

Guidance on Confidentiality in Student Health and Welfare

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Executive summary

This section summarises some of the key principles that should be considered regarding confidentiality in student welfare, and should be read in conjunction with the more detailed guidance in the sections that follow. While student personal data is routinely shared across the collegiate University under the terms of the [Student Privacy Policy](#) and college privacy policies, special considerations apply to sharing of confidential information (as defined below and at 1.1).

The majority of students are adults and their confidential data must be kept confidential, in order to maintain student trust in the staff and systems of the Collegiate University, protect students from potential harms and ensure legal compliance. The University is keen to include students in discussions relating to their welfare and associated information-sharing decisions wherever this is appropriate as doing so enables student autonomy and personal responsibility. Where confidential information is shared with the University as part of a formal University procedure (for example for producing a Student Support Plan, making a mitigating circumstances or dispensation application or a disciplinary complaint), such information may be shared in accordance with the terms of that procedure.

Confidential information provided in other settings should not usually be shared without express consent unless proportionate and necessary to help prevent loss of life or serious physical, emotional or mental harm, or if a student discloses that they, or another person, have suffered harm in circumstances where a person under 18 is, or may be, affected.

Overall, there is a balance between observing confidentiality and ensuring appropriate and timely information sharing takes place when there are concerns about a student's health, welfare or safety. Members of staff with serious student welfare concerns arising from confidential information who do not have information sharing consent are strongly encouraged to contact the Duty Counsellor or Co-Directors of SWSS for a no-names consultation.

Key questions and steps

The following key points should be considered when deciding whether to share confidential information about a student where there are welfare concerns outside of formal University procedures.

- **Is there an immediate risk of serious harm to the student or a third party?**
Seek to work collaboratively with students to agree support arrangements, and any related information sharing.
- **Has the student given their consent for their confidential information to be shared?**
Wherever possible and appropriate, seek the student's consent to share their confidential information for the purposes of affecting any necessary support or protective measures, and respect requests for confidentiality.
- **Is it necessary and proportionate to share confidential information to help prevent loss of life or serious physical, emotional or mental harm?**
Limit confidential information-sharing to those individuals who need to know, and to what they need to know, in order to reasonably mitigate the Risk of Serious Harm or its effects. Maintain the confidentiality of data which does not need to be shared for this purpose.
- **What is the format and source of the information under consideration?**
Information in any format should be treated as confidential if: (1) it is something that is not publicly known, *and* (2) it is received in circumstances which import an obligation of confidence (e.g. including where the student says the information is confidential, where the

University's policies say that the information will be treated as confidential or where the student reasonably believes that the information will be treated as confidential (for example because of the job role of the recipient). For example, a written disclosure marked as "confidential" should be treated as confidential, while observed behaviours in public spaces may not need to be treated as confidential.

- **Tell the student who you are sharing confidential information with.**

If the student has not given (or is unable to give) permission, they should normally be told what you are doing with their confidential data and why, unless to do so would be likely to increase any risks to safety.

- **Keep a written record documenting decisions and action taken where it has been deemed necessary to share confidential information without consent.**

Take clear notes (stored securely) that justify the purpose of sharing confidential information without permission, to show how conflicting duties have been weighed regarding confidentiality/Data Protection and safeguarding vital interests.

Caldicott principles

The [Caldicott Principles](#) provide a useful framework to ensure people's information is kept confidential and used appropriately.

1. **Justify** the purpose for using confidential information.
2. Don't use personal confidential data unless absolutely **necessary**.
3. Use the **minimum** necessary personal confidential data.
4. Access to personal confidential data should be on a **strictly need-to-know** basis.
5. Everyone with access to personal confidential data should be aware of their **responsibilities**.
6. Understand and comply with the **law**.
7. The **duty to share** information can be as important as the duty to protect individual confidentiality.
8. **Inform the student** about how their confidential information will be used.

Introduction

This document is intended for all those involved in student¹ health and welfare, whether in colleges or departments, for whom confidentiality might be an issue. It is also relevant to all staff who hold confidential student information, or to whom students may disclose such information, such as tutors, registrars, accommodation officers, as well as porters and scouts. It is primarily focused on the sharing of confidential information outside of formal University procedures which will have their own arrangements for data-sharing.

This guidance is designed to promote consistency in the way individual cases are handled, with paramount emphasis on student health and welfare, noting that the majority of university students are adults, and as such their confidential personal information should be managed confidentially. Where there are serious concerns about a student's safety, University staff will always seek to work collaboratively with students to agree support arrangements, and any related information sharing. Underpinning this approach is a commitment to facilitating the development of student autonomy and personal responsibility.

