CENTRE FOR MENTAL HEALTH



THRIVE AT COLLEGE

Final report and practice guide
West Midlands Combined Authority

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1 EXECUTIVE SUMMARY

Thrive at College (TaC) was a West Midlands Combined Authority (WMCA) pilot programme delivered across six further education (FE) colleges between September 2024 and December 2025. The participating colleges were Coventry College, Halesowen College, Sandwell College, South and City College Birmingham, City of Wolverhampton College and Walsall College. The programme's purpose was to help colleges build a stronger and more joined up approach to mental health and wellbeing. The aim was to give learners earlier support, make help easier to find, and improve confidence and engagement.

Thrive at College was structured around a six-pillar whole-college framework: adoption of the Association of Colleges Mental Health Charter; training and resources; student voice and peer support; staff wellbeing; curriculum and skills (Thrive skills); and local mental health support. Together, these pillars were intended to help colleges provide earlier support, improve visibility of help, and strengthen learner confidence, engagement and persistence.

Colleges were supported to implement the framework through a programme of guidance and support, while retaining flexibility to shape activity to local context, student needs and existing provision. WMCA funding supported staff time, new activity and delivery support from Centre for Mental Health. Governance sat with WMCA, which set the programme scope and monitored progress, while each college led its own delivery plan. This combination of shared structure and local ownership enabled colleges to test new approaches and build on existing strengths.

This independently produced evaluation report and practice guide utilises a range of qualitative and quantitative research methods. Drawing on sources including a student survey, focus groups with students, semi-structured interviews with staff, analysis of administrative data and the production of case studies, it provides a process evaluation of the pilot. A process evaluation was chosen because of the high level of local adaptation across the six colleges. The report provides insights into the enablers and barriers colleges found in delivering a high-quality and effective whole-college approach to mental health and wellbeing. The evaluation does not explore causation but instead provides some initial indicative findings about the impact of the pilot.

SUMMARY OF KEY FINDINGS

Across participating colleges, Thrive at College was implemented in diverse ways, reflecting differences in institutional context, learner population and existing provision. Despite this variation, several consistent themes emerged.

Learners who engaged with TaC-aligned activity reported positive experiences of support, confidence and wellbeing. Student survey findings indicate that a substantial proportion of learners participated directly in TaC activity, with wider reach through embedded and informal delivery. Most learners reported improved confidence since starting college, and a high proportion felt supported with their mental health and wellbeing.

Where administrative data was available, colleges reported stable or improved attendance during TaC delivery, including for learners with historically low attendance. Retention and achievement outcomes were positive in cohorts where data was submitted, suggesting that TaC activity may have supported learners to remain engaged.

Qualitative evidence from staff, students and mental health leads helps to explain these patterns. TaC activity was described as supporting earlier identification of need, increasing learners' willingness to seek help, and strengthening relationships between learners and staff. Staff also reported increased confidence and shared understanding in responding to mental health needs.

GUIDING PRACTICE

Across each pillar of the Thrive at College model this report highlights some of the key enablers and barriers colleges faced when trying to make progress in embedding a whole- college approach.

Association of Colleges' Mental Health Charter

Colleges utilised the Mental Health Charter, and its accompanying audit to create the conditions for strategic coherence. This helped to make mental health a shared, strategic priority rather than a set of disconnected initiatives. Tools like the charter and audit are helpful in supporting stronger leadership and clear priorities but, in isolation, do not provide the resource and capacity needed to drive change.

Training and resources

Colleges found that training and resources were most impactful when they strengthened the confidence and skills of both students and staff. Given the breadth of mental health and wellbeing needs that colleges face however, they struggled to deliver a comprehensive programme that met all needs and reached all learner groups.

Student voice and peer support

Colleges recognised that enabling student voice and peer support had intrinsic value. They struggled to embed meaningful student-voice activity however, often because of capacity.

Staff wellbeing

Colleges understood that staff wellbeing is a prerequisite for sustained relational practice and that high quality Employee Assistance provisions and inclusive policies matter. It was harder to address the day-to-day reality of high workloads and the emotional costs of supporting the mental health of students and other staff members.

Curriculum and skills

Colleges put significant focus and energy into this strand of work through the delivery of 'Thrive Skills', a funded programme of wraparound support for about 200 learners across the six colleges. This wraparound support looked to embed wellbeing, confidence and life skills activities within the curriculum, tutorial and enrichment provision. Each college adopted a different model, but the common enablers were activities and provision that focused on relationships and continuity. Students also valued activities that felt bespoke and relevant to their courses and future aspirations.

Local mental health support

Colleges were able to strengthen internal support services and external partnerships with the voluntary and community sector, but generally NHS constraints around access to mental health care were found to be systemic. Colleges had to be realistic about what could be achieved and think carefully about how to ensure that all the different needs and experiences of the college community were catered for.

KEY IMPLICATIONS FOR FUTURE INITIATIVES

Learning from TaC highlights several considerations for future whole-college mental health initiatives:

- The value of embedding mental health support within curriculum structures rather than relying on add-on provision
- The importance of clarity around funding, eligible activity and reporting expectations
- The need for sufficient lead-in time with key staff and sustained support to facilitate planning, engagement and coproduction
- The central role of staff wellbeing, supervision and emotional capacity in sustaining relational work
- The need to strengthen student voice and peer support through intentional design and resourcing
- The limits of what colleges can deliver without stronger alignment with local health and community services.

Whole-college mental health approaches require realistic expectations, enabling conditions and sustained investment if they are to be effective and equitable.

IN SUMMARY

Thrive at College demonstrated that whole-college mental health approaches could have important impacts if supported and sustained at a regional level.

For individual learners, the strongest benefits appear to be around learner confidence, engagement, belonging and persistence, particularly for those with mental health needs that did not require clinical intervention.

For colleges, having access to regional support, having the capacity and resource to try new things and the ability to observe and learn from each other appeared to be highly valuable.

Future initiatives should allow longer lead-in times with curriculum and delivery staff, provide enhanced support for student coproduction, and work more closely with local health and voluntary sector systems.

TOP TEN TIPS

These top tips offer a clear sequence that helps colleges plan, strengthen practice and support staff and learners, and they can guide steady improvement within real limits on time and resources.

1. Start with a shared picture of where you are

A structured audit helps staff see the same landscape. It creates a fair starting point and reduces confusion. It also helps teams agree what needs attention first and what can wait. This builds confidence and keeps early work focused.

2. Secure visible senior leadership support

When leaders show clear commitment, staff feel able to act. Simple steps such as attending meetings, naming mental health as a priority and modelling the values of the programme make a real difference. This support helps the work feel legitimate and safe.

3. Plan with care for capacity

A whole-college approach change takes time. A clear sequence of activity helps staff avoid overload. It also helps teams understand what is expected now and what will come later. This protects energy and keeps progress steady.

4. Communicate the offer with clarity

Staff and learners need to know what support exists, how it works and who is involved. Clear messages through trusted channels reduce uncertainty. This helps learners feel able to seek help and helps staff feel confident in their role.

5. Give staff the guidance they need

Early information on funding, eligible activity and reporting helps teams plan well. It reduces guesswork and prevents delays. Clear guidance also supports fair decisions and helps staff feel prepared.

6. Build on what already exists

Use current training structures and avoid creating new systems unless needed. Protect time for staff to take part. This keeps the work sustainable and helps training reach the people who need it most.

7. Bring student voice into the centre

Learners want to shape the support they receive. Create simple routes for them to influence design and share insight. Coproduction strengthens relevance and fairness. It also helps staff understand what matters most to learners.

8. Support staff wellbeing as part of the work

Staff carry emotional labour, especially in pastoral and safeguarding roles. Provide space for reflection, supervision and open conversation. This helps staff stay grounded and able to offer steady support to learners.

9. Design wellbeing activity that fits the curriculum

Use trusted staff, consistent groups and planned sessions to build safety and trust. Place activity within timetables so it feels normal and valued. This helps learners take part and stay engaged over time.

10. Strengthen partnerships and referral routes

Clear pathways with community and specialist services help learners reach the right support. Build relationships with local partners and keep equity in view. This ensures learners with the greatest barriers can still access help.

2 AN INTRODUCTION TO THRIVE AT COLLEGE

The West Midlands Mental Health Commission took a detailed look at the mental health challenges facing young people in the region. It found that education institutions could likely play a key role in improving young people's mental health through whole-school and whole-college approaches. It recommended that the Combined Authority should play a strategic and proactive role in supporting whole-school and whole-college approaches.

In responding to the recommendations of the Commission, the West Midlands Combined Authority looked particularly at what more could be done to support colleges in embedding a whole-college approach. Colleges were felt to be under-served in this area, with fewer resources, research and support to embed a whole-college approach. Furthermore, with funding in further education being especially complex, and some areas of funding, for example Adult Skills funding, being subject to cuts (a 3% cut in 2025-26), it was felt that some additional funding for colleges, focused on mental health support, could have a particularly large impact. This was the genesis of the Thrive at College (TaC) Programme.

WHAT ARE "WHOLE SCHOOL AND COLLEGE APPROACHES TO MENTAL HEALTH"?

Whole school and college approaches to mental health are a universal approach to improving the mental health and wellbeing of all staff and learners in an educational institution. It is a strategic intervention that requires all parts of an educational institution to work together to prioritise mental health and wellbeing in their work.

The Department for Education's guidance on whole school and college approaches identifies eight principles which should drive such an approach:

- Leadership and management that support and champions efforts to promote emotional health and wellbeing
- Curriculum teaching and learning to promote resilience and support social and emotional learning
- Enabling student voice to influence decisions
- Staff development to support their own wellbeing and that of students
- Identifying need and monitoring impact of interventions
- Working with parents and carers
- Targeted support and appropriate referral
- An ethos and environment that promotes respect and values diversity.

THRIVE AT COLLEGE

Thrive at College (TaC) was a pilot programme designed to support further education colleges in developing more coherent, preventative and relational approaches to mental health and wellbeing. Rather than introducing a single intervention, TaC combined funding, structured support and a whole-college framework to enable colleges to strengthen existing provision, address gaps and test new approaches aligned to local need.

Thrive at College was delivered across six further education colleges in the West Midlands. It was structured around a six-pillar whole-college framework, covering:

1. Adopting the Association of College Mental Health Charter
2. Mental health training and resources
3. Student voice and peer support
4. Staff wellbeing
5. Curriculum and skills (Thrive Skills)
6. Mental health support and partnerships.

The programme aimed to:

- Strengthen preventative, non-clinical mental health support
- Improve coherence and visibility of mental health provision
- Support earlier identification of need
- Improve engagement and persistence for learners experiencing sub-threshold mental health challenges.

Colleges were encouraged to adapt TaC activity to their local context, learner population and existing infrastructure. As a result, delivery models varied in format, intensity and sequencing across sites.

THRIVE SKILLS WITHIN THE PROGRAMME

Thrive Skills was a central delivery strand within TaC. It focused on incorporating mental health and wellbeing support into the delivery of an identified skills course rather than delivering standalone mental health interventions.

Thrive Skills was not designed as a standardised curriculum. Instead, it functioned as a set of shared aims and functions, including:

- Creating emotionally safe, non-clinical spaces
- Building trust and relational continuity
- Supporting reflection, emotional literacy and confidence
- Enabling earlier identification of need and appropriate onward support.

Across the pilot, approximately 200 learners engaged directly in Thrive Skills activity. Delivery formats included small group sessions, curriculum-linked activity, creative approaches and cohort-based provision. Thrive Skills activity is explored in depth in Section Four (Pillar Five).

PROGRAMME SUPPORT AND EVALUATION

Centre for Mental Health (The Centre) was commissioned by the West Midlands Combined Authority (WMCA) to provide both implementation support and evaluation for the Thrive at College pilot. The Centre's programme support team focused on enabling colleges to embed TaC pillars through structured and collaborative processes.

Thrive at College audit and action planning: The Centre developed and piloted a bespoke audit tool with participating colleges to assess current mental health provision and identify areas for development. This was aligned with the Association of Colleges Mental Health Charter and the six WMCA TaC principles. "Priorities on a Page" documents were produced for each college. These were based on their audit findings and supported them to identify development priorities.

Community of practice workshops: The Centre delivered a series of half-day workshops from March 2025 to January 2026. Workshops aimed to foster peer learning, share challenges and solutions, co-develop resources and strengthen implementation across the colleges involved in the TaC initiative. Topics have included curriculum integration, staff wellbeing, external partnerships, and student voice.

Student participation network: The Centre initiated activity to collect, mobilise and amplify student voice, review programme experiences and materials, and provide feedback on emerging challenges and solutions. Engagement in a formal network was initially challenging. 18 students were engaged in focus groups to feedback on experiences of TaC provision. They also highlighted what could be improved.

Resource development: The Centre curated resource packages for colleges to respond to the needs identified in the audit and share best-practice. This included a specific resource pack focussed on student voice and supporting staff to embed co-design practice.

Co-development of a Theory of Change: This was developed by colleges and the Centre and informed by workshop discussions, the audit and thematic analysis of evaluation interviews.

This support was designed to build capacity, promote shared learning, and ensure that TaC is embedded in a way that is sustainable, co-produced, inclusive, and responsive to local needs.

3 EVALUATION OF THRIVE AT COLLEGE

The evaluation of Thrive at College (TaC) used a mixed-methods approach to explore how the programme was implemented in practice, how it was experienced by learners and staff, and what it may have contributed to learner engagement and outcomes.

Given the nature of whole-college mental health approaches, the evaluation was not designed to isolate causal impact. Instead, it focused on identifying patterns, mechanisms and perceived effects within participating colleges.

The evaluation aimed to:

- Understand how TaC was implemented across different college contexts
- Explore staff and learner experiences of TaC-aligned activity
- Identify perceived outcomes and mechanisms of change
- Generate learning to inform future programme design and commissioning.

HOW WE DID THE RESEARCH

The evaluation drew on multiple sources of evidence to enable intentional triangulation between learner experience, staff insight and administrative data, strengthening confidence in patterns observed across different forms of evidence. These sources include:

- Rapid literature review on effective implementation of mental health and wellbeing support for college-age learners
- Student survey data collected in three participating colleges (493 responses)
- College administrative and Individual Learner Record (ILR) -informed data on attendance, retention and achievement for Thrive Skills cohorts, submitted by a subset of colleges (4 colleges)
- Mental health lead interviews conducted in three colleges. (For the purposes of this report, mental health lead refers to the member of staff in each college with primary responsibility for coordinating mental health and wellbeing activity. This role was not a formal job title and was held by staff in a range of roles)
- Staff interviews and focus groups exploring Thrive Skills delivery with curriculum leads, safeguarding staff, counsellors, pastoral practitioners and programme coordinators across five colleges (10 participants)
- Student focus groups with learners participating in Thrive Skills across four colleges (18 participants)
- Interview with the Mental Health Foundation R U OK peer support lead
- College-level and micro case studies of delivery models and learner experience.

Evaluation activity took place at different points between May and December 2025. Not all colleges participated in all elements of the evaluation.

USE AND LIMITATIONS OF EVALUATION DATA

Qualitative data was analysed using framework analysis, informed by the WMCA Thrive at College principles, the programme Theory of Change and relevant literature. Findings were triangulated across data sources to identify consistent themes and areas of divergence.

For quantitative data, colleges used their Individual Learner Record (ILR) and internal administrative systems in different ways to explore outcomes for learners engaging in Thrive Skills activity. Learner-level ILR data was not pooled centrally. Instead, colleges submitted ILR-informed summaries relating to attendance, retention and achievement, sometimes alongside internal comparisons with previous or wider cohorts.

Student survey data, collected in three participating colleges, provides insight into learner experience, confidence, wellbeing, access to support and engagement with TaC-aligned activity. The survey was open to all learners aged 16+ and not limited to those who had participated in TaC activity. Unless otherwise stated, survey findings therefore reflect learners' overall experience of college support and wellbeing rather than participation in a single intervention.

Quantitative findings should be interpreted with caution due to:

- Small and variable sample sizes
- Differences in data extraction and comparison methods across colleges
- Lack of statistically matched comparison groups
- Absence of formal statistical testing.

As a result, quantitative data is treated as descriptive and indicative. It is used to contextualise and triangulate qualitative evidence rather than to demonstrate causal impact.

FINDINGS AND HOW THEY SHOULD BE INTERPRETED

The evaluation of Thrive at College combines student survey data, college administrative data and qualitative insights from staff and learners. Taken together, this evidence provides a coherent picture of how TaC was implemented, how it was experienced, and the mechanisms through which it appeared to influence learner and staff experience.

Findings should be interpreted with appropriate caution, particularly in relation to attribution, scale and generalisability.

What the data does show

The evaluation provides strong descriptive evidence about:

- Learner participation in TaC-aligned activity and how learners experienced that support
- Learner-reported outcomes related to confidence, wellbeing and perceived support
- Patterns of attendance, retention and achievement among learners engaging with Thrive Skills activity, as reported by participating colleges
- How TaC activity was delivered in practice, and the relational and preventative mechanisms through which staff and learners understood its contribution.

