



Department
for Education

Higher Education Mental Health Implementation Taskforce

Information sharing on mental health – schools/colleges and universities

Summary

This paper supports the work of the HE Student Support Champion and FE Student Support Champion to explore greater sharing of information around student mental health issues – across schools, colleges and HE providers (HEPs). The information collected by schools and colleges is likely to vary and not necessarily be in an easy to share format at present, which means there are barriers to mass information sharing.

A number of options have been put forward for more systematic information sharing including creating a system based around a single student identifier, developing wellbeing passports, or extending the UCAS reference process – the solutions may differ depending on the transition route (ie from school to college vs school/college to university). We would need to engage with schools, colleges and HEPs to better understand how the system is currently working and test the viability of solutions further, as well as to understand whether benefits are likely to outweigh development costs.

Context

The prevalence of mental health issues among HE students has greatly increased in recent years. In 2021/22 5.5% of UK students declared a mental health condition compared to 4.3% in 2018/19 and just 1.8% in 2014/15. This trend is continuing and thanks in part due to work from UCAS to reduce stigma, 2023 data shows a 125% rise in declarations compared to 2019.

A similar trend is being found in FE, with 95% of colleges reporting a significant or slight increase in disclosed mental health difficulties in 16-18 year olds in 2023. This is the age cohort with the biggest increase.

The declaration rate is likely to still understate the true prevalence of mental health issues. NHS data suggests the rate of probable mental conditions in 17-19 year olds significantly increased to 1 in 4 in 2022, from 1 in 6 the year before and 1 in 10 before the pandemic. As well as there being many students who still do not disclose a mental health condition, even

for those they are aware of, HEPs have also told us that they lack sufficient detail about the challenges these students face when they begin study in HE as UCAS has historically collected only high level information on conditions.

The ministerial foreword to the HE Mental Health Implementation Taskforce First Stage Report asked us to explore the potential for greater information sharing on students' mental health between schools/colleges and HE providers.¹

Information sharing had already been a focus of the roundtables held on transitions by the HE Student Support Champion, Professor Edward Peck, in summer 2023. The FE Student Support Champion, Polly Harrow, has also committed to making information sharing a priority, working jointly with Edward Peck; there have been longstanding concerns from FE colleges about the lack of information schools provide. While the HE Mental Health Implementation Taskforce's focus is on mental health, there may be potential for capturing wider issues should there be an appetite from HEPs.

Information held by schools/colleges on mental health - existing requirements

Special educational needs and disabilities (SEND) requirements

For children and young people with an education, health and care plan (EHCP), there will be documentation on the health and learning challenges faced and the provision required to address this. For those with SEN who do not meet the threshold for an EHCP, information documented on mental health issues may be more limited, though as we set out below there may still be 'individual health care plans'.

Under section 47 of the SEND Regulations 2014, a local authority must disclose a EHCP to support a Disabled Student Allowance (DSA) application. Local authorities must also share a EHCP with the leader of a young person's HEP within 15 working days of the young person requesting this. We however have a limited understanding of how those requirements are working in practice and how frequently young people are requesting EHCPs be shared with HEPs.

Even if this mechanism was to be used more frequently, only a minority of pupils with mental health issues will have an EHCP (54,598 pupils in schools have an EHCP with social, emotional and mental health – SEMH - as primary need). For those not meeting the threshold for an EHCP, they will instead likely be categorised as SEN if they have persistent or serious mental health difficulties though this will not capture all children experiencing mental health issues (229,723 school pupils are classed as SEN with SEMH as primary need).

Separately from SEN requirements, there are obligations for schools to support pupils with medical conditions so they have full access to education under s.100 of the Children and Families Act 2014. There is DfE guidance on how schools can meet these obligations, including by producing individual healthcare plans to capture the support pupils need.² The guidance suggests these plans will be essential for those with conditions which fluctuate or where there is a high risk of emergency interventions. It says it will still be helpful in the majority of other cases, especially where medical conditions are long-term and complex.

Safeguarding and mental health duties

There are statutory duties relating to safeguarding in schools and colleges which may lead to the collection of mental health information, however this is likely to be limited to cases where there is a potential safeguarding issue. The main DfE guidance for safeguarding in schools, [Keeping Children Safe in Education \(KCSE\)](#), discusses the potential need for early help for those with mental health issues. It also states that staff should be aware that mental health problems can be an indicator a child has suffered abuse, neglect or exploitation.