Staff in colleges or departments engaged with student welfare cases are advised by this Guidance to consider – after a careful balancing of the various interests concerned, including a risk of students not engaging with welfare services – disclosure of confidential personal information about students, including special category data about a student's physical or mental health, where staff reasonably believe that a Risk of Serious Harm to the student or others exists².

Colleagues are advised to familiarise themselves with this Guidance as part of induction or ongoing [training in welfare matters](#), so that in an urgent situation staff are well informed and do not make decisions in isolation. The Director(s) of Student Welfare and Support Services (SWSS) and other senior SWSS staff, including the Head and Deputy Heads of the Counselling Service, can advise colleagues on a no-names basis.

This Guidance applies to all students studying at the University of Oxford including those on a year abroad or on overseas research trips. Students overseas may not be able to access the full range of welfare services referenced in this guidance, but the general principles still apply. Separate and additional considerations apply to students under the age of 18. Further advice should be sought from Safeguarding Leads where appropriate and more information is available on the [Safeguarding webpages](#).

1. Definitions

- 1.1. **“Confidential information”** refers to information about a person that might be seen as more sensitive or private, such as information about a student's health³. Information should be treated as confidential if: (1) it is something that is not publicly known, *and* (2) it is received in circumstances which import an obligation of confidence (e.g. including where the student says the information is confidential, where the University's policies say that the information will be treated as confidential, or where the student reasonably believes that the information will be treated as confidential (for example because of the job role of the recipient). For

¹ This Guidance applies in the majority of cases to students. Where postgraduate students are also employees, e.g., as teachers or technicians, further considerations in relation to overriding confidentiality of special category health data for staff may apply.

² Statements from the [Information Commissioners Office](#) (2021, 22) emphasising the importance of information sharing in relation to the management of risk and effective student mental health support are of particular note.

³ [What is special category data? | ICO](#)

example, a written disclosure marked as “confidential” should be treated as confidential, while observed behaviours in public spaces may not need to be treated as confidential.

- 1.2. **“Health”** in this document means both physical and/or mental health.
- 1.3. **“Risk”** means a risk that a person involved in student health and welfare considers is reasonably possible may occur given the facts within their knowledge. They need not conclude an outcome is more likely than not, only that they reasonably believe an outcome is possible.
- 1.4. **“Serious Harm”** means a harm which is life threatening and/or traumatic, and from which physical or psychological recovery is expected to be difficult or impossible⁴, including:
 - a. death or serious mental or physical injury, including from illegal drug use and sexual assault; and/or
 - b. suicide (whether or not there is or has been an attempt or intent to end their life; and/or
 - c. self-harm; and/or
 - d. endangering the life, health or safety of any other person.
- 1.5. **“Vital interests”** means that doing whatever is necessary and proportionate to help prevent loss of life or serious physical, emotional or mental harm⁵.

2. General Legal Context

- 2.1 In general, information relating to the health and welfare of an individual will amount to special category data (as defined in the [UK General Data Protection Regulation \(UK GDPR\)](#)) and must be treated with care and held in confidence. Such information may need to be shared in the course of formal University procedures on the basis of the terms of those procedures. In other circumstances, the University will usually seek a student’s consent to share information about their health and welfare, although there are circumstances in which it will be lawful to share information in the absence of consent.

The Information Commissioner’s Office has published [guidance](#) for the Higher Education sector in relation to sharing information in an emergency, and that provides a useful starting point for considerations. If you are considering sharing information about a student without their consent outside of usual University procedures and it is not in an emergency situation, please contact SWSS and/or the University’s Legal Services Office for advice.

- 2.2 This Guidance aims to balance the potentially competing principles involved in (a) compliance with Data Protection legislation, particularly in relation to special category data; (b) other legal obligations to maintain confidentiality where information is provided in contexts where express or implied duties of confidentiality arise; and (c) the duties of the Collegiate University in relation to the vital interests of students.
- 2.3 Cases where a student is reasonably considered to be at Risk of Serious Harm and/or at Risk of causing Serious Harm and yet failing to adequately engage with help available (e.g., for serious mental health problems), while expressing a desire to keep their information confidential, can be especially difficult but are not unusual. This can be particularly challenging where the student is exercising their right to make unwise choices, and has mental capacity to do so⁶. This Guidance is drafted predominantly with these cases in mind, for use when evaluating the balance of concern for an individual student’s health and wellbeing alongside the impact of potentially distressing behaviours on and responsibility for the wellbeing of others.