The convergence between survey findings, administrative data and qualitative accounts strengthens confidence in the direction and plausibility of these findings. In particular, qualitative evidence helps explain how curriculum-embedded, relational approaches may contribute to improved engagement, earlier identification of need and learners' willingness to remain in education during periods of difficulty.

What the data does not show

The evaluation was not designed to establish causal impact or to isolate the effects of Thrive at College from other influences on learner wellbeing and outcomes. As a result, the evidence does not demonstrate that TaC caused changes in attendance, attainment or progression.

Specifically:

- There is no counterfactual or matched comparison group
- Quantitative data cannot identify which elements of TaC were most influential, nor their relative contribution compared with wider curriculum experience, personal circumstances or external support
- Learner-level ILR data was not pooled centrally, limiting statistical testing and comparability
- Findings cannot be generalised to all further education colleges or learner populations
- As a time-limited pilot, the evaluation does not demonstrate whether reported improvements were sustained beyond delivery.

INTERPRETING THE FINDINGS OVERALL

Quantitative findings should therefore be understood as descriptive and indicative rather than causal. Their primary value lies in supporting and triangulating qualitative evidence, rather than serving as standalone measures of effectiveness.

Taken together, the evaluation provides credible insight into how Thrive at College was implemented, how it was experienced by learners and staff, and the mechanisms through which whole-college mental health approaches may support confidence, engagement and persistence in further education. These insights are most appropriately used to inform learning, refinement and future programme design, rather than to make definitive claims about impact at scale.

Detailed findings, statistics, quotes and college examples are presented in Section Four, structured around the six TaC pillars, to ensure learning is closely connected to practical implementation.

4 KEY LEARNING BY PILLAR

This section sets out detailed learning from Thrive at College (TaC) delivery across the six pillars of the whole-college framework. It focuses on what colleges did in practice, what appeared to work well, what remained challenging, and what other colleges can learn when developing or strengthening whole-college mental health approaches.

The learning presented in this section draws on both quantitative and qualitative evidence described in Section Three. Rather than presenting standalone impact findings, the pillars integrate evidence, practice insight and learning to show how TaC was implemented in different contexts and why certain approaches appeared to support engagement and wellbeing.

Rather than presenting a single delivery model, this section reflects the diversity of further education settings and learner populations. Colleges adapted TaC activity to local context, existing provision and capacity. As a result, delivery varied in format, intensity and sequencing. However, common themes emerged across the evidence base, particularly in relation to leadership, relational practice, and the conditions required for preventative work.

Student survey findings provide important context for the pillar-level learning that follows. Across three participating colleges, 92.6% of respondents reported at least some improvement in confidence since attending college (including 31.0% reporting "a lot" and 13.2% reporting "a huge improvement"). In addition, 88.0% reported feeling supported with their mental health and wellbeing at least a little, including 74.4% who felt supported somewhat, a lot or completely. These findings are descriptive and cannot be attributed to any single element of TaC, however, they highlight the importance of everyday environments, relationships and systems that support confidence, wellbeing and engagement.

Figure 1. Student survey answers to the question "How much has your confidence improved since attending this college?" (n=422)

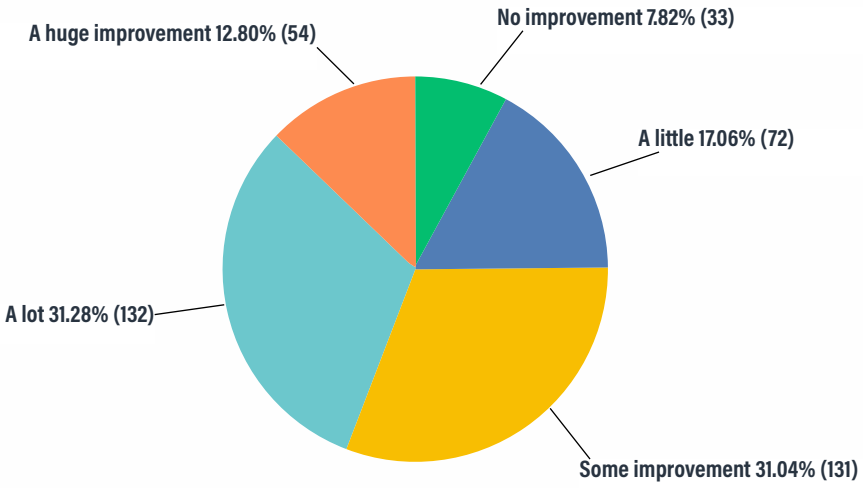
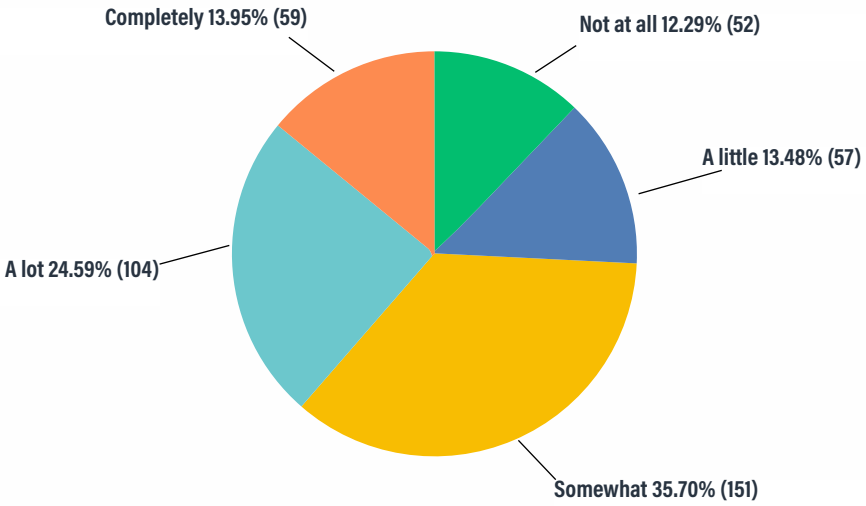


Figure 2. Student survey answers to the question "Have you felt supported in managing stress and mental wellbeing so far at this college?" (n=423)



The six pillars set out below should therefore be understood not as standalone interventions, but as interconnected components of a whole-college approach. Together, they shape the conditions in which learners and staff experience support, build confidence and remain engaged in college life.

Each pillar is presented using a consistent structure:

- An overview of what the pillar includes
- A description of activity in practice
- Evidence on what was working well
- Evidence on what remained challenging
- Key learning and recommendations for colleges.

The learning presented in this section includes both insights that are specific to the design, funding and delivery of TaC, and wider principles that are transferable to other whole-college mental health approaches in further education.

This guide is intended to support college leaders, practitioners, funders and system partners by sharing evidence-informed learning from the TaC pilot. It does not present a single model to replicate, but instead offers practical insights, examples and guiding principles to inform the design and delivery of future whole-college mental health approaches in further education.

PILLAR 1: ASSOCIATION OF COLLEGES' MENTAL HEALTH CHARTER

WHAT THIS PILLAR INCLUDES

This pillar required colleges to sign-up the Association of Colleges Mental Health Charter. The Charter has been designed to provide colleges with a strategic foundation to ensure mental health and wellbeing is a priority issue for leaders and governors in colleges.

Even before the TaC pilot began, all the participating colleges had signed up to the Charter and used the audit to identify priorities for development. As a result, the programme support element of the pilot adapted to focus more on leadership, strategy and the delivery of key priorities. Throughout, the Charter was used as a key reference point to structure this activity. Over the pilot period colleges:

- Completed a bespoke mental health and wellbeing audit
- Shared their strategies and priorities with each other through peer learning sessions
- Developed or refined their strategic plans and priorities for 2024/25 and 2025/26.

The intention was to ensure that the Association of Colleges Mental Health Charter did not create new strategies in isolation, but worked to embed mental health and wellbeing within existing college leadership, governance and quality assurance processes.

Guide lens: This pillar is about creating the conditions for coherence, making mental health a shared, strategic priority rather than a set of disconnected initiatives.

ACTIVITY IN PRACTICE

Across participating colleges, activity under this pillar typically began with an audit of existing provision. This process helped colleges to:

- Map what was already in place
- Identify gaps or duplication
- Prioritise areas for development.

Mental health leads described the audit as a useful catalyst for internal conversations, particularly with senior leaders. In some colleges, it supported stronger alignment between mental health priorities and wider strategic objectives, such as attendance, retention and learner experience.

One mental health lead described its value in these terms:

> **"It helped us step back and look at the whole picture, rather than just reacting to the latest issue."**

Another noted that while the findings were not surprising, the process itself was still useful:

> **"It wasn't telling us anything we didn't already know, but it gave us something concrete to point to."**

These reflections show that the audit functioned as a conversation-enabler, helping mental health leads articulate concerns and priorities within leadership structures.

Following the audit, colleges developed action plans or refreshed existing strategies. These plans varied in scope but commonly included:

- Clearer referral pathways
- Development priorities across the six pillars
- Actions to improve visibility and communication of support to learners.

In several colleges, leadership teams worked to articulate a more coherent "mental health offer," recognising that support existed but was not always well understood by learners or staff. Mental health leads described efforts to simplify messaging, reduce fragmentation and ensure that mental health was seen as a shared responsibility rather than the remit of a single team.

Leadership and governance activity was also supported through communities of practice, which brought together mental health leads and other staff from across colleges.

These spaces were valued for:

- Providing reassurance that challenges were shared
- Offering concrete examples of delivery approaches
- Enabling reflection on implementation issues.

One staff reflection captured this value succinctly:

> **"It was useful just to hear that other colleges were struggling with the same things."**

However, mental health leads also noted that these opportunities came relatively late and were limited in duration. Several reflected that earlier or more sustained shared learning would have helped reduce uncertainty, particularly around defining Thrive Skills activity and setting realistic priorities.

WHY THIS PILLAR MATTERS

Adopting the Association of Colleges Mental Health Charter helps colleges establish a shared language, expectations and accountability for whole-college mental health and wellbeing. The Association of Colleges Mental Health Charter effectively provides a leadership mechanism for colleges to utilise in creating the conditions under which all other elements of a whole-college mental health approach can function. Evidence from TaC shows that without clear strategic ownership, mental health activity risks becoming fragmented, overly reliant on individual champions, or deprioritised when capacity is stretched. Colleges also reported a significant and growing overlap between mental health needs and safeguarding activity.

At Sandwell College, the designated safeguarding lead reported that approximately 23% of all safeguarding incidents were mental health related, equating to over 1,000 incidents per year, with demand increasing since the COVID-19 pandemic.

This scale of need reinforces the importance of a whole-college approach in which mental health is embedded within leadership, governance and quality assurance processes, rather than treated as a specialist or reactive function.

Strong leadership does not mean centralising delivery; rather, it enables coherence, ensuring that training, curriculum activity, student voice, staff wellbeing and support pathways are aligned, resourced and understood across the organisation. Where senior leaders were visibly engaged, mental health leads reported greater legitimacy, clearer decision-making and stronger links between wellbeing and core priorities such as attendance, retention and learner experience.

The literature reinforces this, highlighting leadership as a critical enabler of sustainable whole-college approaches. Without governance alignment, realistic resourcing and clear accountability, even high-quality relational practice struggles to embed or endure.

WHAT IS WORKING WELL

Audit tools as a starting point

Mental health leads consistently reported that the audit process provided a structured and credible starting point for leadership discussions. It enabled colleges to move beyond anecdotal understanding and create a shared picture of strengths and gaps.

"The audit helped us step back and actually see everything we were doing- and where things weren't joined up." - Mental health lead interview

Senior leadership engagement

Where senior leaders were actively engaged, mental health leads reported greater confidence in progressing development priorities. Leadership support was particularly important in legitimising mental health as a strategic issue rather than an optional add-on.

"Having senior leadership backing made a big difference - it meant this wasn't just seen as 'pastoral stuff.'" - Mental health lead interview

Movement towards a whole-college narrative

Some colleges made progress in articulating mental health and wellbeing as part of the overall learner experience. This included linking wellbeing to attendance, progression and success, rather than treating it as a separate agenda. The "branding" of TaC helped some colleges frame this coherence:

"It was more about putting a name to work we were already doing."- Mental health lead interview

For example, Sandwell College uses the branding 'Sandwellness' to articulate the college's culture and activities around mental health and wellbeing support. We saw that this branding had been particularly effective with staff, with several raising it in the communities of practice and interviews.

Leadership and early intervention

Qualitative evidence indicates that leadership alignment across safeguarding, pastoral and curriculum teams supported earlier identification of need. Staff described TaC activity as creating additional everyday touchpoints through which concerns could surface, often before learners reached crisis point. This aligns with mental health lead accounts of rising safeguarding referrals related to mental health, reinforcing the importance of whole-college systems rather than isolated interventions.

WHAT IS STILL CHALLENGING

Capacity to deliver on development priorities

While audits and plans were widely valued, mental health leads reported challenges in translating plans into sustained action. Time, staffing and competing priorities limited the pace of change.

"The plan is there, but actually delivering it alongside everything else is the hard part." - Mental health lead interview

Buy-in beyond senior leadership

Although senior leadership support was important, mental health leads described variable buy-in across the wider staff body. Some staff were unclear about TaC, what it involved, or how it related to their role.

"There was still confusion about what counted as Thrive and what didn't." Mental health lead interview

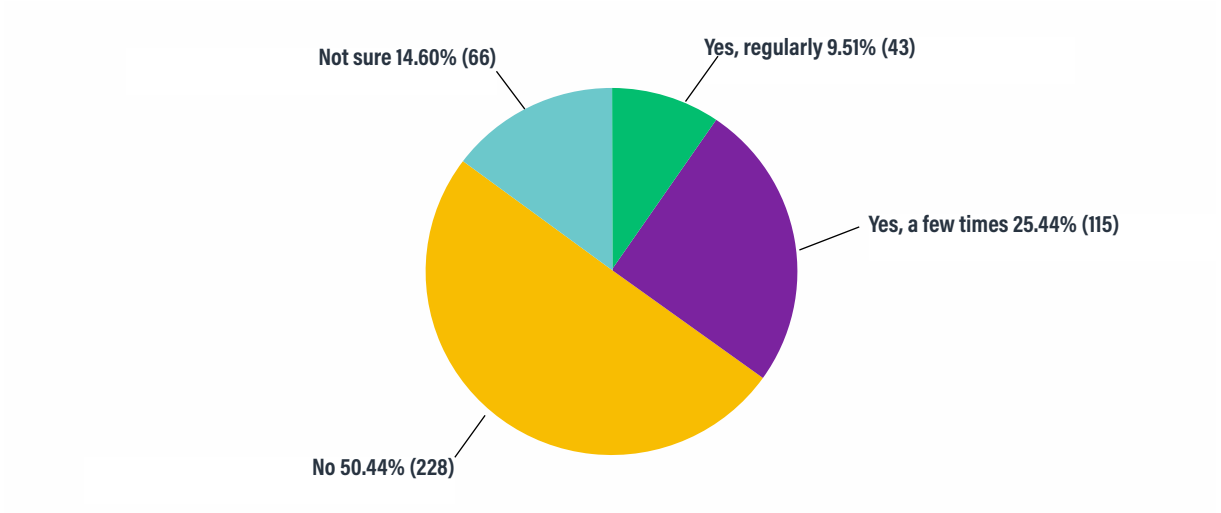
Communicating the 'offer' to learners

Colleges recognised that having provision in place did not guarantee learner awareness. Communicating a clear, accessible and consistent offer to students remained challenging, particularly where support was spread across multiple teams. One staff reflection noted:

"We've got support there, but it's not always obvious to students where to go or what's available."

This staff reflection is further evidenced by the student survey. Positively, only 4.7% of students reported difficulty accessing support, but more instructive was that 36.6% reported not attempting to access support or that it was not applicable to them. Taken in the context of less than 500 responses to our survey overall, it is clear that communicating a coherent and meaningful offer to every student is a real challenge for colleges. Furthermore, many learners reported being unsure as to whether that had participated in TaC-aligned activities, indicating that communication and visibility of mental health and wellbeing offers may not have been consistent.

Fig 3. Student survey answers to the question "Have you joined in any sessions or activities at this college in the last year that were about wellbeing, confidence, or personal development?" (452 responses)



Student survey data reinforces colleges' reflections about the challenge of communicating a clear and coherent wellbeing offer. While 34.9% of learners reported participating in wellbeing, confidence or TaC–aligned activity (9.5% regularly and 25.4% a few times), a further 14.6% were unsure whether they had participated. This suggests that activity was often embedded within wider college provision, but not always clearly identifiable to learners as part of a coherent offer. Half of respondents (50.4%) reported no participation, highlighting ongoing challenges around reach and visibility.

KEY LEARNING:

- Use structured audit tools, such as the Association of Colleges Mental Health Charter, to create a shared understanding and starting point
- Secure visible senior leadership support early to legitimise mental health as a strategic priority
- Be realistic about capacity and sequencing, recognising that whole-college change takes time
- Invest in clear internal communication so staff and learners understand the mental health offer
- Treat leadership as an ongoing process rather than a one-off planning exercise
- Provide clear, early guidance on funding, eligible activity and expected monitoring and reporting
- Ensure funding models support relational continuity and sustained engagement rather than short-term delivery
- Avoid retrospective, ILR -dependent funding approaches that increase administrative burden and financial risk.

