



Report and Support



Annual Report
2024/25

What is Report and Support and introduction

Cardiff University's Report and Support platform is a confidential online platform, launched in October 2024. It has been developed to ensure that any member of our community can report urgent mental health concerns, incidences of harassment, discrimination and violence and abuse.

The platform offers a secure and confidential means of reporting concerns and receiving signposting, guidance and support from a range of specialist services and practitioners.

Recognising the sensitive nature of such disclosures, the platform offers the option to submit named or anonymous referrals. While anonymous submissions limit the university's ability to take direct action, they are nonetheless reviewed and incorporated into our annual data analysis to inform institutional improvements. (See [privacy notice](#) for further information on anonymous reporting)

Reporting about a student: referrals concerning students are received by our Student Support Intervention Team (SSIT), comprising specialist practitioners who determine the most appropriate course of action. Where contact details are provided, the referrer will receive an email confirmation acknowledging the referral by the SSIT team within 48 hours.

Reporting about a member of staff: referrals concerning staff members are received by our Human Resources team who will determine the most appropriate course of action. Where contact details are provided, the referrer will receive an email confirmation acknowledging the referral by the HR team.

The development of this platform aligns with the priorities outlined in Cardiff University's Strategic Equality Plan 2024–2028, which identified key areas for improvement, including:

- The need for a more navigable and accessible reporting process.
- A commitment to enhancing data collection to better understand the needs of our community.
- A focus on evidence-based action to address inequalities and measure progress effectively.

Our Commitment to Report and Support:

Report and support is integral to the university's broader strategy encompassing prevention, intervention, and postvention support. The platform was initially soft launched in October 2024 to enable us to roll out the platform as early as possible. As such, the first data set is not fully reflective of all our referrals as promotion of the platform took place post-launch, allowing time to check and improve functionality prior to promoting it extensively. This initial data set has been extremely useful in helping shape and refine the platform and contribute to our data driven, proactive and preventative approach. Future annual reports will reflect a full calendar year of data and benefit from more widespread awareness and increasing usage. Insights derived from this initial dataset will inform our ongoing work on student and staff wellbeing across the university.

Statements

Julie Walkling – Director of Student services

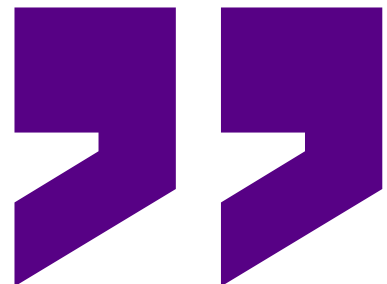
It is so important that as a University we enable students, staff and 3rd parties to be able to let us know about concerns relating to harassment, violence, discrimination, mental health and wellbeing concerns affecting our students and making it possible for us to then quickly offer help. Report and Support is a platform used widely across higher education in the UK that enables students to get support for themselves as well as to let us know about another student that reporters are concerned about. Aside from helping students directly, this also helps us to keep working to provide the best student experience and creating a safe sense of belonging in our community.

Venice Cowper – Head of EDI

Implementing the Report and Support tool is a transformative initiative for the University, signalling a significant change to our infrastructure and culture. The introduction of the tool seamlessly aligns with one of our Strategic Equality Plan's core objectives of fostering Cynefin or a sense of belonging among our community.

Sarah Lewis – Head of Student Health and Wellbeing

At Cardiff University, we are committed to developing our student services to make all members of our community feel safe, supported and included. The Report and Support platform ensures that reporting a range of concerns such as urgent mental health concerns, instances of violence and abuse and hate crime is made as easy and accessible as possible, allowing people to connect with signposting, guidance and support. We are alert to feedback about content and accessibility of the platform and will continue to develop it based on user's experience.



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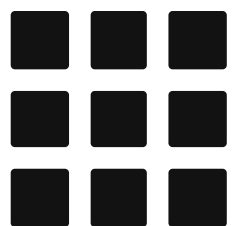
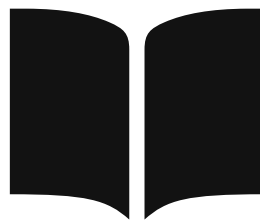
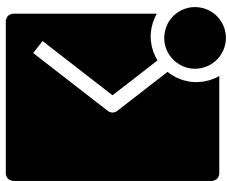


Who handles the reports?

Student reports go to the SSIT team who are based in the central Mental Health and Wellbeing service at Cardiff University. We are a team of specialist practitioners who have a range of experience and skills to help support students. Specifically, they support students who have experienced harassment, hate crime, sexual violence, relationship abuse, bullying and/or have a significant mental health concern. You can find examples of their experiences via the intranet link below, examples include: working within the criminal justice system, third sector organisation providing specialist support to victims of hate crime, working across NHS clinical and community settings, crisis intervention, mental health nursing, working within domestic abuse charities and background studying in psychology.

Meet the Team

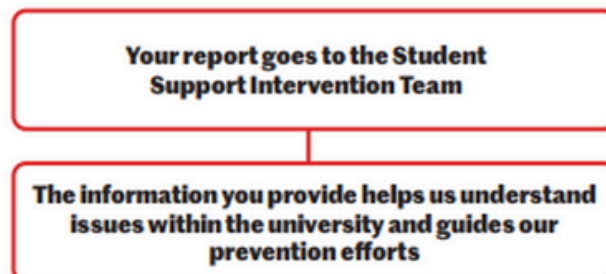
The team of specialist practitioners are managed by Emma Jones with the service lead being Sarah Lewis. More about the team's experience can be found via our [meet the team intranet page](#).



What happens when a report is submitted?



You also have the option to report anonymously. Here's how we'll handle your information:



If you would like to speak to someone, please choose to report with contact details.
reportandsupport.cardiff.ac.uk

Communication plans and Information sharing sessions

Having soft launched the tool in October 2024, we have since embedded Report and Support into various comms channels.

Over the course of the year, we have delivered a series of targeted information-sharing sessions to support the promotion and understanding of the tool. These sessions have engaged key stakeholders across the University, including Heads of Schools, Senior Personal Tutors, and Wellbeing Contacts. This will be ongoing into the next academic year.

Student Comms

What comms have occurred in the academic year 24/25

Digital Channels

- Updates on internal staff and student intranet
- Dedicated intranet content edited with clear guidance and links
- Updated team space for SSIT team on Intranet with short professional biographies
- Social media posts targeting students
- Inclusion in student and staff news items
- Digital signage across campus (e.g., screens in libraries, SU, CSL etc)

Email Campaigns

- Targeted emails to students during key times with links to promote individual reporting scenarios e.g. serious mental health concerns
- Follow-up emails reminders or quick click buttons to report
- Targeted emails to all Schools with resource pack of posters/digital screen signage to do more local communication

Events and Outreach

- Wellbeing Champion stalls (e.g. mental health awareness day in CSL)
- Slides sent for presentations to Schools
- Collaboration with SU to raise awareness

Printed Materials

- Posters in high-traffic areas (toilets / schools and different campus' including Heath)
- Flyers handed out during events and other support events (via main Mental Health and Wellbeing leaflet)
- Pull up banner for events promotion
- Business cards
- Collaborations
- Promotion via Equality, Diversity & Inclusion initiatives and awareness days throughout the year

Other

- Video how to guides in production





How has some Report and Support data driven service improvement?

- Through more effective communication and collaboration with the student cases team, who are responsible for the handling of student conduct and complaints. This allows us to better support students who have submitted formal complaints about any aspect of university life.
- We have strengthened connections with Sexual Assault Referral Centres (SARC) in Cardiff. This has included the SSIT team receiving training from the South Wales Police Rape and Serious Sexual Assault Team (RASO) in partnership with SARC, which has allowed SSIT to share up to date information on legal processes, timescales for support and appropriate signposting. The SSIT team have also visited the SARC in Cardiff, so they are better able to prepare students who need to visit them, to know where to go and what to expect, which can prove helpful during such a traumatic and difficult time.
- Our specialist practitioners receive targeted specialist training based on what reports are coming through. For example: all SSIT practitioners have attended training on suicide prevention for domestic abuse survivors and perpetrators. This has helped the team to enhance specialist risk assessments and provide more holistic support.
- A new single risk assessment has been created within SSIT that addresses the needs of students experiencing both mental health and violence or abuse related difficulties. It allows the practitioners to have a greater understanding of the students holistic needs and allows for a more targeted offer of support.
- We work closely with Multi-Agency Risk Assessment Conference (MARAC). MARAC is where high-risk domestic violence cases are discussed, and support and risk mitigation is co-ordinated. There is a designated MARAC lead within the team, who can act as lead for the university and attend MARAC meetings where Cardiff University students are being discussed.
- Targeted communications across incident types to promote awareness and understanding more widely across our community.