⁴ Definition of ‘serious harm’ taken from [HMPPS risk of serious harm guidance](#)

⁵ [Sharing personal data in an emergency – a guide for universities and colleges | ICO](#)

⁶ [factsheet---key-legislation-and-case-law-relating-to-decision-making-and-consent-84176182.pdf \(gmc-uk.org\)](#)

- 2.4 Further detail on the relevant provisions of the Student Privacy Policy and the wider context of Data Protection legislation and Information Commissioner’s Office (ICO) guidance, which underpin this Guidance, is at Appendix C below.

3. Collegiate University Context

- 3.1 The University and Colleges have statements about privacy and confidentiality. Whilst it is appropriate that there is variation in the details of how these apply, there are strong reasons for the documents to be based on the same principles. This enables similar levels of protection for students across the Collegiate University irrespective of the college of which a student is a member. College statements should be made available to both students and staff. In appropriate circumstances it may also be helpful for colleges to inform parents or guardians of the principles that will be followed with regard to confidentiality.
- 3.2 This Guidance covers both sharing of Confidential Information (which may include special category data) within a College, Department or University Service and situations where such data needs to be shared between Colleges and other University departments and University services.
- 3.3 A significant amount of sharing of personal data relating to students is already permitted and envisaged between the University departments and the Colleges under both:
- 3.3.1 the Terms and Conditions of the student’s [contract with the University](#); and
 - 3.3.2 the [Student Privacy Policy](#) (incorporated as part of that contract).
- 3.4 Difficult cases have arisen where different parts of the Collegiate University each have part of the picture relating to a student’s health and welfare which, if combined, may help to indicate a Risk of Serious Harm which could require immediate action to be taken to protect the student or others. This Guidance, and the Student Privacy Policy, have been updated to address that issue.
- 3.5 Additionally, in response to [Universities UK guidance on sharing information](#) for suicide prevention purposes, the [Student Privacy Policy](#) and [Student Self-Service \(eVision\) text](#) were further updated in 2023 to clarify the limited circumstances in which special category data related to health might be shared outside of formal University procedures, even if students have not consented to it (i.e., where there is a Risk of Serious Harm), providing the safeguards within the Student Privacy Policy and this Guidance are followed. The term ‘Trusted Contacts for Emergencies’ has now been adopted and students are guided on who makes a suitable contact. Whilst the threshold for contacting a Trusted Contact without the student’s consent has not changed, it is now clearer that ‘emergencies’ can include serious mental health crises. This also aligns with the [Information Commissioner’s Office guidance on data sharing in urgent situations](#).

4. General Principles – Balancing Confidentiality with a Need to Act in Cases of Risk of Serious Harm

- 4.1 A decision to share confidential information without consent outside of formal University procedures arises particularly in cases where there is a Risk of Serious Harm. This includes cases where the student lacks capacity⁷ to give consent and needs intervention from medical professionals⁸.

⁷ Capacity is understood as “the ability to use and understand information to make a decision, and communicate any decision made which may be impaired due to physical reasons, e.g. lack of consciousness or serious mental confusion”.

⁸ Where students have been detained under the Mental Health Act, senior medical professionals may provide guidance relating to the sharing of information, for example relating to family member requests.

- 4.2 Whilst sharing information might seem the most helpful response, students are adults and the confidentiality of their data must be maintained, and information not shared against their wishes unless an exception applies.
- 4.3 Those advising students should consider at the outset of a discussion, and sometimes during discussions, whether it would be helpful to make clear that the content is to be confidential and the extent of the confidentiality which can be afforded to any disclosures by the student or disclosure by any third party.
- 4.4 **When discussing confidentiality with students** the following should be considered and clarified:
 - 4.4.1 Confidentiality will be respected wherever possible.
 - 4.4.2 Consent will be sought, wherever possible and appropriate, to any onwards disclosure of information; for example, in order to affect any necessary support or protective measures a member of staff concerned may seek consent to share information within the college or department welfare team, making clear to the student who comprises that team, and how information will be shared.
 - 4.4.3 Formal University procedures will necessarily involve information being shared within the collegiate University. Such sharing should be explained in more detail in the relevant procedure and will be covered by the Student Privacy Policy.
- 4.5 Those involved in advising students should, where possible, explain how their data will be used so that the individual understands that it will only be shared with those who have a clear need to know.
- 4.6 Where a student is not willing to consent to data sharing, the person entrusted with the information should make it clear that there may still be a need to share the information and a lawful basis on which to do so. Guidance can be sought from the Director of Student Welfare and Support Services (SWSS), the Head of the Counselling Service, or other senior SWSS staff including the Deputy Heads of the Counselling Service.
- 4.7 Where disclosure of personal data, or special category data related to health, is deemed necessary because there is a Risk of Serious Harm, it is important to ensure that the disclosure is:
 - 4.7.1 Limited to only those recipients who need to know the information in order to be able to decide on the appropriate provision or provide medical, psychological, pastoral or practical assistance to the student or to others at Risk of Serious Harm that is reasonably likely to mitigate the Risk of Serious Harm or its effects;
 - 4.7.2 Adequate to enable reasonable steps to mitigate Risk to be taken;
 - 4.7.3 Limited to that information which is proportionate and necessary to mitigate the Risk of Serious Harm, while maintaining confidentiality of information which does not need to be shared for that purpose;
 - 4.7.4 Recorded in writing contemporaneously, noting reasons a student or others were deemed at Risk of Serious Harm and why disclosure of confidential information (which may include special category data) was thought necessary. If a decision to disclose is challenged (to the Information Commissioner's Office, Office for the Independent Adjudicator or a Court) this may be important to show how the Collegiate University weighed conflicting duties regarding confidentiality/Data Protection and safeguarding vital interests.

