Universities UK

SELF ASSESSMENT TOOL

STEPCHANGE: MENTALLY HEALTHY UNIVERSITIES

This self assessment tool has been developed to encourage universities to plan and implement a whole university approach, as set out in Stepchange: mentally healthy universities.

The tool aligns with the content and approach of the Student Minds University Mental Health Charter.
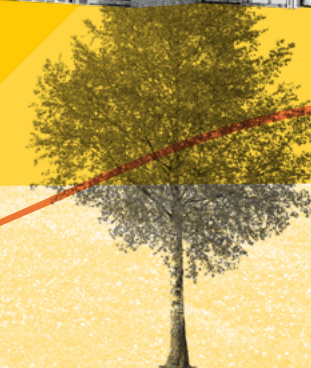
HOW TO USE THE TOOL

This tool is to support improvement; it is not a standards framework.

Each section reflects the structure of the Stepchange: mentally healthy universities framework and includes sets of questions organised by five key practice areas.

These questions are designed to encourage focused conversations about improvement with staff and student populations, and with strategic partners including health services, schools, colleges and employers.

If you have any questions about using this tool, you can contact UUK at info@universitiesuk.ac.uk.

ACKNOWLEDGMENTS

The tool was developed by the Child Outcomes Research Consortium (CORC) and UUK following consultation with students, university leadership and professional services staff, researchers, third sector experts and clinicians.
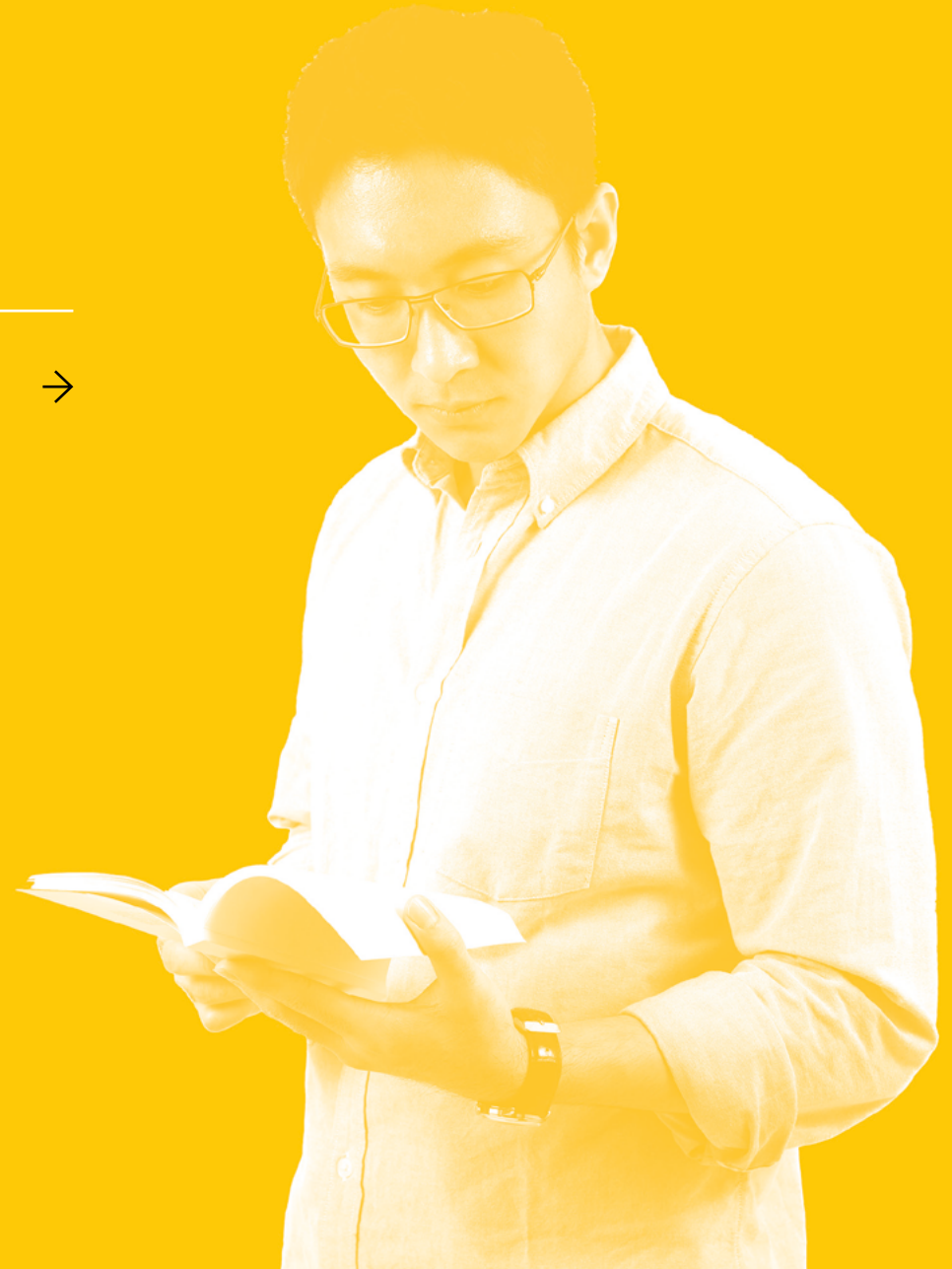
The CORC team comprised Lee Atkins and Kate Dalzell.

The Student Minds University Mental Health Charter team, Gareth Hughes and Leigh Spanner, provided key inputs.
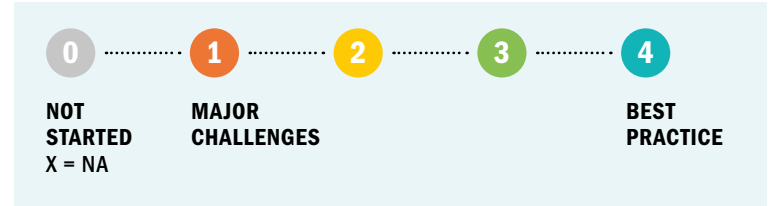
LEARN

Learning, teaching
and assessment   →

LEARN
LEARNING, TEACHING AND ASSESSMENT

What do the ratings mean?   MORE DETAIL →

0 .... 1 .... 2 .... 3 4

NOT STARTED
X = NA

MAJOR CHALLENGES

BEST PRACTICE

Key practice areas

UNIVERSAL	RATING (0–4)	?
How does the university ensure the curriculum design considers mental health and wellbeing?		
How does the university ensure that the curriculum and pedagogy draw on evidence informed practice to enable all students to develop skills, confidence and academic self-efficacy?		
How does the university ensure that the curriculum and pedagogy encourages a focus on deep learning, meaning, mastery and development?		
How does the university ensure the role of academics is clear and that academic staff can maintain supportive boundaries. How is it supporting academic staff to understand how they can support student mental health and wellbeing through good pedagogic practice?		

TARGETED AND/OR SPECIFIC	RATING (0–4)	?
How does the university communicate the boundaries and role of academics to staff and students?		

CO-PRODUCTION	RATING (0–4)	?
How does the university understand the current learning experiences of students?		
Does the university work with students and staff to develop the curriculum and pedagogy?		
How does the university work with students to develop supportive and collaborative learning communities?		

INCLUSIVITY	RATING (0–4)	?
How does the university ensure the curriculum is inclusive for all learners?		
How does the university ensure that the link between learning and wellbeing is considered for non-traditional and non-undergraduate students, eg post-graduate researchers, postgraduate students, part-time students, and online learners?		

RESEARCH	RATING (0–4)	?
How does the university evaluate and understand the impact of the curriculum and pedagogic practice on student mental health and wellbeing?		
How does the university ensure this evaluation is robust?		
How is this evidence used in redeveloping the curriculum and future planning?		

EVIDENCE

COMMENTS

Learning, Teaching and Assessment
What the ratings mean

0

NOT STARTED
There has been no progress in this area, no attention or resource has been applied.

- No work is being carried out to understand the relationship between the curriculum and mental health, or to positively impact upon this.
- Learning, teaching and assessment is not considered in the university's approach to supporting student mental health and wellbeing.

1

MAJOR CHALLENGE
Minimal progress has been made but there is evidence of actions to move work forward.

- There is no current institution-wide engagement with the link between learning, teaching and assessment and mental health.
- There is planning underway to understand the relationship between mental health and learning, teaching and assessment and improve learning provision, including engagement with students.

2

ELEMENTS OF GOOD PRACTICE
Evidence exists of examples of good practice, but it is not embedded across the whole university. Practice may be isolated within specific teams or departments.

- There are some examples of good practice – they may be ad hoc or siloed and may depend on current individuals to sustain the work.
- Links between curriculum and mental health are considered in pockets of practice.
- There is use of some evidence – it may lack robustness and use a narrow spread of sources eg does not include student voice, internal evaluations, research.
- The role of academics is not clear.
- There may be targeted work to improve the experiences of some specific groups.

3

WIDESPREAD GOOD PRACTICE

There is significant evidence of good practice that has been informed by evidence and is well evaluated. Some of this work is cross-university and considers the needs of specific groups of students.

- There are numerous examples of good practice, including some cross-university partnerships.

- There is widespread consideration of the role of the curriculum in ensuring good mental health but good practice not entirely embedded.

- There is clear use of a range of evidence to inform practice; evidence may not be consistent or drawn from a full range of evidence eg student voice, local evaluations, research.

- Some work to clarify the role of academics has taken place but is not embedded across the whole university.