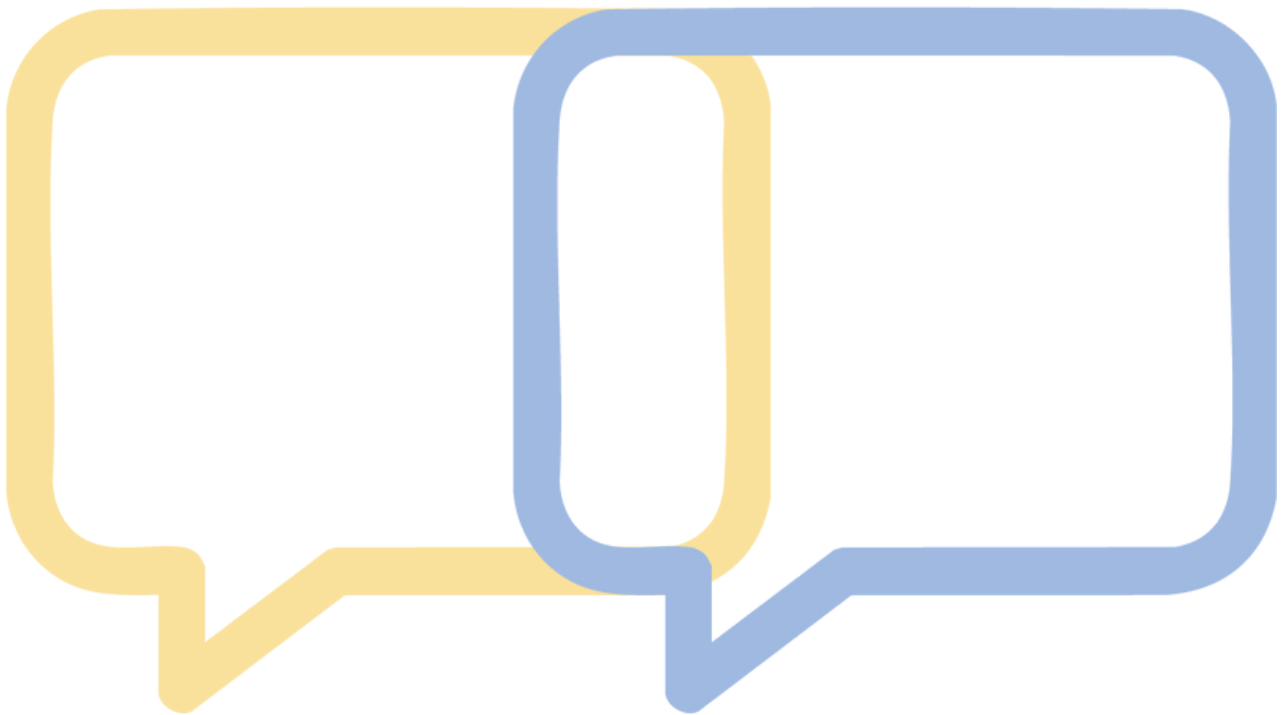
Feedback from Report and Support users

Student feedback

- Easy to navigate, clear
- The information is non-threatening
- The hyperlinks explaining the definitions is a great touch
- Key emergency contacts are available throughout

Staff feedback

- Quick and easy way to direct people towards getting help for themselves or others - obviously we only see it at the point of reporting cases but we certainly feel confident either filing reports on behalf of others or directing people to it and showing them how it works. I wasn't here when the old system was in place but from what I hear, R+S is certainly an improvement from the point of view of having one single place to direct people in distress.
- Excellent to have an external website which saves the use of logging in
- Helpful to have an anonymous reporting button to help encourage students to report in



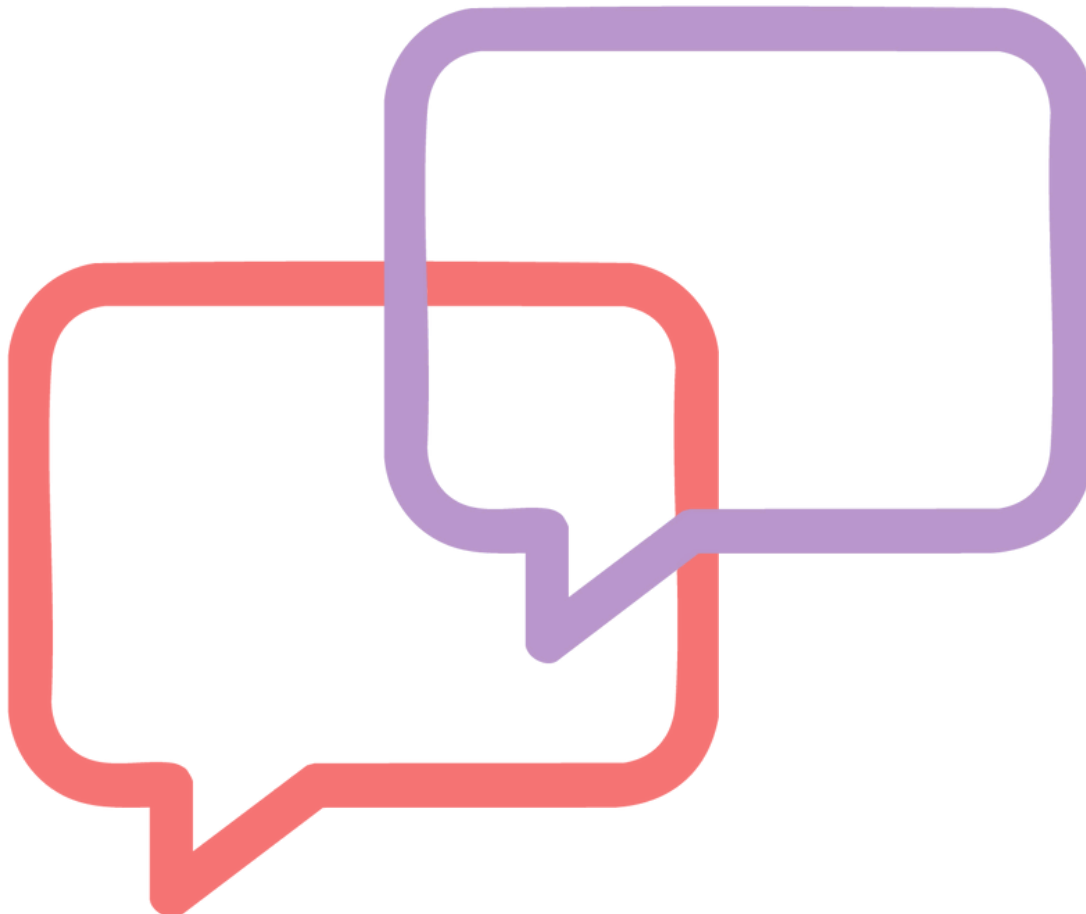
Data insights and updates

Between 30 October 2024 and 31 July 2025, we received a total of 658 reports. Of these, 164 referrals were managed through the Violence and Abuse Pathway (VA) within SSIT, while 345 were addressed via the Urgent Mental Health Pathway. In some instances, students were supported through both pathways, reflecting the complexity and intersectionality of their needs.

Next year, we plan to explore comparative trends and closely monitor joint cases that span both the Mental Health and Violence and Abuse pathways. To support this, a series of outcome measures will be recorded through the new system, with further details to be shared in the upcoming academic year. The overlap between mental health and violence and abuse referrals highlights the complex and multifaceted nature of student wellbeing. These cases often require coordinated responses across multiple support services. Future analysis could explore patterns in dual-pathway referrals to identify common triggers or risk factors, enabling earlier intervention.

Unfortunately, we are unable to provide accurate, comparative data from the previous academic year (23/24) due to limitations in our current case management system, which does not capture the necessary metrics. This gap highlights the importance of our transition to the Report and Support platform.

Looking ahead, we aim to enhance our data collection and analysis capabilities across all violence and abuse incident types as well as urgent mental health concerns.



Changes and updates to Report and Support in 2024/25

Ahead of the launch, we made a strategic decision to include the mental health option within the referral form. This change reflects the integration of SSIT's working processes under a unified team structure with a single referral route. The decision was informed by consistent feedback from staff and students throughout the year, highlighting confusion around how to make a referral and difficulties navigating the old case management system which was linked to the referral form.

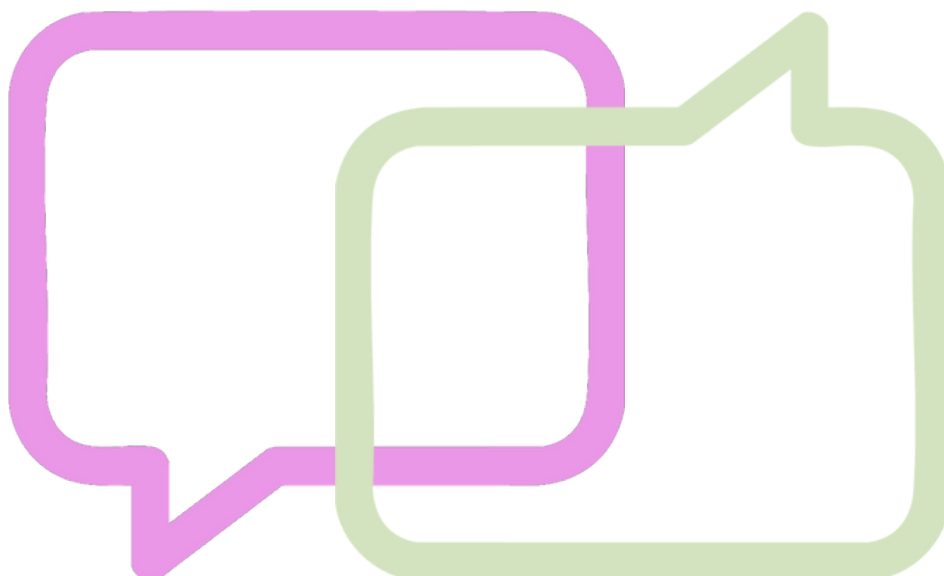
To support clarity and transparency, we developed and published a comprehensive process flowchart outlining the Report and Support journey after a student referral comes in.