The designated safeguarding lead is ultimately responsible for making referrals and deciding what information schools should record. Information is shared through safeguarding tools including CPOMS and MyConcern.

Other than in relation to safeguarding, there is no standalone statutory duty for schools and colleges around pupil mental health, though there is extensive guidance and associated funding. This includes guidance and funding to enable all state-funded schools and colleges to have senior mental health leads by 2025.

Individual learner plans

In addition to these statutory routes, we understand that most schools and FE colleges will have individual learner plans on students which will document their qualifications, progress, objectives, strengths, challenges and future plans. For those with greater needs, such as mental health support, there may be more detail in the plan, including a support plan if necessary.

Rather than a single document, many schools and colleges store these plans in large databases, which students and parents may be able to access and contribute to. There is often no fixed document to share with other institutions.

In summary, there are a number of statutory requirements for schools/colleges which may mean that information is recorded on a children or young person's mental health issues. Those not captured under these mechanisms may be captured by individual learner plans.

As there are a number of different frameworks that will apply, rather than a single explicit duty for school mental health, the level of information and the way in which this is recorded

will not be consistent across schools and colleges. The information will also likely be held across a number of different documents and databases, making it more difficult to share across different institutions. Without consistent and complete information on mental health, creating a systematic process for information sharing would be difficult and potentially ineffective. Part of the picture on the mental health issues faced by students will additionally be held by the health sector – rather than by education institutions.

Options for improving information sharing between schools, colleges and HEPs

Relying on information sharing to take place at individual institution level without any central coordination would be inefficient – with likely low take up – in part due to the very large number of education providers that a HEP/college would need to engage with to capture all of the entry routes for their students, as well as varying practices among schools and colleges at present. Instead, there are a number of options for creating mechanisms/vehicles for documenting and sharing of information on prospective HE students.

Mechanisms

UCAS

At present, while UCAS declarations are crucial for linking prospective students with support services in HEPs, they often need to be supplemented by targeted pre-enrolment surveys for those applicants who have disclosed a mental health challenge or disability to assist with the development of learning and support plans for students and potential initiation of the Disabled Students' Allowance (DSA) process.

Two roundtables hosted in late 2023 by the HE Student Support Champion concluded there may be support for a systematic collection of detailed information about mental health and disabilities from applicants. UCAS has already amended its application references for 2024 entry to include a new section on extenuating circumstances which have had an impact on an applicant's achievement or education (including mental health). Going beyond this, the Taskforce first stage report said we would support their developing work around student surveys and references, facilitating discussions between UCAS, HEPs, FE colleges and schools to understand what additional information might be collected, the means to do so, and how this might be shared with HEPs.

This set of activities was discussed by the Taskforce at its last meeting.

Student identifier

Jisc has been exploring a project to utilise a single student identifier (SSI), bringing together datasets related to individual learners, providers, and government to manage transition points more effectively. Jisc has been looking at how this could borrow from the success of other projects such as Project Titan run by the Education, Skills and Funding Agency (ESFA).

The pilot being run under Project Titan involves a digital wallet containing data that will be shared directly with students, who can then choose to share this with FE providers as part of their enrolment and application journeys. This is currently limited to a set of verified credentials collected through the school census (e.g. unique learner number, exam results, learner characteristics); this may set out whether a pupil has SEMH issues but will not provide any detail around these issues or the support the pupil needs.

Any solution for a new SSI would need to overcome the challenges posed by multiple transition points for students, the disparity of data quality, and connectivity of data systems. Student consent would have to be at the heart with students having easy control of their data.

At the 24 August 2023 roundtable hosted by the HE Student Support Champion participants supported the concept of SSI but thought it would be challenging to determine what information would sit within the SSI and which agency would maintain and control the data. It was suggested an identifier could support delivery of the LLE as students move in and out of HE.

It was also noted that potential link up with the Student Loans Company (SLC) would need to be considered; students can already give consent for their DSA application to be shared with their HEP. SLC is currently planning improvements to its digital service in 2025 which may include secure digital communication between SLC, contracted DSA suppliers, HEPs and students regarding DSA applications.