- There are significant examples of work to ensure the curriculum is inclusive.

4

BEST PRACTICE

There is clear evidence of a whole university approach that considers its relationship to mental health and wellbeing and is robustly informed by evidence, drawing on a range of sources. The needs of the whole population are considered, and effective, targeted interventions and activities are in place. The university's practice in this area is shared internally and externally, including nationally.

- There is a considered, whole university approach to the curriculum and mental health and wellbeing.

- There is evidence of embedded good practice across the whole university.

- Practice and activity are informed by a full range of evidence eg student voice, internal evaluations, research.

- The role of academics is clear, well understood and communicated.

- Inclusivity is embedded into curriculum design and pedagogic practice across the whole university.

- Good practice is shared internally and externally.

SUPPORT

Support services →

Risk →

What do the ratings mean?

0 .... 1 .... 2 .... 3 4

NOT STARTED
X = NA

MAJOR CHALLENGES

BEST PRACTICE

SUPPORT
SUPPORT SERVICES

Key practice areas

UNIVERSAL	RATING (0–4)	(?)
How does the university ensure that support services are appropriately resourced to meet current and future need?		
How does the university ensure that support services for mental health are safe and effective?		
How does the university ensure support services are attuned to the local context and responsive to changes in need?		
How does the university ensure that support services are available, accessible and appropriate for all students and throughout the academic year?		
How does the university ensure appropriate clinical governance of support services for mental health?		

TARGETED AND/OR SPECIFIC	RATING (0–4)	?
How does the university ensure mental health services are attuned to all aspects of the student life and academic learning?		
How does the university provide support for students who are not regularly on-campus? eg online learners, part-time students.		

CO-PRODUCTION	RATING (0–4)	?
How does the university ensure that students have an active role in the ongoing development of services?		
How does the university ensure students can raise concerns about the safety, effectiveness or provision of services?		
How does the university ensure that the student voice plays an active role in helping the university understand changes in need?		

INCLUSIVITY	RATING (0–4)	?
How does the university address the needs of groups least likely to approach support services?		
How does the university ensure staff in mental health roles are culturally competent and reflect the student population?		
How does the university ensure that support services understand the experiences and academic journey of students on differing modes of study eg postgraduate students, part-time students etc?		

SUPPORT – Support services

RESEARCH	RATING (0–4) ⑦
How does the university evaluate the effectiveness of support services?	
How does the university develop evidence and understanding to inform the creation of new interventions and services?	
How does the university ensure this evaluation is robust and draws from a range of sources?	
How does the university use this evaluation in future planning?	

EVIDENCE ✎

COMMENTS ✎

Support Services
What the ratings mean

0

NOT STARTED
There has been no progress in this area, no attention or resource has been applied.

- Little or no support is available for student mental health and wellbeing.
- No effort is being made to evaluate the safety, effectiveness or accessibility of support and no governance in place.
- Support service provision has not been made with a clear rationale for the local context and need.

1

MAJOR CHALLENGE
Minimal progress has been made but there is evidence of actions to move work forward.

- A limited range of student mental health support is provided – it may be difficult to access, possibly due to waiting times, cultural barriers or location.
- There is limited evaluation of the safety, effectiveness or accessibility of support and there is little governance in place – there may be concerns about performance in these areas.
- There is little consideration of the local context and need in the design of provision.

2

ELEMENTS OF GOOD PRACTICE
Evidence exists of examples of good practice, but it is not embedded across the whole university. Practice may be isolated within specific teams or departments.

- There is some support provided for student mental health – it may be narrowly focussed and difficult to access due to waiting times, cultural barriers or location.
- There is use of some evidence for evaluation – it may lack robustness. There is uncertainty about whether or not services are safe, effective and accessible and/or concerns about performance in these areas. There is little or no clinical governance in place.
- There is some consideration of the local context and need in the design of services.
- There is little consideration of the student voice in the design of services and interventions.

3

WIDESPREAD GOOD PRACTICE

There is significant evidence of good practice that has been informed by evidence and is well evaluated. Some of this work is cross-university and considers the needs of specific groups of students.

- A range of support is provided for student mental health – it may not be well co-ordinated.

- Services are regularly evaluated, and there is some evidence that services are safe effective and accessible. Clinical governance is in place or under development.

- Services consider the local context and need in their design – they may not consider all student experiences and academic learning.

- Student feedback and opinions are gathered and considered when developing services and interventions.

- Some steps are in place to target the needs of particular students and cultural competence is being developed.

4

BEST PRACTICE

There is clear evidence of a whole university approach that considers its relationship to mental health and wellbeing and is robustly informed by evidence, drawing on a range of sources. The needs of the whole population are considered, and effective, targeted interventions and activities are in place. The university's practice in this area is shared internally and externally, including nationally.

- A range of well-coordinated support is provided.

- Services are robustly evaluated on an ongoing basis, there is clear evidence that they are safe, effective and accessible and there is good clinical governance in place.

- Services are designed to meet the local context and need and consider all student experiences and academic learning.

- Students play a proactive role in helping to shape services and develop new interventions.

- Services and staff are culturally competent, and the service offer considers the needs and barriers faced by diverse student groups in accessing support.

- Good practice is shared internally and externally.

SUPPORT
RISK

What do the ratings mean?

0	1	2	3	4
NOT STARTED X = NA	MAJOR CHALLENGES			BEST PRACTICE

Key practice areas

UNIVERSAL	RATING (0–4)	?
How does the university ensure it has effective practice, processes and staff in place for identifying and assessing risk to staff and students?		
How does the university ensure that non-clinical staff have access to timely, expert advice and guidance?		
How does the university provide interventions for those at risk, provide support while waiting for external interventions, and ensure the safety of the physical environment?		
How does the university support all those affected by suicide and plan for prevention, intervention and postvention activities?		

TARGETED AND/OR SPECIFIC	RATING (0–4)	?
How do universities support those who are supporting individuals in crisis or at risk?		

CO-PRODUCTION	RATING (0–4)	?
How does the university support students to develop a safe culture and environment?		
How does the university support students to be able to report concerns about peers?		

INCLUSIVITY	RATING (0–4)	?
How does the university identify, understand and act on risks which are specific to particular student or staff groups?		

RESEARCH	RATING (0–4)	?
How does the university evaluate the effectiveness and impact of information sharing about individuals in crisis or at risk?		
How does the university understand the causes of risk and the experiences of those who may be at risk?		
How does the university ensure this evaluation is robust and draws from a range of sources?		
How does the university use this evaluation in future planning and in strategic partnerships with external bodies?		

SUPPORT – Support services

EVIDENCE ✎

COMMENTS ✎

Risk
What the ratings mean

0

NOT STARTED

There has been no progress in this area, no attention or resource has been applied.

- The university does not have any strategy, processes, arrangements or developed practice to address risk or respond to crisis or suicide.
- No advice or support is available for those at risk or those concerned about risk to another.

1

MAJOR CHALLENGE

Minimal progress has been made but there is evidence of actions to move work forward.

- The university does not have any confirmed strategy, processes or arrangements in place to address risk or respond to a crisis or suicide. Some common practice may be in place but not widely understood.
- Limited advice or support is available for those at risk or those concerned about risk to another.
- The university is beginning to address the issue.

2

ELEMENTS OF GOOD PRACTICE

Evidence exists of examples of good practice, but it is not embedded across the whole university. Practice may be isolated within specific teams or departments.

- Some processes or arrangements are in place but not consistently applied across the university – they may be limited to support services.
- Some specialist support is available for those at risk and limited advice and support is available for those concerned about risk to others. There may be a lack of knowledge about the advice and support available.
- There is use of some evidence to evaluate and review the impact of incidents – they may lack robustness and use narrow spread of sources eg do not include student voice, internal evaluations, research.
- Support is not designed to respond to all those affected by suicide or to address prevention, intervention and postvention.

3

WIDESPREAD GOOD PRACTICE

There is significant evidence of good practice that has been informed by evidence and is well evaluated. Some of this work is cross-university and considers the needs of specific groups of students.

- There is a clear university-wide approach to risk, but it may not be well embedded across the whole institution.

- Specialised support and advice is available, accessible and highly visible for those at risk. Advice and support for those concerned about risk to another may be available but not as clearly visible or accessible.

- There is a clear use of a range of evidence to evaluate and review incidents – they may not be consistent or drawn from a full range of evidence.

- Support is usually provided for all of those affected by suicide and there is some activity to address prevention, intervention and postvention but may not be well developed or applied across the whole university.

- Services sometimes work to mobilise students' resources but not consistently.

4

BEST PRACTICE

There is clear evidence of a whole university approach that considers its relationship to mental health and wellbeing and is robustly informed by evidence, drawing on a range of sources. The needs of the whole population are considered, and effective, targeted interventions and activities are in place. The university's practice in this area is shared internally and externally, including nationally.

- There is a strategic, well-embedded whole university response to risk.

- Specialised support and advice is available, accessible and highly visible for those at risk or those concerned about risk to another.

- There is a robust use of evidence to evaluate and review incidents drawing from a wide range of sources.

- Support is consistently provided for all of those affected by suicide and there is well-developed activity to address prevention, intervention and postvention, applied across the whole university.

- Good practice is shared internally and externally.