In collaboration with the Student Cases team, we also created a FAQ section to address common queries. Plans to keep developing this section are already in place.

Additionally, we worked closely with HR to prepare for the staff launch in September 2025. From this point forward, Report and Support has been extended to staff, enabling them to seek advice on issues such as bullying and harassment, sexual misconduct, and discrimination. While the student pathway focuses on support, the staff pathway—managed by HR—provides tailored advice. All reports are handled confidentially and triaged appropriately, with operational teams only accessing reports relevant to their remit. The extension of Report and Support to staff marks a significant cultural shift. Monitoring uptake and feedback from staff users will be crucial in assessing the platform's broader impact on institutional wellbeing and inclusivity. Future reports could include comparative analysis between student and staff usage patterns.

We have made several key enhancements to the Report and Support form, a few of them include:

- Updating generic outcomes to reflect SSIT's specific working practices, enabling more accurate data tracking
- Revising questions to ensure they are appropriate for both urgent mental health and violence and abuse referrals
- Refining definitions across categories of violence and abuse, in consultation with SSIT, to ensure accuracy and consistency.
- Introducing a free-text box for referrers who may feel unsafe being contacted via their known contact details.



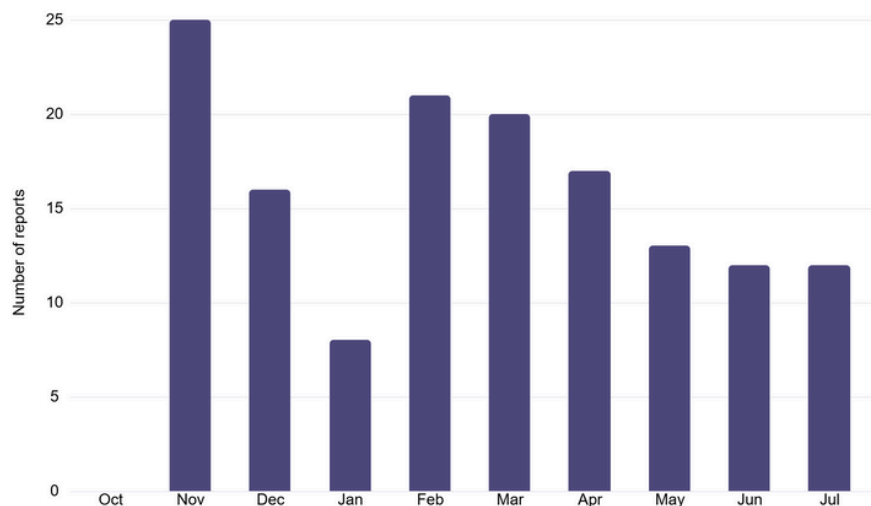
Violence and Abuse overview

As mentioned previously, we received 164 reports related to incidents of Violence and Abuse including anonymous referrals.

Between October 2024 and July 2025, we received reports across a range of violence and abuse incident types. When submitting a referral, individuals are asked to identify the specific nature of the incident. These categories include the following:

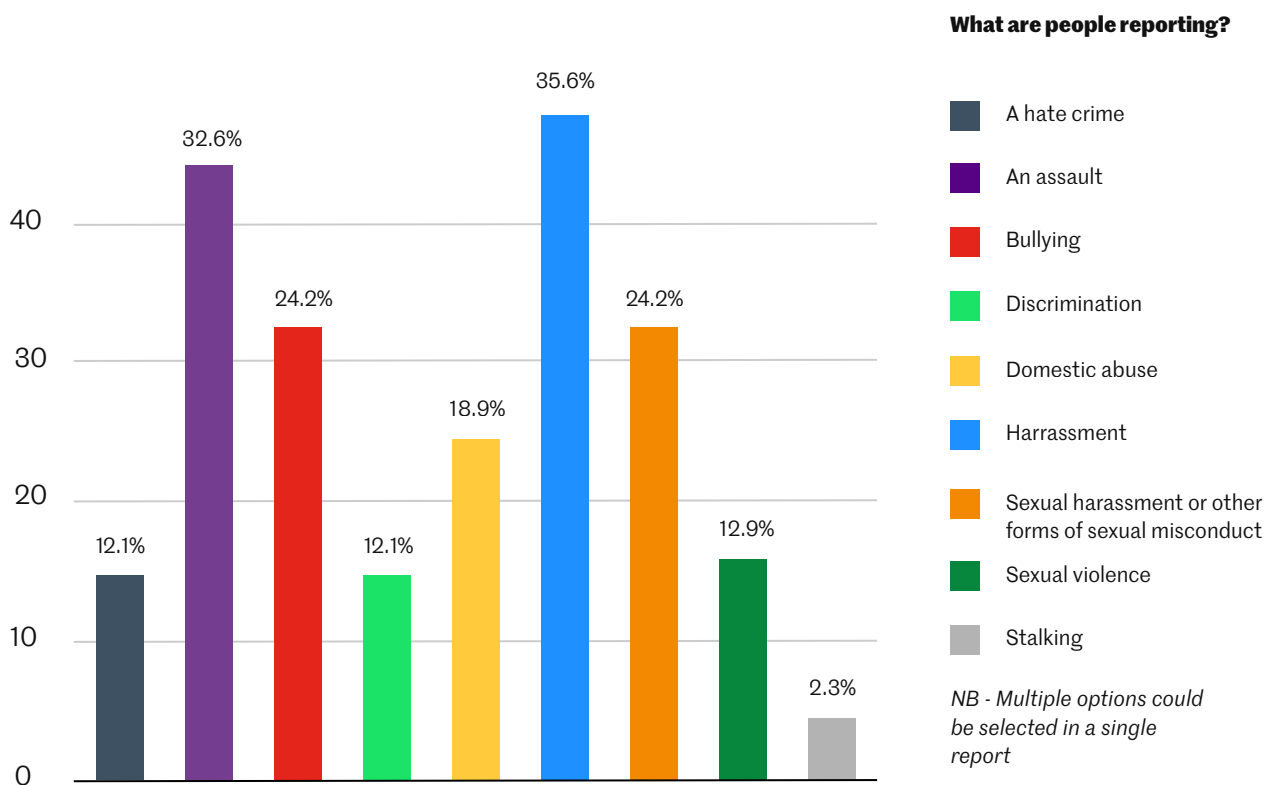
- Assault
- Bullying
- Discrimination
- Hate crime
- Harassment
- Domestic abuse
- Sexual harassment or other forms of sexual misconduct
- Sexual violence
- Stalking

Selected reports



From October to July, the number of reports varied, with notable peaks in November, February and March. The lowest count was in January. As the tool launched at the end of October, communication efforts gradually increased—such as putting up posters in toilets and promoting through the university’s Instagram page. February’s spike coincided with targeted communications for Sexual Violence Awareness Week, which is planned to be promoted again in 2026. The current data reveals that reporting activity is influenced by both academic cycles and awareness campaigns. For example, spikes in February and March may correlate with Sexual Violence Awareness Week and mid-term stress. Understanding these patterns allows for strategic planning of outreach and support services during high-risk periods.

