report.

8. Student Wellbeing Internal Audit—Executive Summary

To discuss the Executive Summary (2020-04-08).

9. Discussion Item: Wellbeing Clinic

At the last meeting, it was agreed that a structured wellbeing clinic, with bookable appointment slots, would be more effective than an open drop-in event. To discuss.

10. Virtual Corridor Initiative

To discuss.

11. Next Discussion Item

To decide on the item for discussion at the next meeting.

12. Any Other Business

13. Date of Next Meeting



**Wellbeing Committee Meeting
Wednesday, 1 April 2020, 2 p.m.
Remote Meeting (via Microsoft Teams)**

Minutes

Present:

Dr Andy Rice (Chair)
Celia Burns (Secretary)
Jo de Bono
Caroline Stewart

1. Apologies for Absence

None.

2. Minutes of the Last Meeting

The minutes of the meeting held on 9 January 2020 were approved for publication on the Committee website.

3. Situation Update

AR invited committee members to each give an update on how they were managing working remotely and with the Coronavirus situation generally. Committee members were happy to provide an update.

4. Update on Action Items

i) *Student Wellbeing Audit:*

- CS had acquired the Executive Summary of the Student Wellbeing internal audit report and had emailed it to committee members shortly before this meeting. The report will be discussed at the next Wellbeing Committee meeting.

ii) *Webpages:*

- CB reported that she had moved the A-Z list of wellbeing resources to the general Wellbeing webpage, and created links between the Wellbeing and Wellbeing Committee webpages.
- CB reported that she had not taken any action on a list of 'Who to contact when ...' in place of the A-Z list of resources as the Committee had agreed this was more a future ambition than a firm action. AR noted that his preference for the Wellbeing Resources webpage would be for a list of contacts relevant to the Department in addition to the A-Z list. He suggested that CB could start a list of contacts that Committee members could add to (via the Wellbeing Committee Teams Chat). The relevant contacts would be contacted to agree their

involvement, and the contact list would subsequently be added to the webpage and updated as required.

Action: CB, Committee members

iii) *Graduate Union Initiative on Departmental and Faculty Welfare:*

- CS reported that Lise Gough was content for her graduate student support role to be formally recognised. CB will update the website accordingly and CS will respond to the author of the paper, advising them that we already have a member of staff undertaking the welfare role and that we have signposted this on the website. It was noted that this action would be subsumed by the list of contacts discussed above in item 4 ii.

Action: CS and CB

iv) *Discussion Items 'Bucket List':*

- JD had set up and circulated a shared Google document to record existing discussion items and any new items that come up in meetings. CB agreed to save a link to the Google document in the Wellbeing Committee folder in the deptadmin drive.

Action: CB

v) *Preparation for Discussion on Wellbeing Clinics:*

- CS and JD to look into provision of support by other departments, particularly on the West Cambridge site
- CS to raise this item at the next North West Cambridge Forum meeting
- JD to look into the possibility of having a counsellor who could be shared amongst the departments located on the West and North West Cambridge sites
- ACR to look into the counselling service offered at Queens' College

Committee members had not had an opportunity to address the above actions. The items will be discussed at the next meeting.

- ACR, CS and JD to ask colleagues their opinions on a wellbeing clinic

AR reported that very informal feedback from a small number of academic colleagues had been quite negative, with respondents unclear about the purpose of going to a wellbeing clinic—considering it more useful to find the right person to talk to for a particular situation than to drop-in to a clinic.

JD's feedback from talking to assistant and academic-related colleagues had identified an interest in a wellbeing clinic but for it to be an additional resource to (not a replacement for) a counsellor. It was suggested that a structured wellbeing clinic, with bookable appointment slots, would be more effective than an open drop-in event.

It was agreed that this item would be addressed at the next meeting.

vi) *Staff Review and Development (SRD) Process:*

- CS and JD to take the online trainings for both SRD Reviewers and Reviewees with a view to recommending the trainings to staff.
The Committee agreed to carry this item over to the next meeting.