WORK

Staff wellbeing →

Staff development →

What do the ratings mean?   MORE DETAIL →
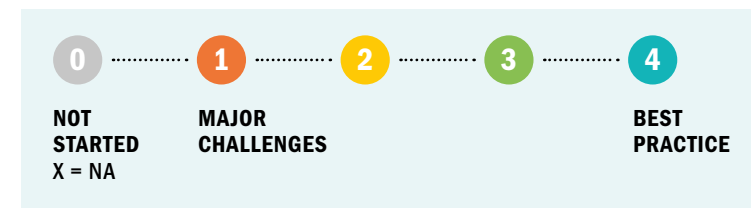
0	1	2	3	4
NOT STARTED X = NA	MAJOR CHALLENGES			BEST PRACTICE

WORK
STAFF WELLBEING

Key practice areas

UNIVERSAL	RATING (0–4)	?
How does the university ensure a culture and environment that supports good staff wellbeing and good workplace conditions?		
How does the university ensure that staff feel able to discuss their own mental health and wellbeing and access effective, accessible support and proactive interventions to help them improve their own mental health and wellbeing?		
How does the university ensure that managers are equipped to support good staff wellbeing and maintain a healthy workplace culture and practice?		

TARGETED AND/OR SPECIFIC	RATING (0–4)	?
How does the university ensure staff are able to spend a significant proportion of their time on work that is meaningful to them?		
How does the university ensure staff have psychological safety in the workplace?		
How does the university ensure there are good workplace relationships and team cultures?		
How does the university ensure staff are facilitated to adopt and maintain healthy lifestyle and workplace behaviours?		

CO-PRODUCTION	RATING (0–4)	?
How does the university involve staff in the development of culture, environment and practice that supports good mental health?		
How does the university ensure it understands the experiences of staff in relation to mental health and the workplace?		
How are staff involved in co-producing policy and strategy about the wellbeing of staff?		

INCLUSIVITY	RATING (0–4)	?
How does the university ensure that it considers and addresses the wellbeing of staff who may face additional barriers or challenges to their mental health?		
How does the university ensure staff wellbeing is not negatively affected by exclusionary behaviours, harassment or discrimination?		

RESEARCH	RATING (0–4)	⑦
How does the university evaluate the effectiveness, and impact of its approach to staff wellbeing and mental health?		
How does the university understand current staff wellbeing, its causes and effects?		
How does the university ensure this evaluation is robust and draws from a range of sources?		
How does the university use this evaluation in future planning and development?		

EVIDENCE ✏

COMMENTS ✏

Staff wellbeing
What the ratings mean

0

NOT STARTED

There has been no progress in this area, no attention or resource has been applied.

- Staff wellbeing is not an institutional priority, there is no evidence of commitment in strategy, policy, resource allocation, practice, available support or culture.

- Staff mental health may be negatively affected by university workplace culture.

1

MAJOR CHALLENGE

Minimal progress has been made but there is evidence of actions to move work forward.

- Staff wellbeing is acknowledged as important by leaders but is not a high priority – there is no evidence of a commitment in strategy, policy, resource allocation, practice or culture. The university may provide access to some support eg employee assistance programmes.

- There is evidence that the university is developing plans to address staff wellbeing.

2

ELEMENTS OF GOOD PRACTICE

Evidence exists of examples of good practice, but it is not embedded across the whole university. Practice may be isolated within specific teams or departments.

- There are some examples of good practice – it may be ad hoc or siloed and may depend on current individuals to sustain the work.

- Culture, environment and workplace activity is variable in practice and impact.

- There is some evidence of managers being equipped to support good workplace culture and good staff wellbeing but it is not consistent and is largely optional for individual managers.

- There is a limited range of evidence used to develop and maintain practice and activity.

- There is inconsistency in the openness of culture – some staff do not feel able to discuss their own mental health or access effective, accessible support and proactive interventions.

3

WIDESPREAD GOOD PRACTICE

There is significant evidence of good practice that has been informed by evidence and is well evaluated. Some of this work is cross-university and considers the needs of specific groups of students.

- There is a well-developed, whole university approach to staff wellbeing and mental health, but it may not be well embedded across the whole institution.

- Culture, environment and workplace activity generally supports good staff wellbeing – however pockets of poor practice remain.

- Managers are generally equipped to support good workplace culture and good staff wellbeing but not consistently across the whole university.

- There is clear use of a range of evidence to inform practice – it may not be consistent or drawn from a full range of evidence eg student voice, local evaluations, research.

- Most staff feel able to discuss their own mental health and wellbeing and access effective, accessible support and proactive interventions to help them improve their own mental health and wellbeing.

4

BEST PRACTICE

There is clear evidence of a whole university approach that considers its relationship to mental health and wellbeing and is robustly informed by evidence, drawing on a range of sources. The needs of the whole population are considered, and effective, targeted interventions and activities are in place. The university's practice in this area is shared internally and externally, including nationally.
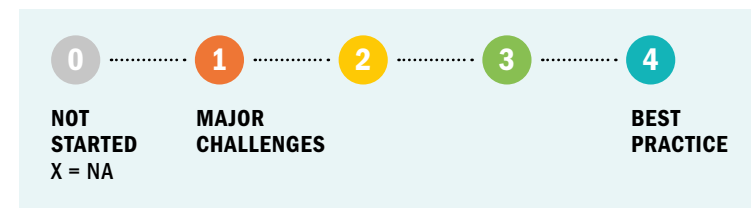
- There is a well-developed and embedded whole university approach to staff wellbeing and mental health.

- Culture, environment and workplace activity supports good staff wellbeing.

- Managers are equipped to support good workplace culture and good staff wellbeing.

- Practice and activity is informed by a full range of evidence eg staff voice, internal evaluations, research.

- There is clear evidence that staff feel able to discuss their own mental health and wellbeing and access effective, accessible support and proactive interventions to help them improve their own mental health and wellbeing.

- Good practice, evidence and learning is shared internally and externally.

WORK
STAFF DEVELOPMENT

What do the ratings mean?

0 .... 1 .... 2 .... 3 4

NOT STARTED X = NA

MAJOR CHALLENGES

BEST PRACTICE

Key practice areas

UNIVERSAL	RATING (0–4)	?
How does the university ensure that staff are able to collectively develop the confidence and ability to promote positive mental health?		
How does the university ensure that staff are able to collectively develop the confidence and ability to recognise and respond appropriately to poor mental health?		
How does the university ensure that staff are able to signpost effectively?		
How does the university ensure that staff are able to maintain the safe boundaries of their role?		

TARGETED AND/OR SPECIFIC	RATING (0–4)	?
How does the university ensure that training is context and role specific?		
How does the university ensure that the workplace environment and management supports formal and informal reflection, consultation and development for staff who may encounter student mental illness?		
How does the university ensure that priority is given to the ongoing clinical development of staff in mental health roles?		

CO-PRODUCTION	RATING (0–4)	?
How does the university ensure that staff development is responsive to the needs and experiences of staff?		
How does the university ensure that staff development offers staff the opportunity to discuss and explore their own experiences?		
How does the university ensure that staff development is also informed by the experiences of students?		

INCLUSIVITY	RATING (0–4)	?
How does the university ensure that staff development properly considers differing staff backgrounds and roles?		
How does staff development consider the potential unequal impact of supporting students (eg more likely to be female staff)?		
How does staff development consider differing cultural understandings of mental health among staff?		

RESEARCH	RATING (0–4)	(?)
How does the university evaluate the effectiveness, and impact of staff development on mental health?		
How does the university ensure this evaluation is robust and draws from a range of sources?		
How does the university use this evaluation in future planning and development?		

EVIDENCE ✎

COMMENTS ✎

Staff development
What the ratings mean

0

NOT STARTED

There has been no progress in this area, no attention or resource has been applied.

- There is no consideration of the need for staff development in relation to mental health and wellbeing.

- There is little or no staff development available and staff are not supported to access external development opportunities in relation to mental health and wellbeing.

1

MAJOR CHALLENGE

Minimal progress has been made but there is evidence of actions to move work forward.

- The need for staff development is acknowledged but there has been little attempt to ensure it is available for all staff.

- Little staff training has been provided, the process for identifying the most suitable training is unclear and training is not relevant to staff roles.

- Little or no activity takes place to evaluate how effective staff training is.

2

ELEMENTS OF GOOD PRACTICE

Evidence exists of examples of good practice, but it is not embedded across the whole university. Practice may be isolated within specific teams or departments.

- Some priority is given to staff development in relation to mental health and wellbeing.

- Staff development opportunities are provided for staff to access, but they may be generic rather than role and team specific.

- There is little evidence that the workplace environment and management consistently supports formal and informal reflection, consultation and development for staff who may encounter mental illness.

- There is a limited range of evidence used to evaluate, develop and maintain practice and activity.

- Development needs of clinical staff may not be well understood or supported.

3

WIDESPREAD GOOD PRACTICE

There is significant evidence of good practice that has been informed by evidence and is well evaluated. Some of this work is cross-university and considers the needs of specific groups of students.

- There is a well-developed approach to staff development in relation to mental health and wellbeing, but it is not embedded and does not reach all staff.

- Staff development is specific and relevant to staff and team roles – but it may not reach all parts of the university.

- The workplace environment and management generally supports formal and informal reflection, consultation and development for staff who may encounter mental illness but there may be pockets of poor practice.

- There is clear use of a range of evidence to inform and evaluate practice – it may not be consistent or be drawn from a full range of evidence eg student voice, local evaluations, research.

- There is some evidence that the ongoing clinical development of staff in mental health roles is understood but may not be consistently prioritised.