Violence and Abuse data



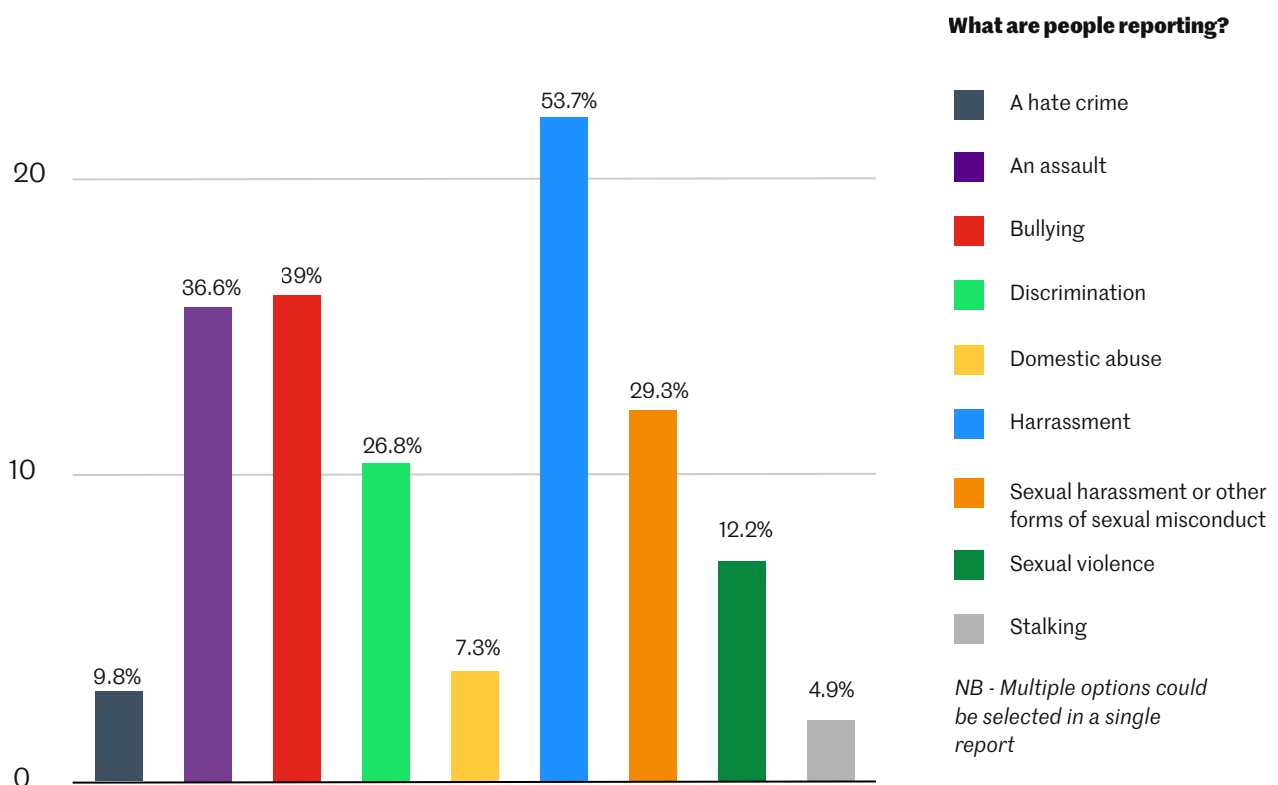
The graph shows the percentage of reports made under the "Named" category across various incident types. Harrassment and assault were the most frequently reported, followed by Sexual harassment or other forms of Sexual Misconduct and bullying. Stalking had the lowest reporting rate. Since multiple options could be selected in a single report, the percentages reflect how often each issue was mentioned rather than the number of unique reports. As harassment accounts for the highest percentage of reported incidents, it often overlaps with other types of incidents

Harassment and assault emerging as the most frequently reported incidents may reflect broader societal trends, where these behaviours are more commonly recognised and understood by students. The prominence of sexual harassment and bullying suggests ongoing challenges in peer-to-peer interactions, particularly in social and academic settings. These patterns may also indicate areas where students feel more confident identifying and reporting misconduct, possibly due to increased awareness campaigns or clearer definitions provided in the referral form.

Driving Change: Future Actions from Violence and Abuse Insights & Promoting Report and Support

Focus Area	Actions
Inclusive Culture & Anti-Racism	<p>Facilitate regular data-driven meetings focused on student-facing work, aiming to:</p> <ul style="list-style-type: none"> • Cultivate an inclusive, anti-racist institutional culture that promotes equity, belonging, and psychological safety • Identify and address systemic barriers facing racially minoritised students
Violence, Abuse & Safeguarding	<p>Appointed a MARAC lead to ensure high-risk cases are escalated and safeguarding protocols implemented.</p> <p>Approved funding for a 2025/26 test-and-learn initiative to prevent violence against women, domestic abuse and sexual violence (VAWDASV), training staff and students to lead sessions on gender equality, respect, healthy relationships, and sexual consent.</p> <p>It is important to note, all these actions are in alignment with the wider work the university is undertaking alongside the Tackling Violence, abuse and sexual harassment against women working group</p>
Communication & Awareness	<p>Ongoing engagement with Communications to review and introduce more targeted messaging around specific incident types in alignment alongside the Tackling Violence, abuse and sexual harassment against women working group.</p> <p>Revised E2S templates to include safety information, compassionate communication, and trauma-informed language.</p>
Communication & Awareness	<p>Contributed to staff Sexual Harassment and Sexual Misconduct training by explaining the Report and Support platform and differences between student and staff routes.</p> <p>Contributed to the Embedding Anti-Racism for Managers workshop with similar input.</p> <p>Contributed to the delivery of the Time to Talk about Race workshop by providing an overview of the Report + Support platform and explaining how the student reporting route differs from the staff route.</p> <p>SSIT Staff have engaged in a range of specialist training to enhance their knowledge and response to complex issues. Training completed includes:</p> <ul style="list-style-type: none"> • Understanding and Responding to Modern Day Slavery and Human Trafficking • DASH and MARAC Training • Addressing Sexual Violence in Higher Education • Domestic Abuse and Suicide – What is the Link? • Pride Month: Online Hate • Taking and Recording a Disclosure • Understanding Hate Crime • Stand Up Against Harassment • Level 3 Domestic Abuse Service Managers Training • Power of Language <p>Strengthened relationship with SARC, who will support university campaigns and help inform students through engagement.</p>
Digital Systems & Reporting	<p>Enabled SSIT to implement system updates based on student and practitioner feedback.</p> <p>Ensured accurate reporting of referral outcomes via Report and Support.</p> <p>Strengthened dialogue with HR to improve referral handling processes.</p>
Student Learning & Prevention	<p>Funded two e-learning modules for students (Sexual Consent and Active Bystander Intervention), developed by Brook and informed by Dr Elsie Whittington's research, to support culture change and promote respectful relationships.</p>

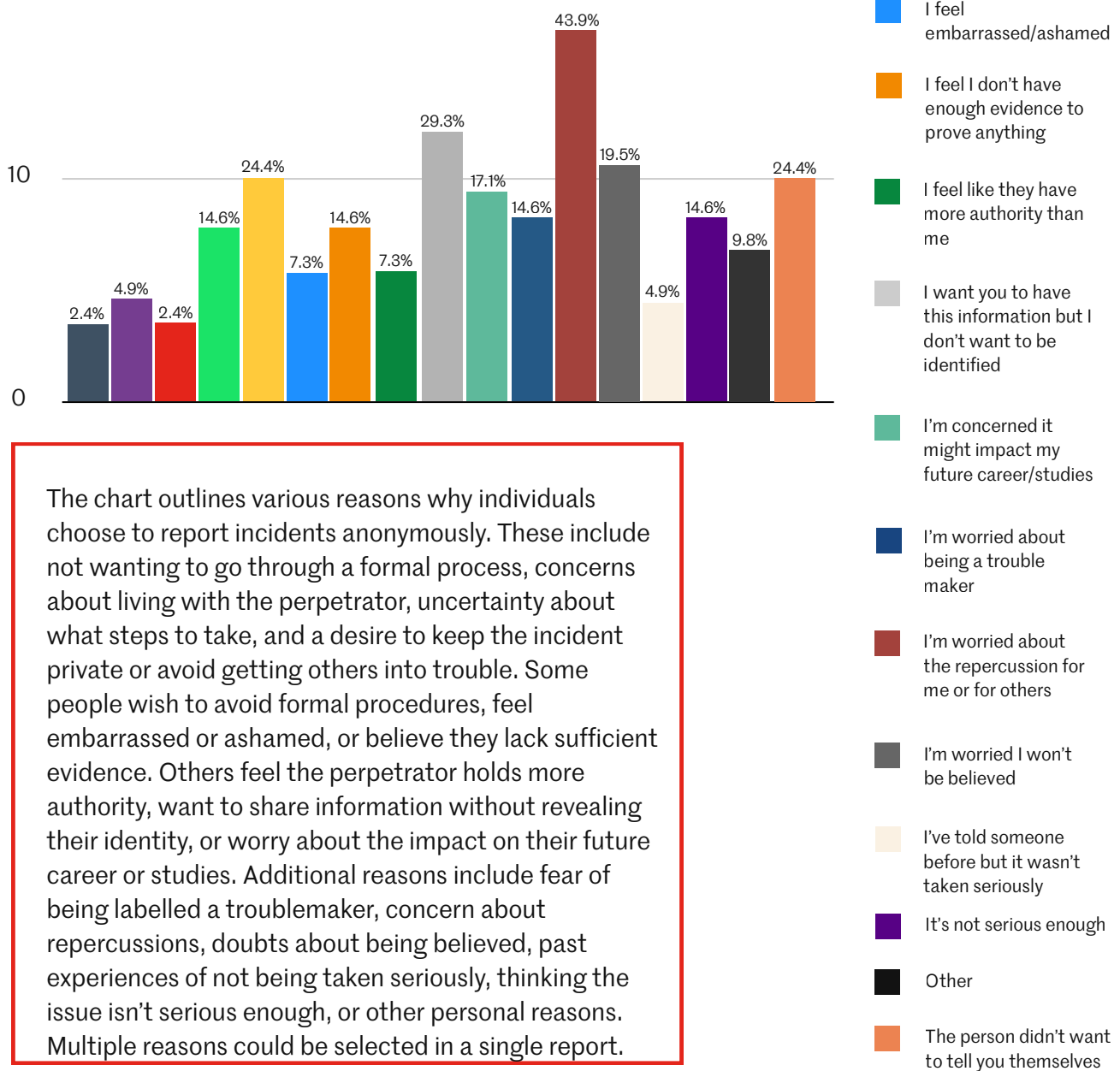
Violence and abuse anonymous data



The chart illustrates the types of incidents that were reported anonymously. Over the course of the same period of time, we received 14 anonymous reports related to violence and abuse. Harrassment, bullying, and assault were among the most frequently reported issues. Other incidents included sexual harassment or misconduct, discrimination, sexual violence, hate crimes, domestic abuse, and stalking. It's important to note that individuals could select multiple categories when submitting a report, indicating that some incidents may involve overlapping concerns.