RECOMMENDATIONS FOR COLLEGES

Where to start:

- Sign up and working towards the Association of Colleges Mental Health Charter
- Run a light-touch audit (or self-assessment) to map current provision and gaps
- Assign a named senior sponsor and clarify the mental health lead remit and decision-rights
- Set two to three priorities for the next cycle rather than attempting comprehensive change
- Consider adopting an impact measurement framework to help you measure your progress. The '**Whole School and College Approach (WSCA) Measurement Toolkit**' is a good starting point.

What good looks like in practice:

- A clear, communicated "mental health offer" that staff and learners can describe consistently
- A plan that links wellbeing activity to core priorities (attendance, retention, learner experience) without over-claiming
- Regular review points and governance ownership (not just operational delivery).
- Consistent evaluation of programme using impact measurement frameworks and communication and feedback of progress across college.

Common pitfalls to avoid:

- Over-reliance on one lead or team ("single point of failure")
- Strategy documents without implementation capacity
- Internal confusion created by unclear definitions or inconsistent messaging.

PILLAR 2: TRAINING AND RESOURCES

WHAT THIS PILLAR INCLUDES

This pillar focuses on strengthening the capability of both staff and students to understand mental health and wellbeing, recognise signs of distress, respond appropriately, and access or signpost support when needed. Within TaC, this included:

- Mental health and wellbeing training for staff
- Resources and information for students
- Guidance on roles, boundaries and referral pathways
- Embedding mental health awareness within staff development processes.

The underlying principle was that staff across the college, not only specialist teams, play a crucial role in learners' day-to-day wellbeing and experience.

Guide lens: Training and resources work best when they strengthen staff confidence and clarity, not when they unintentionally shift responsibility without support pathways.

ACTIVITY IN PRACTICE

Audit returns indicate that all participating colleges provided mental health training and resources to staff and students in some capacity prior to TaC. TaC activity largely focused on strengthening, extending or better coordinating this existing offer, rather than starting from scratch.

- Across participating colleges, staff training typically included:
- Mental Health First Aid (MHFA) training, which was the most commonly cited provision
- Training or briefings on common mental health conditions such as anxiety and depression
- Safeguarding training, including recognising risk and escalation thresholds
- Internal guidance on referral routes and support services.

Mental health leads reported that mental health and wellbeing training was embedded within staff development plans in several colleges, signalling that it was not viewed as a one-off initiative. Training was often prioritised for staff with regular, sustained contact with learners, particularly tutors, curriculum staff and student services teams.

"Mental health training is built into our CPD - it's not just a one-off session."- Audit return

Alongside staff training, colleges provided a range of resources for students, including:

- Online wellbeing resources
- Mental Health First Aid training
- Information on internal support services
- Signposting to external services such as Kooth and local VCSE organisations
- In some cases, group-based sessions focused on wellbeing and coping strategies.

Colleges reported increased engagement with mental health resources among students, particularly following the pandemic. This growing engagement reinforced the importance of ensuring that student-facing resources were accessible, relevant and reflective of lived experience.

> **"There has been a general trend towards students accessing resources concerning mental health … students are more open to discussing the topic than was the case pre-pandemic."** - Halesowen College staff member

WHY THIS PILLAR MATTERS

Evidence from the evaluation highlights the central role staff play in shaping learners' experience of mental health support. Students consistently described staff as the first point of contact when struggling, particularly tutors and pastoral staff they knew and trusted.

Student survey data illustrates the central role staff play in enabling access to support. 40.7% of learners who were aware of mental health or wellbeing support reported that they found out about it because a tutor or member of staff invited them to take part. This reinforces the importance of staff confidence, clarity of role and training in recognising need and initiating supportive conversations.

Staff also recognised this responsibility, but many described feeling underprepared to respond confidently without appropriate training and clarity. This pillar therefore functioned as a foundational enabler for other elements of TaC, supporting:

- Earlier identification of need
- More confident and consistent responses to disclosure
- Clearer escalation and referral when specialist support was required.

Where training was embedded, it supported staff confidence to respond appropriately to student disclosures. Mental health leads described training as helping staff feel clearer about their role and more willing to engage in conversations:

> **"It's about staff feeling confident to listen and pass things on, not feeling like they have to fix it."**

Evidence from the wider literature reinforces the central role of trusted adult relationships in supporting learner mental health, particularly for those less likely to engage with clinical services (TASO, 2022; Mental Health Foundation, 2021). The same evidence base highlights that mental health training is most effective when it strengthens staff confidence to listen, notice concerns and refer appropriately, and when it is accompanied by supervision, reflective space and clear escalation pathways. Without these supports, training can increase emotional labour and risk burnout. Digital and self-help resources are also most effective when embedded within relational support, rather than offered as standalone signposting (TASO, 2022).

WHAT IS WORKING WELL

Established training infrastructure

Most colleges already had some training infrastructure in place, which provided a strong foundation for TaC activity. Mental Health First Aid training was widely valued as a starting point.

"MHFA gave staff a baseline confidence - people felt less scared of saying the wrong thing."
- Staff interview

Embedding training within Continuing Professional Development (CPD)

Where mental health training was embedded within ongoing staff development plans, mental health leads reported stronger engagement and sustainability.

"Because it's part of CPD, it feels like everyone's responsibility, not an optional extra."
- Mental health lead interview

Impact on staff practice

Staff interviews indicate that training and shared resources contributed to changes in everyday practice. Staff described increased confidence in discussing mental health, clearer understanding of boundaries and referral routes, and more open, normalised conversations about wellbeing across teams. These shifts were described as enabling earlier, more consistent support rather than increasing clinical responsibility for staff.

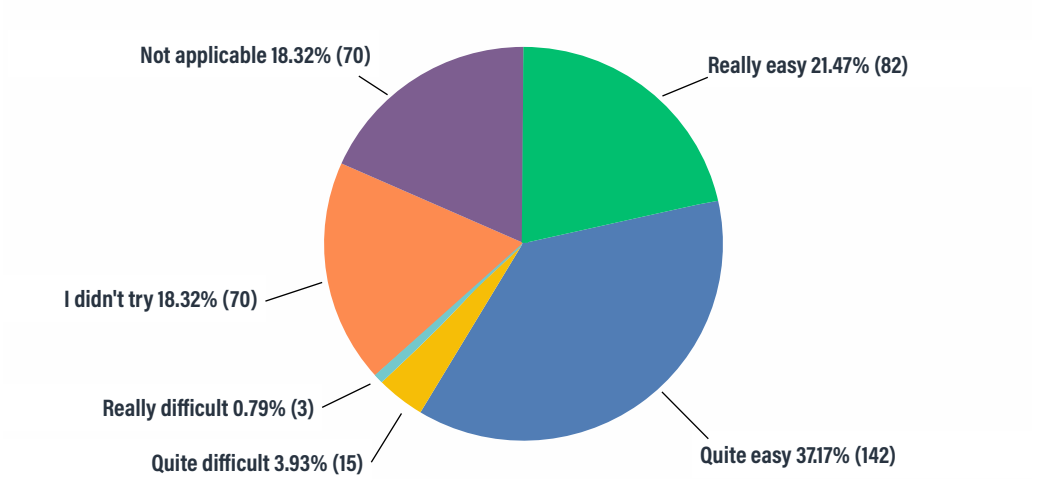
Growing openness among students

Colleges observed increased willingness among students to access resources and talk about mental health, suggesting that awareness-raising and normalisation efforts were having an effect.

Ease of access and perceived quality of support for students

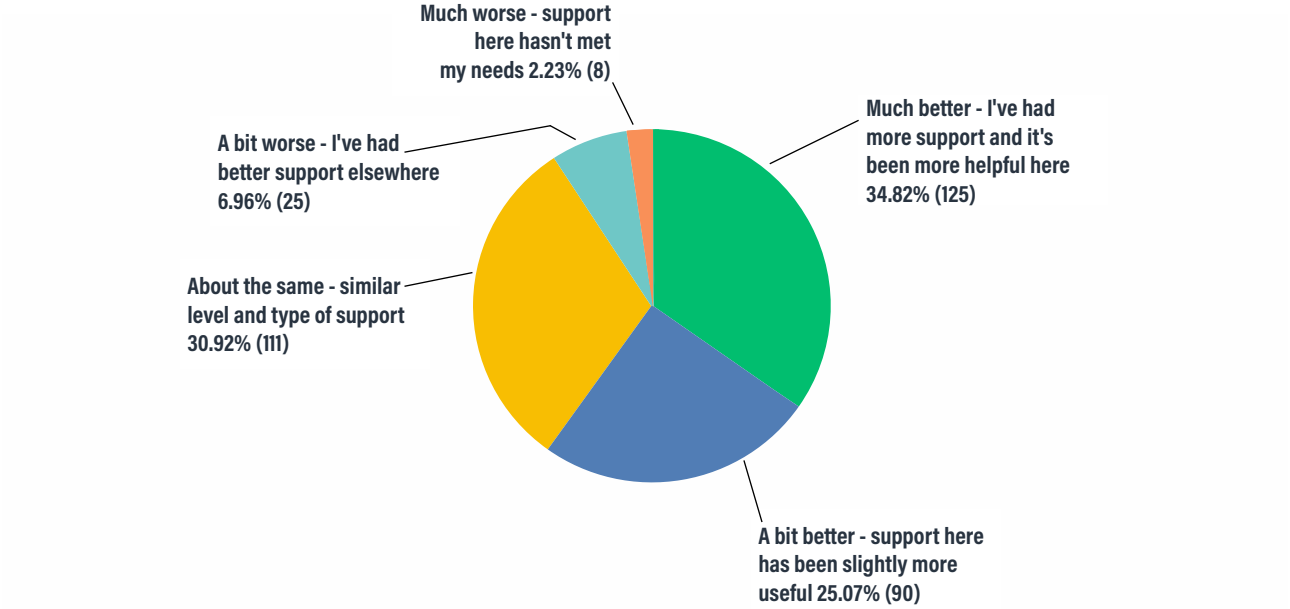
Survey findings suggest that, once students attempted to access support, practical barriers within colleges were relatively low. Among learners who sought support, 58.7% reported that it was easy to take part, while only 4.7% reported difficulty.

Fig 4. Student survey answers to the question "How easy was it to take part?" (382 responses)



In addition, 59.9% of respondents rated the mental health and wellbeing support they received at college as better than support experienced in previous schools or colleges. These findings align with staff reports that training and clear referral routes improved confidence and consistency in responses to learner needs.

Fig 5. Student survey answers to the question "How does the support you've received at this college compare with support you've had in other colleges or schools?" (359 responses)



WHAT IS STILL CHALLENGING

Gaps in training for complex needs

The audit highlighted gaps in training for serious mental health conditions, including bipolar disorder and schizophrenia, and for specific groups such as care-experienced learners and neurodivergent students.

"We're confident with anxiety and low mood, but more complex conditions feel harder." - Mental health lead interview

Confidence around suicide prevention

Some colleges reported lower confidence in their suicide prevention offer, including recognising risk and knowing when and how to escalate concerns.

The TaC Programme Support have attempted to address some of the gaps in both complex needs and suicide prevention through the production of some strategic resources to support colleges in building their knowledge and confidence in these areas. These resources are in Appendix two.

Reaching all learner groups

Colleges described particular challenges in ensuring that adult learners and apprentices accessed training and resources, due to part-time attendance, work commitments and limited time on campus.

"It's more challenging to ensure the wellbeing needs of adults and apprentices are met … they don't always access resources in the same way as 16–18 learners." - Sandwell College staff member

Time and capacity pressures

Staff reported that workload and competing priorities limited their ability to attend training or engage fully with resources, even where these were available.

KEY LEARNING:

- Build on existing training infrastructure rather than creating parallel systems
- Embed mental health training within ongoing staff development and safeguarding structures to support sustainability
- Ensure staff have protected time to attend training and engage with resources
- Maintain a whole-college baseline while prioritising staff with regular, sustained contact with learners
- Expand training to address serious mental illness, suicide prevention, trauma, neurodiversity and intersectional needs
- Ensure training reflects local student demographics and lived experience
- Design student-facing resources with different learner patterns in mind, including apprentices and adult learners
- Recognise that training alone is insufficient without clear role definition and referral pathways
- Explore the potential for regional commissioning of specialist training for high-demand curriculum areas or roles.

RECOMMENDATIONS FOR COLLEGES

Where to start:

- Map current training offers (staff and learners) and identify coverage gaps
- Align training to referral pathways so staff know what to do next
- Prioritise high-contact roles first (tutors, curriculum teams, student services), then widen.

What good looks like in practice:

- Tiered training (baseline for all and deeper training for high-contact/ safeguarding/ pastoral roles)
- Resource offers that learners can access independently, with clear signposting
- Consistent messaging: supportive conversations and signposting rather than “staff diagnosing.”

Common pitfalls to avoid:

- Training without pathways (raising awareness but not capacity)
- Patchy coverage leading to inconsistency across departments
- Assuming apprentices/adult learners will access resources in the same way as 16–18 learners.

PILLAR 3: VOICE AND PEER SUPPORT

WHAT THIS PILLAR INCLUDES

This pillar focuses on two closely related elements of a whole-college mental health approach:

- Peer support activity, where learners support one another through structured or informal mechanisms
- Robust and embedded mechanisms for student voice, enabling learners to shape mental health and wellbeing provision.

Within Thrive at College, this pillar was intended to ensure that support was relevant, inclusive and responsive to learners' needs, and that students were not positioned solely as recipients of services but as active contributors to how support was designed, delivered and improved.

Guide lens: Student voice and peer support are high-value but resource dependent, they work best when participation is meaningful and when feedback loops and safeguarding are designed in from the start.

ACTIVITY IN PRACTICE

Across participating colleges, activity under this pillar was less developed and less consistently embedded than in other areas of Thrive at College. Audit returns, student focus groups and mental health lead interviews suggest that while there was strong intent and goodwill, student voice and peer support were often fragmented, informal or short term.

Peer support activity

Peer support activity across colleges included:

- Delivery of the U OK? Mental Health Foundation peer-support training and sessions in some settings
- In-house mentoring or buddying approaches, often targeted at specific learner groups
- Informal peer support emerging within Thrive Skills groups or cohort-based activity.

Where peer support programmes were implemented, staff described them as valuable in creating safe, relatable spaces where learners could talk openly with others who shared similar experiences. Students reported that peer-led or peer-supported activity felt less intimidating than formal services and helped normalise conversations about mental health.

Where peer activity worked well, it was because it created connection rather than because it delivered mental health "content."

Students valued shared spaces and group activities that reduced isolation and allowed them to feel part of a community. One student described the benefit of group-based TaC activity:

> **"You see people your age … people from other classes and other courses that are all there, and you're all together, and you're sharing ideas, creating things … it's stress relieving."**

However, the evidence also shows that peer support was not consistently embedded or sustained and was typically small scale and resource intensive. Colleges highlighted the time required to recruit, train and supervise peer supporters, alongside challenges in maintaining continuity as learners progressed or left college. Activity was often time limited, cohort specific or reliant on short term funding, making it difficult to build continuity or peer leadership over time. It is worth noting that some colleges were not aware that the R U OK? peer-support training offer was free and could be continued longer term.

Student voice mechanisms

Colleges used a range of mechanisms to gather learner views on mental health and wellbeing, including:

- Student surveys and questionnaires
- Focus groups and tutorial discussions
- Informal "corridor conversations" with trusted staff
- Existing student representation structures.

Students recognised and appreciated being asked for their views, but they were clear that how and when they were asked mattered. Across focus groups, students consistently said that support would be improved if they were involved earlier, not just consulted after decisions had been made.

As students put it, involvement needed to happen:

> **"At the start to ask what we need."**

> **"To get feedback to improve and make changes."**

The findings are explicit that there was a missed opportunity here: students were more often asked to comment on TaC activity after delivery, rather than being involved in shaping it from the outset.

Students were particularly clear that certain elements of TaC would be more effective if chosen or shaped by them, including:

- Trips and visits, which were highly valued when aligned to students' interests and next steps, but seen as a "waste of valuable time" when not relevant. Students wanted these "tailored to the careers we want to explore – what it's like and how to get into it."
- Guest speakers and events, which were valued when speakers had lived, professional or course-relevant experience. Several groups specifically wanted "visitors and speakers with experience," including alumni, professionals and people with lived experience of mental health problems.

Students also recognised that engagement needed to be realistic and transparent. They stressed that asking for views without the ability to act on them undermined trust.

Students were clear that having opportunities to share their views was important, but many felt that involvement was often limited to feedback rather than genuine influence.

"Any programme would be better if students could help shape it - to make sure it's things we're actually interested in and relevant to our course."- Student focus group

This pattern was echoed by staff, who recognised the value of student insight but described practical constraints in moving beyond consultation.

"If I could do it again, I'd involve students from day one - we missed a chance to make it really theirs." – Sandwell College staff member

WHY THIS PILLAR MATTERS

Evidence from the student survey and qualitative evaluation highlights the important role that peer and group-based support can play within a whole-college mental health approach. Over a third of student survey respondents who had accessed wellbeing support (36.5%) reported using peer support as part of their wellbeing or mental health experience at college, indicating that informal or peer-led routes are a meaningful part of how learners seek and receive support.