- 4.8 If a student discloses that they, or another person, have suffered harm in circumstances where a person under 18 is, or may be, affected, then the Safeguarding duty may require the Collegiate University to override confidentiality and report the circumstances urgently to police and/or social services. This applies whether the student who makes such a disclosure is an adult or is under 18 themselves. Welfare staff are advised to seek guidance urgently from Safeguarding Leads who are experienced in handling these highly sensitive cases. For more information and contact details see the [Safeguarding webpages](#).

5. Seeking Further Advice

- 5.1 Those to whom information has been given in confidence, or who have acquired information which they regard as confidential, may not always be sure whether to disclose information or not. It may be sensible to seek advice from an appropriate person, e.g., a senior college or department officer, the college doctor or the University's Student Counselling Service (counselling@admin.ox.ac.uk) or the Director of Student Welfare Services (director.swss@admin.ox.ac.uk). This consultation should be done without divulging the name of the student concerned save where there is a Risk of Serious Harm.
- 5.2 Student Peer Supporters operating under the University's Peer Support Programme are also required to share information, where there is concern, and have a separate policy on confidentiality, which is aligned with the key principles of this University Guidance.

6. Promises of Confidentiality

- 6.1 It is generally not appropriate to give absolute assurances of confidentiality to those who may wish to talk about health and welfare-related matters. See paragraph 4.4 of this guidance for an outline of the appropriate approach to be taken when discussing how health and welfare related information will be dealt with.

7. Discussion with College Doctors, College Nurses and Student Welfare and Support Services

- 7.1 It is often helpful for tutors or others within the collegiate University who are supporting students to talk to college welfare leads, college doctors, college nurses, departmental welfare contacts, or members of the University's Student Counselling Service, Disability Advisory Service, or Sexual Harassment and Violence Support Service about undergraduate or graduate students' difficulties; the individual's consent to do so should be sought.
- 7.2 If consent is not forthcoming, it may still be helpful to seek general advice from the doctor, nurse or counsellor without identifying the student concerned. However, in cases where there is a Risk of Serious Harm identification may become necessary (provided the guidance at paragraph 4.7 is followed);
- 7.3 In exceptional circumstances college doctors, college welfare leads, department welfare contacts, college nurses and counsellors may wish to speak to the senior members of a college about a student. If the student is not willing to provide consent, confidentiality will be respected unless there are reasons not to within the relevant professional guidelines or where those concerned reasonably believe there is a Risk of Serious Harm.
- 7.4 The University Counselling Service's College Counselling and Liaison scheme, whereby colleges may elect to have a named counsellor with whom they can liaise, is specifically designed so that college members can seek the advice of someone who is familiar with the college context.

- 7.5 Mature, part-time, overseas and suspended students may not be registered with the college GP or have easy access to the college nurse or Counselling Service. Some colleges have found it therefore helpful to record the name of the student's GP surgery where this is not the college GP.
- 7.6 Where students arrive at University with serious medical conditions (particularly, but not limited to, conditions which affect their mental health, e.g., those with histories of self-harm or suicide attempts) or are diagnosed with such conditions while at University, the issue of consent to sharing of information should ideally be discussed with the student at an early stage in the context of wider safety planning and relapse prevention support. During these discussions it may be helpful to clarify the scope of the consent given by the student, i.e., what the student consents to be shared with whom and to explain the guidance at 4.4 above. Every case will turn on its own facts and the level of disclosure may depend on whether the student's condition at any point is believed to increase the Risk of Serious Harm.