Why are these incident types being reported anonymously?

Due to how the system operates, we are unable to pull out the data which can demonstrate exactly why reports are coming through anonymously for each incident type, the below gives an overview for all the violence and abuse incident types.



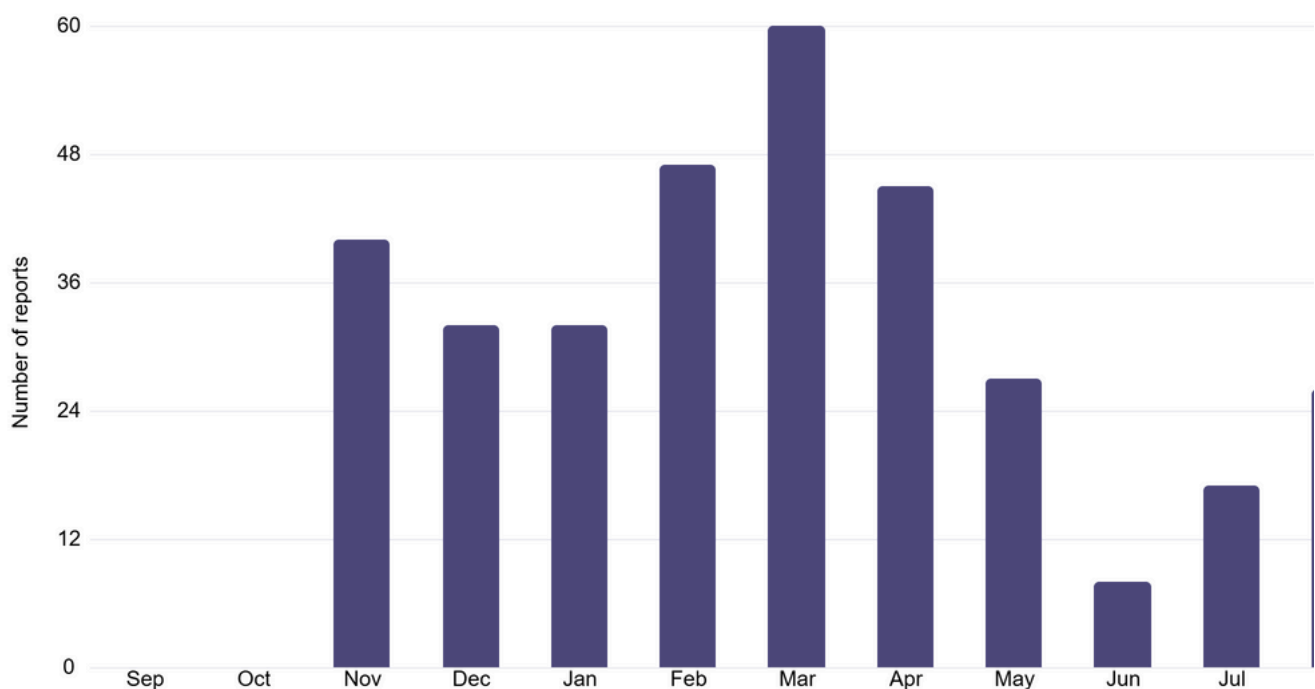
NB - Multiple options could be selected in a single report

Mental health overview

Between October 2024 and July 2025, we recorded 345 reports relating to urgent mental health concerns including 24 anonymous referrals. When selecting 'Mental Health Concern' on the referral form, individuals are prompted to specify the nature of the concern they or the person they are referring have experienced. The available categories of mental health concerns include the following:

- Suicidal thoughts, plans or intent
- Self-harm
- Disordered eating
- Substance use
- Behaviour that could pose a risk to others
- Signs of paranoia or psychosis
- Admission to hospital either on a voluntary basis or under a section of the Mental Health Act (2007)

Selected reports



The bar chart illustrates the number of reports received from October to July. March saw the highest volume of mental health reports, while April and February followed closely after. November also had a notable count. The lowest reporting occurred in June. A sharp decline is evident from May to June, followed by a gradual rise in July.

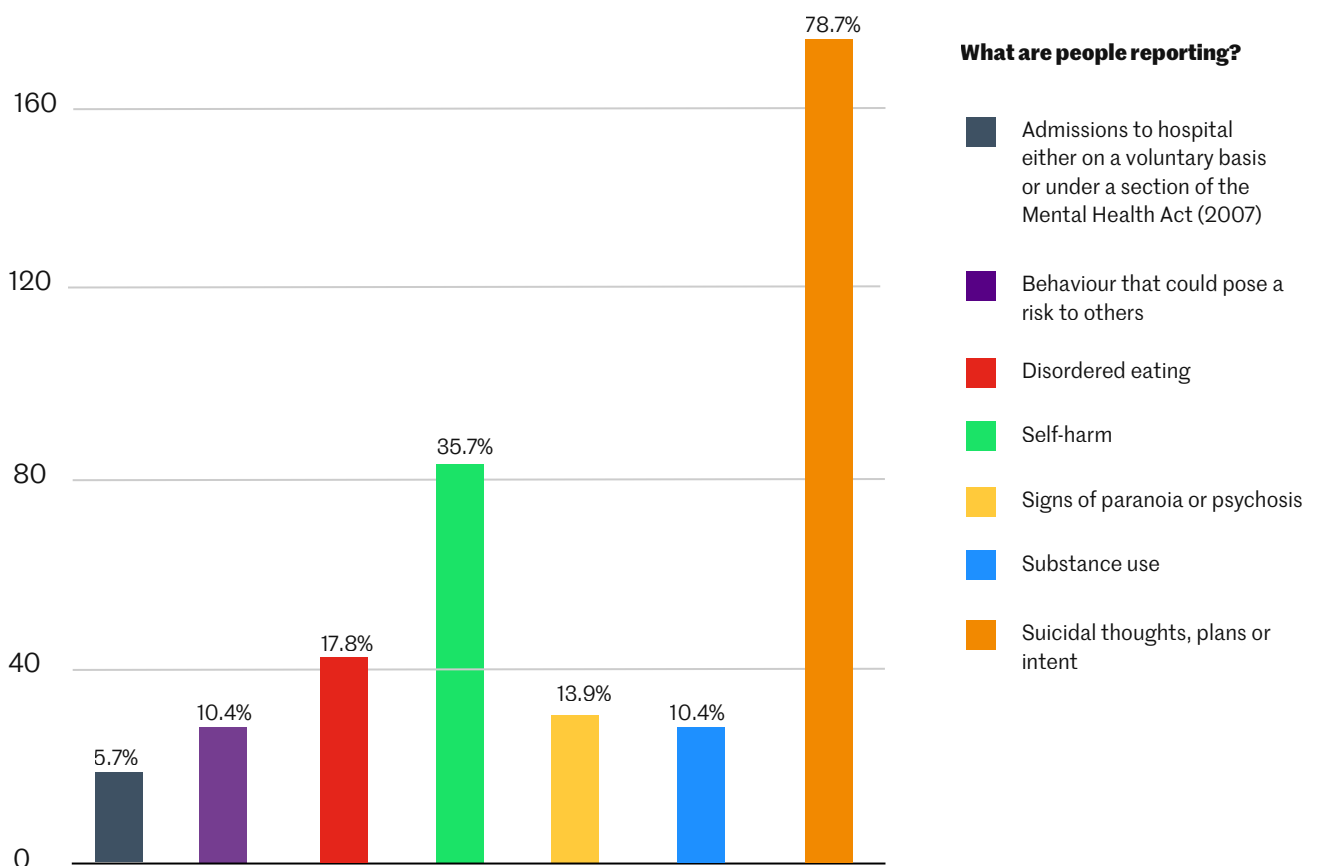
Mental health data

The most commonly reported concern is suicidal thoughts, plans, or intent, followed by self harm. Reports of disordered eating are also significant followed by signs of paranoia or psychosis. Currently, hospital admissions, whether voluntary or under the Mental Health Act, represent the least reported category.

The high volume of reports concerning suicidal ideation underscores the critical importance of accessible mental health support. This trend may reflect increasing mental health literacy among students, as well as growing confidence in the platform's ability to provide timely help.

The lower reporting of hospital admissions may be due to the nature of these incidents being managed externally or students not recognising them as relevant to the platform. This could be addressed through clearer guidance on what constitutes a reportable concern which is an initiative, as demonstrated below, we are consistently working on.

