UNIVERSITY OF SUSSEX

Division for the Student Experience

SHARING INFORMATION WITH TRUSTED CONTACTS PROCEDURE

1. OVERVIEW AND PURPOSE

1.1 The University of Sussex is committed to providing a safe environment for all members of its community regardless of their age; ability or disability; gender; race; religion; ethnic origin; sexual orientation; marital status; or transgender status. The University is also committed, through its core values of kindness, integrity, inclusion, collaboration, and courage, to treating all people with respect and dignity.

1.2 64 students died by suicide in England and Wales in 2019-20[1] which is a reduction in numbers compared to previous years, and a significantly lower rate than that of suicides for non-students of this age group. However, suicides can be preventable, and universities can reduce further the risk of suicide by continuing to adopt a proactive approach to prevention. This includes sharing information, taking timely action, and working closely with NHS mental-health crisis and Emergency services.

1.3 The University takes every possible and practical measure to reduce the risk of suicide amongst its student population and to become in effect a "suicide-safer" university (a reference to the title of the Universities UK (UUK)/Papyrus guidance on reducing the risk of suicide in Higher Education (2018)[2].

1.4 One such suggested preventative measure is to share information with a student's family or carer, at times when there are serious concerns about their safety or mental health. "Referred to as the triangle of care, this asserts that care is best delivered when ***trusted contacts***, people needing support and professional/practitioners work together to ensure the best outcomes[3]"

1.5 The University already shares information in appropriate circumstances, with what was previously known as a student's ***emergency contact*** and this procedure expands on and formalises this approach using the new term/definition of ***trusted contact***. Our current approach to sharing information is based on transparency, self-agency, and supports the student in their choices around disclosure. Consent is placed at the heart of support, with the aim of gaining permission from a student to share

[1] ONS(2022) Estimating suicide among higher education student, England and Wales: Experimental Statistics: 2017 to 2020

[2] UUK/Papyrus (2018) Guidance on reducing risk of suicide in Higher Education

[3] Universities UK and Papyrus (2022) Suicide-safer universities: sharing information with trusted contacts.

critical and relevant information with their ***trusted contact***. Only where this is not possible in an urgent or emergency situation, where the evidence suggests that sharing personal data may help prevent loss of life of serious physical, emotional or mental harm[4], do we inform a ***trusted contact*** (and other professional/statutory services e.g. NHS), and share information relevant to reducing risk.

1.6 In such circumstances information is shared without consent on the legal basis of "vital interests". This is a term used in data protection legislation to describe the lawful basis on which personal information can be shared in life-or-death situations. This usually means that the student has been involved in, or that there is a risk of, an incident or an emergency situation where the University believes that the student or others may come to serious or lasting harm.

1.7 Under the common law duty of confidentiality, sensitive information provided to the University by students ordinarily should not be shared without consent. However, exceptions to this duty arise where there is a legal obligation to disclosure, a statutory exemption which allows disclosure e.g. under the Data Protection Act 2018, the Children Act 2004, the Mental Capacity Act 2005 or when disclosing this information is in the public interest. Examples of circumstances which may meet the definition of public interest include, but are not limited to:

- Where a serious crime has occurred or is planned.
- Contagion of infectious disease.
- Risk of suicide where the suicide plan may involve a public location or public transport.
- Risk of psychological harm or trauma in relation to others witnessing self-harm or suicide.

1.8 The University considers liaison with a student's ***trusted contact*** on a case-by-case basis, as opposed to a pre-emptive or "opt-in" approach where students give their consent for the University to share information with ***trusted contacts*** in advance at registration, as some universities now do. The rate of information-sharing with ***trusted contacts*** at Sussex compares favourably with these "opt-in" universities, suggesting that a case-by-case approach does not impede information-sharing with ***trusted contacts***, and also avoids the risks attached to a pre-emptive approach[5]. However, our approach will be reviewed regularly to ensure that this is still considered the best and most appropriate for this institution.