Qualitative evidence suggests that peer and group-based activity can help foster belonging and reduce isolation, particularly for learners who are less likely to engage with one-to-one or clinical forms of support. Learners described Thrive at College supported spaces as less intimidating and more accessible than formal services, while staff observed that consistent peer groups enabled trust, mutual support and disclosure to develop over time. Together, this evidence underlines the value of peer support as a complementary route to engagement, contributing to relational safety and early support within a whole-college approach. Evidence from the interim evaluation highlights that student voice is not only a mechanism for improving provision, but a contributor to wellbeing in its own right. Students described feeling more valued, confident and connected when they were listened to and saw change as a result.

Staff also noted that student engagement helped them better understand:

- What was affecting learners' mental health
- Which issues were within the college's power to change
- How support could be made more relevant to different learner groups.

Wider research reinforces these findings. Research funded by the Wellcome Trust (2022) found that participation in social action is associated with lower levels of mental distress, including depressive and anxiety symptoms, and higher levels of wellbeing. The research highlights how participation supports wellbeing through increased empowerment, a sense of community and stronger interpersonal connections, with particularly strong benefits for marginalised young people.

Within Thrive at College, these principles aligned closely with programme aims, but the evaluation suggests they were not yet fully realised in practice.

WHAT IS WORKING WELL

Appetite among students to be involved

Student survey data suggests a mixed but meaningful level of appetite for involvement in shaping mental health and wellbeing support. Around one in five respondents (21.4%) said they would be willing to be involved, with a further 37.5% indicating that they might be interested. However, 41.1% of learners said they would not want to be involved.

Taken together, this indicates that while coproduction will not be appropriate for all learners, there is a substantial proportion who may be open to involvement if supported by clear, accessible and flexible mechanisms.

"Students are keen to have a say- there's definitely interest there." - Staff interview

This suggests that the main barrier was not learner motivation, but the availability of structures and capacity to support meaningful involvement.

Value placed on relevance and tailoring

Students were clear that wellbeing activity was most beneficial when it felt relevant to their interests, courses and future aspirations. This was particularly evident in feedback on trips, visits and guest speakers, which were valued when aligned to learners' goals but disengaging when perceived as generic.

"Trips are good when they're tailored to the careers we want to explore- otherwise it just feels like time away from our work." - Student focus group

This insight reinforces the importance of linking wellbeing activity to learning and progression.

Equity and inclusion

Evidence suggests that Thrive at College supported learners who were less likely to engage with traditional mental health services. Low-threshold, flexible participation enabled learners to engage intermittently and according to individual need, without penalties for non-attendance. Staff noted that this flexibility was particularly important for learners with caring responsibilities, fluctuating mental health, or limited trust in formal services.

WHAT IS STILL CHALLENGING

Limited coproduction

Despite strong intent, there was limited evidence of students being involved in codesigning Thrive at College activity from start to finish. Engagement was often consultative rather than collaborative.

"We do listen to students, but actually building things with them from scratch takes time we don't always have." - Mental health lead interview

Low response rates and representativeness

Colleges reported difficulty achieving high response rates to surveys and ensuring that the voices heard reflected the diversity of the student population. Mental health leads spoke of "survey fatigue" and there were particular concerns that learners facing the greatest barriers to mental health support were also the least likely to engage in standard participation mechanisms.

Acting on feedback

Staff described challenges in translating student feedback into visible change, due to resource constraints, governance processes and planning cycles.

"Listening is the easy bit - it's acting on it that's hard." - Staff interview

This issue also highlights how internal capacity constrained responsiveness.

Students expressed frustration when they were asked for views but did not see change:

"What's the point if nothing actually changes?" – Student interview

Sustainability of peer support

Peer support programmes required ongoing staff input to remain safe and effective. Colleges highlighted challenges in maintaining momentum and continuity as learners progressed or left college.

Equity, inclusion and participation

Evidence from Thrive at College suggests that participation in student voice and peer support activity is uneven, and that those facing the greatest barriers to mental health support are not always those most likely to engage in formal participation mechanisms. While many learners reported accessing peer support, qualitative evidence indicates that low-threshold, informal and group-based activity was particularly valued by learners who were less likely to engage with one-to-one or clinical services.

Staff noted that standard mechanisms such as surveys or representative structures often struggled to reach learners with caring responsibilities, fluctuating mental health, neurodivergence or limited trust in institutional processes. Where participation felt optional, informal and relational, learners were more likely to engage intermittently and on their own terms. This highlights the importance of designing student voice and peer support mechanisms that are intentionally inclusive, flexible and varied, rather than assuming a single model of engagement will reach all learners.

PRINCIPLES FOR EFFECTIVE AND INCLUSIVE STUDENT PARTICIPATION

Drawing together evidence from Thrive at College delivery and wider research, the evaluation points to several principles that should underpin future student voice and peer support activity:

- Genuine, meaningful participation: students should be involved from the outset, year-on-year, rather than asked to "rubber stamp" pre-defined proposals or provide feedback only at the end
- Transparency and expectation management: colleges should be clear about what students can influence, who holds decision-making responsibility, and the timescales for change
- Resourcing for impact: meaningful participation requires staff time and, in some cases, budget. Where feedback cannot be acted upon, this should be communicated clearly to avoid disengagement
- Equity and inclusion: participation mechanisms must be intentionally inclusive, centring the voices of learners who face the greatest barriers to mental health support, including learners from racialised communities, those who are, LGBTQ+, learners with SEND or who are neurodivergent, and care-experienced learners.

KEY LEARNING:

- Student voice and peer support strengthen relevance, equity and wellbeing, but require intentional design
- Learner appetite to be involved is strong; the primary constraints are systems, capacity and resourcing

- Consultation alone is insufficient; coproduction should be the ambition where possible
- Embed student voice and coproduction as core elements of programme design rather than standalone activity
- Develop robust mechanisms for capturing feedback, acting on it, and communicating what has changed (or why not)
- Invest in structured, supported peer support models rather than ad hoc or informal approaches
- Resource student-led activity with dedicated staff time, budget and governance support
- Ensure participation is transparent, inclusive and intentionally centred on students facing the greatest barriers to support.

RECOMMENDATIONS FOR COLLEGES

Where to start:

- Build understanding of coproduction practice when working with young people. The British Psychological Society's Coproduction with young people: Quick reference guide is a good starting point. Coproduction with young people - a quick reference guide.pdf
- Start with one mechanism you can sustain (e.g. termly focus groups and clear feedback loop), then scale
- Build student voice into existing structures (tutorials, reps, enrichment) as a foundation
- Where possible, developing additional engagement spaces (e.g. focus groups or advisory groups) can be valuable for diving deeper into specific topics, and/or for amplifying the voices of learners who might otherwise be unheard
- If piloting peer support, design supervision and safeguarding first
- Consider using an impact framework to measure your progress. We recommend the Learner Voice Framework from the NUS as a useful place to start: www.learnervoiceframework.org.uk.

What good looks like in practice:

- Students involved at design stage (not just end-stage feedback), and can see what changed
- Deliberate approaches to inclusion (who is missing, and why)
- Peer roles that are trained, supported and clearly boundaried.

Common pitfalls to avoid:

- Asking for feedback without the capacity to respond to what learners say
- Over-reliance on surveys (especially with low response rates)
- Only listening to the 'mainstream,' without creating dedicated space for those at the margins to have their say
- Unsafe peer support models without training/supervision/clear escalation routes.

PILLAR 4: STAFF WELLBEING

WHAT THIS PILLAR INCLUDES

The staff wellbeing pillar recognises that a whole-college approach to mental health cannot be sustained without deliberate attention to the wellbeing of staff. It also recognises staff wellbeing as a critical enabler of effective student mental health support. Within a whole-college approach, staff wellbeing is not treated as separate from learner wellbeing, but as closely interconnected. Staff who feel supported, valued and equipped are better able to build relationships with learners, respond to need and sustain preventative practice. As part of this pillar, colleges were encouraged to sign up to the WMCA's free Thrive @ Work employee support programme.

Thrive @ Work is the West Midlands Combined Authority's free workplace wellbeing framework designed to support employers to improve staff health and wellbeing through leadership, culture, policy and practice.

Within Thrive at College, this pillar focused on:

- Organisational policies and practices that support staff wellbeing
- Access to wellbeing resources and support for staff
- Cultural approaches that recognise emotional labour, safeguarding responsibilities and workload pressures.

Guide lens: Staff wellbeing is a prerequisite for sustained relational practice, policies matter, but the day-to-day reality of workload and emotional labour matters just as much.

ACTIVITY IN PRACTICE

Across participating colleges, audit returns and interviews indicate that a range of staff wellbeing activity was already in place prior to Thrive at College. Most of the colleges had already signed up to the Thrive @ Work programme and were either working towards the initial or Bronze accreditations. All colleges had Employee Assistance Programmes and a range of policies and guidance in place. As with the pillar focused on the Association of Colleges Mental Health Charter, programme support adapted to help colleges make progress regardless of the work they had already undertaken. Activity focused on providing the impetus for colleges to reflect on, strengthen and better connect existing activity. Mental health leads described Thrive at College as creating space for staff wellbeing to be discussed more openly alongside student support, rather than being treated as a separate HR issue.

Examples of staff wellbeing activity included:

- Flexible working arrangements and hybrid working policies
- Menopause policies and support for staff experiencing menopause
- Enhanced parental leave and caring policies
- Access to employee assistance programmes (EAPs)
- Wellbeing initiatives branded locally, including Thrive @ Work.

The Thrive @ Work component of the TaC programme was not widely engaged with. It was however a useful framework and some colleges drew on its principles to frame or describe staff wellbeing activity. One college also committed to working through the levels of the programme following a Community of Practice session. Generally, mental health leads described Thrive @ Work as a useful reference point for staff wellbeing conversations, but not a solution to the day-to-day pressures staff experienced.

Most colleges delivered wellbeing activity for staff alongside TaC delivery, including wellbeing sessions during staff development days, signposting to mental health and wellbeing resources, and opportunities to reflect on the emotional impact of supporting students.

Mental health leads described mixed engagement with these initiatives. While staff welcomed the intent, time and workload pressures often limited participation. As a result, wellbeing activity was most effective where it was integrated into existing structures, rather than added as an extra demand.

A consistent theme across mental health lead interviews was the emotional labour associated with safeguarding and student mental health. Leads described spending significant time supporting staff following difficult incidents, disclosures or safeguarding cases, often through informal debriefs and check-ins rather than formal supervision.

One mental health lead reflected:

> **"A lot of the work is actually supporting staff after difficult situations, making sure they're okay."**

Another noted concern about the cumulative impact of this work:

> **"People just keep going, and that's the worry - you don't always see the impact until someone hits a wall."**

These reflections highlight that staff wellbeing support was often reactive and relational, rather than systematically embedded.

At Coventry College, Thrive Skills delivery was underpinned by a clear division of roles between teaching staff and pastoral or counselling support. Learners had direct access to pastoral tutors and mental health support staff, enabling non-academic issues to be addressed without relying solely on teaching staff.

Staff described this model as enabling tutors to focus on skills development, confidence and progression within curriculum time, while ensuring learners' wider wellbeing needs were met through appropriate specialist support. This clarity of roles was viewed as particularly important in sustaining delivery, reducing pressure on teaching staff and avoiding the drift of curriculum sessions into crisis management.

WHY THIS PILLAR MATTERS

Evidence from the evaluation highlights that staff play a central role in learners' mental health experience. Students consistently described trusted staff, particularly tutors and pastoral staff, as their first point of contact when struggling.

At the same time, staff described the emotional demands of their roles as increasing, particularly in relation to safeguarding responsibilities, supporting learners with complex needs and managing high workloads. While many staff reported increased confidence and openness in discussing mental health, they also highlighted the cumulative emotional impact of this work. Qualitative evidence suggests that improvements in staff capability must be matched by adequate workload management, supervision and emotional support if relational practice is to be sustained and risks of burnout or compassion fatigue are to be mitigated.

This pillar therefore functioned as an important foundation for other areas of Thrive at College, particularly training, curriculum-based activity and mental health support pathways.

WHAT IS WORKING WELL

Existing policies and structures

Most colleges reported having a range of wellbeing-related policies and support structures in place for staff, including flexible working and wellbeing policies.

"We've got good policies on paper - flexible working, menopause, parental leave - and people do value that." - Staff interview

Growing recognition of staff wellbeing as a priority

Mental health leads and senior staff described increasing recognition that staff wellbeing needed to be addressed alongside student wellbeing, rather than treated as secondary.

"You can't expect staff to support students if they're not supported themselves."
- Mental health lead interview

Pastoral and peer support among staff

In some colleges, staff described strong informal pastoral support between colleagues, particularly within student-facing teams.

"There's a lot of looking out for each other, especially in student services." - Staff interview

WHAT IS STILL CHALLENGING

Workload and capacity pressures

Staff consistently highlighted workload, competing priorities and limited capacity as significant challenges to wellbeing.

"The workload is intense - safeguarding, targets, student need - it all adds up."
- Staff interview

Emotional labour and safeguarding responsibilities

Staff described the cumulative emotional impact of supporting learners with complex needs, particularly where external services were difficult to access.

> **"You carry a lot of it home with you, especially when you know there's nothing else you can refer into quickly."** - Staff interview

Pay and retention pressures

Some staff referenced pay, job security and retention challenges as factors affecting morale and wellbeing, particularly in specialist or pastoral roles.

Variation in access to support

While policies existed, staff experience of support varied. Some staff were unsure what support was available to them or felt unable to access it due to workload or stigma.

> **"The support is there, but finding the time to actually use it is another thing."**
> - Staff interview

KEY LEARNING:

- Treat staff wellbeing as integral to student wellbeing, not as a separate or purely HR-led agenda
- Build on existing staff wellbeing policies and structures, ensuring they are clearly communicated, accessible and used in practice
- Recognise and address the emotional labour associated with student-facing, safeguarding and pastoral roles
- Create protected space for open conversations about wellbeing, supported and modelled by senior leadership
- Invest in structured supervision and reflective practice for staff involved in mental health support
- Provide protected time, training and support for staff to notice, respond and refer appropriately
- Embed emotionally attuned roles and practices that recognise the cumulative impact of safeguarding and complex need
- Align staff wellbeing activity with training, curriculum delivery and mental health support pathways to avoid fragmentation
- Embed trauma-informed approaches to support staff working relationally with learners experiencing complex difficulties.

RECOMMENDATIONS FOR COLLEGES

Where to start:

- Map existing support and policies, then focus on visibility and access first
- Identify where workload and safeguarding pressures concentrate (roles/teams) and tailor support
- Create senior-sponsored spaces for ongoing dialogue (not just one-off "wellbeing days")
- Register for the Thrive @ Work programme - West Midlands colleges can all register for free, complete its initial audit and receive bespoke support to address any gaps in their provision.

What good looks like in practice:

- Leaders model wellbeing conversations and permission to seek support
- Clear, practical routes to support (EAP, supervision, peer support) that staff can actually access
- Explicit recognition of emotional labour in workload/safeguarding conversations.

Common pitfalls to avoid:

- Treating wellbeing as HR-only rather than organisational culture and capacity
- Assuming policies meet their intended goals in terms of staff members' lived experience of their implementation
- Ignoring structural drivers (workload, capacity, external service gaps).

PILLAR 5: CURRICULUM AND SKILLS

WHAT THIS PILLAR INCLUDES

This pillar focuses on embedding mental health, wellbeing, confidence and life skills within curriculum, tutorial and enrichment activity. Within Thrive at College, this was most commonly delivered through Thrive Skills, a flexible strand of activity rather than a standardised curriculum.

Thrive Skills, which was created partly in response to students aged 19+ not receiving tutor time, provided an opportunity for colleges to embed mental health support into a skills course or programme. Colleges received additional funding to support students on these courses. Thrive Skills was not designed as a clinical intervention or a uniform programme. Instead, it operated as a set of shared aims and functions, delivered through different formats depending on college context, learner need and curriculum structure. These functions included:

- Creating emotionally safe spaces for learners
- Building trust through continuity and relationships
- Supporting reflection, emotional literacy and confidence
- Enabling earlier identification of need and onward support.

Guide lens: Staff wellbeing is a prerequisite for sustained relational practice, policies matter, but the day-to-day reality of workload and emotional labour matters just as much.

ACTIVITY IN PRACTICE

Group-based delivery and continuity

In several colleges, Thrive Skills was delivered in small, consistent groups, typically over multiple sessions rather than as one-off workshops. Staff described this as a deliberate response to experience that trust, engagement and disclosure increased over time.

At South & City College, Thrive Skills sessions were delivered weekly as part of enrichment and tutorial provision. Sessions included structured discussion around stress, anxiety and identity; creative exercises such as journalling and visual expression; and practical techniques for managing overwhelming feelings, including grounding exercises and planning strategies.

Micro case study evidence illustrates how engagement developed gradually. In one group, a learner who initially attended but did not participate verbally began contributing after several weeks, eventually sharing experiences of anxiety that had previously affected attendance.

Staff reported that this disclosure enabled appropriate onward support and adjustments, while also reducing the learner's sense of isolation.