8. Contact with third parties, including families and Trusted Contacts for Emergencies

- 8.1 In almost all cases it is inappropriate to speak to a student's Trusted Contacts, family or other third parties (including friends, housemates, members of the community, employers, colleagues, or other students) against the student's wishes. In such circumstances, contact can only be justified where either:
- 8.1.1 the student is physically incapacitated (e.g., unconscious due to serious accident); or
 - 8.1.2 the student has been medically assessed as lacking capacity to make the decision; or
 - 8.1.3 where the student (or a third party) is at Risk of Serious Harm, other attempts to mitigate that Risk (e.g., through medical professionals) have failed or are impractical, and it is reasonably considered that disclosure is necessary and safe for the student concerned and third parties, and is the only or best way to ensure the student obtains support to mitigate the Risk of Serious Harm. Such circumstances will be exceptional but can happen, for example, in cases of self-harm or where suicide has been attempted or threatened. They may also arise where a student is creating a Risk of Serious Harm to others. In these cases, the Collegiate University cannot delegate responsibility for mitigating Risk to a student's Trusted Contact, and should contact emergency services as well.
- 8.2 Some students may give non-family members as Trusted Contacts for Emergencies depending on their circumstances. It may be appropriate to advise students that their Trusted Contact does not have to be a family member, such as in cases of domestic abuse or estrangement. The Information Commissioner's Office (ICO) provides more [guidance on data sharing in urgent or emergency situations](#).
- 8.3 Any decision to contact the Trusted Contact without the student's express permission should usually be made at the highest level (e.g., Head of College or Department), taking specialist legal advice as necessary, and the student should normally be informed.
- 8.4 If a student's Trusted Contact is a member of their family, but they have indicated to others that they are estranged from their family or relationships have broken down, then contacting that person will (save in the most exceptional cases) be inappropriate. It may be appropriate to contact other people, such as non-family members, where the student has listed additional or alternative Trusted Contacts for Emergencies.

- 8.5 Where third parties (e.g., family members, friends or partners of students) contact the University or a College requesting information, the confidentiality of information provided by students in confidence should be maintained save where paragraph 4.1 applies. It is also important to record and follow-up on any welfare concerns that are raised, noting the following guidance:
- 8.5.1 Wherever possible, verify the identity of the third party, recording their name and contact details alongside the concerns raised. Listen to the concerns with sensitivity and provide general information about the welfare support services available to students.
 - 8.5.2 Establish if the student subject of the concerns is aware, and has consented, to the information being shared with the University; some students give written consent for information to be shared with others (e.g., where parents or partners of students with disabilities are actively involved in their support). If possible, arrange to speak directly to the student subject to verify the details of the situation and discuss support or encourage the reporter to facilitate the student contacting the welfare team.
 - 8.5.3 Where the student is not aware of the disclosure and the third-party requests anonymity, explain that it might not be possible to act on anonymous, unverified, disclosures, and that confidentiality cannot be guaranteed. Students may request access to their records at any point. Advise the third party to encourage the student to seek support themselves where possible.
 - 8.5.4 Evaluate the likely validity of third-party disclosures, noting that malicious, vexatious and harassing communications do occur, and it may not always be appropriate to follow up with the student subject if this would constitute an intrusion of their privacy. For example, if it seems likely (e.g., from your knowledge of the student subject of concern, their circumstances, and the nature of the reported information) that a third party is making a disclosure with the intention of creating difficulty for the student subject, you may decide on a different course of action than the one you would have followed had you found their report credible.
 - 8.5.5 Wherever it is appropriate, follow-up directly with the student who is the subject of third-party concerns to establish their safety and any possible support needs.
 - 8.5.6 If the third-party reporting the concerns is another student of the University, where appropriate signpost them to “support for students supporting students”, recognising the importance of looking after yourself when trying to help a friend you may be concerned about.
 - 8.5.7 Where the concerns raised are of sufficient severity to necessitate contacting Emergency Services due to an imminent Risk of Serious Harm, instruct the third party to contact the police, ambulance or fire service directly – the University should not usually act on behalf of the third party in these instances as this is likely to delay the response through introducing an additional stage in the communication chain, but it is important to follow-up and ensure that appropriate services have been alerted.

9. Students on Professional Courses

- 9.1 Special considerations apply to students on courses leading to qualifications for professions governed by codes of conduct and health intended to protect the public, for example,

medicine, social work and teaching. Any concerns about the health or behaviour of a student on one of these courses may be discussed with the department concerned, in the first instance without divulging the name of the student. Advice may also be sought from the college doctor, or the Head of the Student Counselling Service or Director for Student Welfare and Support Services.

