Wellbeing Committee Meeting

Tuesday, 26 May 2020, 3 p.m.
Meeting to be held remotely (via Teams Channel)

Agenda

Committee 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 4 May 2020.

3. Situation Update

4. Update on Action Items

i) *Graduate Union Initiative on Departmental and Faculty Welfare:*
CS was going 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.

ii) *Other departments' wellbeing initiatives*
JD was going to produce an anonymised summary of what she had learned from the other departments, and circulate it to those departments as a useful resource for the whole group.

iii) *West Cambridge counsellor*
Before the Committee presents the idea of a counsellor to the HoD Team, JD was going to gather some information around collaboration with other West Cambridge Departments, the University Counselling Services, and Colleges. This initiative will be discussed under 'Discussion Items,' item 9(iii), below.

iv) *List of future discussion items*
CB was going to add Botanic Garden passes and health and safety issues related to working remotely.

v) *Staff Review and Development (SRD) Process:*
    JD was going to take and review the online courses, and the Committee would address the issue again later. JD to report.

vi) *Wellbeing Advisory Lunch*
    JD was going to circulate the write-up of the lunch to Committee members.

vii) *ICE Wellbeing at Work course:*
    JD was going to look out for the next time the course is offered.

viii) *Private Teams Channel*
    ACR was going to set up a private Teams channel where the Committee could meet and share documents more privately.

5. Future Discussion Items
To review (2020-05-05).

6. Graduate Student Forum (GSF) Wellbeing Report
Caroline to report (the recent GSF meeting took place on 20 May).

7. Research Staff Forum (RSF) Wellbeing Report
Nothing to report (the next RSF meeting is taking place on 21 May).

8. Student Wellbeing Internal Audit—Executive Summary
To discuss once circumstances are more normal (2020-05-08).

9. Discussion Items

i) *Virtual Tea/Coffee Breaks and Virtual Corridor Review*
    To discuss.

ii) *Wellbeing Clinic*
    To discuss.

iii) *Counsellor initiative*
    To discuss.

10. Next Discussion Item
To decide on the item for discussion at the next meeting.

11. Any Other Business

12. Date of Next Meeting

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

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 1 April 2020 were approved for publication on the Committee website.

3.   Situation Update
Committee members each gave an update on how they were doing with regard to the Coronavirus situation. The issue of health and safety in connection with working from home (e.g., RSI) came up, and the Committee agreed to add this issue to the bucket list of future discussion items.

Action: CB

4.   Update on Action Items

i)   *Webpages:*
CB had created a list of contacts relevant to the department, which can evolve / be updated as required.

ii)   *Graduate Union Initiative on Departmental and Faculty Welfare:*
CB had updated 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.

Action: CS

iii) *Other Departments' wellbeing initiatives*

JD had contacted other Departments to find out about their wellbeing initiatives. She had received some responses, but none of the other departments had mentioned initiatives that we were not already aware of.

JD noted that Physics provides Botanic Garden passes to staff. Committee members agreed to add Botanic Garden passes to our list of future discussion items.

Action: CB

Physics is also very interested in a counselling service. Although they have discussed the idea within the department, they have not taken the idea forward, and they would be interested in collaborating with CST if we go ahead. Daniela Manca, Senior Project Manager for the Strategic Partnerships Office, who is working on communications for West Cambridge, was also interested in the idea of a counselling service.

It was agreed that JD would gather some information before the Committee presents the West Cambridge counsellor idea to the HoD Team. Models she might look into included (i) several departments (e.g., CST, Whittle Lab, Vet School, Hauser Forum) sharing the cost of hiring a counsellor, perhaps with five departments each contributing to a full-time counsellor and in return receiving one day per week of counselling services; and (ii) buying counselling time from the University Counselling Service or one of the Colleges.

Action: JD

Committee members also briefly discussed the pros and cons of the counsellor holding sessions in the William Gates Building versus elsewhere on the West Cambridge site (e.g., convenience vs. discretion).

JD agreed to produce an anonymised summary of what she had learned from the other departments, and circulate it to the departments as a useful resource for the whole group.

Action: JD

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

CS and JD had agreed to take the online trainings for both SRD Reviewers and Reviewees with a view to recommending the trainings to staff. CS reported that she had recently taken the online trainings for both SRD Reviewers and Reviewees. She noted that the courses were quite boring and seemed to be the same as when she took them several years ago. CS felt that in-person training sessions are better but numbers for these training sessions are limited.

It was agreed that JD would take and review the online courses as she had not taken them before, and the issue would be addressed again later.