This pattern was echoed at Walsall College, where Thrive Skills activity included creative group sessions focused on emotional expression. Art-based and reflective activities enabled participation from learners who found direct discussion difficult, supporting engagement and peer connection.

Curriculum-linked relevance

Where Thrive Skills was embedded within specific curriculum areas, delivery often drew explicitly on subject relevance.

> **"When it was about their future and confidence, they engaged much more."** - Staff interview

At Sandwell College, Thrive Skills sessions within health and social care provision incorporated guest speakers with lived experience of mental health challenges alongside facilitated group reflection. Staff reported that this approach resonated strongly with learners already studying care-related topics, helping wellbeing discussions feel legitimate and relevant.

Coventry College embedded digital skills within course delivery, linking wellbeing, confidence and employability. Staff described this integration as helping learners build practical capability alongside emotional resilience, reinforcing the relevance of Thrive Skills to learners' future pathways.

At City of Wolverhampton College, Thrive Skills delivery within hair and beauty provision was framed through the "Level Up" model, combining confidence-building, coaching-style discussion and practical life skills, including employability and digital literacy. Staff reported that learners who had previously disengaged from classroom learning were more willing to attend and participate when sessions were framed around progression and aspiration rather than "mental health problems."

As one staff member noted:

> **"Students won't always come to something called 'mental health' - but they'll come to Level Up, or a life skills group."** - City of Wolverhampton College staff member

Role of facilitators

Case study evidence consistently highlights that who delivered Thrive Skills mattered as much as what was delivered. Thrive Skills was most effective where facilitators were:

- Already known and trusted by learners (e.g. tutors, coaches, chaplains)
- Able to balance structure with responsiveness
- Clear about boundaries and referral pathways.

At Sandwell College, chaplain-led sessions formed part of Thrive Skills delivery. These were described as providing a "safe, non-clinical space" where learners could explore emotional and personal issues without feeling pathologised.

At Coventry College, Thrive Skills delivery relied on a small, consistent staff team working with the same cohort over time. Staff described how this continuity enabled them to notice subtle changes in behaviour and mood, supporting earlier intervention. Students also had access to a pastoral tutor who could support with non-academic issues which enabled curriculum staff to focus on Thrive Skills delivery.

SUMMARY OF DELIVERY MODELS ACROSS COLLEGES:

College	Delivery approach	Key activities	Notable impacts described by staff
Coventry	Full-time study programme	Embedded Thrive content, mentoring, group trips, gym memberships	High attendance, emotional growth, peer relationships
Halesowen	Tutorials and enrichment	Emotional literacy, peer-led groups, staff wellbeing initiatives	Thrive embedded in college life, empowered students, staff confidence
Sandwell	Health & social care curriculum	Resilience workshops, guest speakers, chaplain-led sessions, group counselling	Deep connection with lived-experience speakers, need for earlier planning
South & City	Tutorials and enrichment	Group sessions, peer support, creative activities	Improved engagement, staff insight, support for "quietly struggling" students
Wolverhampton	Hair and beauty, targeted groups	MHFA training, "Level Up" coaching, digital life skills, one-to-one support	Improved confidence, digital skills, re-engagement with learning

WHY THIS PILLAR MATTERS

Thrive Skills provided a practical mechanism for translating whole-college ambition into learners' everyday experience. Rather than positioning wellbeing as something that happened elsewhere, Thrive Skills embedded it within learning environments students already occupied.

Students described Thrive Skills activity as:

- Less intimidating than formal support services
- Easier to access
- More relevant when connected to their course, identity and aspirations.

For staff, Thrive Skills also functioned as a site of practice learning, building confidence in holding emotional conversations and responding to disclosure.

While formal attribution is not possible, qualitative evidence suggests Thrive Skills supported engagement and persistence for some learners. Staff reported that learners participating in Thrive Skills were:

- More likely to attend sessions consistently once trust was established
- More willing to remain in education during periods of difficulty
- More confident in asking for help.

Administrative data from participating colleges shows instances of improved or stabilised attendance during Thrive Skills delivery, including cases of high attendance for learners with previously low engagement.

Qualitative evidence indicates that Thrive Skills influenced outcomes through relational and preventative mechanisms rather than discrete content.

Learners described Thrive Skills spaces as emotionally safe and accessible, while staff emphasised the importance of continuity and trusted relationships in enabling disclosure. These conditions supported earlier identification of need, strengthened learners' sense of belonging, and, in several cases, helped learners persist through periods of difficulty.

WHAT IS WORKING WELL

Relational, preventative delivery

Staff consistently described Thrive Skills as effective because it prioritised relationships, trust and continuity.

"It wasn't a one-off session - that made all the difference." - Staff interview

Engagement and attendance

Case studies show that learners often engaged cautiously at first, with openness and participation increasing across sessions.

"She didn't speak for the first few sessions. Now she's one of the most confident voices in the group." – City of Wolverhampton College staff member

College administrative data provides indicative evidence of stabilised and, in some cases, improved attendance during Thrive Skills delivery. While sample sizes were small and approaches to comparison varied between colleges, several sites reported attendance patterns among Thrive Skills participants that were stronger than learners' historical attendance or comparable whole-cohort averages. These examples suggest that relational, curriculum-embedded wellbeing activity may support sustained engagement for learners who face higher-than-average barriers to attendance.

- Coventry College recorded seven consecutive weeks of 100% attendance for a Thrive Skills cohort
- South and City College reported learners with historical attendance between 41% and 79% recording 100% attendance during Thrive Skills delivery
- Halesowen College reported Thrive Skills cohort attendance of 83% compared with whole-cohort attendance of 82%.

Belonging and peer connection

Thrive Skills fostered peer relationships and a sense of belonging, reducing loneliness and improving emotional resilience.

"They didn't have friendship groups. Now they check in on each other, go to the gym, they have community." – Coventry College staff member

Relevance to learners' lives and goals

Embedding Thrive Skills within curriculum contexts increased legitimacy and engagement.

"It felt relevant to what we were actually doing, not just another talk." - Student focus group

Early identification and onward support

Thrive Skills created everyday opportunities for concerns to surface, supporting earlier referral into internal or external support.

"Thrive gave us a language to talk about mental health with students who would never go to counselling." – South & City College staff member

High-impact, low-cost interventions

Several Thrive Skills activities were described as low-cost but deeply effective, particularly in supporting emotional regulation, belonging and identity development. These included:

- Group journaling and reflection
- Peer mentoring and informal coaching
- Confidence-building workshops embedded into tutorial time
- Creative activities to externalise emotion
- Non-clinical branding framed around life skills, progression or confidence.

These approaches were seen as scalable and adaptable, particularly when embedded within existing structures rather than delivered as standalone interventions.

WHAT IS STILL CHALLENGING

Clarity and shared understanding

Several colleges reported initial confusion about what constituted Thrive Skills activity, affecting confidence in delivery and reporting.

"At the start, people weren't always sure what 'counted' as Thrive."- Mental health lead interview

Planning and lead-in time for codesign

Limited lead-in time constrained opportunities to codesign Thrive Skills with learners or curriculum teams, linking to challenges identified in pillar three.

Balancing wellbeing and curriculum pressures

Staff described tension between dedicating time to Thrive Skills and meeting curriculum demands.

"There's always pressure on curriculum time- it can be hard to protect this space."
- Staff interview

Measuring impact

Staff valued Thrive Skills but struggled to evidence outcomes such as confidence, belonging and emotional regulation within existing data systems.

KEY LEARNING:

- Co-design wellbeing activity with students to ensure it reflects learner needs, identities and priorities
- Use trusted staff and consistent groups to build relational safety, trust and engagement over time
- Recruit learners relationally through tutors, coaches and pastoral insight rather than relying on open sign-up alone
- Embed mental health and wellbeing support within curriculum timetables and enrichment structures to normalise participation
- Connect wellbeing activity to learning, identity, progression and future aspirations to increase relevance and legitimacy
- Plan for prevention, recognising that surfacing need is an intended outcome and demand may increase before it reduces
- Align programme timelines with academic planning cycles to support meaningful curriculum integration
- Share responsibility for delivery across curriculum, pastoral and safeguarding teams rather than locating it in a single role
- Support reflective practice for staff alongside learner-facing provision to strengthen relational delivery
- Align Thrive Skills activity with training, student voice and mental health support pathways to maximise impact
- Recognise belonging and peer connection as critical outcomes in their own right, supporting attendance, persistence and emotional resilience.

RECOMMENDATIONS FOR COLLEGES

Where to start:

- Identify one curriculum/tutorial/enrichment slot you can protect over time
- Engage with curriculum staff and students to establish groups to co-design activity
- Start with small groups and consistent facilitation to build trust
- Build relational referral and safeguarding routes into delivery design from the outset.

A minimum viable Thrive Skills model

Based on cross-college learning, the following represents the minimum conditions for effective Thrive Skills delivery. Evidence from the pilots suggests that colleges do not need a standardised curriculum to deliver Thrive Skills effectively. However, the following elements represent a minimum viable model for implementation that sets out the core conditions needed to deliver Thrive Skills in a way that supports relational safety, engagement and sustainability:

Time: A regular, protected slot (weekly or fortnightly), sustained over at least half a term.

Group size: Small groups (typically 8–15 learners) to support participation and relational safety.

Facilitation: One consistent facilitator who is known to learners and confident holding reflective, emotionally attuned space.

Content focus: There are a variety of different areas content can be focussed on including:

- **Emotional literacy and self-awareness:**
  (Typically delivered through journalling, discussion, creative reflection and facilitated conversation)
  - Naming and understanding emotions
  - Recognising stress, anxiety and emotional overwhelm
  - Reflecting on emotional triggers and responses
  - Normalising emotional experiences through group discussion.

- **Coping strategies and emotional regulation:**
  - Grounding and calming techniques
  - Planning and organisation strategies for managing pressure
  - Managing stress linked to assessments, deadlines and workload
  - Practical techniques learners could use in and out of college.

- **Confidence, identity and self-belief:**
  - Confidence-building activities and coaching-style discussion
  - Exploring identity, strengths and personal goals
  - Challenging negative self-talk
  - Supporting learners to articulate ambitions and next steps.

- **Belonging, peer connection and social support:**
  (Particularly relevant for learners who lacked friendship groups, were new to college, had previously disengaged or felt marginalised)
  - Group discussion to reduce isolation and normalise shared experiences
  - Activities designed to build trust and mutual support
  - Encouraging peer check-ins and informal support networks.

- **Life skills and progression-focused content:**
  (This framing was consistently described as reducing stigma and increasing engagement)
  - Employability skills (communication, teamwork, reliability)
  - Digital skills linked to learning and future work
  - Linking wellbeing to career aspirations and next steps
  - Understanding how wellbeing impacts attendance, performance and progression.

- **Understanding support and help-seeking:**
  - Making support routes visible and understandable
  - Discussing when and how to ask for help
  - Clarifying boundaries between tutor support, pastoral support and specialist services
  - Reducing fear around referral and escalation.

- **Reflection on experiences and transitions:**
  (Particularly relevant for adult learners, learners returning to education, and learners without tutor time)
  - Adjusting to college life
  - Managing transitions (school to FE, course changes, adulthood)
  - Reflecting on challenges without pathologising them.

Escalation routes: Clear referral pathways to pastoral, safeguarding or external services when need is identified.

What good looks like in practice:

- Continuity over multiple sessions, not one-offs
- Delivery that feels relevant to learners' course, identity and aspirations
- Facilitators who are trusted, trained, and clear on boundaries and escalation.

Common pitfalls to avoid:

- One-off workshops presented as "done"
- Generic content disconnected from learners' goals
- Measuring only what is easy (attendance) and missing relational outcomes.

PILLAR 6: LOCAL MENTAL HEALTH SUPPORT

WHAT THIS PILLAR INCLUDES

This pillar focuses on availability, accessibility and coordination of mental health support for learners, both within colleges and through external partnerships. Within a whole-college approach, effective mental health support relies not only on internal services, but on strong relationships with local health systems and voluntary and community sector (VCSE) organisations.

Within Thrive at College, this pillar included:

- Internal wellbeing, counselling and pastoral support
- Links to external mental health services, including NHS provision
- Partnerships with VCSE organisations and community-based support
- Referral pathways between colleges and external services.

Guide lens: Colleges can strengthen internal support and partnerships, but NHS access constraints are systemic, planning must be realistic, and equity must be actively designed for.

ACTIVITY IN PRACTICE

Across participating colleges, audit returns indicate that all colleges had internal mechanisms in place to identify and support learners experiencing mental health difficulties. These typically included wellbeing teams, counselling provision and structured referral routes from teaching staff and student services.

Colleges described offering a range of internal support, often tailored to learner need. For example:

> **"At Halesowen College we provide a varied range of wellbeing and counselling support for our students to access, including one-to-one wellbeing sessions, anxiety support group sessions, drop-in sessions in our Safe and Well Hub, and one-to-one counselling therapy."**
> - Halesowen College staff member

Alongside internal provision, colleges reported partnerships with a range of VCSE organisations, including:

- Birmingham Healthy Minds
- Pause
- Living Well Consortium

- Kooth
- Kaleidoscope
- Together Mind
- Coventry and Warwickshire Mind.

In some cases, colleges also described Child and Adolescent Mental Health Services (CAMHS) co-location, GP links or close working with local Mental Health Support Teams. However, the strength and maturity of these relationships varied significantly between colleges.

GPs formed an important, but often indirect, part of referral pathways, particularly for students aged 18 and over. Colleges described supporting students to access GP appointments and, in some cases, advocating directly with primary care when risk was high.

At City of Wolverhampton College, the mental health lead described how safeguarding status could unblock access:

> **"If they're in crisis, we actually ring on their behalf ... Team member rang the GP. And they saw her the same day. And I'll tell you what the magic word was - safeguarding."**

This highlights the extent to which effective referrals often depended on staff capacity, confidence and persistence, rather than formal pathways alone.

Colleges reported working with a range of voluntary and community sector (VCSE) partners to extend the support available to students. These partnerships were valued for increasing choice and accessibility, particularly for students reluctant to engage with statutory services. In Wolverhampton, the mental health lead described strengthening signposting through online resources and digital services:

> **"We have a web page ... for students, parents ... We put a lot of information... So we can refer to them as well, like Kooth. They can access Kooth counselling independently."**

However, the evidence suggests that the quality, reach and sustainability of VCSE partnerships varied, often depending on local availability and funding, rather than being uniformly strong across colleges.

Across Thrive at College, colleges recognised that access to mental health support was not experienced equally by all learners. Mental health leads and audit responses highlighted that referral pathways did not always account for cultural background, identity or neurodiversity, creating additional barriers for some groups.

Colleges described working with community organisations to provide more culturally responsive support where possible, particularly when statutory services were perceived as inaccessible. Mental health leads noted that students were more likely to engage when they felt understood:

> **"If they feel they're not going to be understood, they won't engage - that's been really clear."**

Support for LGBTQ+ students was often accessed through trusted staff or internal wellbeing services, with fewer clear specialist external pathways. For neurodivergent learners, including those with ADHD and autism, colleges described long waits for assessment and difficulty meeting thresholds without formal diagnoses.

One mental health lead reflected:

> **"If they don't have a diagnosis, they often don't meet the criteria - but they're still really struggling."**

Students with multiple or intersecting needs were described as particularly likely to fall between service thresholds, increasing reliance on college-based support.

Overall, equity emerged as an area of awareness and intention, rather than one that was systematically embedded into referral pathway design. During the skills interviews, accessing support for learners with sub threshold needs was identified as a consistent challenge. Staff highlighted that adult learners (aged 19–23) face even higher access barriers than younger students, with long waiting lists and strict eligibility criteria for NHS services.

WHY THIS PILLAR MATTERS

Access to timely, appropriate mental health support is critical for learners' wellbeing, engagement and ability to remain in education. Colleges described supporting learners with increasingly complex needs, often in the context of long waiting times and high thresholds for external services.

Wider evidence reinforces these findings. Research on post-16 mental health consistently highlights the limits of education-led support in the absence of accessible specialist services, particularly for learners with complex or intersecting needs. While relational, low-threshold support within colleges can improve engagement, belonging and early identification, it cannot compensate for systemic gaps in NHS provision, including long waiting times and high referral thresholds. Studies emphasise the importance of clear pathways, shared responsibility across systems, and culturally responsive community-based provision to avoid colleges holding unmanaged clinical risk. The relative ease of access to internal college support, as reported by learners, sits in contrast to staff accounts of significant barriers in accessing external mental health services. This reinforces the role colleges play as early support and stabilising environments, while highlighting the limits of what they can achieve without wider system capacity.

This pillar therefore sits at the intersection of the programme's preventative ambitions and wider system constraints. While colleges can provide important early support, they cannot replace specialist mental health services. The effectiveness of Thrive at College activity was therefore closely linked to the strength and accessibility of local partnerships.

WHAT IS WORKING WELL

Strong internal pastoral and wellbeing offers

Colleges expressed confidence in their internal support provision, describing high levels of learner satisfaction and positive outcomes.