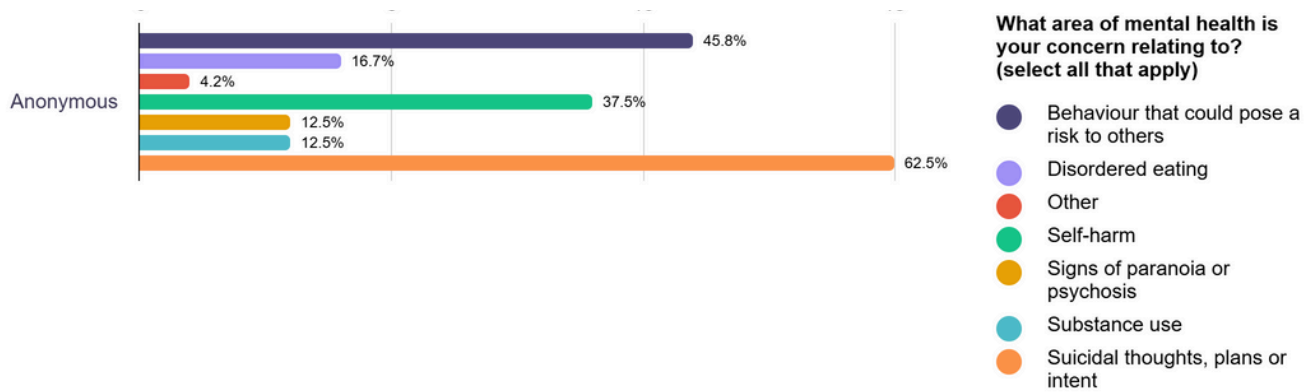
Seasonal fluctuations in reporting—such as peaks in March and dips in June as shown in a previous chart—may correlate with academic pressures, exam periods, or university campaigns. These insights can inform future outreach strategies, ensuring support is most visible during high-stress times.



Driving Change: Future Actions from Urgent Mental health Insights & Promoting Report and Support

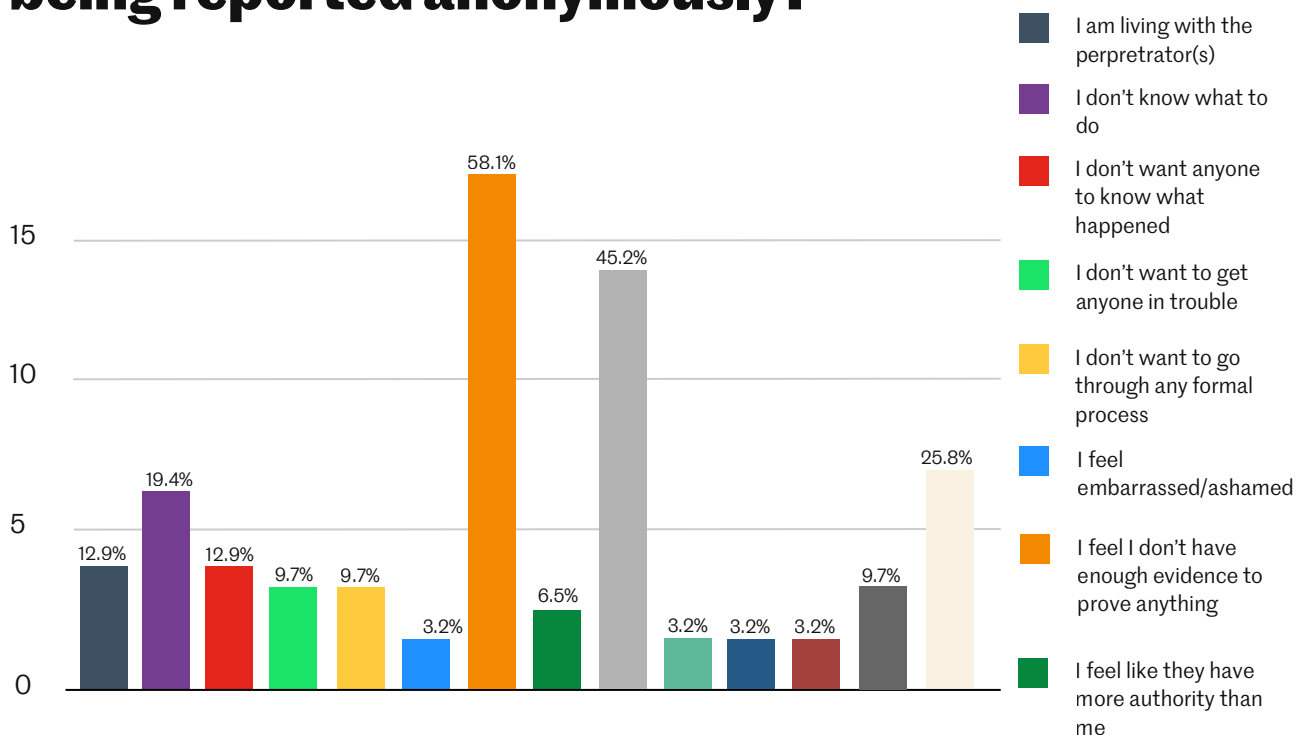
Focus Area	Actions
Prioritising Mental Health in Reporting	<ul style="list-style-type: none">• Urgent Mental health category added to the Report and Support form to capture relevant data and acknowledge standalone concerns.• Collaboration with Cardiff and Vale NHS Trust's Psychiatric Liaison Service to improve data sharing on hospital attendance and admission.• Development of a new Suicide Prevention Strategy with SSIT, including actions on physical safety, access to means, and improved communication during high-stress periods in line with actions from the University's Student Mental health and Wellbeing group• Improved collaboration with Cardiff and Vale Drug and Alcohol Service (CAVDAS), including fortnightly drop-in sessions at CSL offering confidential advice.
Improved Communication with Referrers	Targeted information tiles added to the Report and Support platform to inform referrers about university-wide support services.
Staff Support through Reflective Practice	Introduction of peer supervision and reflective sessions to support SSIT staff in managing emotional impact of high-risk cases.
Enhanced Risk Assessment Procedures	Updates to initial appointment risk assessments to better reflect students' holistic needs.
Strengthened Collaboration with Student Cases Team	Established a more integrated working relationship to improve case management and outcomes.
Accurate Tracking of Referral Outcomes	Report and Support system updated to ensure accurate recording and monitoring of referral outcomes.
Data Protection and Referral Oversight	Reviewed the Data Protection Impact Assessment and implemented ongoing monitoring of referral management for compliance and best practice.

Anonymous Mental Health data



Of the 345 urgent mental health referrals received, 24 were submitted anonymously. Among these anonymous referrals, the following percentages reflect the types of urgent mental health concerns reported. It is important to note that individual referrals may include multiple areas of concern, and therefore, categories are not mutually exclusive.

Why are some urgent mental health reports being reported anonymously?