- 9.2 The General Medical Council (GMC) expects medical students to be open and honest about any conditions which might affect their ability to study or practise and to engage readily in any assessment or monitoring. Non-disclosure is likely to be viewed adversely when problems do become apparent. The Associate Director of Pre-clinical Studies (Welfare and Curriculum), Associate Director of Clinical Studies and the Deputy Director of Graduate Entry Medicine are available to support medical students with welfare issues and provide advice. Concerns about fitness to practise should be addressed to the relevant Director of Studies (Director of Clinical Studies, Director of Pre-Clinical Studies or Director of Graduate Entry Medical Studies). Allegations that a student may be unfit to practise medicine should be addressed to the Fitness to Practise Officer (currently the Head of Administration and Finance).
- 9.3 It is a mandatory condition of offer for all PGCE students to complete an occupational health assessment and to provide an enhanced Disclosure and Barring Service (DBS) Certificate, and to provide a full timeline of their activities from their secondary school education until the present day. Additional background checks may also be required for students who have spent significant time abroad. Students are expected to declare, while on course, any mental health concerns which are affecting their progress on the course; these are recorded by the department and support will be offered, but the student would only be referred to occupational health under the Fitness to Study procedures.
- 9.4 The University, its Colleges, and individual members of staff may owe duties of disclosure in cases where students on courses governed by professional codes of conduct under paragraph 9.1 are under investigation (e.g., obligations of disclosure to the Medical Sciences Division during an investigation into a medical student under the Fitness to Practise Regulations). Where special category personal data relating to the student is directly relevant to the Fitness to Practise (or other professional) investigation, the obligation of disclosure will be likely to override the student's right to confidentiality. In such cases data will be treated appropriately by the investigator and any Fitness to Practise panel, although it may be necessary to disclose it to the GMC, along with the panel's findings, if relevant. Guidance can be sought from the University Legal Services Office in these cases.

10. Student Welfare and Support Services

- 10.1 The Student Counselling Service is an organisational member of the British Association for Counselling and Psychotherapy (BACP) and abides by its [Ethical Framework for Good Practice](#). Staff of Student Welfare and Support Services (SWSS), including staff working for the Student Sexual Violence and Harassment Support Service, the Counselling Service and the Disability Advisory Service (DAS), will treat students' personal data as confidential, and information will only be conveyed to others without permission outside of formal University procedures in exceptional cases where SWSS reasonably believe there is a Risk of Serious Harm, or there is another lawful basis for disclosure in the substantial public interest, and it is necessary to take steps to mitigate that risk.
- 10.2 The Disability Advisory Service (DAS) will share confidential information related to declared disability for the purposes of supporting that student, for instance in the context of putting in

place exam arrangements or effecting reasonable adjustments, with the written consent of the student.

- 10.3 The Sexual Harassment and Violence Support Service (SHVSS) will treat students' personal data as confidential and information will only be conveyed to others without permission in exceptional cases where SHVSS reasonably believe there is a Risk of Serious Harm, to the student or also to others, and it is necessary to take steps to mitigate that risk.
- 10.4 The Director(s) of Student Welfare and Support Services hold additional responsibilities relating to student safety and safeguarding, operating as a central point of co-ordination in instances where serious concerns for a student's welfare arise across multiple settings including colleges, departments and the local community. In these instances, student data both within and outside SWSS continues to be treated confidentiality. Where there is risk of serious harm or a threat to vital interests, personal data may be shared to an extent that is proportionate to the circumstances.

11. Chaplains and Other Faith Leaders Employed in a Welfare Capacity

- 11.1 College and denominational chaplains, as ministers of religion, operate within strict ethical codes as regards information disclosed to them in confidence. Often chaplains or other faith leaders employed in a welfare capacity have a significant welfare role and therefore like counsellors and doctors, they may very occasionally be required to divulge information given in confidence, including where there is a Risk of Serious Harm. When functioning as a member of the College welfare team, Chaplains or other faith leaders will abide by their college's rules on confidentiality, and have regard to this University Guidance on Confidentiality in Student Health and Welfare. Where appropriate Chaplains or other faith leaders may need to tell students the understanding of confidentiality within which they work.

12. Major Student Health and Welfare Issues

- 12.1 Major behavioural and emotional problems:
 - 12.1.1 In the event that a student's behaviour is such that they are considered to pose a risk to staff or students within the collegiate University, the senior member responsible for college or department welfare should consider whether there is a need to share confidential information, and in particular special category data about that student, either to protect their vital interests, the vital interests of others, or because it is necessary in the substantial public interest. Where there is time to consider action, it is important to seek the confidential advice and help of the college doctor (when matters of safety are of concern). In rare cases where there is a Risk of Serious Harm it will be necessary not only to warn the college GP/nurse but to warn others to safeguard their health and welfare (e.g., students or staff who are at risk of harm from a student's dangerous behaviour, University security staff, College Porters). In such cases the recipients and the information shared, should be limited to that necessary to mitigate the Risk of Serious Harm, in line with paragraph 4.7 above.
 - 12.1.2 In the event that a student's behaviour does not pose a serious, imminent risk to staff or students within the collegiate University, however is causing serious disruption to college life, including a substantial and negative impact on the emotional wellbeing of other students and staff, the senior member responsible for college or department welfare should consider whether there is a need to share confidential information about that student. Students should be signposted and encouraged to engage with