4

BEST PRACTICE

There is clear evidence of a whole university approach that considers its relationship to mental health and wellbeing and is robustly informed by evidence, drawing on a range of sources. The needs of the whole population are considered, and effective, targeted interventions and activities are in place. The university's practice in this area is shared internally and externally, including nationally.

- There is a culture of embedded, ongoing staff development for all that seeks to collectively improve staff ability and confidence, to promote positive mental health, recognise and respond appropriately to poor mental health, signpost effectively and maintain the safe boundaries of employees' roles.

- Staff development is specific and relevant to staff and team roles.

- The workplace environment and management supports formal and informal reflection, consultation and development for staff who may encounter mental illness.

- Practice and activity is informed by a full range of evidence eg staff voice, internal evaluations, research.

- There is clear evidence that priority is given to the ongoing clinical development of staff in mental health roles.
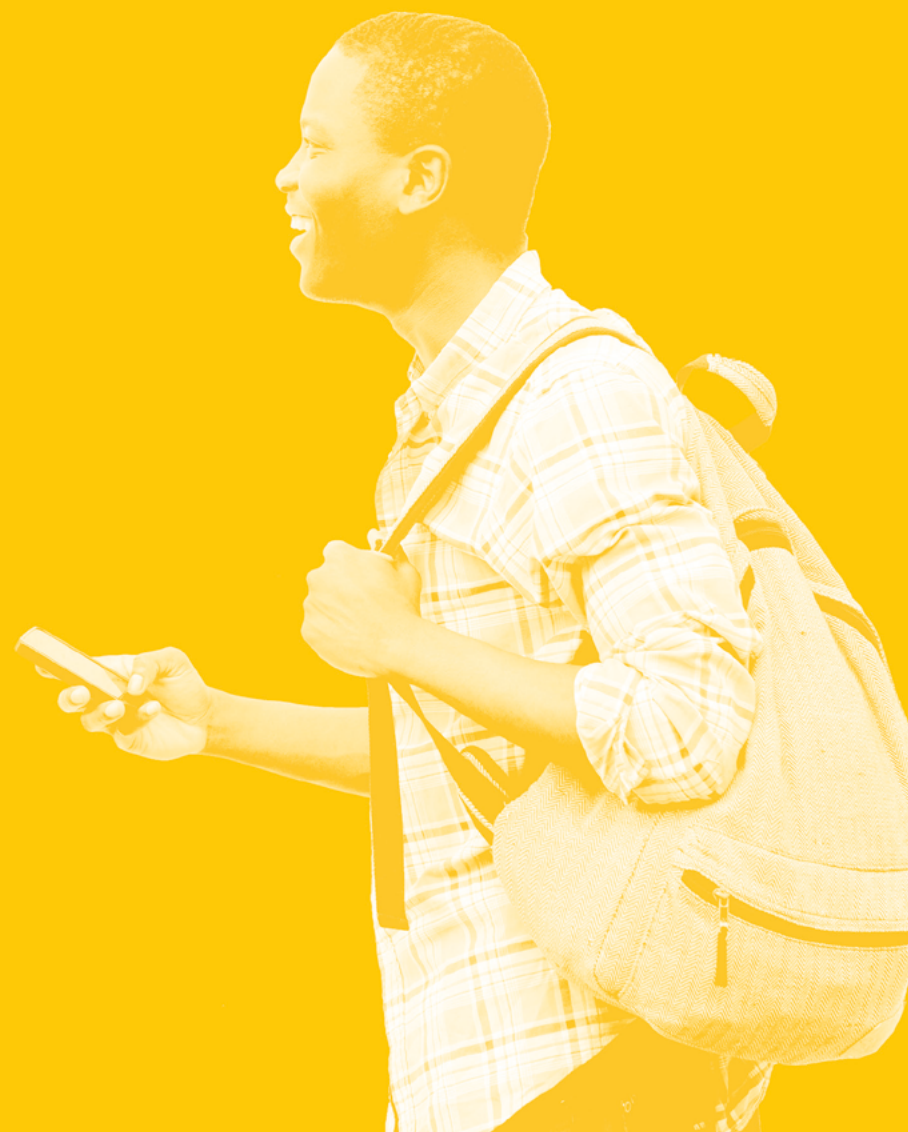
LIVE

Mental health promotion →

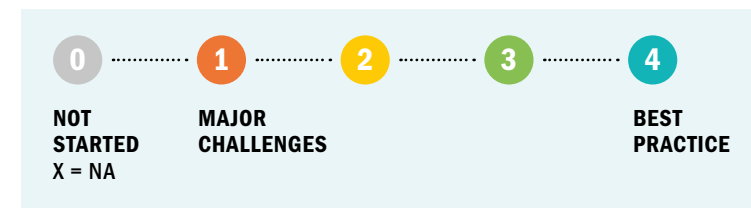Residential accommodation →

Community →

Physical environment →

What do the ratings mean?

0	1	2	3	4
NOT STARTED X = NA	MAJOR CHALLENGES			BEST PRACTICE

LIVE
MENTAL HEALTH PROMOTION

Key practice areas

UNIVERSAL	RATING (0–4)	?
How does the university promote mental health through education and appropriate evidence informed interventions?		
How does the university promote healthy behaviours and community?		
How does the university provide an environment that facilitates and makes it easy for individuals and groups to adopt healthy behaviours?		
How does the university ensure an open culture that visibly prioritises mental health as important?		

TARGETED AND/OR SPECIFIC	RATING (0–4)	?
How does the university ensure that specific interventions are targeted at periods or activities in the academic year, known to impact on mental health?		

CO-PRODUCTION	RATING (0–4)	⑦
How does the university ensure that students play an active role in the development of interventions to promote good mental health?		
How do students and the university work together to ensure a culture and environment that supports good mental health for all?		

INCLUSIVITY	RATING (0–4)	⑦
How does the university ensure that all members of the community are considered in designing the range of interventions to improve mental health?		
How does the university ensure that mental health promotion considers cultural context and differing understandings of mental health?		

RESEARCH	RATING (0–4)	⑦
How does the university evaluate the effectiveness of interventions to promote good mental health?		
How does the university evaluate the culture and environment to ensure it supports good mental health?		
How does the university ensure these evaluations are robust and draw from a range of sources?		
How does the university use these evaluations in future planning?		

EVIDENCE ✎

COMMENTS ✎

Mental health promotion
What the ratings mean

0

NOT STARTED
There has been no progress in this area, no attention or resource has been applied.

- There is little or no work to promote good mental health or prevent mental illness.
- There is no consideration given to the role of culture and environment in supporting mental health.

1

MAJOR CHALLENGE
Minimal progress has been made but there is evidence of actions to move work forward.

- There is no current institution wide work to promote good mental health and prevent mental illness. It may exist in a small number of isolated pockets.
- Planning is underway to put in place improved provision.
- There is little consideration given to the role of culture and environment in supporting mental health.

2

ELEMENTS OF GOOD PRACTICE
Evidence exists of examples of good practice, but it is not embedded across the whole university. Practice may be isolated within specific teams or departments.

- There are some examples of good practice to promote good mental health – they may be ad hoc or siloed and may depend on current individuals to sustain the work.
- Impact of culture and environment is acknowledged but there is little work to shape this.
- There is use of some evidence to evaluate and develop interventions – it may lack robustness and use narrow spread of sources eg does not include student voice, internal evaluations, research.
- There may be targeted work to improve the experiences of some specific groups.

3

4

WIDESPREAD GOOD PRACTICE

There is significant evidence of good practice that has been informed by evidence and is well evaluated. Some of this work is cross-university and considers the needs of specific groups of students.

- There are numerous examples of good practice, including some cross-university partnerships.

- There is widespread activity to develop a culture and environment that promotes good mental health and wellbeing but it is not entirely embedded – there are some pockets of no engagement.

- There is clear use of a range of evidence to inform practice – it may not be consistent or be drawn from full range of evidence eg student voice, local evaluations, research.

- There are significant examples of work to understand experiences of diverse students and some effective interventions are in place.

BEST PRACTICE

There is clear evidence of a whole university approach that considers its relationship to mental health and wellbeing and is robustly informed by evidence, drawing on a range of sources. The needs of the whole population are considered, and effective, targeted interventions and activities are in place. The university's practice in this area is shared internally and externally, including nationally.

- There is a clear, whole university approach to mental health promotion and the prevention of mental illness is embedded across the university.

- There is significant evidence of a culture and environment that supports good mental health.

- There is robust use of evidence to evaluate and design interventions using co-production, research and internal evaluations.

- There is significant ongoing work to understand the experiences of all students and there are targeted, effective interventions in place for specific student groups.

- Good practice is shared internally and externally.

What do the ratings mean?

0	1	2	3	4
NOT STARTED X = NA	MAJOR CHALLENGES			BEST PRACTICE

LIVE
RESIDENTIAL ACCOMMODATION

Key practice areas
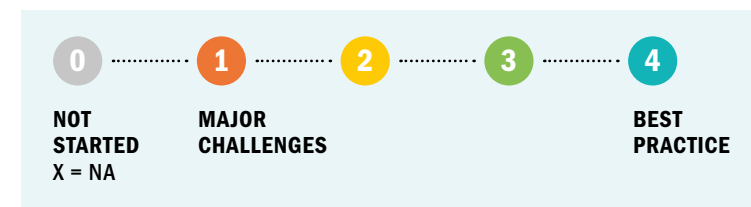
UNIVERSAL	RATING (0–4)	?
How does the university ensure, and/or work with accommodation providers to ensure, that student accommodation provides safe, positive environments?		
How does the university ensure that accommodation supports students to find their friendship group and build a sense of belonging?		
How does the university ensure that accommodation supports students to meet their physical and psychological needs and manage their wellbeing?		
How does the university ensure that accommodation supports students to engage with academic learning?		
How does the university ensure that arrangements are in place to recognise poor mental health and to refer students to appropriate support?		
How does the university ensure there is an appropriate and adequate response to incidents and episodes of crisis in accommodation?		
How do universities ensure effective collaboration between accommodation and support services?		