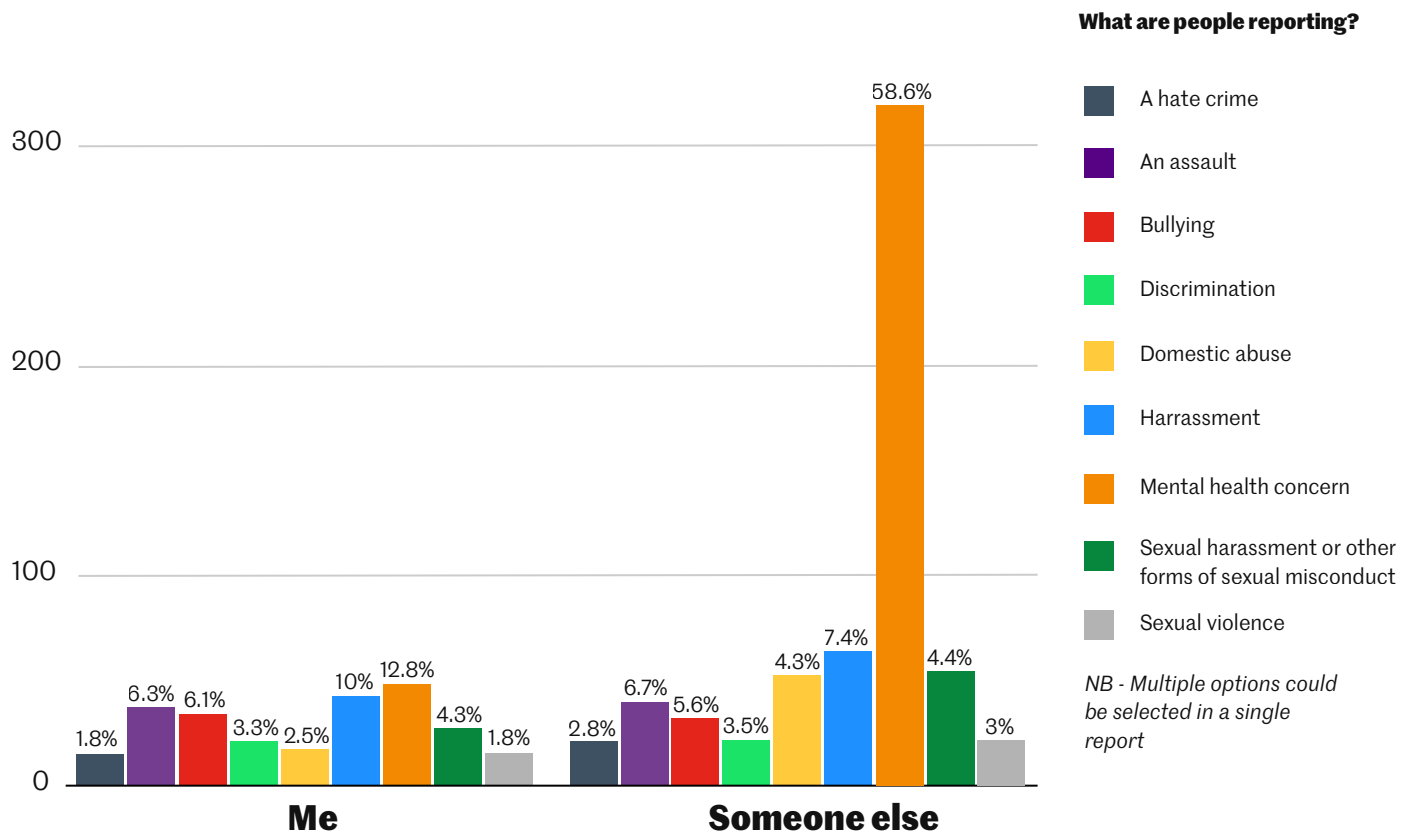


The chart above presents why those 24 referrals have chosen to refer in anonymously. Common motivations include feeling as if they don't have enough evidence and a wish to share information without revealing their identity. Some individuals report anonymously because they are unsure of what to do, fear repercussions for themselves or others, or are living with the perpetrator. Other reasons include concerns about not being believed, not wanting to get anyone in trouble, or perceiving the perpetrator as having more authority. Additional concerns include potential impacts on future career or studies and fear of being labelled a troublemaker. Multiple reasons could be selected in a single report.

The prevalence of anonymous reporting, particularly for harassment, bullying, and assault, suggests ongoing concerns around safety, stigma, and trust. Many students may fear retaliation or social consequences, especially in cases involving peers or authority figures. The desire to avoid formal processes and remain unidentified but also feeling as if there isn't enough evidence reflects a need for trauma-informed approaches that prioritise psychological safety. Due to this recognition, management within health and wellbeing are ensuring SSIT practitioners appoint and train according to the current need we are seeing in the data. Examples of some training can be viewed via the current [intranet page](#).

NB - Multiple options could be selected in a single report

Who is reporting students?



This graph demonstrates whom individuals are completing the report on behalf of. The first section titled 'me' suggests individuals are reporting specific incident types about themselves, these are mostly students referring themselves in. The second section titled 'someone else' suggests individuals referring on behalf of someone else with the specific incident type, this is often staff referring on behalf of a student.

As demonstrated above, we have received a much larger proportion of reports being made on behalf of someone else relating to a specific incident.

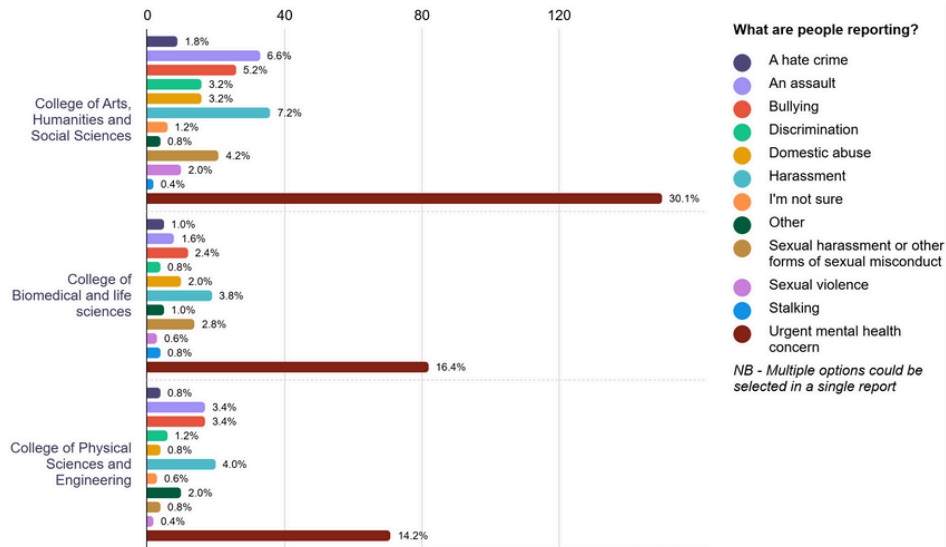
A further breakdown of the percentages of undergraduate and postgraduate students reporting themselves in and being reported in can be seen below:



The high number of reports submitted on behalf of others—often by staff—indicates strong engagement from the university community in safeguarding student wellbeing. This trend may also suggest that some students feel more comfortable disclosing concerns to trusted staff rather than using the platform directly. It reinforces the importance of training and equipping staff to recognise signs of distress and navigate the reporting process confidently. We strongly recognise the need for further training.

Further analysis could explore whether postgraduate or international students are more likely to be reported by others, which may reveal cultural or structural barriers to self-reporting.

College level data



The data shows that urgent mental health concerns are the most frequently reported issue across all colleges, accounting for 30.1% of reports in the College of Arts, Humanities and Social Sciences, 16.4% in Biomedical and Life Sciences, and 14.2% in Physical Sciences and Engineering. Other commonly reported issues include harassment (up to 7.2%) and bullying (up to 5.2%), while reports of Sexual harassment and other forms of Sexual Misconduct remain relatively low, each generally below 5%. Overall, mental health concerns significantly outweigh all other categories, indicating a strong need for continued focus on student mental health and wellbeing.

All colleges have recently received this data with the intention of collaborating on targeted communications and other initiatives to raise awareness of the Report and Support platform. For next year's annual report, we aim to provide a more detailed breakdown, including school-level data. Due to the identifiable nature of the current dataset, it has not been possible to include a deeper level of detail in this year's report.

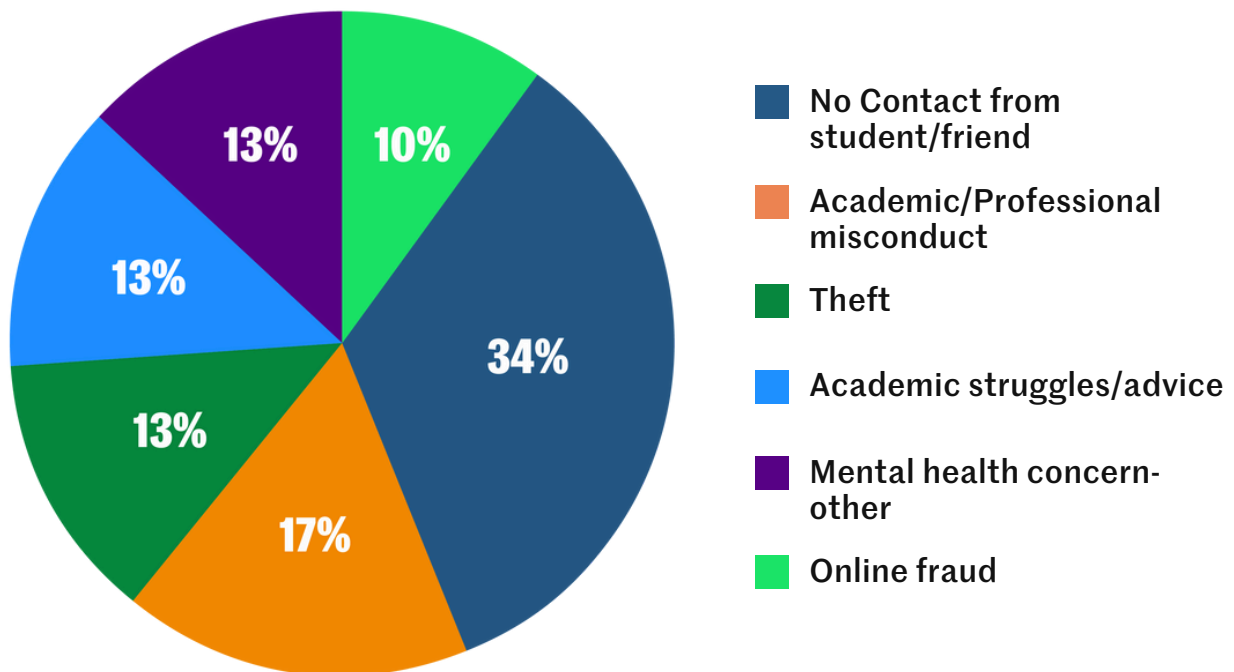
Other reports

Alongside all the incident types discussed above, we also had 46 reports with the incident type marked as 'other'.

The pie chart illustrates the distribution of reported issues categorised as 'other' between October 2024 and July 2025. We have condensed what 'other' reports we are seeing with the highest being 'No contact from student/friend'. This was followed by 'Academic/Professional misconduct' 'Theft' and three categories—'Academic struggles/advice', 'Mental health concern-other' used for further info, and 'Online fraud' as the same percentage as each other.

Given that 'no contact from student/friend' is high, soon, we are endeavouring to put together more information for all individuals that visit the Report and support website who are wanting to report in a potentially missing student and what steps they should take if there is a mental health concern attached to the student.

The incident categories previously classified as 'other' have been reviewed, and the form has been updated to reflect certain specific incident types. We have now included 'fraud' as a distinct incident type, in line with the data we've been collecting. Additionally, based on insights from this data, we are enhancing our communications and guidance related to missing persons.