> **"Learner feedback informs high levels of student satisfaction in the wellbeing support that they receive. This is further supported by excellent achievement and progression outcomes for our learners, despite challenging personal circumstances."** - Sandwell College staff member

Staff described internal support as responsive, flexible and relational, often acting as a bridge while learners waited for external services.

Positive impact of VCSE partnerships where established

Where colleges had established relationships with VCSE organisations, staff reported that these partnerships made a tangible difference to learner experience, particularly in providing lower-threshold, culturally responsive or specialist support.

"The charities we work with are often much quicker and easier for students to engage with." - Staff interview

Clear identification of need

Colleges reported strong mechanisms for identifying learners in need of support, including referrals from tutors, safeguarding processes and insights from Thrive Skills activity.

WHAT IS STILL CHALLENGING

Access to NHS mental health services

Colleges consistently highlighted challenges in accessing NHS services, including long waiting times and high thresholds for referral.

"Mental health support is quite limited in Birmingham and waiting times are very long, which can result in learners getting to crisis point before they are seen." - South and City College staff member

Mental health leads described frustration at supporting learners who did not meet service thresholds despite clear need.

Holding risk for extended periods

Because of delays in external services, colleges often held risk internally for longer than was sustainable.

Sandwell's mental health lead described the reality of referrals returning to colleges even after serious incidents:

"If we make a referral, chances are we're going to get it back … even after a suicide attempt, it's often referred back to a college or a school."

Variation in partnership strength

While partnerships existed in many areas, their effectiveness varied. Some relationships were informal or reliant on individual staff, creating fragility and inconsistency.

"A lot of it depends on who you know locally - it's not always systematic." - Mental health lead interview

Equity of access to support

Colleges expressed concern about ensuring equitable access to support for different learner groups, including:

- Learners from racialised communities
- LGBTQ+ learners
- Learners with SEND or who are neorodivergent (including ADHD and autism)
- Adult learners and apprentices who spend less time on campus.

"Some students just don't engage with traditional services - we need more culturally appropriate options." - Staff interview

Rising demand and limited capacity

Staff described increasing demand for mental health support alongside static or reducing resources, placing pressure on internal teams.

"We're supporting more complex cases with the same amount of staff." - Mental health lead interview

Patterns in support use

Colleges provided insight into patterns of support use across curriculum areas. Courses with higher numbers of learners accessing mental health support included:

- Animal Care
- Art and Design
- Early Years Education
- Health and Social Care
- Hair and Beauty
- Foundation courses
- A-levels.

Courses with lower reported access included:

- Sport
- Business Studies
- Construction
- IT
- Travel and Tourism.

Staff cautioned that lower access did not necessarily indicate lower need, but may reflect cultural norms, stigma or differences in help-seeking behaviour.

Key learning:

- Maintain strong internal pastoral and wellbeing provision, while recognising that colleges cannot replace specialist mental health services
- Use curriculum-embedded and relational activity to support earlier identification of need and timely onward referral
- Develop clear, well-communicated referral pathways and role clarity so staff and learners understand thresholds, responsibilities and expectations
- Invest time in building and sustaining partnerships with VCSE and community organisations, recognising that trust and effectiveness develop over time
- Strengthen partnerships with culturally responsive and specialist community organisations to support equity of access for diverse learner groups

- Support stronger alignment between colleges, NHS services, health commissioners and local systems to improve coordination and reduce fragmentation
- Encourage integrated working through regular local forums that bring together colleges, community services and learners to share insight and co-design improvements
- Be realistic about system constraints and avoid placing responsibility on colleges to compensate for wider NHS capacity gaps
- Actively consider equity when designing support pathways, ensuring learners who face the greatest barriers to access are not excluded.

RECOMMENDATIONS FOR COLLEGES

Where to start:

- Map your internal offer and external partnerships into a single, clear pathway view
- Strengthen existing VCSE links first and document referral routes and escalation
- Identify gaps for underserved groups (e.g. culturally responsive support, neurodiversity-informed provision)
- Map local or national VCSE and community provision that supports underserved groups and build relationships where there are gaps in your network.

What good looks like in practice:

- A clear "support menu" for learners and a clear "what to do when" guide for staff.
- Partnerships that complement internal support and are not dependent on one individual relationship. It's integrated trauma informed working that combines community and college based support.
- Transparent expectations with learners about thresholds, waiting times and interim support.

Common pitfalls to avoid:

- Over-reliance on NHS pathways without alternatives
- Informal partnerships with no contingency planning
- Fragmented, 'ping-pong' support, where learners are passed between services without continuity, rather than integrated, arm-in-arm working between external agencies and college-based teams
- Assuming low service uptake equals low need (without considering stigma/culture/access).

5 LEARNING TO INFORM FUTURE WHOLE-COLLEGE MENTAL HEALTH INITIATIVES

This section draws together learning from across the Thrive at College programme to inform the design of future whole-college mental health initiatives. Rather than restating delivery detail from the six pillars, it focuses on the structural, organisational and system-level conditions that enabled or constrained implementation.

The learning set out here reflects what colleges, staff and learners said would have strengthened delivery, reduced burden and supported sustainability. It highlights where TaC's design choices worked well, where limitations were exposed, and what would need to change for similar approaches to be embedded more effectively in future.

Taken together, these insights underline that whole-college mental health approaches are not defined solely by activities or frameworks, but by the conditions in which those activities are delivered. Clarity, sequencing and capacity matter, as does sustained investment in relationships, staff emotional support and aligned partnerships.

FROM PILOT TO EMBEDDED PROVISION: WHAT MUST CHANGE

Across participating colleges, Thrive Skills was widely described as a catalyst for deeper engagement, more equitable support and relational scaffolding within further education. Staff and students consistently highlighted the value of Thrive Skills' preventative, non-clinical and relational approach, particularly for learners who were less likely to access traditional mental health services.

At the same time, the pilot exposed clear structural limitations that constrained delivery and sustainability. Short funding cycles, limited lead-in time, uneven planning infrastructure and ambiguity around expectations were all identified as barriers to moving from a promising prototype to embedded, whole-college provision. Staff were candid in reflecting that while TaC had strong foundations, future iterations would need to be designed differently to realise its full potential.

As one staff member reflected:

> **"It's emotional labour - it takes time, trust, and holding. That's the work, and it needs valuing." -** South and City College staff member

The learning in this section draws directly from these grounded reflections. It sets out what colleges said needs to change, and how future initiatives can be designed to support impact, efficiency and sustainability.

KEY ENHANCEMENTS IDENTIFIED BY COLLEGES

Earlier planning with key staff

Colleges were clear that future initiatives would benefit from longer lead-in periods with key delivery staff prior to delivery. Limited run-in time constrained recruitment, targeting, curriculum alignment and staff engagement, particularly with teaching teams.

Staff emphasised the importance of involving curriculum staff earlier in the process:

> **"I'd involve curriculum staff earlier. We had Safeguarding on board, but tutors didn't always know what Thrive was."** - Sandwell College staff member

Earlier planning would enable:

- Clearer internal communication
- Alignment with curriculum and academic planning cycles
- More intentional sequencing and sustainability of activity across pillars.

Co-produced content and learner-led design

Both staff and students consistently identified limited coproduction as a missed opportunity. While learners were consulted, they were rarely involved from the outset in shaping content, formats or priorities.

Staff reflected on this directly:

> **"If we'd had students involved right at the start — maybe helping shape the topics — that would've made it more powerful."** - City of Wolverhampton College staff member

Students echoed this sentiment, calling for:

- Earlier involvement
- Choice and flexibility
- Modular or menu-based approaches.

Students also highlighted the importance of transparent feedback loops, emphasising that engagement was undermined where views were sought but change was not visible or communicated.

Digital, creative and flexible delivery models

Colleges and students highlighted the value of hybrid, creative and low-pressure formats that support engagement without stigma. Suggested and implemented approaches included:

- Group journaling and structured reflection
- Creative activities such as role play, art-based prompts and storytelling
- Digital resources, video clips and journaling tools
- Flexible drop-in spaces rather than fixed appointments.

As one staff member described:

> **"They'd write about how they were feeling, then we'd talk about it together. It helped them realise they weren't the only ones struggling."** - Halesowen College staff member

Alongside flexible delivery formats, colleges emphasised the importance of the physical and symbolic environments in which wellbeing support takes place.

Developing intentional wellbeing spaces and anti-stigma approaches

Staff and students highlighted the importance of visible, accessible and non-clinical wellbeing spaces and activities. Intentional design, creative branding and varied formats were seen as key to reducing stigma and encouraging engagement.

The interim evaluation identified a strong appetite for further development of wellbeing hubs, sensory spaces and flexible drop-in provision.

Future models should:

- Support the development of dedicated wellbeing spaces that are inclusive and calming
- Expand one-to-one, group and peer-led support options
- Ensure information about support is visible, relatable and culturally competent
- Use creative, non-clinical branding to normalise mental health conversations.

Peer support as a scaffolded, safeguarded model

Peer support was viewed as highly valuable but difficult to sustain without structure. Colleges emphasised that peer support was most effective when treated as a scaffolded extension of relational support, rather than a substitute for professional or pastoral roles.

Future models should:

- Include clear role descriptions and safeguarding guidance
- Provide training and supervision for peer supporters
- Plan for continuity as learners progress or leave.

Students also highlighted interest in peer-led group chats and informal connection, but stressed that these need clear boundaries and oversight.

NON-NEGOTIABLE INVESTMENTS FOR LONG-TERM SUCCESS

Colleges were clear that relational care cannot be delivered on goodwill alone. To move from pilot to sustainable provision, several elements were identified as non-negotiable:

- Multi-year funding for trusted adult roles and relational delivery
- Supervision and reflective space embedded into workload planning
- Emotionally restorative environments, including quiet zones and mentoring spaces
- Culturally competent, trauma-aware practice frameworks
- Whole-college ownership, spanning curriculum, safeguarding, senior leadership and learners themselves.

Both staff and students emphasised that meaningful student voice and peer support require dedicated resources, including staff time, budget and systems to implement and communicate change.

The wider literature reinforces these conclusions, highlighting that structural reform is essential to sustaining relational wellbeing models rather than short-term projects (Davis *et al*., 2024).

Overall, the learning from Thrive at College suggests that future whole-college mental health initiatives will be most effective where they are clearly defined yet locally adaptable, realistically resourced, and designed to support the emotional labour inherent in relational practice.

Colleges emphasised that preventative mental health work cannot be delivered through short term or fragmented approaches. Instead, it requires protected time, intentional spaces, trusted adult roles and meaningful opportunities for students to shape provision. Without these foundations, even well-designed activity risks becoming diluted or unsustainable.

The learning in this section is intended to inform future programme design, commissioning and policy development, rather than to prescribe a single model. Applied thoughtfully, it offers a practical route toward more coherent, equitable and sustainable whole-college mental health approaches in further education. The implications of this learning for regional coordination and national policy are explored in Section Six.

6 NEXT STEPS AND WIDER IMPLICATIONS

The WMCA now has agreed a multi-year settlement with central government and from April 2026 the WMCA will be allocated funding over three-year, rather than yearly, cycles. This enables the combined authority to continue working with FE colleges in a sustained manner. The vision for Thrive at College is for it to be rolled out to all FE colleges in the region. Colleges are currently being consulted on how this may be implemented.

REGIONAL POLICY IMPLICATIONS

At a regional level, Thrive at College offers important learning for policy, commissioning and system leadership. It demonstrates the value of regionally coordinated initiatives that provide shared direction while allowing for local delivery.

Key regional implications include:

- The role of combined authorities: TaC illustrates how regional bodies can convene partners, fund innovation and create space for learning across institutions without imposing uniform solutions
- Alignment with skills and inclusion agendas: Mental health and wellbeing are not peripheral issues; they are foundational to skills participation, retention and progression, particularly for learners facing disadvantage
- System-level constraints require system-level responses: Colleges' ability to support learners is shaped by access to NHS and community mental health services. Regional policy has a role in strengthening alignment, addressing gaps and reducing fragmentation
- The value of shared learning: Colleges consistently expressed a desire for stronger peer learning and benchmarking. Regional coordination can accelerate improvement by enabling shared reflection and dissemination of effective practice.

Thrive at College positions mental health as a core enabler of regional economic inclusion, rather than a standalone wellbeing concern.

NATIONAL OPPORTUNITIES AND RELEVANCE

The learning from Thrive at College also has clear relevance at a national level. Further education colleges sit at the intersection of education, health, skills and social policy, yet often lack the infrastructure and recognition afforded to other parts of the system.

TaC highlights several national opportunities:

- Embedding mental health within FE policy: Whole-college mental health approaches should be recognised as integral to FE quality, inclusion and outcomes.

- Rethinking funding and accountability models: Short term, retrospective or narrowly defined funding mechanisms limit colleges' ability to deliver preventative, relational work.
- Supporting workforce development: National investment in training, supervision and emotionally sustainable roles would strengthen colleges' capacity to respond to rising need.
- Learning from FE practice: TaC demonstrates that FE has developed innovative, relational approaches that could inform wider education and health systems.

The evidence suggests that colleges are already doing significant mental health work, often compensating for gaps elsewhere in the system. National policy has an opportunity to recognise, resource and learn from this practice rather than expecting colleges to absorb additional pressure without support.

FINAL REFLECTIONS

Thrive at College provides strong evidence that whole-college mental health approaches are most effective when they are grounded in relationships and trust, embedded within everyday practice, and supported by leadership, infrastructure and wider system alignment. Across participating colleges, Thrive at College demonstrated the value of approaches that are co-produced with students, responsive to local context and attentive to the emotional demands placed on staff.

Learning from TaC points to the need for future whole-college mental health initiatives that are:

- Clearly defined but locally adaptable
- Realistically resourced and phased
- Supportive of staff emotional capacity
- Co-produced with students
- Embedded within curriculum and college life
- Aligned with wider system partners.

Applying these lessons would strengthen both impact and efficiency, helping future initiatives build sustainably on the foundations established through Thrive at College.

While the TaC pilot was a time-limited initiative, its learning offers a durable foundation for future action. Applying these insights at regional and national levels provides an opportunity to move beyond pilot programmes, towards more coherent, sustainable approaches to supporting mental health and wellbeing in further education.

REFERENCES

Alam, S., O'Halloran, S. & Fowke, A. (2024) 'What are the barriers to mental health support for racially-minoritised people within the UK? A systematic review and thematic synthesis,' *The Cognitive Behaviour Therapist*, 17, e10. doi: doi.org/10.1017/S1754470X24000084

Association of Colleges (AoC) (2016) *Written evidence to the Education Committee: Children and young people's mental health – the role of education (CMH0164)*. UK Parliament. Available from: https://committees.parliament.uk/writtenevidence/76965/pdf/ [Accessed: 14 July 2025].

Association of Colleges (2023) *Mental health in further education: A whole-college approach*. AoC. Association of Colleges, Available from: https://www.aoc.co.uk/sites/default/files/AoC%20Mental%20Health%20report%202023.pdf [Accessed: 14 July 2025].

Association of Colleges (2024) *College Mental Health Toolkit: Supporting student mental health in further education*. Education and Training Foundation. Available from: https://www.et-foundation.co.uk/wp-content/uploads/2024/02/Mental-health-support-for-learners-v4-For-Publishing.pdf [Accessed: 14 July 2025].

Bignall, T., Jeraj, S., Helsby, E. and Butt, J., 2019. Racial disparities in mental health. *London: Race Equity Foundation*. Available from: https://raceequalityfoundation.org.uk/wp-content/uploads/2022/10/mental-health-report-v5-2.pdf [Accessed: 14 July 2025].

Bevington, D., Fuggle, P., Fonagy, P., Target, M., & Asen, E. (2017). Innovations in practice: Adolescent mentalization-based integrative treatment (AMBIT) – a new integrated approach to working with young people with severe complex needs. *Child and Adolescent Mental Health*, 22(2), 110–115 Available from: https://acamh.onlinelibrary.wiley.com/doi/10.1111/j.1475-3588.2012.00666.x [Accessed: 14 July 2025].

Bentrim, E. and Henning, G.W. eds., 2023. *The impact of a sense of belonging in college: Implications for student persistence, retention, and success*. Taylor & Francis.

Birmingham City Council (2022) *State of the City: Equality and Diversity Report*. Available from: https://www.birmingham.gov.uk [Accessed: 14 July 2025].

BMJ Mental Health. (2023). *Special issue: Youth mental health and systemic reform*. *BMJ Mental Health*, 26(3).

BMC Public Health. (2024). *Special collection: Suicide prevention and youth mental health*. *BMC Public Health*, 24 (Suppl 1).

CDC (2024) Health Effects of Social Isolation and Loneliness. CDC. Available from: https://www.cdc.gov/social-connectedness/risk-factors/index.html [Accessed: 7 July 2025].

Centers for Disease Control and Prevention (CDC) (2023) *Health Disparities Among LGBTQ Youth*. CDC. Available from: https://www.cdc.gov/healthy-youth/lgbtq-youth/health-disparities-among-lgbtq-youth.html [Accessed: 14 July 2025].

Center for Theory of Change, n.d. *What is Theory of Change?* [online] Available from: https://www.theoryofchange.org/what-is-theory-of-change [Accessed: 30 September 2025].