TARGETED AND/OR SPECIFIC	RATING (0–4)	?
How does the university support students who experience problems in accommodation that negatively impact on their mental health?		
How does the university support students who experience isolation or a relationship breakdown in their accommodation?		
How does the university support students who may be living with a flatmate who is experiencing significant mental illness?		
How do universities support staff in accommodation who may be responding to student mental illness?		

CO-PRODUCTION	RATING (0–4)	?
How does the university include students in the development, redevelopment or provision of accommodation?		
How does the university understand the current student experience of accommodation?		
How do current students support new students in accommodation?		
How does the university ensure that being in a residential accommodation roles does not impact negatively on a staff member's mental health?		

INCLUSIVITY	RATING (0–4)	?
How does the university ensure that accommodation is accessible and appropriate for all students?		

RESEARCH	RATING (0–4)	?
How does the university evaluate and understand the impact of accommodation on student wellbeing, sense of belonging and academic engagement?		
How is this evaluation used in the development, redevelopment or sourcing of accommodation?		
How is this evaluation used to develop support, staffing structures and interventions in accommodation?		

EVIDENCE ✎

COMMENTS ✎

Residential accommodation
What the ratings mean

0

NOT STARTED

There has been no progress in this area, no attention or resource has been applied.

- No work is being carried out to understand the impact of accommodation on student mental health, wellbeing or experience.

- Residential accommodation is not considered in the university approach to supporting student mental health and wellbeing.

1

MAJOR CHALLENGE

Minimal progress has been made but there is evidence of actions to move work forward.

- Little or no work is being done to understand the accommodation experiences of students and their relationship with the overall student experience and engagement. Mental health and wellbeing is not considered in accommodation design, processes or practice.

- Planning is underway to understand the role of accommodation and improve its provision, including engagement with students.

2

ELEMENTS OF GOOD PRACTICE

Evidence exists of examples of good practice, but it is not embedded across the whole university. Practice may be isolated within specific teams or departments.

- There is evidence of planned responses to poor mental health but little consideration of the role of design, management community etc in promoting good mental health.

- There is sporadic collaboration between university support services and accommodation teams and providers, usually only in response to incidents.

- There is use of some evidence – it may lack robustness and use narrow spread of sources eg does not include student voice, internal evaluations, research.

- There is minimal training for staff; mental health is not considered to be a significant part of staff roles.

- Adaptations are undertaken as needed, at the request of a student. Interventions are available when problems arise within the community.

3

WIDESPREAD GOOD PRACTICE

There is significant evidence of good practice that has been informed by evidence and is well evaluated. Some of this work is cross-university and considers the needs of specific groups of students.

- Mental health and wellbeing is considered in most aspects of accommodation, but this may not be consistent across all activity, property or providers.

- There is some collaboration and good practice between university support services and accommodation teams/providers and interventions are in place to promote good mental health and respond to instances of mental illness or crisis.

- There is a clear use of a range of evidence to inform practice – it may not be consistent or be drawn from full range of evidence eg student voice, local evaluations, research.

- There is some evidence of staff receiving support and development to enable them to respond appropriately to poor mental health and promote good mental health.

- There are examples of adaptations to design and management to address specific student needs. There is some support for the development of community, belonging and good mental health.

LIVE – Residential accommodation

4

BEST PRACTICE

There is clear evidence of a whole university approach that considers its relationship to mental health and wellbeing and is robustly informed by evidence, drawing on a range of sources. The needs of the whole population are considered, and effective, targeted interventions and activities are in place. The university's practice in this area is shared internally and externally, including nationally.

- Mental health and wellbeing is clearly considered as a primary focus in every aspect of accommodation, including building design, management, day-to-day processes and the provision of services and support.

- There is a strong collaboration and excellent practice between university support services and accommodation teams and providers, and effective interventions in place to promote good mental health and respond to instances of mental illness or crisis.

- Practice and design are informed by a full range of evidence eg student voice, internal evaluations, research.

- Staff receive appropriate support and development to enable them to respond appropriately to poor mental health and promote good mental health.

- Design and management are inclusive, taking into consideration the needs of the whole population and there is support for the development of community, belonging and good mental health.

What do the ratings mean?

0	1	2	3	4
NOT STARTED X = NA	MAJOR CHALLENGES			BEST PRACTICE

LIVE
COMMUNITY

Key practice areas

UNIVERSAL	RATING (0–4)	?
How does the university take considered action to ensure a diverse, safe community?		
How does the university support the social integration of all students?		
How does the university tackle the causes of loneliness?		
How does the university ensure belonging, social cohesion and individual differences exist alongside each other?		
How does the university address marginalisation, discrimination or harassment of individual students or groups?		

TARGETED AND/OR SPECIFIC	RATING (0–4)	?
How does the university support those experiencing loneliness?		

CO-PRODUCTION	RATING (0–4)	⊘
How does the university involve students in the creation of a diverse, safe community?		
How does the university include students in the development and/or delivery of interventions targeted at loneliness?		
How does the university involve students in addressing marginalisation, discrimination or harassment of individual students or groups?		

INCLUSIVITY	RATING (0–4)	⊘
How does the university ensure social integration for those with less connection to campus (eg commuting students, online students, part-time students)?		
How does the university ensure social integration for those more at risk from isolation or lack of belonging (eg disabled students, international students, BAME students)?		

RESEARCH	RATING (0–4)	⊘
How does the university know how students find friendship groups?		
How does the university know that interventions for loneliness are effective?		
How does the university know how diverse and safe their community is?		
How are these evaluations used in further planning and development?		

EVIDENCE ✎

COMMENTS ✎

Community
What the ratings mean

0

NOT STARTED

There has been no progress in this area, no attention or resource has been applied.

- No work is being carried out to understand or positively impact social integration and belonging within the university.

- Social integration and belonging is not considered in the university approach to supporting student mental health and wellbeing.

1

MAJOR CHALLENGE

Minimal progress has been made but there is evidence of actions to move work forward.

- There is no current institutional engagement with how students socially integrate or develop a sense of belonging.

- Planning is currently underway to understand and improve social integration and belonging.

2

ELEMENTS OF GOOD PRACTICE

Evidence exists of examples of good practice, but it is not embedded across the whole university. Practice may be isolated within specific teams or departments.

- There are some examples of good practice – they may be ad hoc or siloed and may depend on current individuals to sustain this work.

- Links between social integration and mental health and wellbeing are considered in pockets of practice – there may be some evidence of interventions to respond to students experiencing loneliness.

- There is use of some evidence – it may lack robustness and use a narrow spread of sources eg does not include student voice, internal evaluations, research.

- There is little consideration of how a cohesive and diverse community may be established.

- Targeted work to improve the experiences of some specific groups may take place.

3

WIDESPREAD GOOD PRACTICE

There is significant evidence of good practice that has been informed by evidence and is well evaluated. Some of this work is cross-university and considers the needs of specific groups of students.

- There are numerous examples of good practice to develop diverse and safe communities, including some cross-university partnerships.

- There is widespread consideration of social integration, but good practice is not entirely embedded – there is some evidence of interventions targeting the causes and effects of loneliness.

- There is clear use of a range of evidence to inform practice – it may not be consistent or be drawn from a full range of evidence eg student voice, local evaluations, research.

- There is some evidence that the challenges of developing a diverse community have been considered.

- There are significant examples of work to address the barriers which some students may face integrating into the university and developing a sense of belonging.

4

BEST PRACTICE

There is clear evidence of a whole university approach that considers its relationship to mental health and wellbeing and is robustly informed by evidence, drawing on a range of sources. The needs of the whole population are considered, and effective, targeted interventions and activities are in place. The university's practice in this area is shared internally and externally, including nationally.

- There is a considered, whole university approach to developing diverse and safe communities that promote social integration and belonging.

- There is evidence of embedded good practice across the whole university to address the causes and effects of loneliness.

- Practice and activity is informed by a full range of evidence eg student voice, internal evaluations, research.

- There is evidence that the university has considered the tensions between cohesion and individual differences and that this consideration is used to inform action.

- There is clear evidence of consistent action to address the barriers which some students may face to integration and developing a sense of belonging.

- Good practice is shared internally and externally.

What do the ratings mean?

0 ·········· 1 ·········· 2 ·········· 3 ·········· 4

NOT STARTED
X = NA

MAJOR CHALLENGES

BEST PRACTICE

LIVE
PHYSICAL ENVIRONMENT

Key practice areas

UNIVERSAL	RATING (0–4)	?
How does the university engage with evidence and their communities to embed wellbeing within the design and redevelopment of the university environment?		
How does the university engage with evidence and their communities to embed wellbeing within the ongoing maintenance of the campus environment?		
How does the university encourage staff and students to engage with nature in ways which benefit health?		