Action: CS and JD

- JD reported that she had booked onto a Wellbeing advisory lunch as an opportunity to talk to other departments about their processes (though it was noted this would be cancelled or moved to an online event due to the Coronavirus situation).

vii) ICE Wellbeing at Work course:

- JD reported that she had registered for the course on 20 April 2020. Depending on whether the course is changed to an online event or cancelled due to the Coronavirus situation, JD will attend or re-book.

Action: JD

5. Graduate Student Forum (GSF) Wellbeing Report

CB reported that the GSF would provide a wellbeing report following its next meeting (to be held at the end of the Easter term).

6. Research Staff Forum (RSF) Wellbeing Report

Committee members received a report on wellbeing from the 28 February 2020 RSF meeting. Noting the Forum's comment on the mindfulness course, the Committee agreed there had not been enough uptake to warrant offering the course again; or, if we did offer it again, we would have to ask participants to pay. The Committee noted the Forum's suggestion to hold wellbeing events around the same time as the Friday Happy Hours. The Committee felt that wellbeing events should follow the University's core hours guidance and take place during core working hours.

7. Keeping in Touch while Working Remotely

The Committee discussed this issue and agreed that it was important that people are encouraged to connect with others during 'shutdown', both on a professional and a personal/social level, and that this message is communicated to the department by the HoD Team.

The Committee discussed various ideas for keeping open the lines of communication with the various categories of students and staff, and agreed to produce a document for the HoD Team, outlining the various recommendations.

Action: Committee members

8. Discussion Item: Wellbeing Clinic

Committee members agreed to discuss this item at the next meeting.

9. Next Discussion Item

As noted in item 7, the item for discussion at the next meeting will be a Wellbeing Clinic.

10. Any Other Business

CS reminded the Committee that the Head of Department had circulated an email to senior staff (with a request to senior professional services staff to circulate it within teams as appropriate), advising people to contact the Head of Department Team if they are having any difficulties.

11. Date of Next Meeting

Committee members agreed to hold the next meeting at 2 p.m. on Monday, 27 April 2020. In the meantime, the committee would communicate about the various actions via the Microsoft Teams Wellbeing Committee chat group.

Respect in the workplace
Stress due to workload
Childcare/family pressures
Transport facilities
Physical buildings and environments
Staff training (e.g. health & safety officer, first aider, management training)
Mental Health Awareness
Mentoring / appraisals
Wellbeing initiatives and funding (e.g. wellbeing lunch)
Wellbeing clinics
University counselling service
Leave (i.e. parental/maternity/sabbatical)

Final Internal Audit Report

Student Wellbeing

September 2019

Distribution List

Alice Benton, Head of Education Services
Elle Bateman, Senior Audit and Regulatory Compliance Manager
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Recommendations Summary	
Priority	Number
1	-
2	6
3	-
4	-

This report has been prepared on the basis of the limitations set out in Appendix D. This report and the work connected therewith are subject to the contract and terms and conditions dated 27 March 2015, supporting Services Agreement dated 28 April 2015, and extension agreement dated 26 July 2019 between the University of Cambridge and Deloitte LLP. The report is produced solely for the use of the University of Cambridge for the purposes of completing the internal audit plan. Its contents should not be quoted or referred to in whole or in part without our prior written consent except as required by law. Deloitte LLP will accept no duty or responsibility to any third party, as the report has not been prepared, and is not intended for any other purpose.

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Executive Summary

1

The objective of this internal audit was to consider the processes in place for the identification, provision of support, and monitoring of student welfare across the Collegiate University, in order to input into the work of the Student Mental Health and Wellbeing Strategy, and development of central services.

The scope of the internal audit covered policies and procedures, roles and responsibilities, communications, Departmental student monitoring and record keeping, and central monitoring and reporting.

Refer to further details in Appendix A.