Action: JD

ACR noted that if we are to provide something on the SRD process ourselves in future, then the Research Staff Forum might be a pool of willing subjects to try it out (for example, carrying out a staff review of a PhD student).

v) *Wellbeing Advisory Lunch*
The Wellbeing Advisory Lunch had been moved to an online event, but JD had not attended. She had received the write-up of the lunch, which she would circulate to Committee members. ACR suggested that he and JD attend a future lunch.

Action: JD and ACR

vi) *ICE Wellbeing at Work course:*
JD reported that the 20 April 2020 course had been cancelled. She would look out for the next time the course is offered.

vii) *Keeping in Touch While Working Remotely*
The Committee had produced a document for the HoD team, outlining various recommendations for keeping open the lines of communication with the various categories of students and staff. Included in the document had been the proposal for a 'virtual corridor,' which had been set up (see item 10 below).

5. **Future Discussion Items**
Committee members agreed to review the list at the next meeting. CB agreed to add Botanic Garden passes and health and safety issues related to working remotely to the list.

Action: CB

6. **Graduate Student Forum (GSF) Wellbeing Report**
There was nothing to report. The next GSF is due to be held in May.

7. **Research Staff Forum (RSF) Wellbeing Report**
There was nothing to report. The next RSF is due to be held in May.

8. **Student Wellbeing Internal Audit—Executive Summary**
Committee members agreed to discuss the Executive Summary at a subsequent meeting.

9. **Discussion Item: Wellbeing Clinic**
At the last meeting, it had been agreed that a structured wellbeing clinic with bookable appointment slots would be more effective than an open drop-in event. Committee members agreed to discuss this item together with item 10, Virtual Corridor Initiative, below.

10. **Virtual Tea/Coffee Breaks and Virtual Corridor**

Virtual Tea/Coffee Breaks: CS reported that the first event had been held on Microsoft Teams, but as the Teams format shows only four images on screen—those of the four people to have last spoken—it was felt that people who did not speak as much might feel a little excluded. In addition, the conversation had become a bit technical. The second event had been held on Zoom, where the images of all the participants (approximately 15) could be seen at one time on the screen. The duration of the event was reduced from 45 to 30 minutes, which was considered long enough. JD had hosted this second event, welcoming arrivals to the meeting and encouraging them to talk. It was felt that this format was more successful, and the Committee agreed to continue with the trial.

Virtual Corridor: No-one had contacted CS or JD for a meeting slot, so uptake was not looking likely. ACR suggested that we keep holding the slots and advise people that requesting a meeting slot is equitable to knocking on the office door and saying 'Hi' and that, despite the slight formality of making the booking, it is not a formal arrangement. It was noted that, since JD or CS would be hosting the tea break, only one of them would be available for the meeting slots. CS said that she preferred one-to-one slots and would be happy to do the Virtual Corridor, but it was agreed that we should keep both initiatives flexible.

11. Next Discussion Item

Committee members agreed that topics for discussion at the next meeting would be the Virtual Corridor Review, the Wellbeing Clinic, and the follow up from JD's counsellor research.

12. Any Other Business

ACR suggested setting up a private Teams Channel, where the Committee could meet more privately in future and share documents instead of on the more public Teams Chat group. Committee members agreed with this and ACR agreed to set up the channel.

Action: ACR

13. Date of Next Meeting

It was agreed that the next meeting would be held at 3 p.m. on Tuesday, 26 May 2020 via video on the new Wellbeing Committee Teams Channel. ACR would designate that date as one of his Keeping in Touch days from paternity leave.

Wellbeing Committee -- Discussion Items	Added	Discussed
Respect in the workplace	09/01/2020	
Stress due to workload	09/01/2020	
Childcare/family pressures	09/01/2020	
Transport facilities	09/01/2020	
Physical buildings and environments	09/01/2020	
Staff training (e.g. health & safety officer, first aider, management training)	09/01/2020	
Mental Health Awareness	09/01/2020	
Mentoring / appraisals	09/01/2020	
Wellbeing initiatives and funding (e.g. wellbeing lunch)	09/01/2020	
Wellbeing clinics	09/01/2020	04/05/2020
University counselling service	09/01/2020	04/05/2020
Leave (i.e. parental/maternity/sabbatical)	09/01/2020	
Botanic Garden passes for staff	04/05/2020	
Health and safety issues related to working remotely (eg RSI)	04/05/2020	

Deloitte.

UNIVERSITY OF CAMBRIDGE

Final Internal Audit Report

Student Wellbeing

September 2019

Recommendations Summary

Priority	Number
1	-
2	6
3	-
4	-

Contents

1 Executive Summary

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.

4 Observations and Recommendations

18 Appendices

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 134[1] recorded suicides. In addition, students disclosing mental health concerns in the UK has increased five-fold in the past ten years[2]. 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 support[3], while the DRC has seen an increase of 46% in students declaring a mental health condition over 31 months[4]. 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.