college welfare, their GP, and Student Welfare and Support Services to explore any personal or academic difficulties and determine a collaborative support plan, including clear expectations about engagement with the support plan and reasonable behaviour as a member of the University community. If students do not engage with the agreed arrangements and problematic behaviours continue, it may be appropriate to start a formal [Fitness to Study](#) process, and staff may wish to contact the Director of Student Welfare and Support Services, Head of Counselling or Head of the Disability Advisory Service to discuss possible sources of help.

- 12.1.3 If a student is causing concern or disruption but is not considered to pose a risk to other members of the college or department or themselves, and they are unwilling to consult medical professionals, a senior member of a college or department with pastoral experience may well be able to achieve a satisfactory solution, and case conferences can be a useful tool. It may be appropriate to start a formal [Fitness to Study](#) process, and staff may wish to contact the Director of Student Welfare and Support Services or Head of Counselling to discuss possible sources of help.

12.2 Risk of self-harm

- 12.2.1 If it appears that a student is at risk of self-harm (e.g., through self-harm or disclosures of serious recent suicidal thoughts, plans or attempts) they should be encouraged to engage with their GP or Mental Health Crisis Services in the first instance, but where such a student is failing to take steps to mitigate the Risk of Serious Harm (including not engaging with health professionals) it is likely to be necessary to communicate Confidential Information to those members of staff who are in a position to provide medical, pastoral or psychological assistance to mitigate that Risk.
- 12.2.2 In addition, concerns should be reported to a College Welfare Lead/senior member of the college with pastoral responsibilities and/or the Department Welfare Contact as appropriate. It is often sensible to discuss these concerns directly with the student. Also, the college doctor or University Counselling Service can be consulted. Even when the doctor or counsellor is unable to comment about a particular case for reasons of confidentiality, it can be useful to discuss general issues. Since self-harming activity can vary in its level of immediate danger, discussion with a professional is important to assess what action is needed. In urgent circumstances where a student is at Risk of Serious Harm a doctor should be consulted and, if necessary, emergency services contacted.
- 12.2.3 If a student attends the John Radcliffe Hospital following self-harm, or for any other mental health issue, they should be offered an assessment by the Emergency Department Psychiatric Service, or the Psychological Medicine Service if admitted to a medical or surgical ward. This assessment will be shared with the student's GP. Students will be asked whether they consent to information being shared with any other specific individuals in the College (such as Dean, Chaplain, College Welfare Lead, Nurse etc.) and with the University Counselling Service if appropriate. However, there have been instances of (a) students leaving A&E immediately after receiving treatment for their physical wounds but before being assessed by a psychiatrist and (b) refusing consent to sharing of medical information with the other parties above.

13. Discharge from Hospital

- 13.1 Hospitals in the UK are supposed to contact GPs about students with significant medical problems discharged from the emergency department or inpatient wards. In practice there are occasions where such information is not communicated or is delayed. It is the responsibility of hospital staff to ensure a 'safe' discharge and this may include communication with the college or family to which the patient will be discharged, but this is subject to the patient giving permission to share information. In cases of serious mental illness and/or following incidents of self-harm or suicide attempts, in practice, students often withhold permission to share information, potentially increasing their Risk of Serious Harm in future. Where there is a Risk of Serious Harm, disclosure of health data about the student – by those engaged in student health and welfare in Colleges or Departments to those concerned with the welfare of the student in the location to which the student is discharged – should be considered.
- 13.2 If the GP is a college doctor, they should be fully aware of the consequences for colleges, and they (or a nurse) are likely to ask the patient to provide permission to inform the minimum necessary number of relevant officers within college. Students who are not registered with a college doctor are at particular risk of sub-optimal communication between their GP and the college welfare team, and/or at risk of incorrect assumptions of what support may be available. College nurses play an important role in ameliorating such problems. It is helpful if those responsible for student welfare have discussed issues and procedures with their college doctor and nurse.

14. Discipline and ill Health

- 14.1 The University and colleges have formal procedures for dealing with serious problems arising from ill health which come to light in the course of a disciplinary investigation or otherwise. University departments and/or colleges must ensure that any decision to share special category personal data is in accordance with the relevant procedure, Data Protection legislation, the relevant student privacy policy and, where appropriate, considers this Guidance. Please refer to the University [Fitness to Study procedure](#) (or College procedures) for more information.