Observations and Recommendations

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Appendices

Appendix A – Scope of the Assignment

Appendix B – Definition of Audit Opinions and Recommendation Priorities

Appendix C – Acknowledgment

Appendix D – Statement of Responsibility

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Timeline

Date of fieldwork: 10 June – 29 July 2019

Date of draft report: 19 August 2019

Management responses: 8 September 2019

Final report 9 September 2019

Executive Summary

Background

Student wellbeing, in particular mental health, has been a topic of increasing prominence in the media over recent years. In 2015, suicide rates amongst university students reached an all-time high, with 134¹ recorded suicides. In addition, students disclosing mental health concerns in the UK has increased five-fold in the past ten years². The Equality Act 2010 gave increased prominence to mental health problems, defining them as a disability and granting greater protections to individuals suffering with such issues. Higher Education Institutions have had to respond to both an increased demand on services, and the increased risk of students in crisis.

At the University of Cambridge, responsibility for managing and overseeing student wellbeing has predominantly been taken on by the Colleges, with the University having a more active role in recent years. At a Collegiate level, the Senior Tutor has overall responsibility for student welfare provision within a College, working closely with the College's Tutorial Office, Tutors, Student Welfare Officers and, in some cases, the College Nurse, Counsellor and Chaplain / Dean.

It is noted by management in Education Services that the culture of high achievement and workload may put additional pressure on mental health and wellbeing, and there is an increasingly acknowledged risk that the devolved structure could also lead to gaps in provision or lack of consultation. The University is fully aware that it has a duty of care to provide support for students experiencing emotional and / or mental health difficulties.

There are a number of internal sources of welfare support for students at the University, in addition to the services provided by the Colleges. The University Student Counselling Service (UCS) and the Disability Resource Centre (DRC) are the two key services provided to support student mental health. The UCS provides support for students experiencing moderate to severe mental health difficulties and provides free, specialist mental health interventions. The DRC's remit includes provision of academic-related disability support, including those with mental health difficulties.

The University also launched a new student wellbeing website in January 2018 that includes proactive suggestions to promote wellbeing amongst students and general sources of support and resources for particular issues.

In the past four years, the UCS has experienced a 34% increase in the number of students applying for support³, while the DRC has seen an increase of 46% in students declaring a mental health condition over 31 months⁴. The University recognises the growing need for student wellbeing provision and has agreed to fund four additional posts within the UCS and DRC to support students with mental health difficulties. There are also a number of new initiatives being developed by the University to understand the increasing trends, to include:

- The University has developed a Student Mental Health and Wellbeing Strategy for 2018-2021, which seeks to address concerns across the Collegiate University and the sector about increasing levels of poor mental health and wellbeing within the student body.

¹ The Institute for Public Policy Research think tank

² The Guardian 2018

³ Student Mental Health and Wellbeing Strategy 2018-2021 (from 1,565 in 2013-14 to 2,095 in 2016-17)

⁴ Student Mental Health and Wellbeing Strategy 2018-2021 (from 1,890 in July 2015 to 2,750 in February 2018)

- A Faculty and Department guide “When to Refer” has been introduced by the Education Quality and Policy team in September 2018 to support them with helping students access the right pastoral support at the right time.

This internal audit of Student Wellbeing is limited in scope to processes currently in place, recognising that the Student Mental Health and Wellbeing Strategy is in place to review and revise these (with management planning to develop initiatives and raise awareness of the support available). As a result, this audit did not consider some areas, such as training, where management already had plans to look at training needs in detail as part of the strategy. The audit was focussed on current Departmental controls, in order to support management centrally in delivering an improvement framework. The audit did not include an assessment of College arrangements in place relating to student wellbeing. While the audit considered elements of interaction between the University and Colleges from a University perspective, no review or testing of the mechanisms, processes or procedures in place in Colleges was conducted.

Summary of Findings

The University structure places great reliance on College Tutors – whose roles are focused on supporting student wellbeing – to act as the first port of call when a member of staff identifies a student wellbeing concern. We understand Departmental staff are made aware, as part of the regular course of business, that such matters must be reported to the student’s Tutor, and that only the minimum amount of detail should be transmitted over email (most detail appears to be discussed over the phone). There also appears to be a widespread assumption in Departments that student wellbeing is the remit of Colleges rather than Departments, especially for undergraduate students. We understand

Departments also do not feel well equipped to actively manage student wellbeing concerns.