1.9 The aims of this procedure are:

[4] ICO (2021) Blog: Sharing personal data in an emergency – a guide for universities and colleges

[5] Linton et al (2022) Barriers to students opting-in to universities notifying emergency contacts when serious mental health concerns emerge: A UK mixed methods analysis of policy preferences

- To formalise the protocols already used by key members of the Student Experience Division when sharing information with a student's family/carer or what was previously known as a student's ***emergency contact*****.** These protocols are consistent with legal obligations and are an integral part of the University's Mental Health and Wellbeing strategy.
- To define and adopt the alternative term ***trusted contact*** to replace ***emergency contact*** and to promote a good understanding of this amongst students, staff and those who are nominated as ***trusted contacts***.
- To give clarity to staff about their roles and responsibilities in terms of communicating with students' ***trusted contacts*** and sharing ***trusted contacts'*** details with third parties.
- To bring transparency to the process, so that students, and their families or carers can fully understand the reasons why such information is shared, and the protocols used to ensure this is done: either with the student's agreement and consent: or on a legal basis, and as a consequence of an holistic risk assessment.

1.10 This procedure draws on the guidance produced by Universities UK and Papyrus entitled Suicide-safer universities: sharing information with trusted contacts (2022)[6] and Guidance on reducing risk of suicide in Higher Education(2018)[7] . It also draws on the UK Government guidance[8] Information sharing and suicide prevention: consensus statement (August 2021).

2. SCOPE

2.1 Suicide prevention is the responsibility of everyone in the community. Accordingly, this procedure, along with any associated guidance, applies to all members of the University of Sussex community including all staff and students. It informs the practice of skilled and trained practitioners, but also provides transparency and understanding to students themselves and their families, carers, and friends: their ***trusted contacts***.

2.2 All members of the University of Sussex community have a responsibility to be alert to concerns and to share relevant information through the correct channels so that appropriate action can be taken in a timely manner. These communication channels will be regularly updated in the associated guidance.

2.3 The protocol for sharing information with ***trusted contacts*** applies specifically to skilled and trained practitioners in Wellbeing, Therapeutic & Residential Life Services (e.g. Student Wellbeing Managers, Mental Health Nurses) and in Student Advice & Guidance (e.g. Disability Advisors).

[6] Universities UK and Papyrus (2022) Suicide-safer universities: sharing information with trusted contacts.
[7] UUK/Papyrus (2018) Guidance on reducing risk of suicide in Higher Education
[8] UK Government (2021)Information sharing and suicide prevention: consensus statement

2.4 The term ***trusted contact*** refers to someone who the University can contact in an emergency or when there are serious concerns about a student's safety or mental health. This could be a student's parent, carer, or other family member. However, the University understands that there may be issues which make a student hesitant to name such individuals and in these rare circumstances encourages students to name alternative ***trusted contacts*** such as a reliable friend.

2.5 Circumstances in which the University might decide to reach out to a ***trusted contact*** with consent, or on a legal basis could include the following:

- The university becomes aware that a student has attended or been admitted to hospital following an episode of self-harm such as an overdose, and the University is keen to ensure that this student receives support from someone they trust.
- The university becomes aware that a student has not been seen for an extended period of time and cannot be contacted.
- The university becomes aware that a student with an ongoing illness appears to be significantly deteriorating.
- The university becomes aware that a student is experiencing a mental health crisis.

2.6 The term ***Imminent Risk*** in the context of this procedure and the University's mental health strategy refers to the most serious level of concern in relation to a student i.e. when a student is thought to be of ***Imminent Risk*** to self or to/from others e.g. at active risk of suicide. It also refers to the name given to the high-priority cross-university team meeting held when such a risk is identified with the aim of communication and action planning. Information sharing in the context of ***Imminent Risk*** may occur without consent and relies on the legal basis of "vital interests" due to the urgent or emergency nature of this action/meeting.

2.7 The term ***Cause for Concern*** in the context of this procedure and the University's mental health strategy, refers to a serious level of concern in relation to a student, but to a lesser level of concern to that described above by ***Imminent Risk*** . An example could be behaviour which indicates a deterioration in a mental health illness requiring cross-university service consultation and action. It also refers to the meeting held when such a concern is identified. Information sharing in the context of a ***Cause for Concern*** is most likely to occur with student consent.

2.8 The term "staff" refers to any person employed by the University of Sussex on any basis.

2.9 The term "student" refers to any person registered on any course of study at the University of Sussex including online and distance-learning courses.