Centre for Transforming Access and Student Outcomes in Higher Education (TASO). (2022a). *Monitoring and Evaluation Framework (MEF)*. Retrieved from https://taso.org.uk/libraryitem/monitoring-and-evaluation-framework-mef/

Centre for Transforming Access and Student Outcomes in Higher Education (TASO). (2022b). *Enhanced Theory of Change Templates*. London: TASO. Available from https://taso.org.uk/libraryitem/enhanced-theory-of-change-templates/ [Accessed: 14 July 2025].

Children's Commissioner. (2024). *The Big Ambition: Children's voices on mental health*. London: Office of the Children's Commissioner. Available from: https://www.childrenscommissioner.gov.uk/report/the-big-ambition/ [Accessed: 14 July 2025].

Christoffersen, M.N. and Khan, L., 2024. Can life events predict first-time suicide attempts? A nationwide longitudinal study. *Longitudinal and life course studies*, *15*(3), pp.371-393. Available from: https://pubmed.ncbi.nlm.nih.gov/38954423/ [Accessed: 14 July 2025].

Corgan, J. (2022). Trauma-informed practice in post-16 education. *Journal of Educational Psychology and Practice*, 18(4), 233–248.

Corgan (2022) *Designing Educational Spaces for Mental and Emotional Health*. Available from: https://www.corgan.com/news-insights/2022/designing-educational-spaces-for-mental-and-emotional-health [Accessed: 14 July 2025].

Cuijpers, P., *et al*. (2019). The effects of psychological treatment of depression in children and adolescents: A meta-analysis. *Clinical Psychology Review*, 67, 41–55.

Davis, H., *et al*. (2024). Embedding mental health support in vocational education: A realist evaluation. *Mental Health & Education Journal*, 12(1), 55–72.

Department of Health and Social Care (2025) *Fit for the Future: 10 Year Health Plan for England*. GOV.UK. Available from: https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future/fit-for-the-future-10-year-health-plan-for-england-executive-summary [Accessed: 14 July 2025].

Dudley Council. (2023). *Dudley mental health and wellbeing plan 2023–2026*. Dudley Metropolitan Borough Council.

Farquharson, C., McNally, S. and Tahir, I. (2022) *Education inequalities*. Institute for Fiscal Studies (IFS). Available from: https://ifs.org.uk/publications/education-inequalities [Accessed: 14 July 2025].

Florian, L. and Pratt, L., 2015. Embedding equality and diversity in the curriculum: an education practitioner's guide. *The Higher Education Academy, Scotland*.

Fong, M., *et al*. (2024). Digital mental health interventions for underserved youth: A scoping review. *Journal of Digital Health*, 6(2), 88–102.

Gale, N.K., Heath, G., Cameron, E., Rashid, S. and Redwood, S. (2013). *Using the framework method for the analysis of qualitative data in multi-disciplinary health research*. *BMC Medical Research Methodology*, 13, Article 117. Available at: https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/1471-2288-13-117 (Accessed: 14 July 2025).

Gabrielsson, L., *et al*. (2019). Working with vulnerable youth: A trauma-informed approach to relational practice. *International Journal of Social Work*, 62(3), 312–325.

Hatch, S., & Kienzler, H. (2023). *Mental health inequalities and intersectionality: A policy review*. London: King's College.

Imperial College London. (2024). *Mental health in higher education: A systems mapping report*. London: Imperial College.

Institute for Fiscal Studies (IFS) (2022) *Annual report on education spending in England: 2022*. IFS. Available from: https://ifs.org.uk/publications/annual-report-education-spending-england-2022 [Accessed: 14 July 2025].

Kaplan, A. (2019). *Teachers' emotional labour and the cost of caring: A conceptual review*. In: *Emotion and Education: Theoretical and Methodological Perspectives*. Routledge. Available via Taylor & Francis [Accessed: 14 July 2025].

Kariou, A., Koutsimani, P., Montgomery, A. and Lainidi, O. (2021). Emotional labor and burnout among teachers: A systematic review. *International Journal of Environmental Research and Public Health*, 18(23), p.12760. doi: doi.org/10.3390/ijerph182312760

Kinman, G., Wray, S. and Strange, C. (2011). Emotional labour, burnout and job satisfaction in UK teachers: the role of workplace social support. *Educational Psychology*, 31(7), pp.843–856. doi: doi.org/10.1080/01443410.2011.608650

Lamph, G., *et al*. (2023). Mental health support in further education: A realist synthesis. *British Journal of Educational Research*, 49(2), 201–219.

Liverpool, S., *et al*. (2024). Mental health coping strategies and support needs among marginalised further and higher education students in the UK: A cross-sectional study. *PLOS Mental Health*, 1(1), e0000046. Available from: https://journals.plos.org/mentalhealth/article?id=10.1371/journal.pmen.0000046 [Accessed: 14 July 2025].

Leicestershire Partnership NHS Trust. (2025). *Mental health transformation plan: Supporting young people in education*. LPT.

Mahoney, J.L., Durlak, J.A. and Weissberg, R.P., 2018. An update on social and emotional learning outcome research. *Phi Delta Kappan*, *100*(4), pp.18-23. Available from: https://journals.sagepub.com/doi/abs/10.1177/0031721718815668?utm [Accessed: 14 July 2025].

March, S., *et al*. (2024). Evaluating whole-college mental health interventions: A longitudinal study. *Journal of College Mental Health*, 29(1), 12–29.

McDaid, D., Park, A-L. and Wahlbeck, K. (2019). The economic case for the prevention of mental illness. *Annual Review of Public Health*, 40, pp.373–389. Available from: https://eprints.lse.ac.uk/100054/1/McDaid_economic_case_prevention_mental_illness.pdf [Accessed: 14 July 2025].

McDaid, D., Bauer, A. and Park, A-L. (2017) Making the economic case for investing in actions to prevent and/or tackle loneliness: a systematic review. London School of Economics. Available from: https://www.lse.ac.uk/business/consulting/assets/documents/making-the-economic-case-for-investing-in-actions-to-prevent-and-or-tackle-loneliness-a-systematic-review.pdf [Accessed: 14 July 2025].

Mental Health Foundation. (2020). *Supporting mental health in schools and colleges*. London: Mental Health Foundation.

NHS Digital. (2020). *Annual report and accounts 2020–2021*. NHS Digital. Available from https://www.gov.uk/government/publications/nhs-digital-annual-report-and-accounts-2020-to-2021. [Accessed: 14 July 2025].

NHS England (2023) *Inclusive digital healthcare: A framework for NHS action on digital inclusion*. NHS England. Available from: https://www.england.nhs.uk/long-read/inclusive-digital-healthcare-a-framework-for-nhs-action-on-digital-inclusion/ [Accessed: 14 July 2025].

Office for Health Improvement & Disparities (2025) *Public Health Outcomes Framework: Supporting Indicators*. Department of Health and Social Care. Available from: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework [Accessed: 14 July 2025].

Office for National Statistics (ONS) (2024) *Suicides in England and Wales: 2023 registrations*. ONS. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2023 [Accessed: 14 July 2025].

Patton, L.D., Renn, K.A., Guido, F.M. and Quaye, S.J. (2016) *Student development in college: Theory, research, and practice*. 3rd edn. San Francisco: Jossey-Bass. Available at: https://books.google.com/books/about/Student_Development_in_College.html?id=E-IRCgAAQBAJ [Accessed: 14 July 2025].

Ragoobar, T., *et al*. (2020). Youth mental health and employability: A systems perspective. *Youth Futures Journal*, 8(2), 77–91.

Race Equality Foundation (2022) *Racial Disparities in Mental Health: Literature and Evidence Review*. Available from: https://raceequalityfoundation.org.uk/wp-content/uploads/2022/10/mental-health-report-v5-2.pdf [Accessed: 14 July 2025].

Ragoobar, R., Turton, R., Winter, H., Power, N., Belton, C., Chow, C. and Beck, A. (2020). The 'shift reflection' model of group reflective practice: a pilot study in an acute mental health setting. *Mental Health Practice*. Available from: https://journals.rcni.com/mental-health-practice/evidence-and-practice/the-shift-reflection-model-of-group-reflective-practice-a-pilot-study-in-an-acute-mental-health-setting-mhp.2020.e1452/abs [Accessed: 14 July 2025].

Remes, O., Lafortune, L., Wainwright, N., Surtees, P., Khaw, K.T. and Brayne, C., 2019. Association between area deprivation and major depressive disorder in British men and women: a cohort study. *BMJ open*, *9*(11), p.e027530. Available from: https://pubmed.ncbi.nlm.nih.gov/31767575/ [Accessed: 14 July 2025].

Renn, K.A., Bentrim, E. and Henning, G.W. (2023) *The Impact of a Sense of Belonging in College: Implications for Student Persistence, Retention, and Success*. New York: Routledge.

Riboldi, I., Calabrese, A., Piacenti, S., Capogrosso, C., Paioni, S., Bartoli, F., Carrà, G., Armes, J., *et al*., (2024). Understanding university students' perspectives towards digital tools for mental health support: A cross-country study. *Clinical Practice & Epidemiology in Mental Health*, 19, e17450179271467. Available from: https://boa.unimib.it/retrieve/77d89929-2267-48a0-ae1f-4e5786fa15de/Riboldi-2024-CPEMH-VoR.pdf [Accessed: 14 July 2025].

Rodríguez-Pose, A. and Burlina, C., 2021. Institutions and the uneven geography of the first wave of the COVID-19 pandemic. *Journal of Regional Science*, *61*(4), pp.728-752. Available from: https://onlinelibrary.wiley.com/doi/10.1111/jors.12541 [Accessed: 14 July 2025].

Salaheddin, K. and Mason, B., 2016. Identifying barriers to mental health help-seeking among young adults in the UK: a cross-sectional survey. *The British Journal of General Practice*, *66*(651), p.e686.

Sandwell Metropolitan Borough Council (2023) *Joint Strategic Needs Assessment: Young People and Mental Health*. Available from: https://www.sandwell.gov.uk [Accessed: 14 July 2025].

Sangraula, M., *et al*. (2024). The impact of task-sharing scalable mental health interventions on non-specialist providers: A scoping review. *Cambridge Prisms: Global Mental Health*, 11, e134. Available from: https://www.cambridge.org/core/services/aop-cambridge-core/content/view/E9651738AFC42247C051149D59BC3A0A/S2054425124001298a.pdf [Accessed: 14 July 2025].

Smith, L., *et al*. (2023). Mental health and substance use among UK college students. *Public Health Reports*, 138(2), 145–160.

Song, H., *et al*. (2023). *Evaluating trauma-informed practice in further education*. *Educational Psychology Research and Practice*, 9(1), pp.89–104. Available from: https://repository.uel.ac.uk/download/a1e2ba06ead0bc88b96c4f5c9f67e27776bec0c8f475b43797dc0a94a6e495b5/742241/Educational%20Psychology%20Research%20and%20Practice%202023%209%201%20Carter%20and%20Borrett.pdf [Accessed: 14 July 2025].

Transforming Access and Student Outcomes in Higher Education (TASO) (2023) *Enhanced Theory of Change guidance*. TASO. Available at: https://taso.org.uk/news-blog/an-enhanced-approach-to-developing-your-theory-of-change/ [Accessed: 14 July 2025].

UCL Centre for Education Policy and Equalising Opportunities (2023) *COVID Social Mobility and Opportunities Study: Wave 2 Findings*. UCL. Available from: https://cosmostudy.uk/publications/mental-and-physical-health [Accessed: 14 July 2025].

West Midlands Combined Authority (WMCA) (2025**)** *Thrive at College Audit Summary: Key findings from college implementation of whole-college mental health approaches*. Internal briefing document. WMCA. Unpublished. [Accessed: 14 July 2025].

Williams, E., Glew, S., Newman, H., Kapka, A., Shaughnessy, N., Herbert, R., Walduck, J., Foster, A., *et al*. (2023). Practitioner Review: Effectiveness and mechanisms of change in participatory arts-based programmes for promoting youth mental health and well-being – a systematic review. *Journal of Child Psychology and Psychiatry*, 64(12), pp.1735–1764. Available from: https://openaccess.city.ac.uk/id/eprint/33818/1/Williams%20et%20al%202023Child%20Psychology%20Psychiatry%20-%202023%20-%20Williams%20-%20Practitioner%20Review.pdf [Accessed: 14 July 2025].

Wilson, C., Butler, N., Quigg, Z., Moore, D. and Bellis, M. (2024). Relationships between neurodivergence status and adverse childhood experiences, and impacts on health, wellbeing, and criminal justice outcomes. *BMC Medicine*, 22, Article 592. Available from: https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-024-03821-1 [Accessed: 14 July 2025].

World Health Organization (WHO) (2021) *Guidelines on mental health promotive and preventive interventions for adolescents*. WHO. Available from: https://www.who.int/publications/i/item/9789240036877 [Accessed: 14 July 2025].

WHO (2025) From loneliness to social connection: Charting a path to healthier societies. Geneva: World Health Organization. Available at: https://www.who.int/groups/commission-on-social-connection/report/ [Accessed: 14 July 2025].

Wolpert, M. *et al*. (2019) *THRIVE Framework for system change*. London: CAMHS Press. Available from: https://implementingthrive.org/about-us/the-thrive-framework [Accessed: 14 July 2025].

APPENDIX 1: KEY LITERATURE INSIGHTS

A targeted literature review was undertaken to identify models of effective mental health support in college settings. Sources included peer-reviewed studies, national frameworks, policy documents, and grey literature. This review helped shape the evaluative framework and provided context for interpreting Thrive Skills' outcomes.

Evidence on what works to promote the mental health and wellbeing of college learners highlights the following as key foundations for effective practice.

Holistic, curriculum-integrated models

Mental health support works best when it's not siloed in Colleges. Integrating wellbeing into the curriculum, through senior leadership and whole system activity and support, tutorial content, vocational sessions, and co-curricular programmes, helps build resilience and life skills. Such models reflect the Theory of Change underpinning TASO's framework, promoting psychological flourishing and academic engagement (TASO, 2023; Association of Colleges, 2024).

Trusted relationships as a mechanism for mental health and wellbeing support

Evidence increasingly supports the idea that trusted adult relationships, those built with tutors, mentors, support staff, and chaplains within young people's everyday learning environments, can serve as a powerful mechanism for delivering effective mental health support, particularly for marginalised groups. Rather than substituting clinical care, this approach activates and embeds relational support in familiar, emotionally safe spaces where trust is already established (Sangraula *et al*., 2024). Thrive at College staff consistently observed that learners engaged more openly when the support came from someone they knew and felt psychologically safe with. This relational proximity lowers barriers, reduces stigma, and offers a bridge to confidence, belonging, and educational progression. Crucially, evidence from the AMBIT model[1] and wider literature underscores that when support is relational and embedded, it must be accompanied by structured reflective practice and team-based supervision to sustain mentalising capacity, manage emotional labour, and protect staff wellbeing (Bevington *et al*., 2017; Gabrielsson *et al*., 2019; Ragoobar *et al*., 2020).

Digital interventions and hybrid access

Digital mental health tools such as MePlusMe, Togetherall, and psychoeducation platforms, offer flexible, scalable interventions that can reduce stigma and widen access, particularly for students in low-resource environments or those seeking anonymity (Cuijpers *et al*., 2019; Riboldi *et al*., 2024). These interventions are most effective not when used as standalone signposting mechanisms, but when embedded within relationally driven support ecosystems.

1 AMBIT is an approach to support teams develop systems of help around particularly vulnerable, excluded, and underserved clients who may have little confidence or trust in the possibility of 'help' being helpful in their lives.

Studies show that digital tools gain traction and impact when facilitated by trusted adults, such as tutors or mentors, who can contextualise content, guide engagement, and offer emotional scaffolding (Smith *et al*., 2023).

In Thrive at College, staff consistently observed that digital resources were most successful when used during one-to- one check-ins or embedded in tutorial sessions, helping to reduce impersonal barriers and increase trust. National guidance reinforces this view, emphasising that digital mental health must be co-produced, inclusive, and rooted in relational care models to be truly effective (BMJ Mental Health, 2023).

Peer support and community engagement

Peer-led models enhance accessibility and normalise help-seeking. Training students as wellbeing ambassadors fosters community ownership and reduces stigma, particularly in institutions where professional resources are limited (CDC, 2024; Office for Health Improvement & Disparities, 2025).

Cultural responsiveness and inclusion

Students from marginalised groups, including young people from racialised, LGBTQ+, and refugee communities, face systemic barriers shaped by stigma, representation gaps, and cultural mismatch. Successful programmes are co-designed, culturally affirming, and guided by anti-racist frameworks (Race Equality Foundation, 2022).

Relational support and college belonging

Belonging, fostered through consistent staff–student relationships and emotionally safe environments, is positively associated with academic achievement, retention, and mental wellbeing, particularly among minoritised students (Fong *et al*., 2024). Thrive helped surface this as an implicit but critical outcome, with learners consistently identifying relationships as the anchor of their college experience.

Evidence-based interventions

Effective programmes are grounded in validated psychological frameworks, including cognitive behaviour therapy (CBT) and dialectical behaviour therapy (DBT), adapted for diverse populations. These approaches improve self-regulation, emotional literacy, and coping skills, especially when delivered by practitioners trained to recognise trauma, identity, and intersectionality (Cuijpers *et al*., 2019).

