Introduction

1. The University is committed to providing a healthy environment for study. This commitment is in the context of the University’s wider mission, including that set out in its Learning and Teaching Strategy, which states that the University’s strategic aims in learning and teaching include to provide a stimulating educational environment; to attract and support outstanding students from the UK and overseas; to develop knowledge and skills which are relevant at all stages of each student’s career and which equip students to continue to learn throughout life; and to produce graduates who are the future leaders in their field.

2. In support of these aims the Learning and Teaching Strategy, supported by this Strategy for Student Wellbeing, says that, inter alia, the University will, in partnership with the Colleges, endeavour to: create an environment that promotes opportunities for students to learn and to develop as individuals, and which allows them to enhance their physical, mental and social health and wellbeing.

3. The University also has a duty under the Equality Act 2010 not to discriminate, and has a responsibility to all of its students to ensure that their rights are protected and that they have the best possible opportunity to succeed. This will be realistic and achievable only if students are expected to be self-sustaining within the academic environment with the support that can be reasonably provided.

4. In defining a strategy for student wellbeing, the University is endeavouring to provide opportunities and support for all students to develop themselves to be able to pursue their lives and careers when they leave the University – not just in terms of academic qualifications, but also in terms of self-esteem, personal resilience and self-confidence. Actions proposed in support of this aim will be sympathetic to the Cambridge context, be realistic and proportionate, and will have due regard to the resources available. In particular, this strategy and associated action plan recognise the central role played by the Colleges and their responsibilities for the welfare of their students.

5. The ultimate goal of this Strategy is to improve the health, safety and wellbeing of students. The benefits to the University of improving student wellbeing include:
• fulfilling the University’s responsibilities and duty of care to students (and staff)
• improving student learning and attainment;
• reducing risk-taking behaviours and associated negative effects, such as excessive drinking;
• increasing involvement in the academic community;
• reducing pressure on student support services; and
• reducing the reputational risk (including performance indicators such as employment, dropout rates, intermissions, and complaints).

6. This wellbeing strategy is accompanied by an action plan. The intention is that these actions should lead to long-term, sustainable improvements in the health and wellbeing of the student population. Actions include:

• those aimed at specific groups of students, including ways of recognising vulnerable students;
• those aimed at specific points in the academic calendar (eg examinations);
• development of the Collegiate University’s approach to fitness to study, including ways of mitigating the risk of students becoming unfit to study, but also providing appropriate and dignified exit routes for students;
• development of procedures to support complaint resolution to deal with cases where student or staff behaviour is negatively affecting the wellbeing of other students; and
• more general, cross-University initiatives to promote wellbeing including healthy living.

Key areas identified for attention are:

• Awareness of the importance of wellbeing and building resilience;
• Promotion of support networks, understanding of boundaries and referral routes;
• Mental wellbeing and health;
• Disability;
• Behaviour, bullying and harassment, sexual violence; and
• Alcohol misuse.

Awareness, boundaries and referral, including to the NHS

Cambridge context and support available

7. Cambridge has much to offer students, but it is also an extremely challenging place. Terms are short terms and the pace is fast, and students need to be able to determine and manage for themselves the balance between work and personal/social life. Many students will have been top in their secondary schools, and
will not necessarily be top of their classes here in Cambridge and for many this will bring significant challenges to self-confidence. To thrive and realise their full potential students need to develop resilience in managing difficulties and set-backs, and an appreciation of the importance of caring for themselves and their own wellbeing. To be effective, contributions will be needed from the academic programme, including study skills provision, increasing understanding of what is expected including in terms of workload, and encouraging students to take a broader view of their education beyond examinations. The recognition of non-academic achievement should be encouraged to place greater value on the student experience in the round. Figures in the NSS on students’ feelings of their ability to cope with workload continue to be significantly below sector averages - for example 63% of final year undergraduates indicated in 2015 that they felt that their course placed unnecessary pressure on them. This figure continues to rise.

AIM 1: to promote students’ understanding of the importance of their own wellbeing and the role they play in promoting it for themselves and for other students.

AIM 2: to support academic, administrative and other support staff, through training and guidance, in understanding the importance of wellbeing and the role they play in promoting it.

8. Student support at Cambridge is layered, with support provided at a number of different levels and with different degrees of specialism.
The individual attention and support afforded by the College Tutor are particularly important in helping students to adjust and find their way at the University, and to navigate the more specialist support that is on offer. To ensure that the best is made of the available provision, all contributors need to be aware of what is available to each level, how services inter-relate, and how to make a referral.

**AIM 3:** raise student awareness of support available at each level and how to access it, and to ensure students have appropriate and realistic expectations of what can and cannot be offered. This work will support work of the Senior Tutors’ Committee in setting clearer expectations of the role of the Tutor.
**AIM 4:** work with the Senior Tutors’ Committee to ensure that all College Tutors are aware of support available, boundaries and how to refer students.

**Access to Mental Health Services**

9. There is increasing demand for mental health services across the sector. A number of different factors appear to be contributing to this increasing demand, including a reduction in the stigma associated with mental health problems, pressures on young people (including those resulting from increasing use of social media), and cuts to NHS provision.

10. Data from student support services provide evidence of increasing levels of student mental health problems. The University Counselling Service now sees around 8.6% of the student population, with a particular rise in the numbers presenting with issues related to relationships, anxiety/panic, and academic related issues. Numbers of students declaring a mental health issue to the DRC have increased by 180% over the last four years to 437 in 2015-16. Numbers of students seeking special examination arrangements because of panic, stress or exam anxiety have increased by 30% over the last ten years, and were close to 110 in 2014-15.