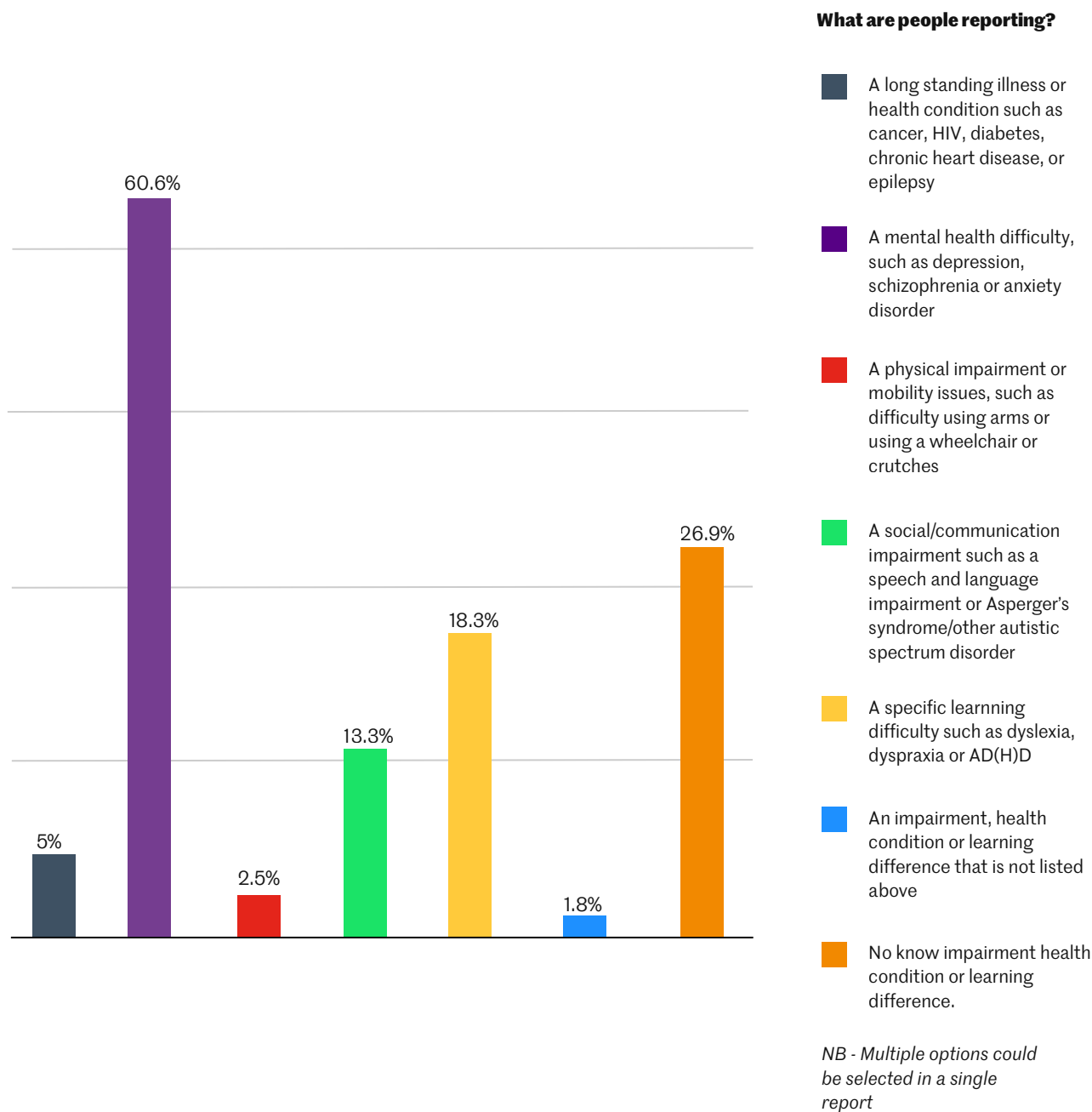
Equality, Diversity, Inclusion (EDI) Data - How many individuals have reported on behalf of themselves

It is important to note the EDI related questions are optional placed towards the end of the form. Whilst some individuals may complete it, a lot of data can get missed if they have not been completed. We have compiled the data we do have, together and will continue to do so.

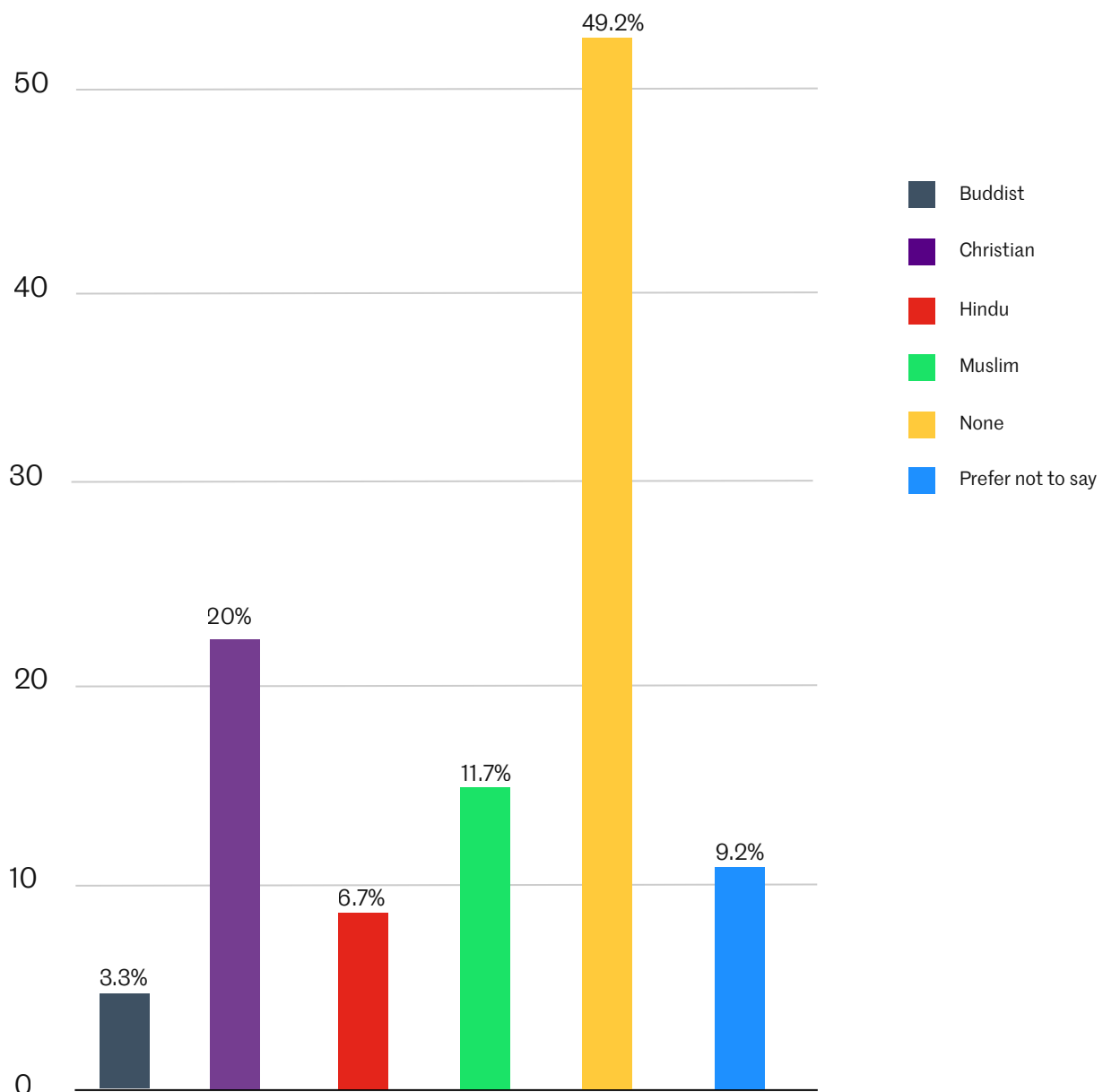
Gender	Man	Woman	In another way
Anonymous UG	8	17	Cannot release
Anonymous PG	8	Cannot release	Cannot release
Named UG	35	100	4
Named PG	35	15	Cannot release

Undergraduate students who identify with a disability

We are unable to release all data due to it being identifiable



Undergraduate students reporting on behalf of themselves- their faith/religion



Summary of planned actions from the data received

Cardiff University is committed to enhancing the Report and Support platform through a series of strategic actions informed by data and user feedback. Strategic actions are also informed by the university's working groups including: Tackling Violence, abuse and Sexual harassment against women and the Student Mental health and wellbeing group. These include integrating anti-racism principles into wellbeing services, improving referral outcome tracking, and strengthening collaboration with HR and external agencies such as SARC and MARAC.

The SSIT team will continue to refine system processes, deliver targeted staff training, and implement updates based on student and practitioner input. Mental health support will be prioritised through enhanced risk assessments, reflective practice for staff, and improved communication with referrers.

Additionally, the platform has been updated to include clearer definitions, a unified referral route, and new categories such as fraud, with ongoing efforts to improve guidance around missing persons and anonymous reporting.



Feedback form

Please complete our [feedback form](#) to help us improve our services and better support the university community – your responses can and will remain confidential.