Overall, we have identified a lack of structured or defined approach at University level to managing student wellbeing concerns, including as it relates to communicating guidance to staff and keeping records of reported student wellbeing concerns. There is also reliance on wellbeing concerns being identified as a result of an academic performance concern. For instance, by relying on supervisor reports on CamCORS (the University system used for undergraduate student termly reports), or on academic staff noticing students are not attending lectures or Departmental supervisions.

There is no single location where relevant staff can record any wellbeing concerns against a student’s record, to allow the creation of a single timeline used by Departments and Colleges, and enable authorised individuals to view a student’s history of recorded wellbeing concerns. This prevents early detection of warning signs on either an individual or cohort scale, and prevents sufficiently complete and detailed reporting on the University’s current wellbeing position.

We have raised **six priority 2 recommendations**, as follows:

1. Distribution and maintenance of “When to Refer” guidance

The “When to Refer” guidance is made available online, with limited copies also posted to each Department and College. This guidance covers a range of student wellbeing concerns, and includes links to resources both inside and outside the University. However, in three of the five Departments visited there was no awareness of this guidance, and in the other two the level of awareness of the guidance among Departmental staff more widely was unknown. Furthermore, some of the University links in the guidance contain content not recently reviewed and updated.

2. Student wellbeing framework

There is currently no framework in place for the management and oversight of student wellbeing across the Collegiate University, defining roles and responsibilities, ways of working between Colleges, Departments and central support services, and processes with regards to student wellbeing. There is an understanding by Departmental staff that Colleges should act as first point of contact; however, this is part of "business as usual", rather than through knowledge of established channels and processes for handling wellbeing concerns.

3. Departmental mechanisms to identify concerns

There are limited mechanisms in place in Departments to identify concerns. Of the five Departments sampled, two have no mechanisms in place to identify student wellbeing concerns, relying instead on Departmental staff's general knowledge and the academic staff's reports on academic performance to address individual instances. Only one Department has a senior academic staff nominated as Wellbeing Advocate (a voluntary role under the University's Wellbeing Initiative).

4. Departmental monitoring of concerns

Enquiry with a sample of five Departments noted that there are very limited mechanisms in place for recording and monitoring student wellbeing concerns within the Departments. We identified only one instance where such a mechanism is in place, in the Department of Genetics; this is only for postgraduate students, with whom the Department has significant contact. There is no feedback loop or follow-up once Departments have passed on a wellbeing concern to a College Tutor.

Additionally, there is no University-wide guidance on storing recorded information pertaining to student wellbeing in a secure fashion. This has led to variations in the level of records maintained by Departments and processes implemented to secure information.

5. Signposting to students

The UCS and DRC produce materials for students and make them available on their websites. However, at a Departmental level, there is variation in the level of written signposting or events aimed at raising awareness of support available for wellbeing concerns. Furthermore, the UCS does not undertake targeted activity to promote its services to students. Review of Departmental student induction materials noted that there is limited reference to University student wellbeing provisions. With respect to events or activities in the five Departments sampled, two organised their own Wellbeing Week, one offered a mindfulness course, and two Departments did not organise any events.

6. Reporting and trend identification

Both the UCS and the DRC produce annual reports, including information on the number of students who made use of UCS and DRC resources (broken down by various categories).

However, there is no trend analysis of the data, enabling exploration and understanding of root causes and identification of actions that could be taken to further support any high risk groups. The reporting also does not include any benchmarking of figures against overall University profiling to identify where there is proportionately low or high attendance, or to compare to expected risk groups according to any student wellbeing or mental health research. Furthermore, this reporting does not currently include profiling by socio-economic background, Department or College, for example, to support trend analysis, identification of causal factors, and planning of interventions.

Further detail on these recommendations can be found on the following pages.

