Workshop scenario produced by the University of the West of England, Bristol

This workshop scenario, with related questions, has been developed by the University of the West of England, Bristol, as part of their strategy review and to support other providers to analyse their own policies and procedures to deliver effective interventions and suicide prevention strategies.

# Scenario – Part 1

CB is an 18-year-old first year Law student, living in shared campus accommodation. He disclosed in his UCAS personal statement that he had Asperger’s Syndrome, stating, “Asperger’s means I’ve no real relationships and have overcome drug addiction and depression to get to university to give myself a new chance”.

As CB did not complete the UCAS disability code, he was not sent a university disability service pre-entry questionnaire.

Between September and mid-October, concerns about CB’s drug use, excessive intoxication and behaviour were reported anonymously via the university’s ‘Support and Report’ facility. The university out of hours (OOH) team visited the flat twice and noted CB was uncommunicative and possibly intoxicated. They left several wellbeing leaflets and contact details.

In early November, university accommodation services issued a verbal warning to CB for smoking in his room and a written warning for smoking cannabis, in line with accommodation services policy.

A subsequent argument with flatmates resulted in CB ‘trashing’ the flat’s communal area, and therefore CB was issued with a 28-day Notice to Quit under the accommodation service conduct policy. He must leave by 20 December.

## Organisational issues and discussion questions:

As the responsible body, when is the university ‘on notice’ of potential vulnerability?

How can we systematise the initial disclosure of vulnerability made on the UCAS personal statement, given that CB did not complete the UCAS disability code, and would not have automatically been sent the disability service pre-entry questionnaire?

How can we develop a policy framework for community, residence and academic environments that works in parallel when we observe behaviour and risk that impacts in each area?

Does the fact that interventions range between passive observation through to Notice to Quit suggest that services lack sufficient connectivity to identify and manage risk consistently?

At what point is the vulnerability sufficient for the university to inform the student’s emergency contact?

# Scenario – Part 2

In early December, CB attended a university wellbeing appointment and disclosed having been to a local area known for suicide attempts twice in early November. CB disclosed suicide ideation on each visit, though having got close to the location, CB immediately decided to return to his campus accommodation. At this point CB also disclosed a difficult relationship with his parents.

The university wellbeing service undertook a risk assessment which identified Moderate Risk in this situation, and work is now ongoing with CB. He has articulated that he does not want to end his life, stating he has plans for the future in general and for his career, and he believes the critical moment is passed.

In mid-December, CB’s case was discussed at the weekly ‘students of concern’ meeting (held each Friday, and attended by accommodation team, wellbeing service and safeguarding teams). A campus security incident report was noted, that stated: “Last evening, CB was taken to hospital by paramedics as a result of deliberate self-harm, but he discharged himself and returned to campus the same night”.

The university safeguarding team questioned the risk assessment undertaken by the wellbeing team and believed the risk to be High/Severe. The wellbeing service argued that risk could increase if the emergency contact was called, as CB could possibly question service confidentiality and refuse support. The OOH team was instructed to check on CB over the weekend.

## Organisational issues and questions:

How can we ensure that differing service perspectives of risk can be fully understood and balanced while maintaining a focus on deliberate action that reduces risk and potential harm to students?

Has the university been explicit regarding the institutional tolerance for risk, given our primary role of educator?

Have we provided a common context and reference point within which service areas can undertake person-centred risk assessment and subsequent interventions?

Are we sufficiently assured that the emergency contact cannot assist the university support effort at this stage (the student named the father as the emergency contact when joining the university)?

Has the ‘student of concern’ meeting materially done enough to move the student down the ladder of harm, given that mainstream services do not operate at weekends?

# Scenario – Part 3

Incident report received on Monday, noting CB had been arrested on Saturday evening whilst on campus, on charges of possession with intent to supply cannabis. CB was subsequently released by the police with no further charges. In accordance with the university’s zero tolerance position in relation to dealing drugs, the campus security team invoked the university conduct policy, requesting a temporary suspension pending investigation.