2.10 It should be noted that the protocols described for sharing information with a ***trusted contact*** do not apply to students who are members of partner organisations such as the International Study Group and the Brighton and Sussex Medical School which have support structures independent of the University of Sussex, and their own information sharing protocols.

3. RESPONSIBILITIES

3.1 Head of Wellbeing, Therapeutic & Residential Life Services (WTRS)

3.1.1 **The Head of WTRS** has responsibility for delegating the process of *sharing information with a* ***trusted contact*** to appropriately skilled and trained members of their team. This could include Senior Mental Health Nurses, Student Wellbeing Managers, Lead Therapist, Therapists, Lead Chaplain and Residential Life Managers.

3.1.2 **The Lead Therapist, Therapists** and **Senior Mental Health Nurses** have responsibility for enacting the protocol for sharing information with a ***trusted contact*** in accordance with this procedure, and in response to serious concerns being raised during the triage process for Therapeutic Services.

3.1.3 **The Student Wellbeing Managers** have responsibility for enacting the protocol for *sharing information with a* ***trusted contact*** in accordance with this procedure, and in response to serious concerns about a student's mental/physical health being raised during the ***Imminent Risk***, *Cause for Concern* or *Fitness/Support to study* processes.

3.1.4 **The Lead Chaplain** has responsibility for enacting the protocol for sharing information with a ***trusted contact*** in accordance with this procedure, and in response to serious concerns about a student's mental/physical health being raised when working during critical/emergency situations.

3.1.5 **The Residential Life Managers** have responsibility for enacting the protocol for *sharing information with a* ***trusted contact*** in accordance with this procedure, and in response to serious concerns about a student's mental/physical health being raised when working during critical/emergency situations (and with the agreement of a more senior manager).

3.2 Head of Student Advice & Guidance (SAG)

3.2.1 **The Head of SAG** has responsibility for delegating the process of *sharing information with a* ***trusted contact*** to appropriately skilled and trained members of their team. This could include the Lead Disability Advisor or Disability Advisors.

3.2.2 **The Lead Disability Advisor and Disability Advisors** have responsibility for enacting the protocol for *sharing information with a* ***trusted contact*** in accordance with this procedure, and in response to serious concerns about a student's mental health being raised in the context of their day-to-day work with disabled students.

All staff

3.3 All staff have the responsibility to raise concerns through appropriate channels: The Student Centre; Safeguarding; Report + Support etc. and escalated appropriately through protocols such as those for ***Case Review, Cause for Concern*** and ***Imminent Risk***. Protocols for communicating and escalating concerns will be covered and updated regularly in the associated guidance for this procedure and online.

All students

3.4 All students have the responsibility to provide the University with current personal contact information (including a single UK mobile phone number) in addition to current contact information for a nominated ***trusted contact***. It is essential that they keep this information up-to-date. Students are responsible for choosing an appropriate ***trusted contact***, seeking their consent, and explaining the circumstances in which they could be contacted. Concerns about fellow students can be raised through The Student Centre or through the Student Experience teams in academic schools .

4. PROCEDURE

4.1 Students will be mandated, at registration and re-registration to provide the name and contact details (mobile number and email address) of a ***trusted contact*** (replacing the past process of requesting an ***emergency contact)***. This is someone over 18 yrs who can be contacted in the event of an emergency **or/and** if the University has serious concerns regarding the student's wellbeing. At the time of registration an explanation, including such examples as to why the University requires the details of a ***trusted contact***, will be provided for students as part of the registration process.

4.2 Students will be able to update their ***trusted contact*** at any time, but all students will be asked to update their ***trusted contact*** information at the start of each academic year. Students will also be invited to update their ***trusted contact*** details when registering for wellbeing and therapeutic support and when registering for disability support. ***Trusted contact*** information will be kept confidential, and accessible only to the appropriate student support teams.

4.3 The vast majority of students are likely to choose parents, carers, or family members, but students are encouraged to consider carefully whether in certain

critical situations, communication with such a named ***trusted contact*** might not be helpful and may even compromise their safety.