Passports/learner plans

There are a number of tools available to document needs and adjustments required as a result of disabilities:

- [Health Adjustment Passport](#) - produced by the Department, Work and Pensions (DWP) for anyone with disabilities (not just HE students) looking to move into the workplace.
- [Adjustments Planner](#) - allows HE students to document any support and arrangements that may be needed to support progress in HE and into work, including DSA and accessing Access to Work
- Supported internships / apprenticeships planner – this planner is currently being piloted

While a welcome step, UMO, a provider of mental health services used by 90 universities in the UK, has suggested these planners do not allow for detailed information on mental health issues and are not targeted at the transition from school or college into university. They have led work to develop a Mental Health & Wellbeing Passport seeking to address this gap and capture those without a diagnosed mental health/neurodiversity condition or disability, focusing on the transition into and out of HE.

UMO has proposed each passport include details of: a) a student's support network (trusted contact, mental health services, other support contacts), b) mental health issues/neurodiversity (including triggers, symptoms), and c) wellbeing issues (areas of life impacting wellbeing and strategies to support wellbeing). UMO proposes to charge each user a small fee per month, with additional charges for HEPs seeking to use engagement analytics to identify students who need support during the transition.

DfE is also considering developing a new planner for schools and colleges which may help fill some of the gap that UMO has identified around the transition into HE.

Assessment of options

The most comprehensive solution for improving information sharing would be to have a single information sharing process between schools, colleges and universities. This could include the single student identifier that Jisc has been exploring. In theory, the identifier could then be linked to any EHCP that a potential student might have, reducing potential duplication of effort in compiling information. However, there are likely to be very significant costs involved in creating and maintaining such a system and it is not clear yet whether the benefits would outweigh this; this would partially depend on how HEPs would use such information and what advantages this solution would bring over other alternative approaches (and in the case of information sharing between schools and colleges, how colleges would use that information). It would also be impacted by the extent and accuracy of information held by schools and colleges. At present, this will be varied and would not provide standardised data on wellbeing. There would additionally be challenges in ensuring operability with different systems across schools and colleges.

The concept of a wellbeing/disability passport could be utilised within a student identifier system or potentially through the UCAS process. Alternatively, it could be held by prospective students and shared directly with HEPs once they enrol in their studies. Government would need to determine whether to work with commercial initiatives or to create/procure a system directly.

The most deliverable near-term solution is likely to be smaller changes to the information collected within the UCAS application system. However, UCAS has limited appetite for significant changes to the reference process at this time as they are finding teachers and referees are already not including as much information as they are able to. The barriers

they face include the time it takes to compile and document information, the challenge in accurately and sensitively capturing extenuating circumstances, and the need for pupil consent. This also would not benefit students the transition from schools into colleges as it is for those looking to access HE.

With all of the above options, strong consideration would need to be given to data protection issues, including who would have control of the data, what is the legitimate basis for storing and processing this data, and to what extent consent will be required and how it would be obtained.

While these solutions will take time to develop, there are other options to explore within the current system and existing legal framework, including: i) encouraging young people to request EHCPs be shared with HEPs; ii) exploring potential data protection barriers and the need for information sharing protocols; iii) finding examples of best practice, where this is already working well in certain local areas, and promoting this.

We would welcome the views of Taskforce members on these options at the meeting.

Next steps

We have already begun to work with colleagues within DfE to understand the scope of projects such as ESFA's Project Titan and there will be additional information sharing projects where lessons can be learnt. We will continue to collaborate with UCAS on the agenda discussed at last Taskforce Meeting.

We also need to get further views from frontline staff in schools, colleges and HEPs about how information sharing is currently working and what improvements are needed. This would help us test the need for new solutions, the potential benefits and also the viability of options. We can do this by using existing engagement routes - the post-16 SEND group within DfE, the SENCO Advisory Group, and Nasen - as well as potentially organising new roundtables with the college and HE sectors.

Further development of solutions would also allow us to better understand legal implications, including whether they are possible within the current legal framework. We need to consider interactions with wider legal issues, such as around EHCP information gateways and the Equality Act

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