TARGETED AND/OR SPECIFIC	RATING (0–4)	?
How does the university ensure that wayfinding is clear and makes navigating campus easy for all?		
How does the university ensure that classroom and workplace design is appropriate to and effectively supports each activity?		
How does the university use design to support wellbeing?		
How does the university ensure staff and students have access to appropriate social space?		

CO-PRODUCTION	RATING (0–4)	?
How does the university ensure that staff and students are involved in the design or redevelopment of the physical environment?		
How does the university understand the experiences of staff and students in relation to the physical environment?		

INCLUSIVITY	RATING (0–4)	?
How does the university ensure that the physical environment is accessible to all?		

RESEARCH	RATING (0–4)	?
How does the university evaluate the impact of the physical environment on staff and student wellbeing?		
How does the university ensure this evaluation is robust and draws from a range of sources?		
How does the university use this evaluation in future planning and development?		

EVIDENCE ✎

COMMENTS ✎

Physical environment
What the ratings mean

0

NOT STARTED
There has been no progress in this area, no attention or resource has been applied.

- Mental health and wellbeing is not considered in the design, redevelopment and maintenance of the physical campus environment or in the estates strategy.

1

MAJOR CHALLENGE
Minimal progress has been made but there is evidence of actions to move work forward.

- There is no current institutional engagement with the relationship between physical environment and mental health and wellbeing.

- Planning is underway to understand the relationship between the local physical environment and wellbeing and to address this in future developments, including engagement with students and staff.

2

ELEMENTS OF GOOD PRACTICE
Evidence exists of examples of good practice, but it is not embedded across the whole university. Practice may be isolated within specific teams or departments.

- Some occasional consideration is given to wellbeing in the design and development of the physical environment, but it may only exist in pockets or specific spaces.

- Evidence is not considered in the design of spaces and may at times result in a space that is not suited to purpose.

- There is a limited range of evidence used to evaluate, develop and maintain practice and activity.

3

WIDESPREAD GOOD PRACTICE

There is significant evidence of good practice that has been informed by evidence and is well evaluated. Some of this work is cross-university and considers the needs of specific groups of students.

- Mental health and wellbeing are embedded into the estates strategy but this may not consistently follow through into design and practice.

- Design and redevelopment is largely informed by evidence, but it may not draw on a full range of evidence. Spaces are mostly suited to purpose and aim to be beneficial for wellbeing.

- The physical environment is mostly accessible for everyone, with some adaptations. Wayfinding is clear and makes navigating the campus easy in most circumstances.

- Staff and students have access to social spaces.

4

BEST PRACTICE

There is clear evidence of a whole university approach that considers its relationship to mental health and wellbeing and is robustly informed by evidence, drawing on a range of sources. The needs of the whole population are considered, and effective, targeted interventions and activities are in place. The university's practice in this area is shared internally and externally, including nationally.

- Mental health and wellbeing are embedded into the estates strategy and the design, redevelopment and maintenance of the physical environment seeks to positively impact on wellbeing.

- Design and redevelopment is informed by evidence, drawing on a range of evidence to ensure spaces are suited to purpose and beneficial for wellbeing eg staff and student voice, internal evaluations, research.

- The physical environment is fully accessible for all students and all staff, wayfinding is clear and makes navigating the campus easy.

- The university effectively encourages and facilitates staff and student engagement with nature.

- Staff and students have access to appropriate and well-designed social spaces.

- Good practice, evidence and learning is shared internally and externally.

ENABLERS

Leadership →

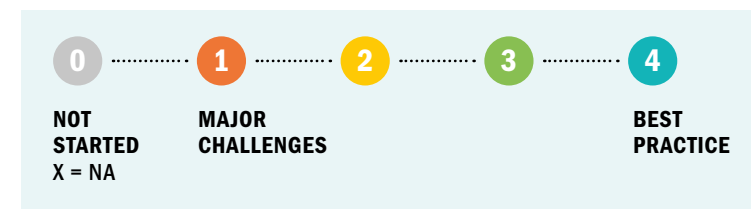Information →

What do the ratings mean?

0 ···· 1 ···· 2 ···· 3 ···· 4

NOT STARTED X = NA   MAJOR CHALLENGES   BEST PRACTICE

ENABLERS
LEADERSHIP

Key practice areas

UNIVERSAL	RATING (0–4)	?
How does the university ensure it has a strategic, whole university approach to mental health that is embedded in day-to-day practice and culture?		
How does the university ensure that its approach to mental health and wellbeing is robustly evidence informed?		
How does the university ensure there is a connection between its core missions and the mental health of the whole community?		
How does the university ensure that mental health is considered in other strategies, policies, procedures and practice?		
How does the university ensure that there is an open commitment to the mental health and wellbeing of the whole community from university leaders?		

TARGETED AND/OR SPECIFIC	RATING (0–4)	?
How does the university's approach go beyond a reaction to mental illness, seeks mental wellness of the whole population and acknowledges the impact of environment, culture, community and day-to-day activity?		

CO-PRODUCTION	RATING (0–4)	?
How does the university ensure its strategic approach is co-produced and maintained with staff and students from across the university?		

INCLUSIVITY	RATING (0–4)	?
How does the university's approach recognise that a range of interventions are required to meet the needs of all students?		
How does the university's approach seek to understand and address the needs of different parts of the community?		

RESEARCH	RATING (0–4)	?
How does the university evaluate the effectiveness, impact and reach of its approach to mental health?		
How does the university evaluate the effectiveness, impact and reach of its leadership on mental health?		
How does the university ensure this evaluation is robust and draws from a range of sources?		
How does the university use this evaluation in future planning and strategic development?		

EVIDENCE ✎

COMMENTS ✎

Leadership
What the ratings mean

0

NOT STARTED

There has been no progress in this area, no attention or resource has been applied.

- Mental health is not an institutional priority.
- There is no developed, strategic approach to mental health.
- Mental health is not a focus for leadership

1

MAJOR CHALLENGE

Minimal progress has been made but there is evidence of actions to move work forward.

- The university may be developing a strategy or may have practice in place which provides the building blocks of a strategic approach.
- The university's approach to mental health does not draw on a wide range of evidence and is developed in isolation from the experiences and views of students and staff.
- Mental health is occasionally acknowledged as important by leaders, but is not a high priority.

2

ELEMENTS OF GOOD PRACTICE

Evidence exists of examples of good practice, but it is not embedded across the whole university. Practice may be isolated within specific teams or departments.

- A strategy may have been developed but it is not embedded across the whole university and may be driven from within student services rather than owned at senior level.
- There is limited input from staff and students on strategy, policies and practice – either documented or in the day-to-day delivery of the approach.
- Mental health is not evident in other strategies, policies, procedures and practice.
- There is a limited range of evidence used to develop and maintain the strategic approach.
- There is some support from university leadership to further develop and improve the university's strategic approach to mental health.

3

WIDESPREAD GOOD PRACTICE

There is significant evidence of good practice that has been informed by evidence and is well evaluated. Some of this work is cross-university and considers the needs of specific groups of students.

- There is a clear, strategic, whole university approach to mental health, but it may not be well embedded across the whole institution.

- The strategy is refreshed using a range of evidence including input from staff and students.

- Mental health is mostly evidenced in strategy, policy, procedures and practice – it may not always be documented.

- The commitment from university leadership is clear, visible and well understood.
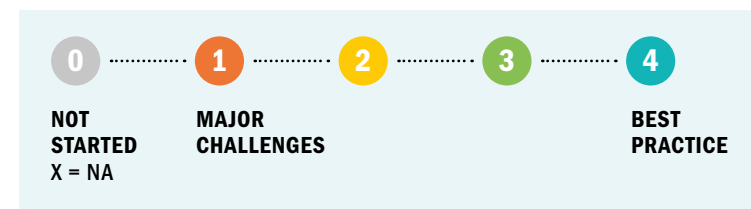
4

BEST PRACTICE

There is clear evidence of a whole university approach that considers its relationship to mental health and wellbeing and is robustly informed by evidence, drawing on a range of sources. The needs of the whole population are considered, and effective, targeted interventions and activities are in place. The university's practice in this area is shared internally and externally, including nationally.

- There is a strategic, well-embedded whole university approach to mental health.

- Strategy, policy and practice are co-created with students and staff.

- Mental health is evident in other relevant strategies, policies, procedures and practice.

- The university's mental health strategy is refreshed regularly using a wide range of evidence, including evidence generated by the university.

- There is clear leadership and commitment to mental health across the entire organisation.

- Good practice, evidence and learning is shared internally and externally.

What do the ratings mean?

0 ·········· 1 ·········· 2 ·········· 3 ·········· 4

NOT
STARTED
X = NA

MAJOR
CHALLENGES

BEST
PRACTICE

ENABLERS
INFORMATION

Key practice areas

UNIVERSAL	RATING (0–4)	?
How does the university ensure information is appropriately shared across the institution (between support services, and between support services and academics) to support individual students?		
How does the university ensure that services work with students to mobilise all their available resources to support their mental health – especially in instances of crisis?		
How do universities ensure that student consent is central to decisions relating to sharing information about them?		
How do universities ensure students understand how their information may be used and the limits of confidentiality, particularly when accessing support?		
How does the university ensure effective signposting and triage across the institution?		

TARGETED AND/OR SPECIFIC	RATING (0–4)	?
How does the university ensure that decisions to pass information without a student's consent are made by appropriate staff and through an appropriate process, that still offers the student the maximum amount of control?		
How does the university ensure that the decision to pass information without the student's consent is made based on an appropriate risk assessment and that information is passed to the most appropriate people who can reduce risk in a secure, appropriate way?		
How does the university ensure staff teams have the knowledge and understanding of internal provision to be able to signpost effectively?		