4.4 There will be a minority who feel that an alternative person, such as a friend or partner, is more likely to provide the support they need. However, if this is the case, students should consider whether their choice of ***trusted contact*** is appropriate and that this ***trusted contact*** has sufficient emotional resilience for having conversations or being supportive in urgent/emergency situations involving the mental/physical health of the nominating student. Students will be encouraged not to ask friends who may be experiencing their own mental health challenges, and who may feel burdened by this additional responsibility.

4.5 Students should ask for the consent of the person they choose to list and to explain to them the reason for providing their details to the University, which have been outlined in paragraph 2.5 above. Students will be asked to confirm that they have either already asked or will ask their ***trusted contact*** for consent. ***Trusted contacts*** can be updated by students on University systems at any time they choose.

4.6 It will be suggested that students choose ***trusted contacts*** who will be able to converse in, or at least understand some English, as finding interpreters at short notice in a crisis situation can be challenging. In circumstances where students' ***trusted contacts*** do not speak English or are located in significantly different time zones, students will be asked to choose a second ***trusted contact*** in the UK. All students under 18 years will be required to have a named UK guardian (who will act as ***trusted contact***) within easy geographical distance to enable a quick response and visit to campus, hospitals etc. as necessary.

4.7 International students will be requested to update their own contact details with UK mobile numbers as soon as is reasonably possible. This is to enable Student Experience teams to get in touch with them without delay when there are concerns for their health, wellbeing, or safety.

4.8 In a situation such as those described in 2.5, which is likely to have initiated either a ***Cause for Concern*** or ***Imminent Risk*** meeting, the attendees of that meeting (who are senior staff representing Therapeutic Services, Residential Life, Wellbeing, Advice & Guidance, and the Academic School's Director of Student Experience) discuss whether it is appropriate to contact a student's ***trusted contact*** with or without student consent. Every effort will be made to seek student consent where this is possible, or to inform a student after information has been shared without consent.

4.9.1 A holistic risk assessment will be performed during the meeting using information from all services to assess risk to self, others, and from others before making a decision to communicate with a ***trusted contact*** without consent in an urgent or

emergency situation. However, it will be important to remember that the purpose of the student identifying a ***trusted contact*** is to ensure that the University can make contact with them in a situation such as those described in 2.5 to promote the student's safety and reduce the identified risks.

4.9.2 Any information which provides insight into the student's relationship with their parents, families or other ***trusted contact*** will also be considered e.g. estrangement, claims of abuse, neglect etc. when considering sharing information with a ***trusted contact*** without consent.

4.10 Due to the criteria around risk and urgency used when a student is considered to be at ***Imminent Risk*** of harm to self/to/from others, information is more likely to be shared without consent and on the legal basis of "vital interests" as explained at the outset of this procedure in paragraph 1.6. If possible, the student will be contacted in advance so that consent can be sought. However, in situations where the student cannot be contacted, or when the student refuses to give consent, senior staff within the Wellbeing team can make the decision to contact the ***trusted contact*** without consent, but this will be rare. Any potential risks related to this decision will be carefully considered, and the information shared will be limited and proportionate with the sole aim of ensuring the student's safety.

4.11 A record will be kept by the staff responsible for the information-sharing decision. This record will include:

- what information has been shared
- when they shared this information
- who they have shared it with
- the rationale behind the decision to share or not to share information

4.12 ***Trusted contact*** information will be shared with 3rd parties such as statutory services (NHS, police) without consent only in urgent or emergency situations on the legal basis of "vital interests", or in the circumstance of a student death.

5. LEGISLATION AND GOOD PRACTICE

5.1 The legal framework relevant to sharing information and suicide prevention in universities include:

- General Data Protection Regulation 2018 (UK GDPR)
- Data Protection Act 2018
- Health and Safety at Work Act 1974
- Medical Capacity Act 2005
- Human Rights Act 1998
- Care Act 2014
- The common law of confidentiality and consent

Review / Contacts / References	
Procedure title:	Sharing information with *trusted contacts*
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Next review date:	June 2028
Related internal policies, procedures, guidance:	This procedure should be read in conjunction with the University's protocols for *Imminent Risk*, *Cause for Concern*, *Case Review* and the University's policy/guidance on Safeguarding and procedure on Fitness/Support to study
Policy owner:	Division for the Student Experience
Lead contact / author:	Head of Wellbeing, Therapeutic & Residential Life Services