15. Disclosure to the Police and Other Law Enforcement Agencies

- 15.1 The police and other law enforcement agencies, such as immigration authorities, may occasionally contact the University or College in order to request that information be disclosed to them as part of an investigation. In such circumstances, the following considerations should be taken into account and further information sought from the authorities if necessary:
- 15.1.1 It is possible and appropriate to obtain the consent of the relevant individual to the disclosure? It is usually best practice to involve students in decisions relating to sharing their personal data, but in some limited circumstances it may not be appropriate to seek consent if that would prejudice the conduct of the police investigation.
- 15.1.2 Whether disclosure is requested under the Data Protection Act for the prevention or detection of crime or apprehension or prosecution of offenders and whether seeking an individual's consent will prejudice the inquiry. Please note, however, that this provision does not compel disclosure and decisions about whether or not to disclose information should be considered carefully. Factors such as the seriousness of the offence will be relevant. If it is decided that a degree of disclosure is appropriate this should be limited to the minimum required. Any such requests made to the University should be referred to the Information Compliance Team (data.protection@admin.ox.ac.uk) for processing.

15.1.3 Whether the College or University will require the police to obtain a court order for disclosure.

15.2 If University staff are unsure what to do in these circumstances, they should contact the University's Legal Services Office or Information Compliance Team for advice. College staff may wish to contact their College Legal Advice Service or the Conference of Colleges Legal Panel after issues about contact with the police and other law enforcement agencies have arisen so that best practice, and any lessons learned, can be shared.

16. Serious Crime

- 16.1 Victims of serious crime can seek advice from the [University Safety Office](#), in-person or remotely, or approach the police directly. Survivors of rape or sexual violence can speak to trained first responders, including the University's Sexual Harassment and Violence Support Service, which can provide further details about confidential referral routes. Additional information, including about third-party providers of advice can be found on the webpages of the [University's Sexual Harassment and Violence Support Service](#).
- 16.2 All information concerning sexual assault and sexual violence should be treated in confidence, and information should only be shared in the course of a formal University procedure or on a need-to-know basis, usually with the consent of the individual. Sharing of information with consent will usually be limited to staff in order for support to be put in place, and the purpose of sharing should be explained to the individual. This support may include arrangements to limit contact between the parties concerned or (depending on the reporting student's wishes) to assist a student to report an incident to the Police for the purposes of a disciplinary investigation (whether through the University Proctors or by the College, depending on the context and circumstances of the complaint). In such cases advice can be sought from the Director of Student Welfare and Support Services or Service Lead for the Sexual Harassment and Violence Support Service. Staff may be obliged to provide evidence in court proceedings arising from an allegation of sexual assault or sexual violence.
- 16.3 There may be circumstances in which confidentiality cannot be maintained, e.g., where there is a risk of serious harm to the individual (e.g., failure to seek suitable medical support) or others. Decisions on sharing information without consent outside of usual University procedures must be made at a senior level (e.g. Head of House), seeking specialist legal advice as appropriate.

17. Dealing with the Media

17.1 It is important that all members of staff of the Collegiate University should be careful about speaking to the media and this is particularly so when there is a risk that confidential or special category data might be inadvertently disclosed. Colleges and the University have policies about who should respond to enquiries and the [University's Public Affairs News Office](#) is always able to give advice. In cases of student death the [Student Tragedy Guidance](#) should be followed.

Appendix A

Student Welfare and Support Services Confidentiality Statement

- Available from [Student Welfare and Support Services: Statements | University of Oxford](#).

Professional Guidelines

- The Counselling Service works to the [British Association for Counselling and Psychotherapy \(BACP\) Ethical Framework for Confidentiality](#).
- Guidelines on medical confidentiality for doctors and nurses are codified by:
 - Guidance from the General Medical Council (GMC) on [Confidentiality: good practice in handling patient information](#).
 - The [NHS Code of Practice on Confidentiality](#)
 - The Nursing and Midwifery Council's (NMC) [Professional standards of practice and behaviour for nurses, midwives and nursing associates](#).

Colleges may wish to clarify in their own College confidentiality policies that nurses can access GP medical records and *vice versa*. This can improve continuity in care provided by nurses and doctors. This can entail that Nurse Consultations are recorded directly onto the GP medical record system and the College Nurse can access student medical records as required in order to provide the best possible care.

Other resources

- [Caldicott Principles](#) for ensuring people's information is kept confidential and used appropriately.
- Information Commissioner's Office: [Sharing personal data in an emergency – a guide for universities and colleges](#).
- Universities UK [Guidance on sharing information with trusted contacts](#).