CO-PRODUCTION	RATING (0–4)	?
How does the university consult with students about information sharing processes and procedures?		
How does the university ensure it understands the experiences of students as they move across and between different parts of the institution?		
How does the university ensure students are confident and comfortable with the way information about them is passed across the institution?		

INCLUSIVITY	RATING (0–4)	?
How does the university ensure cultural context is considered when making decisions about sharing information?		
How does the university ensure that the wishes of marginalised groups are not misunderstood or ignored?		
How does the university ensure that the wishes of students who are estranged from their families are properly understood and respected?		

RESEARCH	RATING (0–4)	?
How does the university evaluate and understand the effectiveness and impact of information sharing in this context?		
How does the university ensure this evaluation is robust and draws from a range of sources?		
How does the university use this evaluation in future planning and in strategic partnership with external bodies?		

EVIDENCE ✎

COMMENTS ✎

Information
What the ratings mean

0

NOT STARTED

There has been no progress in this area, no attention or resource has been applied.

- The university does not have a clear policy or stance on information sharing.
- There is mixed practice across different departments and confusion among staff.
- Significant gaps exist between academic teams and support teams, and between different support teams, impacting negatively on students.

1

MAJOR CHALLENGE

Minimal progress has been made but there is evidence of actions to move work forward.

- Staff do not feel confident in making decisions about information sharing, there are no clear processes and there is no clarity about who should be responsible for decisions.
- The university is beginning to address the issue.

2

ELEMENTS OF GOOD PRACTICE

Evidence exists of examples of good practice, but it is not embedded across the whole university. Practice may be isolated within specific teams or departments.

- Some processes are in place but not consistently applied.
- Responsibility for decision making is unclear and decision making may be inconsistent.
- Services do not work with students to mobilise available resources. Support services ensure that students understand the limits of confidentiality when accessing support.
- There is use of some evidence to evaluate impact – it may lack robustness and use a narrow spread of sources eg does not include student voice, internal evaluations, research.

3

WIDESPREAD GOOD PRACTICE

There is significant evidence of good practice that has been informed by evidence and is well evaluated. Some of this work is cross-university and considers the needs of specific groups of students.

- There is a clear approach to information sharing, but it may not be embedded clearly across the university.

- Responsibility for decisions about information sharing is clear and informed by appropriate risk assessments, but it may lack well governed processes.

- Student autonomy and consent is central to decision making and is usually applied consistently. Students clearly understand the limits of confidentiality and how their information may be used.

- Services sometimes work to mobilise students' resources but not consistently.

- There is a clear use of a range of evidence to evaluate student experiences – it may not be consistent or be drawn from full range of evidence eg student voice, local evaluations, research.

4

BEST PRACTICE

There is clear evidence of a whole university approach that considers its relationship to mental health and wellbeing and is robustly informed by evidence, drawing on a range of sources. The needs of the whole population are considered, and effective, targeted interventions and activities are in place. The university's practice in this area is shared internally and externally, including nationally.

- There is a transparent and well understood approach to information sharing.

- Responsibility for decisions about information sharing is clear and there are robust and well governed processes in place, including appropriate risk assessments.

- Student autonomy and consent is central to decision about information sharing. Students clearly understand the limits of confidentiality and how their info may be used.

- There is a clear, whole university approach to mental health. Support is cohesive and there are good formal and informal working relationships between different parts of the organisation.

- There is significant evidence of appropriate collaborations to support mental health, and information is shared in an appropriate and timely way.

- Support services work with students to mobilise their resources, recognising that families, significant others and external bodies can often provide effective support for students with poor mental health.

- There is a robust use of evidence to evaluate student experiences and the impact of information sharing.

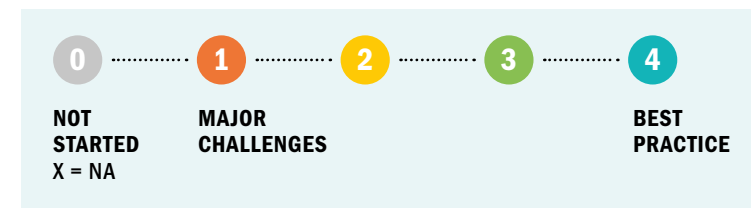- Good practice is shared internally and externally.

WORKING WITH THE NHS

What do the ratings mean?

0 ·········· 1 ·········· 2 ·········· 3 ·········· 4

NOT STARTED
X = NA

MAJOR CHALLENGES

BEST PRACTICE

WORKING WITH THE NHS

Key practice areas

UNIVERSAL	RATING (0–4)	?
How does the university build and maintain relationships with the NHS and social care agencies?		
How does the university support the NHS and social care agencies to understand the context of student life and the implications of treatment options and other decisions?		
How does the university ensure it is able and willing to work collaboratively with the NHS and social care agencies to support individual students?		
How does the university work with third sector providers to support student mental health?		

TARGETED AND/OR SPECIFIC	RATING (0–4)	?
How does the university ensure the relevant staff are able to assess risk and effectively communicate this to the NHS and social care agencies?		
How does the university work with the NHS and social care agencies to support students to return to study when appropriate?		
How does the university work with the NHS and social care agencies to help students understand and access these services?		

CO-PRODUCTION	RATING (0–4)	?
Is feedback routinely requested from students about their experience of collaboration between the NHS, social care agencies and the university?		
Are students supported to proactively help shape local service arrangements?		

INCLUSIVITY	RATING (0–4)	?
Do collaborative partnerships with local and/or national partners consider the needs of specific vulnerable student groups?		

RESEARCH	RATING (0–4)	?
How does the university evaluate the effectiveness of its partnerships with the NHS and social care and third sector agencies?		
How does the university ensure this evaluation is robust and draws from a range of sources?		
How does the university use this evaluation in future planning and in strategic partnership with external bodies?		

EVIDENCE

COMMENTS

Working with the NHS
What the ratings mean

0

NOT STARTED

There has been no progress in this area, no attention or resource has been applied.

- There are no links or examples of collaborative working with external bodies eg the NHS or social care.

- There is a lack of expertise and ability within the university to work collaboratively with external bodies.

1

MAJOR CHALLENGE

Minimal progress has been made but there is evidence of actions to move work forward.

- There is occasional collaborative work with the NHS or social care, but it is sporadic, inconsistent and generally in response to specific instances.

- Planning is underway to put in place improved provision – it may require an increase in internal expertise.

2

ELEMENTS OF GOOD PRACTICE

Evidence exists of examples of good practice, but it is not embedded across the whole university. Practice may be isolated within specific teams or departments.

- There are some examples of good practice, but they are not consistent and may depend on one or two specific individuals or relationships.

- There are limited working relationships and there is confusion about information sharing and roles.

- There is use of some evidence to evaluate impact– it may lack robustness and use narrow spread of sources eg does not include student voice, internal evaluations, research.

- There is little evidence of proactive work to build relationships.

3

WIDESPREAD GOOD PRACTICE

There is significant evidence of good practice that has been informed by evidence and is well evaluated. Some of this work is cross-university and considers the needs of specific groups of students.

- There are numerous examples of good practice but they are not embedded structurally and they are vulnerable to changes in staffing on either side.

- Support is often cohesive between the university and external body but not entirely consistent – there is some evidence of students falling through gaps in care.

- There is clear use of a range of evidence to evaluate student experiences – it may not be consistent or drawn from a full range of evidence eg student voice, local evaluations, research.

- There is some evidence of proactive attempts to build positive relationships, some aspects of roles may still be unclear.

4

BEST PRACTICE

There is clear evidence of a whole university approach that considers its relationship to mental health and wellbeing and is robustly informed by evidence, drawing on a range of sources. The needs of the whole population are considered, and effective, targeted interventions and activities are in place. The university's practice in this area is shared internally and externally, including nationally.

- There is a clear approach and commitment to working collaboratively with external bodies, and relevant staff can engage in collaborative work and communicate effectively with the NHS and/or social care etc.

- Gaps in care are minimised, and the support between the university and the NHS and social care etc is cohesive.

- There is a robust use of evidence to evaluate student experiences and this is communicated to external bodies.

- The university proactively builds positive relationships with external bodies, with a clear understanding of its own role in supporting students and working collaboratively.

- Good practice is shared internally and externally.

TRANSITIONS

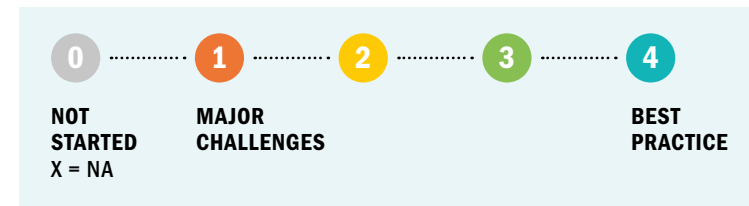Transition into university
and the first-year experience →

Progression →

What do the ratings mean?

0	1	2	3	4
NOT STARTED X = NA	MAJOR CHALLENGES			BEST PRACTICE

TRANSITIONS
TRANSITION INTO UNIVERSITY AND THE FIRST-YEAR EXPERIENCE

Key practice areas

UNIVERSAL	RATING (0–4) ?
How does the university seek to ensure positive transitions for all students into university?	
How does the university ensure that students' transition into university is considered across the university and in the curriculum?	
How does the university support students to prepare for university, prior to arrival?	
How does the university ensure that students are supported to develop helpful expectations, through pre-arrival communications etc?	
How does the university support student wellbeing through arrival and induction processes?	
How does the university support social integration during students' arrival and the first year?	
How does the university support academic integration during students' arrival and first year?	
How does the university support students who may experience problems during their transition into university?	