APPENDIX 2: RESOURCES FOR COLLEGES
SPOTLIGHT ON: CARE EXPERIENCE

CARE-EXPERIENCE AND MENTAL HEALTH

Care-experience and estrangement from family can have a lifelong impact on mental health. The reasons why a child entered care, their experiences whilst in care, and the reduced support networks around them as an adult, often result in a complex set of mental health and wider needs.

These experiences can have a significant impact on a care-experienced individuals' education. In 2025, some 45% of care leavers aged 19-21 were not in education, employment or training and only 27% were in education (Department for Education, 2025).

The stresses and challenges of leaving care as a young adult can be enormous. Care-experienced young people often have to manage their own finances and run a household many years before peers who do not have care experience. As a result, care-experienced young people often find their further and higher education is delayed. With the right support however, care-experienced young people can thrive in college, with increasing numbers going on to higher education in recent years.

TOP TIPS FOR COLLEGES

Colleges could use the THRIVE @ College Pillars to help guide their activity in this area:

1. Leadership

Are care-experienced learners visible in your whole college approach to mental health and wellbeing?

Have you worked closely with care-experienced learners, safeguarding leads, and the relevant Virtual Schools to identify care-experienced learners and develop clear and ambitious priorities as part of your strategy?

Consider working with the National Network for the Education of Care Leavers (NNECL) to secure their Quality Mark accreditation: https://www.nnecl.org/pages/nnecl-quality-mark

2. Training and resources

What resources are available for staff to help them support care-experienced learners?

What resources and support are available for care-experienced learners themselves? Are these easy to find on your website? Is your college featured in the 'local offers' of the local authorities included in your catchment area?

There is still significant stigma around care-experience. What training could you provide for staff to help raise awareness and tackle this? Could you include care-experience in your strategic plans to promote Equity, Diversity and Inclusion in your college?

3. Peer support and voice

Working with your Virtual Schools, you should be able to identify most of the care-experienced learners on your roll. What mechanisms can you put in place to ensure you capture their experiences and work with them to continuously improve your offer in this area?

How can you strengthen the connections between care-experienced learners on your roll so that they can provide mutual support and inspiration for each other, should they wish to?

4. Staff wellbeing

Increasingly, organisations are including information about care-experience on their equal opportunities monitoring systems. This helps to improve access and practice and tackle stigma.

5. Curriculum and skills

Care-experience might be under, or over-represented on some courses. Consider why this might be, and if you are doing all you can to make every course accessible.

Review your current offer for learners around life skills. Is it inclusive of care-experience? Young care-experienced learners might benefit from additional help and support around issues related to living independently, managing finances, or preparedness for employment or higher education.

6. Local mental health support

Your most important partner in supporting learners with care-experience will likely be your local authorities and their virtual schools. These partners should have a strong understanding of young people's mental health and their educational experiences, and retain a range of duties to support young people up to the age of 25. Work with these statutory partners to identify local voluntary and community organisations that can offer educational, general wellbeing or specific mental health support to care-experienced learners and develop partnerships and referral mechanisms with them.

If available, work with your Mental Health Support Team to ensure that care-experienced young people are identified to them and proactively engaged before problems arise.

RESOURCES FOR STUDENTS

The following organisations provide information, advice and support to care-experienced young adults:

National Network for the Education of Care Leavers (NNECL)

NNECL works with colleges and universities to improve the support that care-experienced young people receive in Further and Higher Education. Their website has lots of information about educational entitlements for care-experienced young people and best practice for colleges and university. https://www.nnecl.org/

Become

Become works alongside care-experienced young people in England to improve the care system. They campaign for change and provide services and support for young people including an advice line and their 'Propel' services which support care experienced young people into further and higher education or employment. https://becomecharity.org.uk/

Care Experienced Movement

The Care Experienced Movement (CXM) is a collective of Care Experienced People working together as creative activists to drive the change we need.

We use our diverse lived experiences of the children's social care system to support our community and create a better future for all care experienced people in the UK.
https://www.careexperiencedmovement.com/

Help at Hand

Help at Hand is an advice and information service delivered by the Children's Commissioner for England. If you need to know more about your Rights and Entitlements, or are struggling to get the support you need from your local authority, their helpline could be a good place to start.
https://www.childrenscommissioner.gov.uk/help-at-hand/

Local Offer

Every local authority must publish its own 'local offer' for care experienced young people. The local offer should set out all the support that young people can expect as a care leaver up to the age of 25 (and beyond in some areas). This website brings together all the local offers for English local authorities to help you find local support quickly. https://www.careleaveroffer.co.uk/

References:

Department for Education (2025) '*Reporting year 2025: Children looked after in England including adoptions*'. GOV.UK. Available at: https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2025 (Accessed: 2 January 2026).

APPENDIX 2: RESOURCES FOR COLLEGES
SPOTLIGHT ON: SUICIDE PREVENTION

SUICIDE PREVENTION

Whole-college approaches to suicide prevention are increasingly advocated for by professionals and campaigners. There is also a growing body of promising practice from which colleges can draw on when considering their own approach to suicide prevention.

Suicide is difficult to talk about and responding to both suicides and suicide attempts can be extremely distressing and difficult for both staff and students. By having a strong suicide prevention policy, colleges can respond effectively and support both individuals who are thinking about suicide and to the wider college community.

Organisations often have a policy that provides guidance on both suicide prevention and self -harm given the close linkages between them and because similar responses can be utilised in response to them.

TOP TIPS FOR COLLEGES

Colleges could use the THRIVE @ College Pillars to help guide their activity in this area:

1. Leadership

Do you have a specific suicide prevention policy? Organisations like Papyrus can provide guidance and support: www.papyrus-uk.org/schools-guide

Leaders can play a key role in making colleges safer by speaking clearly and compassionately about suicide prevention so consider carefully how you might communicate the policy and the activity, training and resources that will sit alongside it.

Your local authority should have its own suicide prevention and self-harm policy for the local area. Leaders should read these policies closely and ensure that they are referenced and embedded in your organisational policy.

2. Training and resources

Responding effectively to disclosures about suicidal thoughts or attempts plays a pivotal role in preventing suicide. Consider additional training for staff like Mental Health First Aiders, Safeguarding Leads and Tutors.

Communicating to staff and students when suicides have occurred is very difficult. Develop a resource for staff to use which helps them to use clear and compassionate language following a suicide.

Ensure that this resource supports them to confidently share what support is available for the entire college community following a suicide. Review any safety planning resources you are using to make sure that they are suitable for supporting individuals who might be thinking about suicide.

3. Peer support and voice

Work carefully with individual students at risk of suicide to hear their voice. Feeling listened to, and seeing the people around you respond to your situation and take concrete steps to help keep you safe is, in itself, a protective factor that will help keep people safe.

Consider and plan how you might create safe spaces for shared grieving in the event of a suicide that will bring staff and students together and allow them to provide mutual support to each other.

4. Staff wellbeing

Ensure that line managers and student facing staff who are supporting individuals who are thinking about suicide are properly supported with clinical supervision spaces following intense situations. This will support them to explore what happened, how it made them feel and identify any changes in their practice that they may need to make.

5. Curriculum and skills

Ensure that suicide and self-harm are included as topics in life skills and PSHE curriculums. Openly talking about these difficult subjects and giving students a safe and caring space to explore these topics in detail will reduce the likelihood of self-harm and/or suicide occurring.

6. Local mental health support

Where possible, work with staff and students and their GPs and other clinicians to share information and conduct joint safety planning for staff and students at risk of suicide and self-harm. This will help you to respond effectively to mental health crises and prevent escalation.

RESOURCES

The following organisations provide information, advice and support to care-experienced young adults:

Papyrus

Papyrus is a charity dedicated to preventing suicide among children and young people. They provide a range of training for professionals, support with suicide prevention policies and information and advice for young people and their families. www.papyrus-uk.org

Samaritans

Samaritans helplines and chat services are designed to support anyone who might be thinking about suicide or self-harm. The charity also provides training and information and advice about how to communicate about suicide sensitively with the public which colleges may find useful. www.samaritans.org

Chartered Institute of Personnel and Development (CIPD)

CIPD is the professional body for people working in HR and people development. They have a range of guidance, resources and information to help organisations consider suicide prevention strategies and support in detail. www.cipd.org/uk

APPENDIX 2: RESOURCES FOR COLLEGES

SPOTLIGHT ON: SCHIZOPHRENIA AND BIPOLAR

SCHIZOPHRENIA AND BIPOLAR

A small number of college students are likely to experience less common mental health conditions like schizophrenia and bipolar. Colleges may feel less confident supporting these students as there are far fewer resources and training options available compared to other more common mental health conditions and because conditions like bipolar and schizophrenia are still subject to high levels of stigma.

Schizophrenia is a long-term mental health condition which leads to a range of psychological symptoms but is often described as a more common form of psychosis. It affects people's thoughts, emotions and behaviour and results in experiences that are different from what others experience as reality. There is a lot of debate about the diagnosis and how it is defined which can make it difficult for individuals to access treatment and support.

Bipolar causes extreme mood swings and changes in energy levels. Someone with bipolar can experience long or short periods of stability, but can then experience extremes 'lows' (depression) or 'highs' (experiencing mania and/or psychosis).

There are still some very common myths about both schizophrenia and bipolar. It is important to know that neither condition causes individuals to have a split personality or to be violent and that myths like these should be robustly challenged.

As with any medical condition, with careful planning, strong relationships with students and close working with medical professionals, families and carers, colleges will be able to support students with these less common conditions to achieve their educational goals.

TOP TIPS FOR COLLEGES

Colleges could use the THRIVE @ College Pillars to help guide their activity in this area:

1. Leadership

Review your practices and policies for both staff and students from the perspectives of someone with less common mental health conditions like schizophrenia or bipolar. This will be most effective if individuals with lived experience are involved. Are you confident that individuals will feel able to disclose their condition? Are you able to make adjustments on a day-to-day basis to support them? And are you able to respond effectively during a period of mental health crisis?

2. Training and resources

Do you have a strong set of resources and the right training to support staff and learners to manage their mental health conditions effectively?

This could include a college wide approach to safety planning in case someone has a mental health crisis, or resources to help learners track their medication, physical health, mood and sleep.

Consider training for student-facing staff and line managers around responding to disclosures of less common mental health conditions effectively.

Are there opportunities through guest speakers, assemblies, or life skills sessions to raise awareness about these less common conditions to improve the confidence and knowledge of students and to reduce stigma?

3. Peer support and voice

Consider how you effectively capture and respond to the experiences of students with enduring and severe mental health conditions on a college-wide level. Student voice, in this instance, is less likely to be heard through the usual channels. How can you ensure that conversations that tutors and pastoral staff are having with students are informing your strategic decision making whilst ensuring appropriate confidentiality?

4. Staff wellbeing

Ensure that line managers and student facing staff who are working closely with individuals with conditions like schizophrenia or bipolar are provided with reflective supervision spaces following intense or unusual situations. This will support staff to explore their experiences, including difficult events of crises, how supporting people is affecting their own emotions and identify any changes in their practice that they may need to make.

5. Curriculum and skills

Managing mental health illness can be complex and difficult. Students might benefit from life skills lessons and content focused on positive health behaviours like managing medication, sleep hygiene, nutrition, exercise and techniques to manage strong emotions.

6. Local mental health support

Where possible, work with staff and students and their GPs and other clinicians to share information and conduct joint safety planning - particularly with a view to being well prepared for any mental health crises.

Consider how you will support students if they have to be admitted to hospital during term time and how you might support them back into college after periods receiving treatment as an inpatient.

RESOURCES

The following organisations provide information, advice and support that might be helpful:

Bipolar UK

Bipolar UK is the national charity for people with bipolar. It provides advice and information, has an app to help with condition management, and has a bipolar friendly workplace scheme you could use to help improve policies and responses. www.bipolaruk.org

Rethink Mental Illness

Rethink is a charity dedicated to supporting and championing individuals who are affected by severe mental illness. Their website has information on different mental health conditions, services and support, including both schizophrenia and bipolar. www.rethink.org

Mind: Finding peer support groups

This webpage from the charity Mind provides some tips on finding peer support groups. These can be incredibly beneficial for individuals with less common mental health conditions as it helps them feel less isolated, learn more about their condition and build a support network.

www.mind.org.uk/information-support/guides-to-support-and-services/peer-support-groups/how-to-find-a-support-group

APPENDIX 2: RESOURCES FOR COLLEGES
SPOTLIGHT ON: SANCTUARY SEEKERS

MIGRATION AND MENTAL HEALTH

Sanctuary seekers is an umbrella term that includes refugees, individuals seeking asylum, unaccompanied asylum-seeking children, and wider migrant groups.

Colleges can have an important role to play in supporting individuals who are seeking sanctuary in the UK - especially young people who have arrived on their own or with family members. Whether through ESOL courses, GCSE provision or other qualifications, colleges can be a gateway to all sorts of opportunities.

Supporting the mental health of individuals seeking asylum can be difficult. Experiences in their home country, en route to the UK, and whilst they are awaiting decisions on their asylum applications can all result in complex mental health needs. These needs can be further compounded by language and cultural barriers and experiences of racism and discrimination.

Young people seeking asylum who arrived on their own as a child should also be receiving support from the local authority as a result of their care-experience (please refer to our care experience resource for further information). Those who arrived with family members may have very limited additional support however.

TOP TIPS FOR COLLEGES

Colleges could use the THRIVE @ College Pillars to help guide their activity in this area:

1. Leadership

Are individuals seeking asylum visible in your whole college approach to mental health and wellbeing?

Have you worked closely with refugee communities, safeguarding leads, and the relevant Virtual Schools (for unaccompanied children/young adults seeking asylum) to identify learners in the asylum system and to develop clear and ambitious priorities for them as part of your strategy?

Consider working with the organisation City of Sanctuary to secure their 'FE College of Sanctuary' status: https://college.cityofsanctuary.org/

2. Training and resources

What resources are available for staff to help them support learners who are seeking asylum in the UK?

What resources and support are available for learners who are seeking asylum in the UK? Are these easy to find on your website?

People seeking asylum in the UK face significant discrimination and stigma. What training could you provide for staff to help raise awareness and tackle this? Could you include refugees and asylum seeking in your strategic plans to promote Equity, Diversity and Inclusion in your college?

3. Peer support and voice

Identifying learners who are seeking asylum in the UK can be done in close partnership with your admissions team (because learners must have certain status to qualify for certain courses) and, for unaccompanied asylum seeking young people, with the relevant Virtual Schools.

What mechanisms can you put in place to ensure you capture the experiences of learners who are seeking asylum and work with them to continuously improve your offer in this area?

How can you strengthen the connections between learners who are seeking asylum on your roll so that they can provide mutual support and inspiration for each other, should they wish to?

4. Staff wellbeing

Consider additional training for staff who are working closely with this community - they may benefit from learning more about how the asylum system works in the UK and from courses about trauma-informed approaches to teaching and learning.

5. Curriculum and Skills

Individuals seeking asylum are likely to be under, or overrepresented on some courses. Consider why this might be, and if you are doing all you can to make every course accessible.

Review your current offer for learners around life skills. Is it as helpful as it could be for learners seeking asylum? You might want to consider including cultural education, information about legal aid, and additional help and support around preparedness for employment or higher education.

Consider any opportunities for students to safely and sensitively celebrate and share their own cultures with your wider student and staff body. This can have benefits for everyone involved.

6. Local mental health support

Work to identify local voluntary and community organisations that can offer educational, general wellbeing or specific mental health support to learners seeking asylum in the UK and develop partnerships and referral mechanisms with them.

You may want to prioritise working with law centres, legal aid providers and advocacy organisations as severe shortages in legal aid provision mean that many individuals seeking asylum find it difficult to secure a solicitor to represent them in their case.

RESOURCES FOR STUDENTS

The following organisations provide information, advice and support to individuals seeking asylum in the UK:

Migrant Help

Migrant Help can support individuals seeking asylum in the UK to apply for accommodation and financial support, to report issues with asylum accommodation, and provide any other advice needed during their asylum journey.

Migrant Help also provide support during the post-decision period, whether the decision has been positive or negative. www.migranthelpuk.org

Law Centres Network

Law Centres can provide immigration advice through legal aid. If you meet the eligibility requirements this means you will not have to pay your solicitor. Many law centres provide legal clinics to give one-off advice on your case, and they may be able to recommend other legal aid solicitors if they do not have capacity to support you. www.lawcentres.org.uk

Refugee Council

Refugee Council is the national charity for refugees in England. They can provide advice and support in many different areas of the country. www.refugeecouncil.org.uk

Support for unaccompanied asylum seeking children

Young people who arrived in the UK as a child to seek asylum on their own without any family should have been taken into the care of a local authority. Our 'care-experience' resource includes a number of helplines and websites that may be useful when thinking about the support, rights and entitlements they have a care-experienced individuals. See our Care experience resource.

CENTRE FOR MENTAL HEALTH

THRIVE AT COLLEGE

FINAL REPORT AND PRACTICE GUIDE
WEST MIDLANDS COMBINED AUTHORITY

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