11. For more chronic cases, NHS waiting times and Cambridge’s short terms make the problem more acute. The provision of Mental Health Advisers at the Counselling Service has assisted greatly in providing crisis support, and facilitating referral to specialist NHS support, but a gap remains between what the UCS can offer and the threshold for access to secondary care in the NHS. Early intervention would, in some cases, prevent more serious problems developing.

12. Increasing problems in the general student population also need to be addressed and mental wellbeing improved. The World Health Organisation has defined mental wellbeing as “a state of mind in which an individual is able to realise his or her own abilities, cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. Resilience, or the ability to cope with challenges and to recover from, or adapt to setbacks, can help protect against the development of mental health problems, and can be developed by individuals.

**AIM 5:** to improve communication channels and referral routes.

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1 WHO (2008), Global burden of disease report
2 [http://mentalhealth.org.uk/content/assets/PDF/publications/building-resilient-communities-booklet.pdf](http://mentalhealth.org.uk/content/assets/PDF/publications/building-resilient-communities-booklet.pdf)
AIM 6: to build resilience in the student population.

Disabled students

13. The University works on the principle of the social model of disability rather than a medical model of disability. The medical model suggests that the ‘problem’ of disability resides with the disabled person rather than society, and presents risks of social isolation, low expectations, and a focus on impairment above other aspects of the person’s identity. The social model suggests instead that disability is the discrimination and barriers experienced by those perceived to have an impairment, and the University endeavours to anticipate and remove these barriers to allow greater access and participation by all students.

14. Many disabled students are able to access non-medical helper support, such as 1-1 mentoring, which is coordinated via the DRC and funded by the University and Colleges via, and in the case of some specialist support from Disabled Students’ Allowances (DSAs). DRC Advisers work closely with Colleges and other student support services (particularly the Counselling Service) to develop effective support plans and successful outcomes for students with mental health difficulties and other disabilities.

15. However, the most effective way to include all students in academic activities is to take into account access for all from the course planning stage, through ‘inclusive teaching practices’.

16. Much progress has been made in recent years in the development of policy and practice, including promotion of inclusive teaching and learning methods, and publication of the Code of Practice for Disabled Students. Although the DRC runs a series of training courses on how effectively to support disabled students and also has a wealth of on-line information and training resources on inclusive teaching and learning, there is still a lack of understanding of requirements and best practice.

AIM 7: to develop understanding in Faculties and Departments, and by College supervisors of requirements of the Code of Practice and of inclusive teaching practices and the benefits such practices bring.

Behaviour: harassment and sexual violence

17. The behaviour of other students and staff can have a profound impact on the wellbeing of an individual student.
18. The University's core values encompass freedom of thought and expression, and freedom from discrimination. All members of the University community are expected to treat each other with respect, courtesy and consideration, and have the right to expect professional behaviour from others. Appropriate behaviour is fostered by a University culture which encourages positive, supportive and open interactions.

19. The University recognises that to work and study effectively, students need a climate of equal opportunity in which they are respected and valued for their contribution, irrespective of their sex, gender identity (including reassignment), marital, parental or partnership status, race, ethnic or national origin, colour, disability, sexuality, religion or belief, or age. The University will not tolerate the harassment or bullying of any member of its community by another.

AIM 8: to ensure that all students are
- aware of expectations for their own behaviour and that of others
- feel able to report harassment or sexual assault in the expectation that their complaints will be handled fairly and robustly, and can access support when they feel that they have been subjected to inappropriate behaviour by other students or staff.

20. A student's fitness to study may be called into question if illness, disability, or mental health issues are seriously disrupting his or her own studies or the studies of others, or result in unreasonable demands being placed on staff or other students. Colleges have their own fitness to study procedures based on the template developed by the Senior Tutors' Committee in 2011. The University has developed its own procedure for fitness to study which is designed to deal with cases where issues of fitness to study cannot be resolved through College procedures. Further work is needed to raise awareness of procedures for dealing with cases of problematic and disruptive behaviour, and to ensure that the most appropriate procedure is used to address difficulties as expeditiously as possible.

AIM 9: Clarify the relationship between different University procedures for handling cases of problematic or disruptive behaviour; to ensure that students and staff are aware of, and clear about the routes available for raising a complaint.

Promoting a culture of responsible drinking
21. For many students, alcohol plays a significant and important part in Cambridge culture both in College and Departmental functions,
student societies, and informally, but excessive alcohol use causes high profile problems between the City and the Collegiate University when it leads to unacceptable behaviour. Alcohol abuse also places significant strains on the local A&E Department, and causes friction with the local community and police.

22. Excessive drinking can have significant negative impacts on an individual’s health and academic performance, and well as their general wellbeing. It can also impact on the wellbeing of others in the University community. For those students who, for religious or other reasons do not wish to drink, its use can mean that some students feel excluded.

AIM 10: work in partnership with the Colleges to promote a responsible drinking culture.

Monitoring effectiveness of the strategy and action plan

23. An important part this strategy and associated action plan is development, over time, of a set of indicators to monitor its impact. Initially these will include:

- accessing of student support services;
- data from other organisations supporting students, including the Student Advice Service and GPs; and
- the National Student Survey (NSS).

AIM 11: to develop and deploy a set of indicators to assess the overall level of student wellbeing and the impact of wellbeing initiatives.

University Committee on Student Health & Wellbeing
Endorsed by the General Board’s Education Committee
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