CB was subsequently issued with a temporary suspension from campus, which resulted in CB being suspended over the Christmas vacation period. He agreed to return to his parental home. University wellbeing team persuaded and supported CB to make full disclosure to his parent.

## Organisational issues and questions:

Was the suspension from campus made in the knowledge of all the risk and vulnerability information available?

How do we become more deliberate in sharing information with the emergency contact to ensure CB has a place of safety to go to?

# Scenario – Part 4

Post-Christmas holiday, CB’s father contacted the university stating that his son had been placed under immense pressure by the university and had overdosed while at home. The father said that the pressure of not yet knowing whether he would be suspended or even excluded from university was critical.

CB is currently at home but very unwell.

CB’s father asked,

‘Why it is only when my son had been suspended from campus that I have been contacted, given he had already been given notice to quit and told the university he felt suicidal? Given the university had been informed my son had Asperger’s and struggles with substance use and depression, I feel little has been done to help, other than to throw him out of accommodation and place him under the university’s conduct procedure. My son is suicidal, yet this is the first I’ve heard about it’.

## Organisational issues and questions:

At what point should the identified emergency contact be contacted?

How can we ensure that students are better supported while experiencing the additional stress of a suspension and conduct investigation?

How helpful is it to apply a conduct policy to this situation, given the vulnerability observed?

# Scenario – Part 5

On advice from the police, the university was able to view ‘drug dealing’ within the context of CB’s vulnerability. As such, the return to study process was held under a fitness to study rather than a conduct policy. The fitness to study process included CB and his father at each stage, ensuring that both ‘contracted into’ the assessment of risk and the mitigating support plan that could be put in place. By making a full disclosure to the father, the university felt better able to hold the risk, knowing that all parties were working together, in agreement, to manage the situation.

General learning

As the university begins to operationalise its 2030 strategy, we have reassessed our support offer and approach, noting that changing societal, student and parental expectations do, at times, differ from legal requirements and standards associated data protection. Our leadership intent is that we will always act early, deliberately and in good faith to reduce risk and potential harm. Fundamental to this is our ability to build connectivity between services so that our policies translate into confident and consistent practices, and that we share and interpret information in ways that enables us to assess risk and respond early to vulnerability.

We have established a campus services framework that enhances the connectivity of our service areas by ensuring they report directly into university governance structures. Through the establishment of clear and consistently understood leadership intent we have engendered confidence at all levels of practice, when colleagues are acting in the moment to make quick decisions, and where students experience our services directly.

The campus services framework makes no organisational structural changes but is predicated on the development of shared and standard operating (SOP) models which underpin practice. Having been developed by the combined operational leaders across all university services, they have been universally adopted. All colleagues in student-facing service roles matrix train against the SOP models, thereby developing connectivity through enhanced relationship and common understanding of principles and practices. The SOP models have firmly embedded our desire to reach out early to emergency contacts, so that they can inform and buy into our risk assessment and support packages.

Key learning from this case study highlights the need for collective and consistent understanding of risk and potential harm, within the context of the tolerances set by the institution, rather than those of an individual service area. This necessitates a risk assessment template, used by all services, which engenders a wide contextual gathering of information before assessing risk. The risk assessment and any subsequent intervention must involve direct and systematic engagement with the student in question as we work towards mutually identified “solution focused” way forward. This approach builds on a shared understanding of the challenges being faced, outlines the resources available to address and reduce the risk and potential associated harm and clarifies expectation and intent. Our students of concern meetings have moved to mid-week, from a Friday, to better enable effective and timely interventions that could have been delayed by the weekend and are now better served by an agreed risk assessment which engenders confident decision making and deliberate, solution focused interventions.

The overarching intention to act early, deliberately and in good faith to reduce risk and harm has informed the re-writing and bringing together of our conduct, fitness to study and professional suitability policy frameworks, ensuring that proactive support underpins all our actions. The desire to identify vulnerability, and act early and deliberately, and the challenge to the institution as to when it should be ‘on notice’, drives our suicide prevention plan.