TARGETED AND/OR SPECIFIC	RATING (0–4)	?
How does the university support specific student groups who may experience additional challenges, prior to the beginning of the academic year?		
How does the university support specific student groups who may experience additional challenges, during their transition into university?		
How does the university support specific student groups who may experience additional challenges, during their first year?		
How does the university specifically target mental health and wellbeing during students' transition into university?		

CO-PRODUCTION	RATING (0–4)	?
How does the university ensure it understands the current transition experiences of its students?		
How does the university ensure that interventions and actions to improve transition experiences are informed by student experiences and views?		
How do current students support the transition of new students into the university?		

INCLUSIVITY	RATING (0–4)	?
How does the university ensure that transition activities and interventions consider the needs of all students?		
How does the university ensure it understands the needs and experiences of all students?		

RESEARCH	RATING (0–4)	?
How does the university understand and evaluate the transition experiences of students?		
How does the university evaluate the impact of interventions and practice on transition experiences?		
How does the university ensure that evaluations are robust?		
How does the university ensure that evaluations consider mental health and wellbeing during transition into university?		
How does the university use internal evaluations to inform the development of practice?		

EVIDENCE ✎

COMMENTS ✎

Transition into university and the first year experience
What the ratings mean

0

NOT STARTED
There has been no progress in this area, no attention or resource has been applied.

- No work is being carried out to understand the transition into university and the first-year experience or to provide support accordingly.

- Transitions are not considered in the university's approach to supporting student mental health and wellbeing.

1

MAJOR CHALLENGE
Minimal progress has been made but there is evidence of actions to move work forward.

- There is no current institutional engagement with students' transition into university and little or no work to understand the transition experiences of students. Mental health and wellbeing are not considered in transition processes or practices.

- Planning is underway to understand transitions and put provision in place, including engagement with students.

2

ELEMENTS OF GOOD PRACTICE
Evidence exists of examples of good practice, but it is not embedded across the whole university. Practice may be isolated within specific teams or departments.

- There are some examples of good practice – they may be ad hoc or siloed and may depend on current individuals to sustain the work.

- Mental health and wellbeing is considered in pockets of practice.

- There is use of some evidence – it may lack robustness and use a narrow spread of sources and student and staff voices.

- Not all phases of transition may be considered or targeted.

- Targeted work to improve the experiences of some specific groups may be taking place.

3

WIDESPREAD GOOD PRACTICE

There is significant evidence of good practice that has been informed by evidence and is well evaluated. Some of this work is cross-university and considers the needs of specific groups of students.

- Numerous examples of good practice exist, including some cross-university partnerships.

- There is widespread consideration of mental health and wellbeing during transitions but not entirely embedded – there are some pockets of no engagement.

- There is clear use of a range of evidence to inform practice; this may not be consistent or drawn from a full range of evidence eg student voice, local evaluations, research.

- The university's practice considers pre-entry, arrival and the first year experiences but this may not be consistent across the whole university.

- There are significant examples of work to understand experiences of diverse students and there are some effective interventions in place.
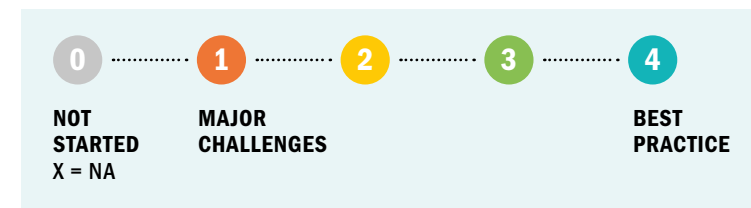
4

BEST PRACTICE

There is clear evidence of a whole university approach that considers its relationship to mental health and wellbeing and is robustly informed by evidence, drawing on a range of sources. The needs of the whole population are considered, and effective, targeted interventions and activities are in place. The university's practice in this area is shared internally and externally, including nationally.

- There is a clear whole university approach to transitions embedded across the provider.

- Consideration of mental health and wellbeing is embedded into cross-university transition practice and processes.

- There is a robust use of evidence to design and redevelop transition interventions and practice using student co-production, research and internal evaluations.

- All phases of transition are considered and embedded into practice across the university.

- There is significant, ongoing work to understand the experiences of all students and there are targeted and effective interventions in place for specific student groups.

- The university's good practice and learning is shared internally and externally.

What do the ratings mean?

0 ·········· 1 ·········· 2 ·········· 3 ·········· 4

NOT   MAJOR   BEST
STARTED   CHALLENGES   PRACTICE
X = NA

TRANSITIONS
PROGRESSION

Key practice areas

UNIVERSAL	RATING (0–4)	?
How does the university ensure that students are supported to transition successfully between years or levels of study?		
How does the university ensure students are supported to transition successfully beyond the university to their future life, into their career or further study?		
How does the university ensure that this preparation and support is structurally embedded into the curriculum?		

TARGETED AND/OR SPECIFIC	RATING (0–4)	?
How does the university ensure students are adequately prepared for and supported through placements?		
How does the university ensure students are adequately prepared for and supported through study abroad schemes?		
How does the university ensure students are adequately supported through breaks in study due to illness etc?		

CO-PRODUCTION	RATING (0–4)	?
How does the university ensure it understands the current progression experiences of its students?		
How does the university ensure that interventions and actions to improve progression experiences are informed by student experiences and views?		
How are students involved in supporting each other through progression?		

INCLUSIVITY	RATING (0–4)	?
How does the university ensure that support and preparation for progression recognises the needs of students at all stages of their journey?		

RESEARCH	RATING (0–4)	?
How does the university evaluate and understand the progression experiences of students?		
How does the university evaluate the impact of interventions and practice on students' progression experiences?		
How does the university ensure that evaluations are robust?		
How does the university ensure that evaluations consider mental health and wellbeing during students' progression?		
How does the university use internal evaluations to inform the development of practice?		

EVIDENCE 🖉

COMMENTS 🖉

Progression
What the ratings mean

0

NOT STARTED

There has been no progress in this area, no attention or resource has been applied.

- No work is being carried out to understand progression from level to level and beyond the university to provide support accordingly.

- Progression is not considered in the university approach to supporting student mental health and wellbeing.

1

MAJOR CHALLENGE

Minimal progress has been made but there is evidence of actions to move work forward.

- There is no current institutional engagement with the progression experiences of students. Mental health and wellbeing are not considered in progression processes or practices.

- Planning is underway to understand the progression experiences of students and to put in place provision, including engagement with students.

2

ELEMENTS OF GOOD PRACTICE

Evidence exists of examples of good practice, but it is not embedded across the whole university. Practice may be isolated within specific teams or departments.

- There are some examples of good practice – they may be ad hoc or siloed and they may depend on current individuals to sustain this work.

- Mental health and wellbeing is considered in pockets of practice.

- There is use of some evidence – it may lack robustness and use a narrow spread of sources eg does not include student voice, internal evaluations, research.

- Not all phases of progression are being considered or targeted.

- Work targeted to improve the experiences of some specific groups may take place.

3

WIDESPREAD GOOD PRACTICE

There is significant evidence of good practice that has been informed by evidence and is well evaluated. Some of this work is cross-university and considers the needs of specific groups of students.

- There are numerous examples of good practice, including some cross-university partnerships.

- There is widespread consideration of mental health and wellbeing during different points of progression, but it is not entirely embedded – there are some pockets of no engagement.

- There is clear use of a range of evidence to inform practice; it may not be consistent or drawn from full range of evidence eg student voice, local evaluations, research.

- The university's practice considers all phases of progression from entry to exit but this may not be consistent across the university.

- There are significant examples of work to understand the experiences of diverse students and there are some effective interventions in place.

4

BEST PRACTICE

There is clear evidence of a whole university approach that considers its relationship to mental health and wellbeing and is robustly informed by evidence, drawing on a range of sources. The needs of the whole population are considered, and effective, targeted interventions and activities are in place. The university's practice in this area is shared internally and externally, including nationally.

- There is a clear, whole university approach to progression embedded across the university.

- Consideration of mental health and wellbeing is embedded into cross-university progression practice and processes.

- There is robust use of evidence to design and redevelop progression interventions and practice using student co-production, research and internal evaluations.

- All phases of progression are considered and embedded into practice across the university.

- There is significant ongoing work to understand the experiences of all students and targeted effective interventions are in place for specific student groups.

- The university's good practice and learning is shared internally and externally.

Universities UK

CORC
Child Outcomes
Research Consortium

Universities UK is the collective voice of 136 universities in England, Scotland, Wales and Northern Ireland. Our mission is to create the conditions for UK universities to be the best in the world; maximising their positive impact locally, nationally and globally. Universities UK acts on behalf of universities, represented by their heads of institution.

The Child Outcomes Research Consortium (CORC) is the UK's leading membership organisation that collects and uses evidence to improve children and young people's mental health and wellbeing. Founded in 2002 by a group of mental health professionals determined to understand the impact of their work, today our members include mental health service providers, education providers, professional bodies and research institutions from across Europe and beyond. We hold data relating to mental health and wellbeing outcomes of more than 400,000 children and young people in the UK, representing the largest data set of this kind worldwide.